

**Region 5 Medical Control Authority Network
System Protocol**

PERSONNEL REHABILITATION DURING SCENE OPERATIONS

Initial Date: 9/1/25
Revised Date:

Section 8.28

Application: This protocol applies to Advanced Life Support (ALS) EMS Agencies requested by Fire Departments to provide rehabilitation and medical support to emergency incidents and training where elevated risk for fatigue or injury exists.

Procedure: ALS EMS agencies are expected to comply with this protocol unless otherwise directed by Medical Control.

1. Dispatched agencies will respond non-emergency to the designated location unless otherwise directed by Incident Command.
2. Upon arrival, ambulance personnel will report to Incident Command.
3. Ambulance personnel will establish a rehab area as directed by the Incident Commander.
4. Additional ambulance resources may be requested to the location at the direction of First arriving EMS Provider and Incident Command.
5. Any personnel requiring medical treatment will be identified as a patient and require a patient care record (PCR).
6. The Rehab Unit Leader will provide periodic updates to Incident Command or designee regarding the status of personnel being evaluated in rehab.
7. Based on the information provided by the Rehab Unit Leader, Incident Command or designee will determine the ability of personnel to return to emergency incident or training.
8. Should the operation encompass multiple operational periods, records and a verbal report of Rehabilitation Operations will be provided to successive Rehab Unit Leaders.

A. Rehab Operations

1. All emergency services personnel involved in emergency operations should be routinely evaluated in the rehab area as deemed necessary.
2. Company Officers, Group Supervisor, Safety Officers, and the Incident Commander may determine when crews are to be rotated through Rehab. In most cases, this should occur between 30-60 minutes.

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3. When Self Contained Breathing Apparatus (SCBA), ballistic vests, or ordinance disposal equipment are being used, the two 30-minute bottle rule shall apply, however, extreme weather or strenuous working conditions may decrease/increase these intervals.
4. Any person complaining of chest pain or shortness of breath, or found to have abnormal vital signs (see Vital Signs Guideline) or any other emergent condition, should be removed from active duty for further evaluation. In these cases, treatment should be initiated and local prehospital protocols followed.

B. Vital Signs guidelines for those actively engaged in scene operations

1. When crews arrive at Rehab, they should have their vital signs assessed prior to receiving fluids. This is done to prevent erroneous oral temperatures from being measured.
2. Mental status shall be determined using typical EMS protocols for orientation to person, place, and time.
3. Visual signs and symptoms are some of the best indicators to evaluate firefighters in the rehab area. If any emergent conditions exist, the EMS crew will immediately coordinate transportation of the injured firefighter using a transport ambulance from the scene if available.

C. Return to Duty Guidelines for those actively engaged in scene operations

The following criteria serve as a guideline for **releasing** personnel from Rehab to another incident assignment:

After 20 minutes of rest with gear removed in climate conditions warranting removal:

1. Systolic blood pressure must be less than 160
2. Diastolic blood pressure must be less than 100
3. Heart rate must be less than 110
4. Temperature must be less than 100.6 (Consider temperature of fluid intake affecting this measurement)
5. Firefighters have been re-hydrated as indicated with at least 8 oz of water or a non- caffeinated fluid containing glucose and electrolytes such as Gatorade, power aid or liquid IV.
6. Firefighters are not exhibiting signs and symptoms of distress, and have no medical complaint

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7. If any personnel exhibit signs, symptoms or conditions that in the opinion of the on-scene EMS Personnel, Fire Agency Leader or on-scene emergency physician will affect their safety and survival, that person(s) will remain under observation of EMS Personnel until a determination is made jointly by the Fire Agency Leader and EMS regarding transportation to hospital or relief from the incident scene.
8. If any personnel exhibiting vital signs outside of the values stated above, a mandatory extension of an additional 15 minutes in the rehab area will be required. After 15 minutes the firefighter will be reevaluated using the above criteria.
9. If vital signs have not returned to the acceptable ranges after the additional 15 minutes, the firefighter shall be considered to be injured and will not be permitted to return to active duty. The IC will be notified. The supervisor or department will then be contacted and transportation directions will be given.

D. Conditions Requiring EMS Transport from Rehab Area to local Hospital

The following criteria serves as guidelines for **transporting** personnel involved in emergency operations to the hospital for further evaluation after at least 35 minutes in the Rehab area and with the EMS Provider's judgement.

In these cases, treatment shall be initiated according to local medical control authority protocols or as directed by online medical control.

Patients who are symptomatic and/or

1. Diastolic blood pressure greater than 130
2. Diastolic blood pressure greater than 110 and symptomatic
3. Systolic blood pressure is less than 110 and symptomatic
4. Systolic blood pressure greater than 200 and remains greater than 200 after 15 minutes of rest
5. Heart rate above 140 after 15 minutes of rest or less than 60 with accompanied hypotension
6. Symptoms of CO exposure. (Headache, nausea, vomiting, LOC) w/ elevated CO level.
7. Any other emergent condition not outlined above