



# Washington County Volunteer Fire & Rescue Association Standards Manual



## **Title: Rehabilitation at Incident Scene & Training Exercises**

WCVFRA Approval: 05/17/2018  
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 Standard Number: **600-02**      Number of Pages: 18

**01. Purpose:**

To provide guidance on the implementation and use of a rehabilitation process as a requirement of the incident management system (IMS) at the scene of a fire, other emergency, or training exercise. To ensure the physical and mental condition of personnel operating at the scene of an emergency or training exercise does not deteriorate to a point that affects the safety of any individual, or jeopardizes the safety and integrity of the emergency operations and/or training exercise where strenuous physical activity and exposure to heat and cold exist.

**02. Applicability:**

Applies to all fire, rescue and EMS operational units, Division of Emergency Services, fire & rescue corporations, and all fire, rescue, EMS personnel, both career and volunteers.

**03. Definitions:**

Active Cooling	The process of using external methods or devices (e.g., hand and forearm immersion, misting fans, ice vests) to reduce elevated core body temperature.
Energy Drink	A type of beverage containing stimulants (caffeine and other ingredients such as taurine, ginseng, and guarana) that is marketed as providing mental or physical stimulation.
Hydration	The introduction of water in the form of food or fluids into the body.
Passive Cooling	The process of using natural evaporative cooling (e.g., sweating, doffing personal protective equipment, moving to a cool environment) to reduce elevated core body temperature.
Procedure	An organizational directive issued by the authority having jurisdiction or by the department that establishes a specific policy that must be followed.
Recovery	The process of returning a member's physiological and psychological states to levels that indicate the person is able to perform additional emergency tasks, be reassigned, or released without any adverse effects.
Rehabilitation	An intervention designed to mitigate against 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.
Rehab Manager	Rehabilitation Manager is a person or officer assigned to manage rehabilitation.
Shall	Indicates a mandatory requirement.
Should	Indicates a recommendation or that which is advised but not required.
Sports Drink	A fluid replacement beverage that is between 4 percent and 8 percent carbohydrate and contains between 0.5 g and 0.7 g of sodium per liter of solution.





**d. Rehabilitation Manager:**

Shall be selected from EMS company officer or qualified EMS personnel:

- i. When established, the rehabilitation manager shall be responsible for all rehabilitation
- ii. The rehabilitation manager shall designate a responder rehabilitation location(s) and have the location(s) communicated to incident personnel
- iii. The rehabilitation manager shall request necessary medical personnel to evaluate medical condition of personnel being rehabilitated
- iv. The rehabilitation manager shall request necessary resources for rehabilitation of personnel (e.g., water, juice, personnel)
- v. The rehabilitation manager shall request feeding as necessary for personnel being rehabilitated
- vi. The rehabilitation manager shall release rehabilitated personnel for reassignment
- vii. The rehabilitation manager shall release those individuals needing additional medical care to EMS
- viii. The rehabilitation manager shall maintain the accountability of all personnel in the rehabilitation location
- ix. The rehabilitation manager shall maintain appropriate records and documentation
- x. Wearing of the Rehabilitation Manager Vest if available
- xi. Designating the rehabilitation location if the Incident Commander has not already done so, securing and providing the necessary resources for rehabilitation

**e. First EMS Unit designated to setup Rehabilitation:**

Unless a life safety issue immediately exists.

**f. Rehabilitation Group/Division Personnel (EMS):**

Shall consist of the Rehab Manager, all non-firefighters, and any EMS personnel assigned by command staff. Rehab Group / Division Personnel shall report directly to the Rehab Manager.

Their responsibilities shall include checking vital signs, monitoring for hypothermia/ hyperthermia, other medical issues and providing treatment and transportation to medical facilities as required. Rehab Group/Division Personnel shall inform the Rehab Manager when personnel require an extended period of rehabilitation or transportation to a medical facility.

**06. Rehabilitation Operational Phases:**

- a. Three (3) Phases of Rehabilitation – Rehabilitation Operations will work in three (3) phases to assist the Rehab Group/Division monitor better and healthier nutritional supplements depending on the physical demand of the current operations:
  - i. Phase One (1) – Incident is still “**ALL Hands Working**”
  - ii. Phase Two (2) – Incident is in “**Overhaul/Winding Down Stage**”
  - iii. Phase Three (3) – Incident is in “**Wrap-Up Stage**”
- b. Fire & EMS Incidents Rehabilitation Phases:
  - i. Rehab Manager will determine what “Phase” of Rehab the Group/Division will be operating in.
  - ii. During Phase 1 & 2
    1. All personnel operating within the Hot and Warm Zones are required to be checked out by EMS in Rehab prior to Reporting to Rehab 255 for nutrimentals.
    2. After being checked out by EMS, crew members will be given “**REHAB CARD**”, they shall use them to retain Nutritional Selections from and instructed by Rehab 255 crew.
    3. Any operational personnel who were working in the Hot or Warm Zones who report to Rehab 255 with **NO** “**REHAB CARD**” will be allotted Rehydration Supplements {Water/Electrolyte Replacement Beverages} **ONLY** and will be instructed to see the Rehab Group/Division for processing.
    4. **REHAB CARDS** will not be needed from those operations/personnel outside the Hot or Warm Zones.

