



City of Winter Park Fire-Rescue

Standard Operating Guideline

210.11

Title: Rehabilitation Group/Division Guidelines

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Purpose: To provide medical observation and rehabilitation to personnel on EMS scenes, fire ground and training operations. Victims of such scenes may be evaluated at the rehabilitation Group/Division.

Scope: This guideline is to be followed by all members of this Department. The Incident Commander has full control of the scene; he/she is solely responsible for any deviation from this guideline.

General: To ensure that the physical and mental condition of the members operating at the scene of an emergency or a training exercise does not deteriorate to a point that affects the safety of each member or that jeopardizes the safety and integrity of the operation the following guidelines need to be followed.

210.11.01. Rehab Group

Fire and EMS personnel involved in fire ground operations at the scene of an incident should be evaluated at a Rehab Group/Division. In most cases, after using two air cylinders or at 45 minute to one-hour intervals, crews will be rotated through the Rehab Group/Division for rest and evaluation.

The Incident Commander will determine when to establish a Rehab Medical Group/Division, and when crews are to report to the Group/Division. Relief or back-up crews will be assigned to replace crews that are going to Rehab.

Crews reporting to Rehab should check-in with the Rehab Group/Division Officer or other medical personnel. Rehab will be stationed away from the incident where crews can remove their protective clothing and have their vital signs checked. Vital signs are to be checked by EMS personnel and recorded usually at ten-minute intervals, unless the vitals are critical. Vitals are to be checked a minimum of twice while at Rehab. If a food area is set up, crews should be checked before and after going to this area.

Medical Protocols and Standing Orders having jurisdiction over department personnel shall be followed for personnel exhibiting signs of illness or injury. Any person complaining of chest pains, shortness of breath, or found to have abnormal vital signs, will be removed from active duty for further evaluation. In these cases, the person will be treated and transported to the appropriate hospital per Incident Command.

After a fifteen to twenty minute rest and personnel evaluations are within normal range, the Incident Commander will be advised of the crews available for reassignment.

The use of the Personnel Accountability System (PAS) shall include units or teams assigned to the Rehab Group/Division.

210.11.02. Points of Importance

The Incident Commander should take extreme weather considerations into consideration and plan early for relief crews and for crew rotation into Rehab.

Firefighting crews should be cycled through Rehab on a regular basis.

Crews should be assigned intact and stay together.

Crews at Rehab should receive medical evaluation; blood pressure, pulse, and respiratory rate, fluid, food and rest.

All operating Group/Divisions should maintain an ongoing awareness of the condition of their personnel and use the Rehab Group/Division to combat excessive fatigue and exhaustion.

Personnel not involved in actual firefighting still need to be evaluated on a regular basis.

All personnel on the scene will get evaluated at least once.

210.11.03. Medical / Rehab Group/Division - Responsibilities

The Incident Commander shall be responsible for considering the circumstances of each incident and for making available adequate provisions for the rest and rehabilitation for all emergency workers.

Company Officers shall maintain an awareness of the condition of each member operating within their span of control and ensure that adequate measures are taken to provide for their safety and health. The company officer shall use ICS to request relief and reassignment of fatigued crewmembers.

During periods of extremely hot weather and before any extended training exercises, personnel are encouraged to pre-hydrate. In addition, all personnel while operating at scenes should take all opportunities to re-hydrate themselves as often as possible.

Personnel assigned to operate the Rehab Group/Division will be responsible for several activities within the Group/Division and will maintain a high profile and remain within 10 feet of the Group/Division at all times.

Primarily, the flow of personnel into and out of the Group/Division will need to be coordinated and recorded. The initial set-up should be located at or around an ALS Rescue unit, or somewhere out of the weather.

EMS personnel assigned to this Group/Division will be responsible for obtaining vital signs of firefighters as they are assigned to rotate through Rehab.

When weather permits, a salvage cover will be spread out, and all the following items will be placed on it: water cooler, cups, BLS and ALS equipment. On rainy days these items may be set up in the rear of the Rescue unit or in a covered area.

A running tally of crews in Rehab and those who are available for assignment must be kept available at all times.

In ideal situations, crews should have 15 or 20 minutes to spend in Rehab. Fluid replacement should be available for crews when they are in Rehab.

When involved in firefighting operations, crews should be given only water during the first hour.

During cold weather operations, warm drinks like coffee should be offered and only taken in moderation.

Smoking is not allowed in or near the Rehab Group/Division area.

210.11.04. Vital Sign Guidelines

When firefighting crews arrive at the Rehab Group/Division a complete set of vitals is to be taken,

The following criterion is to be used in the evaluation of fire ground personnel during a Fire or EMS incident. Keep in mind that Medical Protocols and Standing Orders having jurisdiction supersedes the guidelines listed below.

- If the diastolic blood pressure is > 130, they will be transported to the hospital.
- If the diastolic blood pressure is > 110 and the person is symptomatic, the person may be transported to the hospital for further evaluation. If the pressure is < 110 but the person is symptomatic the same is true.
- If the systolic blood pressure is >200 and after further evaluation and rest the reading is still >200 the person may be transported to the hospital for further evaluation.
- If a pulse rate of 140 or greater is found, the person should be given oxygen and fluids and rest for a minimum of 10 minutes. At that time they should be reassessed. If after 10 minutes the heart rate drops below 140, the person may return to duty. If the rate remains above 140 the firefighter must rest for 30 minutes and be given fluids and oxygen. The person should be placed on a cardiac monitor and ECG strip obtained. If after 30 minutes the rate remains above 140, the person should be transported to the hospital for evaluation.
- If the diastolic blood pressure is < 110 and there are no symptoms, no action necessary.

In all the above cases, the crew assigned to Rehab will complete a Rehab Report.

A Trauma Report is required on persons treated or transported to the hospital. The EMT or Paramedic has the option to write a tPatient care report when he/she feels it is warranted as to any other person.

210.11.05. EMS/Fire Rehab Personnel Reports

- EMS/Fire Rehab Report is to be completed on all personnel being evaluated at the scene.
- Signs and Symptoms Checklist for Medical Problems
 - This form must be completed as soon as possible on any personnel exhibiting any illness or injury.

210.11.06. Activity Log - Major Events

For additional information pertaining to the ill or injured person and or scene observation the Rehab Group leader shall record and maintain an Activity Log.

210.11.07. Map Sketch

Demonstrate on this form, location of the Rehab Group/Division and any pertinent information associated with the scene.

210.11.08. Rehab Group/Division Worksheets

The following are copies of the individual worksheets which are to be used while operating a Rehab Group/Division as part of the Department's ICS.



Winter Park Fire-Rescue Personnel Rehabilitation Group Worksheet

Incident Number: _____ Date: _____

Name: _____	Assignment: _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Complaints: _____ _____	
Time Returned to Duty: _____	Rehab Sector Signature: _____

Name: _____	Assignment: _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Complaints: _____ _____	
Time Returned to Duty: _____	Rehab Sector Signature: _____

Name: _____	Assignment: _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Time: _____ Pulse _____ B/P _____	Resp _____ Temp _____
Complaints: _____ _____	
Time Returned to Duty: _____	Rehab Sector Signature: _____

* Measure Heart Rate for 30 seconds - If over 110 - take temperature - If over 100.6 remove TOG.

* If pulse is over 110 but temp is less than 100.6 - Increase rehab time.

* After 45 minutes of work in gear - 10 minutes of rehab is necessary.



A handwritten signature in black ink, appearing to read 'James E. White', is positioned above a horizontal line.

James E. White
Chief of Department