



SCCMCA
System Protocol
Rehabilitation of EMS, Fire and First Responders

Date: November 21, 2023

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A- Scope:

- 1- This procedure shall apply to all emergency operations and training exercises where strenuous physical activity or exposure to heat, cold or contaminants exist.
- 2- To ensure that the physical and mental condition of members operating at the scene of an emergency or training exercise does not deteriorate to a point that affects the safety of each member or that jeopardizes the safety and integrity of the operations of the group.

B- Responsibilities:

1- The IC shall consider the circumstances of each incident and make adequate provisions early in the incident for the rest and rehabilitation for all members operating at the scene. These provisions shall include: medical evaluation, treatment and monitoring, food and fluid replenishment, mental rest and relief from extreme climatic conditions and the other environmental parameters of the incident. The rehabilitation shall include the provisions of Emergency Medical Services (EMS) at the Basic Life Support (BLS) level or higher.

2- All supervisors shall exercise their best efforts to maintain an awareness of the condition of each member operating within their span of control and ensure that adequate steps are taken to provide for each member's safety and health. The command structure shall be utilized to request relief and the reassignment of fatigued crews.

3- During periods of hot weather, members shall be encouraged to drink water and activity beverages throughout the work day. During the emergency incident or training evolution, all members shall advise their supervisor when they believe that their level of fatigue or exposure to heat or cold is approaching a level that could affect themselves, their crew or the operation in which they are involved.

Members shall also use their best efforts to remain aware of the health and safety of others members of their crew.



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C-Establishment of Rehabilitation Sector

- 1- The Incident Commander will establish a Rehabilitation Sector or Group when conditions indicate that rest and rehabilitation is needed for personnel operating at an incident scene or training evolution. A member or designee will be placed in charge of the sector/group and shall be known as the Rehab Officer. The Rehab Officer will typically report to the Logistics Officer in the framework of the incident command system.
- 2- The location for the Rehabilitation Area will normally be designated by the Incident Commander. If a specific location has not been designated, the characteristics and designations are below.
- 3- Preferred Site Characteristics for Rehabilitation Area:
 - a. It should be in a location that will provide physical rest by allowing the body to recuperate from the demands and hazards of the emergency operation or training evolution.
 - b. It should be far enough away from the scene that members may safely remove their turnout gear and exchange SCBA and be afforded mental rest from the stress and pressure of the emergency operation or training evolution.
 - c. It should provide suitable protection from the prevailing environmental conditions. During hot weather, it should be in a cool shaded area. During cold weather, it should be in a warm dry area.
 - d. It should be large enough to accommodate multiple crews, based on the size of the incident.
 - e. It should be easily accessible by EMS units.
 - f. It should allow prompt re-entry back into the emergency operations upon complete recuperation.

D. Rest

- 1- The one air bottle rule, “or 45 minutes of work time”, is recommended as an acceptable level prior to mandatory rehabilitation. Members shall re-hydrate (at least eight ounces) while SCBA cylinders are being changed. Firefighters having worked for one full bottle or 45 minutes should be immediately placed in the Rehabilitation Area for rest and evaluation. In all cases, the objective evaluation of a member’s fatigue level shall be the criteria for rehab time. Rest shall not be less than ten minutes and may exceed an hour as determined by the Rehab Officer. Fresh crews, or crews released from the Rehabilitation Sector/Group, shall be available in the Staging Area to ensure that fatigued members are not required to return to duty before they are rested, evaluated and released by the Rehab Officer.



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E. Medical Evaluation

- 1- Emergency Medical Service (EMS) – EMS should be provided and staffed by the most highly trained and qualified EMS personnel on the scene (at a minimum of BLS level). They shall evaluate vital signs, examine members and make proper disposition (return to duty, continued rehabilitation, or medical treatment and transport to medical facility). Continued rehabilitation should consist of additional monitoring of vital signs, providing rest and providing fluids for re-hydration. Medical treatment for members, whose signs and/or symptoms indicate potential problems, should be provided in accordance with local medical control procedures. EMS personnel shall be assertive in an effort to find potential medical problems early.
- 2- Heart Rate and Temperature – The heart rate should be measured for 30 seconds as early as possible in the rest period. If a member's heart rate exceeds 110 beats per minute, an oral temperature should be taken. If the member's temperature exceeds 100.6F, he/she should not be permitted to wear protective equipment. If it is below 100.6F and the heart rate remains above 110 beats per minute, rehabilitation time should be increased. If the heart rate is less than 110 beats per minute, the chance of heat stress is negligible. In addition to these vital signs special attention should be paid to the responder's respirations and skin condition.
- 3- In all cases, the objective evaluation of a member's fatigue level shall be the criteria for rehab time. Rest shall not be for less than 10 minutes and may exceed 1 hour, as determined by the EMS crew and Rehab Officer.
- 4- Documentation – All medical evaluations shall be recorded on standard forms along with the member's name and complaints and must be signed, dated and timed by the Rehab Officer or his/her designee. This information shall be documented on forms provided. See attached forms for additional information.
- 5- An EMS form must be completed for personnel who receive treatment beyond evaluation and vital signs. This includes Oxygen administration for smoke inhalation, IV fluid replacement and mandatory extended rest due to excessive fatigue, fever, dizziness, etc.

SCCMCA

MCA Name ST. CLAIR COUNTY MCA
MCA Board Approval Date: 12-21-23
MDHS Approval Date: 12-21-23
MCA Implementation Date: 03-01-24

Section 8-51

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**6- NO FIREFIGHTER SHALL RETURN TO ANY ACTIVITY UNLESS
THEY HAVE BEEN CLEARED BY REHAB TO RETURN.**

F. Accountability

- 1- Members assigned to the Rehabilitation Sector/Group shall enter the Rehabilitation Area as a crew. Personnel shall be allowed to return for another duty once cleared from the Rehab Area. All personal medical information shall be documented by the Rehab Officer.

G. Dismissal of Rehabilitation Sector:

1. The rehab sector shall remain in place until the IC deems it to no longer be needed. The IC will inform the rehab Officer / Crew when they are no longer needed on scene.
2. Once the rehab sector has been released, they must return the medical evaluation form to the IC before leaving the scene.



Incident number

Date _____

REHAB CREW:

[illegible]

1. REHAB is to obtain vitals on all firefighters sent to the REHAB Area.
2. If REHAB does not allow a Firefighter to return to duty Incident Command must be notified.
3. Once Firefighter has been sent to REHAB, only the REHAB crew can clear them back to duty.
4. The REHAB crew is to turn in this form to IC Before leaving the scene.