

Santa Barbara City Fire Department - Standard Operating Procedures <b>Safety Operations</b>	Code: <b>S-V-2</b>
<b>Rehab</b>	
Chpt: V Fire ground Safety	Revised: 11/12/14 Pages: 5

## **I. PURPOSE**

- A. The purpose of this procedure is to assure that the physical and mental condition of personnel operating at the scene of an emergency or a training exercise does not deteriorate to a point that affects the safety of the operations.

## **II. POLICY**

- A. In general rehabilitation is intended to accomplish the following objectives:
- B. Provide physical rest by allowing the body to recuperate from the demands of emergency operations.
- C. Provide mental rest by allowing personnel to escape the emergency scene.
- D. Revitalize personnel by providing fluid replacement and food as necessary.
- E. Provide medical assessment and monitoring as needed, including the treatment of injuries and a check of vital signs to determine if and when personnel may safely return to action.
- F. Rehabilitation is an important part of our safety program. When a firefighter is fatigued miscues are easy.

## **III. SCOPE**

- A. This procedure shall apply to all emergency operations and all training exercises where personnel are exposed to heavy physical exertion and/or extreme weather conditions.

## **IV. RESPONSIBILITIES**

- A. It shall be the responsibility of the incident commander to institute appropriate rehabilitation efforts when conditions dictate. This determination shall be made based on the length of the operation, the level of physical exertion, and the environmental conditions, such as the temperature and humidity level.
- B. Each company officer has the responsibility to continuously monitor the condition of all members of the company and advise the incident commander when rest and rehabilitation is needed.

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- C. It shall be the responsibility of all members to be familiar with the signs and symptoms of heat stress. (See [S-V-3](#) Hydration/Heat stress) Promptly inform the company officer when members require rehab or relief from assigned duties.

### V. ESTABLISHMENT OF REHABILITATION

- A. Rehabilitation shall be established by the incident commander when conditions dictate that rest and rehabilitation is needed for personnel operating at an emergency scene. Rehabilitation shall be established in 2 phases.
1. Phase 1- Personnel shall utilize established cache of electrolyte enhanced water and nutrition bars located on engines and Battalion Chief rigs.
  2. Phase 2- The I.C. will assign an Engine company to pick up the Hazmat rig from Station 2. The Hazmat rig will be utilized for rehabilitation. The Engine company officer will serve as the Rehabilitation Manager. Whenever possible, the entire company will be assigned to Rehabilitation.
- B. Establishment of Phase 2 Rehabilitation/ Medical/ Treatment Area
1. May be established on all greater alarm/working fire incidents, training and/or when initial alarm assignments will involve **ANY** of the following conditions:
    - a) Heavy physical exertion
    - b) Extended operational periods
    - c) Two exchanges of SCBA bottles or one 45 minute bottle
    - d) Elevated environmental or ambient temperatures and/or humidity
    - e) As determined by the I.C.
    - f) When officers determine that personnel are suffering negative physical effects caused as a result of the incident.

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### C. Rehabilitation Area Location Guidelines:

1. The location chosen for the rest and rehabilitation should be away from the emergency scene so that personnel may safely remove their turnout gear and SCBA. They should also be removed from the immediate urgency of the emergency scene.
2. If the weather is cold there should be a place for personnel to warm up and thaw out. Likewise, if it is hot and humid, every effort should be made to provide a cool shaded area.
3. Safe distance from the incident and away from smoke and other possible respiratory hazards (Vehicle exhaust, fumes, etc.).
4. Consideration should be given to wind direction, hazard zones, noise levels, and fire perimeters.
5. Shall be of adequate size to allow for responders to recline or sit comfortably.

### D. Station 2 Rehab Cache

1. Ice Chest with ice and water
2. Cooling Chairs (9)
  - a. With arm ice bags
3. Rehab Bag
  - a. Blankets (6)
  - b. Automatic BP Cuffs (2)
  - c. Manual BP Cuff (1)
  - d. O2 Pulse monitor (1)
  - e. Eye wash (1)
  - f. Alcohol wipes (box)
  - g. Rehab vests (4)
  - h. gloves (box)
  - i. Ice packs (6)
  - j. Thermometers (2)
  - k. Pupil pens (2)
  - l. Clip board with vital forms
4. Easy Up Tent
5. HAZMAT 1

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## VI. REHABILITATION PROCEDURE

### A. Rehabilitation Process

1. Engine companies reporting to the Rehabilitation area should enter and exit as a crew.
2. Supervisors will maintain accountability when personnel are rotated through rehab. Crews shall not leave the Rehabilitation area until authorized to do so by the Rehabilitation Manager.

### B. Steps for Rehabilitation

1. Remove heavy equipment and turnout clothing and rest for a minimum of 10 minutes. The objective is to recover and replenish enough to repeat a similar period of exertion.
2. Re-hydrate with drinking fluids and take in calories and electrolytes as needed.
3. Use active and/or passive cooling or warming as needed.
4. Monitor and record baseline vitals which include heart rate, blood pressure, respiratory rate, temperature, and pulse oximetry. All vital signs are to be recorded on the SBF D Rehabilitation Report form. Medical monitoring will determine whether the individual will:
  - a) Return to work assignment
  - b) Continue Rehabilitation
  - c) Receive further medical treatment and/or transport
5. The following vital signs are considered abnormal:
  - a) Systolic blood pressure above 160
  - b) Diastolic blood pressure above 100
  - c) Pulse rate above 110 after 10 minutes of rest, or less than 60 with hypotension
  - d) Temperature exceeds 100.6 F
  - e) Heart rate above 110

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6. Medical attention and transport: Immediate medical attention and possibility of transport should be considered if any of the following signs or symptoms are exhibited.

- a) Chest pain
- b) Dizziness
- c) Shortness of breath
- d) Weakness
- e) Nausea
- f) Headache
- g) General complaints (cramps, aches, and pains)
- h) Symptoms of environmental stress
- i) Mental status changes
- j) Behavioral changes
- k) Changes in speech
- l) Changes in gait
- m) Abnormal vital signs

7. Documentation- all medical evaluations shall be recorded on a [SBFD Rehabilitation Report form](#). The form must be signed, dated, and the time recorded by the Rehab Manager or his/her designee. At the end of the incident, the Rehab Manager shall ensure that these forms are securely forwarded directly to the IC. Names and other identifying information will be redacted and the raw data will be used to evaluate the effectiveness of the incident rehabilitation processes over time.