

Rehabilitation of Fire Department Members

Operating at Fires

Emergencies and Drills

Final draft by Rehab Committee:

Deputy Fire Coordinator John Kryger, Chairman
Safety Officer Charles Caselli, Congers FD
Safety Officer Vincent Martuscelli Sr., South Spring Valley FD
Safety Officer Larry Resnick, West Haverstraw FD
Captain Steve Kaye, Spring Hill Amb. Corps
Captain Nick Ruslecki, Congers-Valley Cottage Amb. Corps

Sept. 22, 2007

SECTION 1 – INCIDENT COMMANDER RESPONSIBILITIES

- 1.1 The Incident Commander (IC) shall consider the circumstances and environmental conditions present at each incident and make adequate provisions early in the incident for the rest and rehabilitation of all personnel operating at the scene.
- 1.2 Rehabilitation (REHAB) operations should commence whenever emergency operations or training exercises pose the risk of members exceeding a safe level of physical or mental endurance. Procedures should be in place to ensure that rehabilitation operations commence whenever emergency operations pose dire risk of members exceeding a safe level of physical or mental endurance.
- 1.3 These provisions shall include:
 - a) Medical evaluation, treatment and monitoring;
 - b) Food and fluid replenishment;
 - c) Physical and mental rest and recovery time;
 - d) Relief from extreme climatic conditions and other environmental parameters of the incident.
- 1.4 The Incident Commander (IC) shall report the location of the REHAB Sector to 44 Control and on-scene Sector Commanders. The Medical Commander / EMS Sector Officer should request the EMS dispatcher to announce the REHAB Sector location and the EMS frequency it is operating on.

SECTION 2 – REHAB INITIATION

- 2.1 A REHAB Sector should be initiated for, but not limited to, the following incidents:
 - a) All Signal 12s involving any residential or commercial structure.
 - b) Any Signal 12 that is going to have a prolonged operation time such as a dump fire, truck fire, etc.
 - c) Any hazardous materials incident where operations are going to include any type of mitigation, including prolonged gas line emergencies as well as commercial and transportation emergencies, as deemed appropriate by the IC.
 - d) Any brush or ground covers fires.

- e) Any rescues or searches that have any prolonged operation time or any climatic / environmental condition that would fatigue emergency personnel: water rescues or recoveries, ice rescues or recoveries, wilderness searches, multiple or prolonged vehicle extrications.

SECTION 3- ON-SCENE PERSONEL RESPONSIBILITIES

- 3.1** During periods of hot weather or strenuous working conditions, all involved personnel shall be encouraged to drink water and activity beverages throughout the work day or assignment period.
- 3.2** During any emergency incident or training exercise, personnel operating on the scene of the incident shall advise any on-scene commander or sector officer, company-level officer that they believe their level of fatigue or exposure to heat, cold, or stress is approaching a level that could affect themselves; their crew, other personnel on the scene; or the operation in which they are involved.
- 3.3** Company-level officers (captains, lieutenants) shall monitor the physical conditions of all personnel under their command for symptoms of fatigue that may require REHAB. They shall order members to REHAB as necessary and ensure that members report to the REHAB sector.
- 3.4** All personnel operating at an incident scene shall remain aware of any physical or environmental threats to the health and safety of other personnel operating at the scene and notify an appropriate on-scene commander about any personnel they feel are at risk due to safety or REHAB concerns.
- 3.5** Incident Commanders shall consider using Safety Officers to monitor the health and welfare of all personnel and insure that they are not over-extended, and are rehabilitated in an effective manner. REHAB Sector should be a component of the department safety plan.
- 3.6** Safety Officers shall be utilized ONLY if more than one Safety Officer is on the scene. The duties of the primary Safety Officer shall not be compromised for the sake of REHAB. ICs should consider calling in additional Safety Officers from mutual aid companies as conditions warrant.

SECTION 4 – REHAB SECTOR

- 4.1** The location for placement of the Rehabilitation Sector will normally be designated by the Incident Commander (IC), in conjunction with the EMS Sector officer (EMSSO) or the ranking EMS officer in charge.
- 4.2** The incident commander should ensure that there is an adequate area or facility to conduct rehabilitation to reduce the effects of extreme weather conditions on members. The preferred site for REHAB shall be adjacent to the SCBA changing area, if one is operation. REHAB area shall be far enough away from the fire/incident so as to provide a buffer zone between the two operations.
- 4.3** The incident commander should ensure that there is an adequate area or facility to conduct rehabilitation to reduce the effects of extreme weather conditions on members. If necessary, additional vehicles shall be called to the scene to provide adequate shelter from the prevailing weather, and heat/cooling for members undergoing rehab process. Buses and FD rescue-type units should be considered.
- 4.4** Food and fluid replenishment (Signal 13) dispensed by department Ladies Auxiliaries, Salvation Army or Red Cross canteens, or similar agencies, shall establish their area of operation adjacent to the REHAB area.

SECTION 5- PERSONNEL ASSESSMENT

- 5.1** EMS personnel should assess and treat any member having signs or symptoms of heat stress or cold stress.
- 5.2** When a rehabilitation area is established, no member should be reassigned to return to duty before being medically evaluated, hydrated for at least 10 minutes in rehabilitation, and cleared by EMS personnel.
- 5.3** Members meeting established parameters should be evaluated after 20 minutes in the rehabilitation area. If a member remains within one or more of these parameters after 20 minutes, the member should be directed to a medical treatment area.