



Jackson Hole Fire/EMS Operations Manual

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Title: Responder Rehab SOG

Division: 17

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PURPOSE

The purpose of this policy is to set the procedures that Emergency Medical Personnel shall follow at the scene of any incident in reference to fluid rehabilitation and rescuer monitoring.

SECTION I – Procedure

- A. Upon arrival of EMS units at an incident, they shall report to the Incident Command Post (ICP) or Staging if it has been established. A Medical Group Supervisor may be assigned by the IC.
- B. Medical Group Supervisor shall report to the Incident Command post (ICP) and evaluate the need for additional resources and request them from the Incident Commander (IC).
- C. Once the need for a rehabilitation area has been determined, with the approval of the IC, the Medical Group Supervisor shall determine any additional resource needs and the location of the area.
- D. An EMS transport crew should be immediately available to treat/transport any victims or scene personnel who may need immediate care. If there are victims or casualties associated with the incident, resources should be ordered to ensure this coverage.
- E. The rehabilitation area should be set up near the SCBA bottle changing area or, if one has been established, close to the personnel staging area.
- F. A Rehab Officer may be designated to run the rehabilitation area.
- F. Equipment at the rehabilitation area shall be a minimum of:
 1. BLS/O2 bag
 2. EKG monitor/defibrillator
 3. Suction unit
 4. ALS kit

5. Rehabilitation Monitoring Sheets

6. Chairs or benches

- G The Rehab officer shall make arrangements for additional fluids and food to be brought to the scene. Fluids shall consist of water and an electrolyte solution (Gatorade).
- H. When a rescuer arrives in the rehabilitation area for the first time:
1. Encourage the rescuer to drink a minimum of 8 ounces of fluid.
 2. An EMT shall do a visual evaluation of the rescuer looking for signs of heat stress and fatigue.
 3. If a rescuer fails the "look test", his/her name and vital signs shall be documented on a Rehabilitation Monitoring Sheet. If a rescuer passes the "look test", he/she may be available for duty on a voluntary basis. However, the rescuer shall have the option of remaining in rehab for up to 15 minutes.
 4. If the vital signs are not within the Vital Signs Criteria* listed below, the rescuer shall be stripped of protective gear, further hydrated and rested for 15 minutes.
 5. If the rescuer's vitals pass the criteria after 15 minutes, he/she shall be released to duty.
 6. If the rescuer's vitals do not pass the criteria, continue rehab for another 15 minutes, notify the Medical Group Supervisor, and determine the need for more advanced intervention.
 7. If after 30 minutes if the rescuer's vitals do not meet the criteria, ALS and transport should be initiated and the Medical Group Supervisor and IC notified.
- I. When a rescuer arrives in the rehabilitation area for the second time:
1. The rescuer shall be stripped of protective gear and given 8 ounces of fluid. An EMT shall do a visual evaluation of the rescuer looking for signs of heat stress and fatigue.
 2. If a rescuer fails the "look test", his/her name and vital signs shall be documented on a Rehabilitation Monitoring Sheet.
 3. If the vital signs are not within the **Vital Signs Criteria*** listed below, the rescuer shall be further hydrated and rested for 15 minutes. Follow the procedure outlined above in H-5-8.
- J. Any time a rescuer is held more than 15 minutes or refuses evaluation, the Medical Group Supervisor shall be notified and will advise the appropriate supervisor.
- K. At the conclusion of the incident, all Rehabilitation Monitoring Sheets shall be turned over to the Incident Commander, who shall attach these sheets to and the Incident Report.

SECTION II – Vital Signs Criteria *

Deny entry/activity if:

Blood Pressure: systolic > 160 or diastolic > 100.
Respirations: > 24 per minute
Pulse: > 110 per minute.

Evaluate SpCO levels per protocol.

Heat stress is indicated if the heart rate exceeds the age adjusted heart rate which is $(220 - \text{age}) \times 0.7$.

Any irregular pulse mandates EKG monitoring, ALS evaluation and removal from duty.