



This Preferred Operating Guideline has been established to provide basic operating guidelines for personnel. These guidelines are not all inclusive and may need to be deviated from as conditions dictate. This POG does not create rights, or duties, that are enforceable in court.

This guideline should apply to all activities including, but not limited to, fire ground operations, EMS operations, training exercises and drills where strenuous mental and physical activities or exposure to heat or cold exist.

1) Responsibilities

- a) Incident Commander - The Incident Commander (IC) should have the responsibility and authority to implement and monitor all provisions of this operational guideline. The Incident Commander should consider circumstances of each incident and make adequate provisions early in the incident for the rest and rehabilitation for all members operating at the incident. These provisions should include: medical evaluation, treatment and monitoring; food and fluid replenishment; physical and mental rest; relief from extreme climatic conditions; relief from other extreme environmental factors caused by the incident. The rehabilitation should include provisions for Emergency Medical Services (EMS) at the Advanced Life Support (ALS) level.
- b) Division/Group Supervisors and Company Officers - Division/Group Supervisors and Officers (CO) should maintain an awareness of each member operating within his/her span of control and ensure adequate steps are taken to provide for each member's health and safety. The Incident Command System (ICS) should be utilized to request relief and/or reassignment of working crews.
- c) Line Personnel - Each member is responsible for his/her preparedness prior to an incident, including sufficient rest prior to reporting for duty, pre-hydration during hot days, proper dress during cold days and ensuring that protective clothing and equipment is present and in good working order. During any emergency incident or training activity, all members are to advise their supervisor when they believe that their level of fatigue or exposure to heat or cold is approaching a level that could affect themselves, their crew, or the operation in which they are involved. Members should remain aware of the health and safety of other members of their working crew.

2) Establishment of Rehabilitation

- a) Responsibility - The Incident Commander should establish Rehab when conditions indicate that rest and rehabilitation are needed for personnel working at an incident scene or training exercise. The IC should designate a Rehab Manager. The Rehab manager shall then act within the ICS and report to the Medical Unit Leader or Logistics Section Chief if assigned. If no Medical Unit Leader or Logistics Section Chief is designated, the Rehab manager is to report to the IC.
- b) Monitoring - The Incident Commander should assign air monitoring of the Hot zone to a Division Officer or unit working in that area. Air monitoring shall be for CO₂ and HCN.

- c) Rehabilitation should consider the scope of the incident, including the following:
 - i) Time. Extended use of turnout gear; extended exposure to weather conditions.
 - ii) Complexity. Crime scenes, standoffs, search operations, mass gathering/public events, hazardous materials incidents and so on.
 - iii) Intensity. Mental and/or physical stress on members such as major extrications, actual fire attack, or interior search and rescue.
 - iv) Climatic conditions such as hot or cold weather.
- d) The Incident Commander may establish a Rehab Manager during any other fire department activities at his/her discretion; climatic and environmental factors need not be the sole criteria or justification for establishing Rehabilitation.
 - i) Location
 - (1) The Incident Commander will normally designate the location for the Rehabilitation. If a specific location has not been designated, the Rehab Manager should select an appropriate location based on the site characteristics listed below.
 - (2) Multiple Rehab locations may be necessary if the incident is large or divided. In the event there is more than one Rehab location, they should be designated Rehab 1 and Rehab 2, etc. Each Rehab will have its own Rehab Manager who will report to the Medical Unit Leader or Logistics Officer if established.
 - ii) Site Characteristics
 - (1) It should be in a location that will provide physical rest by allowing the personnel to recuperate from the demands and hazards of the emergency operation or training evolution.
 - (2) It should be far enough away from the scene that personnel may safely remove their turnout gear and SCBA and be afforded mental rest from the stress and pressure of the emergency operation or training evolution.
 - (3) It should provide suitable protection from the prevailing environmental conditions. During hot weather, it should be in a cool, shaded area. During cold weather, it should be in a warm, dry area.
 - (4) It should enable personnel to be free of exhaust fumes from apparatus, vehicles, or equipment (including those used in the Rehab Sector)
 - (5) Tobacco use is not permitted in the Rehab area.
 - (6) It should be large enough to accommodate several crews, based upon the incident size.
 - (7) It should be easily accessible by EMS vehicles.
 - (8) It should allow prompt re-entry to the incident.
 - (9) It should be isolated from any media access.
 - iii) Site Designations
 - (1) Tents/Shelters
 - (2) Ambulance(s) not available for transporting patients
 - (3) Busses
 - (4) Nearby buildings, stores or other structures.
 - (5) An open area where tarps, fans, heaters, etc can be set up.

