

Fire Stand By and Medical Evaluation and Rehabilitation of Public Safety Personnel

Purpose: To provide the process for EMS activities when requested by a designated fire-service agency, or public-safety department, to provide medical standby 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.

Standby: A “standby” is simply a request for EMS service to be present at an event or incident.

Rehab: A “rehab standby” is an active role in assisting on scene for 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.

Requests and roles

- A. Requests
 1. Requests for rehab or scene standby 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 standby or rehab will be considered a Tier 2 response
 2. A concerted effort must be made to avoid reassigning the initial unit assigned to the call.
 3. Units on scene of a “standby” may be pulled for emergency calls only if 911 determines the resource is needed, and must be replaced as soon as is possible with another unit. The 911 Center must notify the incident commander that the ambulance is being pulled and provided an update when another unit is assigned.
 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 unless needed by 911 as outlined in #3 above. 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 unless the initial crew is needed for an emergent call due to limit resources in the county.

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 unless there are limited EMS resources and the rehab unit needs to transport for the immediate treatment of patients on scene.
- C. EMS Units – Initial Responsibilities
1. Responding units for either a “standby” 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 at the scene the crew must communicate with the Incident Commander, either in person or via the fire ground assigned.
 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 standby or if they are needed for rehab.
 - a. The EMS crew must notify the dispatch center that sent them as to what role they are needed for, standby or rehab.
 - b. If the Incident Commander only needs them for standby, the crew should relocate their vehicle to the place designated by the Incident Commander and ensure that they will not be blocked in.
 - (1) The standby and rehab will be staffed with an ALS or BLS unit (based upon the discretion of the 911 dispatcher) until notified by Incident Command that their presence is no longer necessary.
 - (2) Their responsibility during the standby 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.
 - 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 into 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 into the rehab facility.
 6. If rehab is activated then the unit on scene will request that a second ALS or BLS unit be dispatched to serve as a stand by unit.
 7. If it does not delay a firefighter from actively responding to the fire, EMS personnel 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 or those arriving after the incident has begun. However a baseline will be attempted where practical. 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.
 11. The criteria for remaining in rehab will be the following:
 - a. Symptomatic Vital Signs

- (1) Blood Pressure
 - a. Systolic Greater Than (>) 160
 - b. Systolic Less Than (<) 90
 - c. Diastolic Greater Than (>) 100
 - (2) Pulse
 - a. Greater Than (>) 110
 - b. Less Than (<) 60
 - (3) Respiratory Rate
 - a. Greater Than (>) 20
 - b. Less Than (<) 10
 - (4) Lung Sounds
 - Presence of Rales, Rhonchi or Wheezing
 - b. Oxygen
 - Less Than (<) 95%
 - c. Skin Condition and Color
 - If the skin is Flushed, Pale, Cyanotic or Cold Diaphoresis
 - d. Body Temperature
 - (1) Greater Than (>) 100.6F
 - (2) Less Than (<) 97.6F
12. All medical evaluations shall be recorded on the Genesee County Firefighter Rehab Form along with the member's name and complaints and must be signed, dated and timed by the Rehab Officer or his/her designee. In addition to this form, which serves as a log of all firefighters assessed, there will be a separate Individual Rehab Record. This document is to be provided to the firefighter once the assessment has been completed.
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. Crews in rehab shall not leave the Rehabilitation Area until authorized to do so by the Rehab Officer unless dispatched by 911 to another call due to limited EMS resources in the county.
16. An 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.

17. EMS personnel will share the medical evaluation results and recommendations with the Rehab Officer prior to the firefighter returning to duty.

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, will be in accordance with GCMCA protocols on documenting patient care evaluation and treatment. For any firefighter that requires transport to a hospital, the EMS provider will submit a copy of the rehab evaluation and treatment documentation to the hospital within 24 hours of care provided.
4. As the Genesee County Firefighter Rehab Form is a medical record, the EMS agency will be responsible for maintaining the document consistent with other medical record retention requirements. The GCMCA may request these forms, but they are not required to be submitted routinely.
5. 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, the rehab crew will be positioned at a location directed by unified command.