



Section 1: Purpose

Safety is top priority. Firefighting and other emergency response is physically demanding work in challenging environments. This procedure outlines the implementation, use and management of firefighter incident rehabilitation as a fundamental requirement of the incident command system at the scene of a fire/emergency or training exercise. It is designed around requirements of NFPA 1584 to ensure that the firefighter's physical and/or mental condition does not deteriorate to a point that jeopardizes the safety of the firefighter or the overall integrity of the operation.

Section 2: Scope

The procedure is applicable to all Lunenburg Regional Fire and Emergency Services.

Section 3: Definitions

3.1 Rehabilitation (REHAB): A process designed to mitigate the physical, physiological, and emotional stress of fire fighting in order to sustain a member's energy, improve performance, and decrease the likelihood of on-scene injury or death. These provisions may include: medical evaluation, treatment and monitoring, food and fluid replenishment, physical and mental rest, and relief from extreme climatic conditions and the other environmental parameters of the incident.

3.2 REHAB Personnel: Department members with EHS medical first responder (MFR) registration and trained in rehabilitation operations and other personnel that have been designated by the Rehab Manager to assist.

3.3 REHAB Evaluation Checklist: Document used for the evaluation, treatment and determination of Return to Duty status of personnel reporting to REHAB including documentation of firefighter time in/out of REHAB area.

Section 4: General Responsibility

4.1 Departments shall provide necessary resources and implement firefighter scene REHAB as required based on environmental conditions and the complexity of incidents and training exercises.

4.2 Departments shall provide necessary resources to support the ongoing training of MFR's and other personnel in the requirements of REHAB operations.

4.3 Departments shall ensure that the membership is aware of the signs and symptoms of fatigue or exposure to heat or cold stress and has access to post incident monitoring and Critical Incident Stress Management (CISM) services.



4.4 Departments shall ensure that the membership includes available personnel, with EHS Medical First response (MFR) qualifications or higher, to perform REHAB services. Other personnel with appropriate training may be authorized by the Department to assist the Rehab Manager or IC with non-critical REHAB operations.

The Incident Commander shall,

1. provide for basic rehab at all scenes and training exercises as required
2. request and provide sufficient resources to support the setup of additional rehab services if required initially or at any time that conditions may change
3. appoint a REHAB Manager as required and support his/her recommendations on scene related to rehab operations

The Rehab Manager shall,

1. select and clearly designate a location for REHAB operations
2. arrange for necessary resources to manage the REHAB area, equipment and operations
3. maintain personnel intake and discharge, accountability and documentation for REHAB operations
4. serve as a liaison with EHS and secure advanced medical assessment and/or medical treatment from EHS as may be required
5. prepare a post incident REHAB report and determine if follow up actions eg CISM are required

Rehab Personnel shall,

1. direct personnel to an area for donning and doffing of gear, rest, re-hydration and nourishment
2. perform a primary survey, assess and evaluate the medical condition of personnel
3. assist in determining if personnel are fit to return to active duty, require additional rest and other rehabilitation, or require transport to an emergency facility for further evaluation and treatment.
4. oversee the work of other designated personnel (auxiliary members, junior members etc.)

Company Officers shall,

1. maintain awareness of the condition of firefighters operating on scene and monitor their crew for signs of symptoms of fatigue or exposure to heat or cold stress
2. notify the IC promptly when fatigued members require relief, rotation or reassignment
3. ensure that their crew members are checked into REHAB as required
4. advise their crew of the need for post incident self-monitoring and the availability of CISM personnel

Fire Fighter Personnel shall,

1. maintain constant awareness of themselves and other crew members for signs and symptoms of fatigue or exposure to heat or cold stress
2. advise their Officer when they or other crew members require rehabilitation and or relief from assigned duties and report to REHAB area as required

EHS Personnel shall upon request by the REHAB Manager shall,



1. take responsibility for and document medical monitoring and treatment provided per EHS protocols

Section 5: General Procedure

5.1 Basic firefighter scene REHAB is fundamental and applicable at all incident scenes and training exercises as conditions merit. (Note: during wildland firefighting there is strenuous activity under very challenging conditions and heat and humidity will raise the need for firefighter rehab services)

5.2 Firefighters are responsible for their own condition and shall pre-hydrate, rehydrate and get required rest throughout the incident.

5.3 Upon incident initial size up or according to a change in the complexity of the incident, the IC will arrange for additional resources to manage the rehab needs on scene.