iv) Resources

- (1) Medical Equipment** – The Rehab Manager should maintain at least one Advanced Life Support Ambulance for every 15 people undergoing rehabilitation in the Rehab location.
- (2) Medical Personnel** - The Rehab Manager should maintain one Licensed Paramedic for every 10 people undergoing rehabilitation in the Rehab location.
- (3) Fluids/Food** - The Rehab Manager should provide, or have provided sufficient potable water, oral electrolyte solution, ice and food as may be necessary. Outside resources such as the Salvation Army Mobile Canteen or Red Cross Disaster Assistance should be notified early into an incident to allow for travel time.
- (4) Other Equipment** –The Rehab Manager should secure from the Medical Unit Leader or Logistics Section Chief any other needed items such as, tarps, lights, fans, blankets, towels, traffic cones, fire-line tape, etc.

3) General Operational Principles

a) Establishment

- i)** At the determination of the IC based upon incident priorities
- ii)** Climatic or environmental conditions that indicate the need to establish Rehab are a heat stress index above 85 degrees Fahrenheit or wind-chill index below 32 degrees Fahrenheit. During climatic events, an additional EMS unit shall be considered.

b) Hydration

- i)** During heat stress, each personnel should replace at least one quart of water per hour. Plain water should be used for the first hour of the operations and then supplemented with a commercially prepared beverage such as Gatorade™. Carbonated beverages, coffee, tea or alcoholic beverages should be avoided.

c) Nourishment

- i)** If food is required or provided, it should be soups, broths, fruits (bananas, apples, oranges) or other easily digested foods. Fast food sandwiches, fatty or salty foods should be avoided.

d) Rest

- i)** Personnel should re-hydrate at least 20 ounces during SCBA bottle change.
- ii)** Rest should be provided after the “two bottle rules” or 45 minutes, whichever comes first, or 40 minutes of intense work without an SCBA. Personnel should report to rehab sector at this time.
- iii)** Rest should be no less than 20 minutes and may in some cases exceed 30 minutes as determined by the Rehab Manager. Personnel requiring rest periods of greater than 30 minutes should be closely monitored for medical conditions. Those who exhibit problems with their baseline medical assessment after 30 minutes should be treated under EMS protocol and consider further medical evaluation. This should be in consultation with EMS Medical Control.
- iv)** Personnel requiring more than one hour of rest should be released from duty and consider further medical evaluation. This should be in consultation with EMS Medical Control.
- v)** Personnel released by the Rehab Manager are to report to the Staging Area, Planning and/or Operations as determined.

- e) Medical Evaluation
 - i) Rehab should be staffed with a Personnel/Paramedic ratio of no less than 10:1.
 - ii) Rehab medical evaluation shall begin immediately upon entering the Rehab area, and shall consist of a minimum of:
 - (i) General impression exam
 - (ii) Blood pressure
 - (iii) Pulse
 - (iv) Pulse Oximetry
 - (v) Respiratory rate
 - (vi) Temperature.
 - iii) Any member who exhibits a body temperature of > 100.6F, a consistent pulse rate of > 110bpm should not be permitted to wear full protective clothing, including SCBA and should require additional rehabilitation.
 - iv) Any member, who after 20 minutes of rehab, exhibits a Blood Pressure of 160/100 or greater or Heart Rate >100, shall not be allowed to return to Operations, and further medical evaluation should be considered.
 - v) Any member(s) who receives any treatment(s) other than oral fluid, food, and/or rest should be treated and documented as an injury to personnel. (As an example, ice for sprains or strains should be considered injuries rather than rehabilitation.)
 - vi) All Rehab evaluations should be documented on the Rehab Form and become a permanent record attached to the incident report.
 - vii) All injury reports remain part of the employee's protected medical file and treated as other confidential medical records.
 - viii) Whether district or mutual aid, a report of the incident shall be completed and attached to the appropriate location of the incident report.
 - ix) Any/all Rehab reports involving Mutual or Auto Aid personnel will be made available to their respective departments upon appropriate request.
- f) Cooling Stations
 - i) A cooling station should be placed in operation when heat becomes a problem for firefighters.
 - ii) Cooling stations can be one or more of several equipment to include ice and fans, cooling misters, cooling chairs, and other appropriate equipment.

4) Accountability

- a) Personnel assigned to Rehab should enter and exit the Rehabilitation Area as a crew. The crew designation, number of crew personnel, and the times of entry/exit should be documented by the Rehab Manager, or his/her designee on the Rehab Form.
- b) Crews should not leave the Rehabilitation Area unless authorized to do so by the Rehab Manager.
- c) During the incident a 20-minute personnel check is always done. The Rehab Manager will have a listing of all crews in rehab and once requested from IC, report that information