

# Lorraine Volunteer Fire Company Inc.

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Lorraine, NY 13659

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Station 315-232-2601

Emergency 911

## Rehabilitation SOG

**The guidelines outlined below are based upon NFPA 1584 and are only guidelines and may be modified by command, based on the specific needs of any incident.**

1. The Incident Commander may designate a rehabilitation area established when he/she feels conditions indicate rest and rehab will be needed for personnel operating at the scene. The Incident Commander is responsible for determining the level of rehab to be established. There are two types of rehab:
  - A. Self-rehab (with hydration) for at least 10 minutes following the depletion of one 30-minute SCBA cylinder or after 20 minutes of intense work without wearing SCBA.
  - B. Formal rehab area must be entered to drink appropriate fluids, be medically evaluated, and rest for a minimum of 20 minutes after any of the following:
    - i. Use of 2 – 30 minute bottles
    - ii. Use of 1 – 45 or 60 minute bottle
    - iii. Following 40 minutes of intense work without an SCBA
    - iv. When any officer in charge or the safety officer feels it is necessary to have a medical review of the physical condition of any firefighter or support personnel
2. The Rehab location should be one that:
  - A. Provides physical rest and thus allow the body to recuperate from the demands and hazards of the emergency operation or training evolutions.
  - B. Is sufficiently far enough away from the effects of the operation that members can safely remove their personal protective equipment (PPE) and self-contained breathing apparatus (SCBA) and can be afforded mental rest from the stress and pressure of the emergency operation or training evolution.
  - C. Provides protection from excessive heat or cold.
  - D. Provides medical monitoring if needed.
3. The rehab staff will be responsible for accountability of the personnel entering/exiting rehab. This may be accomplished by use of a log or ID tags.
4. Those personnel needing additional rehab will stay in rehab until medical monitoring, rest, recovery and re-hydration goals have been met.

## FORMAL REHAB DEFINITION

The purpose of the rehab area is to provide one or more of the following items for the responders:

- A. Relief from firefighting/support personnel and climatic conditions
  - B. Fluid and food replenishment (other food and refreshment facilities may be established based on the needs of the incident)
  - C. Rest and recovery
  - D. Medical evaluation, treatment and transport, if needed
  - E. Member accountability and documentation
1. During formal rehab a tracking form will be completed. The form shall have entries showing department number, firefighters name, time in, initial vitals, time out and vitals out. It is the responsibility of the Chief of the fire department to request a copy of the rehab tracking form for their personnel.
  2. Medical Assessment will be performed by appropriate personnel in accordance with local protocol assessing, but not excluding:
    - a. Presence of chest pain, dizziness, shortness of breath, weakness, nausea or headache
    - b. General complaints such as cramps or aches and pains
    - c. Symptoms of heat or cold-related stress
    - d. Changes in gait, speech or behavior
    - e. Alertness and orientation to person, place and time
  3. By the end of the rehab period the firefighter should have a respiratory rate within the parameters of 12 - 20.
  4. Firefighters pulse rate should not be greater than 70% of maximum heart rate (220-age).

Age	Max heart rate allowable
20 – 25	140
26 – 30	135
31 – 35	132
36 – 40	128
41 – 45	125
46 – 50	122
51 – 55	118
56 – 60	114

5. A member whose blood pressure is greater than 160 systolic and/or 100 diastolic should not be released from rehab. These members should continue to be monitored and treated.

6. Items to be avoided for fluid and food replenishment rehab:
  - a. Caffeinated, carbonated high-fructose-content, and high-sugar drinks (exceeding 7 percent CHO solution)
  - b. Foods with high fat and/or protein content
  - c. Excessive amount of fluids in a short period of time
  
7. After clearance from medical personnel, the firefighter will be signed out of rehab and given their tags back (where appropriate) and returned to staging for further re-assignment at the incident. If the firefighter has not been cleared, additional time in rehab or transport to hospital maybe necessary.
  
8. If medical personnel feel a firefighter's medical condition is such that the firefighter cannot return to active firefighting duty (staging) then Incident Command shall be notified of the firefighters condition and the firefighter turned over to the officer of his/her fire department for reassignment.
  
9. Personnel within the command and general staff, apparatus operators and fire police may be permitted to do self-rehab.

