



**ARCADIA FIRE DEPARTMENT  
STANDARD OPERATING GUIDELINE**

**REHAB AND MEDICAL EVALUATION**

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**Approved:** \_\_\_\_\_  
Michael E. Lang, Fire Chief

**PURPOSE**

To provide rehabilitation and medical treatment to departmental personnel who have been engaged in training or emergency incidents.

**PROCEDURE**

1. Pre-Incident and Training Operations.
  - a. Members shall maintain proper hydration, nutrition, and diet to maintain normal body function.
  - b. For scheduled events, prehydration shall include an additional 16 ounces of fluids within 2 hours prior to the event.
2. Incident Scene and Training Rehabilitation
  - a. Rehabilitation operations shall commence whenever emergency operations or training exercises pose a safety or health risk to members.
  - b. Emergency medical services staff in rehabilitation shall have the authority, as delegated from the incident commander, to use their professional judgment to keep members in rehabilitation or to transport them for further medical evaluation or treatment
  - c. Members shall undergo rehabilitation following:
    - The use of a second 30 minute self-contained breathing apparatus (SCBA) cylinder.
    - A single 45 minute cylinder
    - A single 60 minute cylinder
    - 40 minutes of intense work without SCBA.

A supervisor shall be permitted to adjust the time frames depending upon work or environmental conditions.
3. Rehabilitation efforts shall include the following
  - Relief from climatic conditions
  - Rest and recovery

Active and/or passive cooling or warming as needed for incident type and climate conditions  
Rehydration (fluid replacement)  
Calorie and electrolyte replacement, as appropriate, for longer duration incidents  
Medical monitoring  
Member accountability  
Release

4. Rest and Recovery

a. Members shall rest for a minimum of 20 minutes following:

The use of a second 30 minute cylinder  
The use of a single 45 or 60 minute cylinder  
40 minutes of intense work without SCBA

b. Supervisor shall be permitted to adjust the time frames depending upon work or environmental conditions.

c. Members shall not return to operations if:

They do not feel adequately rested

If EMS or supervisory staff present see evidence of medical, psychological, or emotional distress

If the member appears otherwise unable to safely perform his or her duties

5. Cooling and Warming

Members who feel warm or hot shall remove protective clothing, drink fluids, and apply active and / or passive cooling as needed for incident type and climate conditions

6. Fluid / Calorie Replacement

a. Members entering rehabilitation shall consume fluids to satisfy thirst during rehabilitation and be encouraged to continue hydrating after the incident.

b. Members shall replace calories and electrolytes as required, particularly during incidents of more than 3 hours and incidents where members are likely to be working for more than 1 hour.

c. The Department shall ensure that appropriate calorie and electrolyte replacements are available.

d. The Department shall ensure that a means to wash members' hands and faces is available whenever calorie replacement will be used.

7. Medical Monitoring and Emergency Medical Care.

- a. EMS shall be available as part of the incident scene rehabilitation for the evaluation and treatment of members.
- b. EMS personnel shall evaluate members arriving at rehabilitation for symptoms suggestive of a health and / or safety concern.
- c. Symptomatic members, or members with abnormal findings shall receive additional monitoring during rehabilitation.

8. Company/Crew Level Rehabilitation

- a. All members entering and leaving rehabilitation shall be assigned by the incident commander and shall be tracked through the personnel accountability system.
- b. Company officers shall ensure that members remain hydrated and that potable fluids are available.
- c. Company officers shall assess their crew at least every 45 minutes and more frequently when working in extreme conditions to determine their need for rehabilitation.

9. Documentation

- a. Time-in / time-out for members / crews entering or leaving the rehabilitation area shall be documented.
- b. Where emergency care is provided, a patient care report shall be generated.

10. Post Incident Rehabilitation

Supervisors shall encourage members to continue fluid intake after the incident.