5.4 Firefighters and support members will observe at least 10 minutes of rest after one 30 minute SCBA bottle or after 20 minutes of intense scene work

5.5 Personnel shall report to the REHAB area following:

- at any time that self evaluation indicates signs and symptoms of fatigue or exposure to heat or cold stress
- the use of two 30 minute air cylinders or one 45 to 60-minute air cylinder. Shorter times may be considered during extreme weather conditions as communicated by the IC
- strenuous firefighting including support activities of 40 minutes exposure to a harsh environment (heat, humidity, cold)
- limited fire control support activities of 2 hours
- direct orders from an Officer, the REHAB Manager or IC due to signs of stress or fatigue

5.6 Upon reporting to REHAB personnel shall:

- submit their Task Tag to the REHAB Manager
- complete check in by providing Name and Department ID to the REHAB Manager
- report immediately any abnormal health conditions, nausea, dizziness, chest pains,
- shortness of breath and provide any medical information required by the REHAB Officer
- remove personal protective clothing and breathing apparatus gear to begin the coolingdown process
- undergo a basic medical assessment according to the REHAB guidelines
- undergo a minimum of 20 minutes of active cooling /warming and rest
- rehydrate with water or a sports drink containing electrolytes
- eat nutritional snacks or simple meals depending upon the duration of the incident
- abide by the decision of the REHAB Manager on the return to duties or reassignment
- report to the PAO or IC for reassignment or relief from scene.



Appendix A: Establishing REHAB Resources

Firefighter scene rehabilitation needs shall be determined by Incident Command during the size up of a fire call or other emergency call and in the planning stages of a training exercise. Any activity or incident that is complex, long in duration, and/or labor intensive will rapidly deplete the energy and strength of personnel and therefore merits consideration for additional rehab resources.

Appendix B: Rehabilitation Area

REHAB area shall:

1. be clearly identified and accommodate the number of personnel expected including EHS personnel
2. provide a separate area to remove PPE and air cylinders
3. close to fire ground to facilitate movement of firefighters between REHAB and tactical assignments
4. be removed from hazardous atmospheres including apparatus exhaust fumes, smoke, etc
5. provide protection from inclement weather
6. have access to a potable water supply to provide for hydration and active cooling
7. be accessible for EHS personnel and equipment should medical treatment be required

Appendix C: Basic rehabilitation Equipment and Supplies

REHAB area shall have a minimum of:

1. Potable drinking water and ice for hydration
2. Sports drinks ie Gatorade to replace electrolytes and calories
3. Water supply for active cooling (e.g. forearm immersion)
4. Washroom facilities where required and services to wash or clean and sanitize hands
5. Minimum medical monitoring equipment (chairs to rest on, blood pressure cuffs, stethoscopes, oxygen supply, AED, first aid supplies, etc
6. Food, - soup, broth, or stew in hot/cold cups is recommended because it is digested much faster than sandwiches and fast food products. In addition, food such as apples, oranges, bananas provide supplemental forms of energy replacement. Fatty and/or salty foods should be avoided.
7. Other – Blankets and warm, dry clothing for winter months, awnings, fans, tarps, smoke ejectors, heaters, dry clothing, extra equipment, floodlights, towels, traffic cones, paper towels, garbage bags and fire line tape

Appendix C: Documentation

All medical evaluations and other REHAB operations shall be recorded on the REHAB Checklist. All REHAB documentation must be maintained in a secure and confidential manner and may be added to the patient records. Other medical documentation generated by EHS on scene or at the medical facility is handled according to their respective existing patient care records system and is not part of the Fire Department records.

INCIDENT:		REHAB OFFICER:			
DATE:	YYYY-MM-DD	NAME and ID TAG			
DEPARTMENT:		NAME and ID TAG			
Time In		Time Out			

VITALS	TIME IN	TIME 2	TIME 3	TIME 4	TIME 5
PULSE RATE					
RESP. RATE					
B.P.					
OTHER SYMPTOMS					

REHAB						
PPE OFF			HYDRATION		ACTIVE COOLING	
REST			ELECTROLYTES		PASSIVE COOLING	
FOOD			OXYGEN		ACTIVE WARMING	
					PASSIVE WARMING	

COMMENTS					

DISCHARGE (CHECK ONE)					
RETURNED TO DUTY		DENIED RETURN TO DUTY		REFERRED TO EHG/HOSPITAL	