

WEST MICHIGAN REGIONAL PROTOCOL

MEDICAL EVALUATION AND REHAB OF PUBLIC SAFETY PERSONNEL POLICY

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Purpose: To provide the process for EMS activities when requested by a designated fire-service agency, or public-safety department, to provide medical stand-by and/or rehab at a fire or other scene in which emergency responders may be exposed to environmental extremes, or fatigue, due to the nature or length of the incident.

Stand-by: A “stand-by” is simply a request for EMS service to be present at an event or incident.

Rehab: A “rehab” or “rehab stand-by” is an active role in assisting on scene in the role of medically evaluating fire-fighters/emergency responders during the course of an incident. The “rehab” crew may also be utilized to provide care to effected civilians from the incident. This is a dedicated crew that will work as a functional sub-section of the Incident Command System.

B S PI. Requests and roles

A. Requests

1. Requests for rehab or scene stand-by may originate from any designated public safety agency for the purposes of providing an on-site medical resource at the scene of an incident or exercise.

B. Dispatch

1. Requests for either a stand-by or rehab will be considered a priority 2 response.
2. A concerted effort must be made to avoid reassigning the initial unit assigned the call.
3. Units on scene of a “stand-by” may be pulled for emergency calls only, after consulting with the Incident Commander, and must be replaced as soon as is possible with another unit.
4. Units on scene of a “rehab” become a functional unit of the incident response and are not to be pulled from the scene until the incident has resolved and the Incident Commander concludes rehab. In the event that a crew must be replaced due to shift change, or other unforeseen reasons, another crew must be on scene and be briefed by the departing crew before the initial crew may depart.
5. Crews assigned to a rehab will not be transporting units. Additional ambulances will be called in to transport patients from the scene if necessary.

C. Responding Units

1. Responding units for either a “stand-by” or a “rehab” must take care when they arrive to park the vehicle far enough away from the actual scene that they do not place the vehicle where it will be blocked in by additional response vehicles or hose lines.
2. Immediately after arrival to the scene the crew must locate the incident commander and notify him/her in person that the ambulance crew is on scene.
3. The crew must ask the Incident Commander where the ambulance should be placed.
4. The crew must also ask if they are needed for a stand-by or if they are needed for rehab.
 - a. The EMS crew must notify their dispatch as to what role they are assuming.
 - b. If the Incident Commander only needs them for stand-by, the crew should relocate their vehicle to the place designated by the Incident Commander and ensure that they will not be blocked in.
 - (1) Their responsibility during the stand-by is to be available if needed, request additional ambulances if needed, treat patients from the incident and either hand off patients to arriving units (if more than one patient), or transport patients. A replacement unit should take their place if they transport.

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- (2) The stand-by must be staffed with an ALS unit until notified by Incident Command that their presence is no longer necessary.
 - c. If needed for rehab, the crew must ask the Incident Commander who has been placed in charge of rehab. Typically this will be either a designated rehab officer or the safety officer.
 - d. The crew must then locate the officer in charge of rehab and determine where they should set up.
 - (1) In some instances the ambulance may be used for the rehab facility; in other circumstances an ancillary building, garage, bus or tent may be used.
 - (2) If setting up in a location other than the ambulance the crew should bring the jump bag, O2 and supplies, pulse oximetry, the monitor and drug bag, sterile fluids (irrigation), the stretcher and IV bags. The ambulance should be readily available and located near-by in the event that additional equipment is needed.
- D. EMS Rehab Units – Roles and Responsibilities
 1. Once the Rehab Officer has been contacted, and the location of the rehab determined, the crew should bring their equipment and set up.
 2. The crew should notify their dispatch where the Rehab facility is located.
 3. Take note of access routes to the rehab area in the event that ambulances are needed for transport.
 4. The Rehab Officer will be responsible for setting the location, arranging for fluids and snacks for consumption and coordinating the rotation in to the rehab facility. The Rehab Officer will be responsible for determining the length of time between mandatory rehab rotations.
 5. The medical crew will be responsible for evaluating the personnel as they rotate in to the rehab facility.
 6. Parameters for rotation into rehab include:
 - a. Initial evaluation for baseline vitals before entry into the event.
 - b. The “two air bottle rule”, or 45 minutes of work time.
 - c. Outward signs of fatigue or illness
 - d. Complaints of fatigue or illness
 - e. Time between mandatory rehab visits may be shortened if adverse weather conditions are present.
 - f. The FEMA, USFA Emergency Incident Rehabilitation publication, FA-114/July 1992, may be referenced for additional set up and operational parameters.
 7. EMS will complete a baseline set of vitals for newly arrived personnel prior to their being sent into the incident. This may not be possible for the personnel that initially responded and began working the incident. These baselines will help identify change when the individuals next rotate through rehab. Results must be recorded on the Emergency Incident Rehabilitation Report.
 8. EMS will obtain a complete set of vitals and an evaluation on all personnel that report to rehab after working the incident. The EMS personnel shall make a proper disposition (return to duty, continued rehabilitation, or medical treatment and transport to a medical facility).
 9. Continued rehab should consist of additional monitoring of vital signs, providing rest and providing fluids for rehydration. Medical treatment for personnel whose signs and/or symptoms indicate potential medical problems should be provided in accordance with local protocol.
 10. EMS personnel should be assertive in an effort to find potential medical problems early.

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11. The heart-rate should be evaluated for 30 seconds as early as possible in the rest period. If a member's heart-rate exceeds 110 bpm, an oral temperature should be obtained. If the member's oral temperature exceeds 100.6°F, he/she should not be permitted to wear protective equipment. If the temperature is below 100.6°F and the heart-rate remains above 110 bpm, rehab time should be increased.
 12. All medical evaluations shall be recorded on the Emergency Incident Rehabilitation Form along with the member's name and complaints and must be signed, dated and timed by the Rehab Officer or his/her designee.
 13. In all cases, the objective evaluation of a member's fatigue level shall be the criteria for rehab time. Rest shall not be less than 10 minutes and may exceed 1 hour, as determined by the EMS crew and the Rehab Officer.
 14. DO NOT delay treatment of, or requesting a transporting ambulance for, member's that present to rehab with signs and symptoms of potentially life threatening conditions (chest pain, decreased LOC, SOB with wheezes, rhonchi or stridor, dizziness, syncope, burns, etc.).
 15. Fresh crews, or crews released from the rehab facility, must report to the staging area to ensure that fatigued members are not required to return to duty before they are rested, rehydrated, evaluated and released by the Rehab Officer.
 16. Crews in rehab shall not leave the Rehabilitation Area until authorized to do so by the Rehab Officer.
 17. A EMS form must be completed for personnel who receive treatment beyond evaluation and VS. This includes Oxygen administration for smoke inhalation, IV fluid replacement and mandatory extended rest due to excessive fatigue, fever, dizziness, etc.
- E. Conclusion of Rehab Activities
1. EMS will remain in Rehab after the incident is completed to ensure thorough evaluation of personnel.
 2. EMS shall remain in Rehab until cleared by the Rehab Officer or the Incident Commander.
 3. Documentation of the medical evaluations performed during rehab, on the Emergency Incident Rehabilitation Reports, will be given to the Rehab Officer as well as copies of the EMS reports for all personnel treated or transported from the scene.
 4. Once cleared from the scene, the EMS crew should contact their dispatch to advise that the incident has concluded.

Note: If Rehab is established on the scene of an MCI, it should be positioned near, but not within, the treatment and transport area to ensure that personnel receive appropriate rest and are not pulled from rehab for other duties prior to adequate rehab.

