

Formal Fire Rehab Protocol

1. Fire Rehab, if needed, shall be implemented at the request of IC.
2. IC shall designate a Rehab Officer
3. The Rehab Officer is responsible for tracking personnel through rehab, keeping a record of contact with all personnel, and making a final disposition.
4. At a minimum, the Rehab Officer shall be an EMT-B.
5. Medical monitoring shall follow the attached algorithm. **The main parameters to follow in rehab are signs and symptoms.** Vital signs are an adjunct to this evaluation.
6. A record of the rehab event shall be kept for all personnel that come through rehab. This record is included with this protocol and shall be given to IC at completion of the event.
7. In addition to a rehab area (medical monitoring), a treatment area will also be designated. This may be physically separate from, or a part of, the rehab area. When personnel are referred from medical monitoring to the treatment area, usual EMS protocols will be followed.
8. Vital signs for monitoring shall be temperature, heart rate, respiratory rate, blood pressure and pulse oximetry. In addition, co-oximetry should be available in the treatment area.
9. Firefighters may not be released back to active duty if temperature >100.4, hear rate >100, respiratory rate >20, systolic pressure >160, diastolic pressure >100, pulse oximetry <93% on room air or, based on signs and symptoms, the Rehab Officer does not feel they are ready to return.