



HVREMSCO and HVREMAC Policy and Procedures Manual

Policy Name: Emergency Incident Rehab	
Policy Number: CP-6	
Approved by: REMAC	Effective Date: 6/5/2017
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Purpose: To provide guidelines for events where personnel are expected to be working for 1 hour or more, including, but not limited to the following:

- Drills
- Fire ground operations
- Hazardous Material Incidents
- Extended extrications
- Any other situation where personnel are anticipated to be wearing protective gear and fluid loss is a concern.

Personnel in Rehab with no complaints:

- Encourage the person to drink at least 8 ounces of fluid.
- Providers should do a visual evaluation for signs of heat or cold related stress, fatigue, or signs indicative of a medical emergency. If any of these are present, take their vital signs.

Vital Signs: If any vital sign is out of the range listed below, protective gear should be removed, and the person should rest for at least 10 minutes, with continued oral hydration.

- BP: Systolic >160 mm Hg or
 - BP: Diastolic > 100 mm Hg.
 - Respirations: >24 per minute.
 - Pulse: >110 per minute.
 - O2 saturation < 92%.
 - SpCO2 > 5% (if available).
 - Temperature > 100.6 (if available).
- (Note: normal measured temperature does not exclude heat related illness)

Considerations:

- If vital signs return to within criteria limits, the person may be released.
- If vital signs are still beyond the limits, continue rehab for another 15 minutes and determine if further intervention may be needed.
- If after 30 minutes the vital signs are above the limits, transport to the hospital should be initiated



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- If a person arrives at the rehab area with complaints of chest pain, shortness of breath or altered mental status follow the appropriate protocol. The person may not return to duty.
- An irregular pulse mandates ALS assessment, cardiac monitoring, and removal from duty or the event.
- Names and vital signs (if measured) for each person evaluated should be recorded on a log sheet for the incident.
- A PCR should be written on any person transported to the hospital or receiving any ALS care or refusing care or transport against medical advice.
- More aggressive treatment should be used during extremes of temperature.
- Consider carbon monoxide poisoning with any exposure to smoke.
- If any questions exist regarding the treatment of a patient according to this protocol, consult Medical Control Physician for advice.
- For any ongoing event with high potential for injury to public safety personnel consider requesting a physician to the scene.
- Agency procedures may be used in place of these guidelines as appropriate if developed from industry standard models such as the NFPA or USFA or others.