5. Fire Police, Apparatus Operators and any other Non-Operational Personnel, unless advised otherwise by the Rehab Manager or the Incident Commander /Command Staff do not require a **REHAB CARD**.
- iii. During Phase 3
  1. **REHAB CARDS** are no longer required to be presented to Rehab 255 unless instructed by the Rehab Manager.
- iv. If there is NO Rehabilitation Group/Division upon the arrival of Rehab 255, the Rehab 255 OIC will report to Command to confirm Phases of Rehab to be used or if operations will be Canteen Services ONLY {Phase 3 Rehab}.

**07. Expectations During the Three Phases of Rehabilitation:**

- a. Under PHASE I - “**ALL Hands Working**”
  - i. Nutritional Selections: **\*REHAB CARD Needed**
    1. Water
    2. Electrolyte Beverages (Sports Drinks)
    3. Fruit Juices
    4. Popsicles
    5. Coffee/Hot Tea
    6. Protein Bars/Nutrigrain Bars/Power Bars
    7. Fruit Product Selections
    8. Nutritional Products Protein Rich & Easy to Digest
  - ii. Assisting with Rehab:
    1. Medical Certified Personnel may assist EMS Crews with Vital Signs and Medical Care under EMS Crew Leader if approved by the Rehab Manager.
- b. Under PHASE II - “**Overhaul/Winding Down Stage**”
  - i. Nutritional Selections: **\*REHAB CARD Needed**
    1. Water
    2. Electrolyte Beverages (Sports Drinks)
    3. Fruit Juices
    4. Popsicles
    5. Protein Bars/Nutrigrain Bars/Power Bars
    6. Fruit Product Selections
    7. Nutritional Products Protein Rich & Easy to Digest
    8. Candy Bars
    9. Preparation of Sandwiches (1 per person)
  - ii. Assisting with Rehab:
    1. Medical Certified Personnel may assist EMS Crews with Vital Signs and Medical Care under EMS Crew Leader if approved by the Rehab Manager.
- c. Under PHASE III - “**Wrap-Up Stage**”
  - i. Nutritional Selections: **\*NO REHAB CARD Needed**
    1. Water
    2. Electrolyte Beverages (Sports Drinks)
    3. Fruit Juices
    4. Coffee/Hot Chocolate
    5. Sodas
    6. Popsicles
    7. Protein Bars/Nutrigrain Bars/Power Bars
    8. Fruit Product Selections
    9. Nutritional Products Protein Rich & Easy to Digest
    10. Candy Bars
    11. Preparation of Sandwiches

- ii. Assisting with Rehab:
  - 1. Medical Certified Personnel may assist EMS Crews with Vital Signs and Medical Care under EMS Crew Leader if approved by the Rehab Manager.
- d. Canteen Service Calls – **“NO Rehab Services Required”**



**08. Establishment of the Rehabilitation Group/Division:**

**a. Responsibility:**

The Incident Commander will establish a Rehabilitation Group or Division when conditions indicate that rest and rehabilitation is needed for personnel operating at an incident scene or training evolution.

A supervisor will be placed in charge of the Group/Division and shall be known as the Rehab Manager. The Rehabilitation Group/Division Manager will establish the phases of Rehab that crews are operating in {Phase 1, 2 or 3}. The Incident Commander can override the Rehab Phase's at any time after conferring with the Rehab Group/Division Manager.

The Rehab Manager will typically report to the Logistics Officer in the framework of the incident management system.

Duration of operations, level of physical exertion and environmental conditions, including temperature, humidity, and wind-chill factors shall be considered. (i.e. Extreme climate or environment; humidity reaches 96 or the air temperature is below 32F, heat stress index >90 degrees F; wind chill <10 degrees F. full assignments, large scale incidents, hazardous materials incidents requiring entry teams, labor intensive incidents > 45 minutes or more of strenuous activity, long duration incidents over 60 minutes).

**b. Location:**

The location for the Rehabilitation Group/Division area will normally be designated by the Incident Commander. If a specific location has not been designated, the Rehab Manager shall select an appropriate location based on the site characteristics and designations below and relay this to Command.

**c. Site Characteristics:**

- i. Far enough outside the immediate perimeter to provide physical and mental rest from the stress and demands of the incident or training evolution.
- ii. Far enough outside the immediate perimeter to permit the removal of PPE (Including boots).
- iii. The site shall include an area where members can remove and leave their protective clothing and protective equipment prior to entering the designated rehabilitation area.

- iv. Should provide suitable protection from the environmental conditions. It should be warm & dry during cold weather and during warm weather it should be cool and shaded.
- v. Far enough outside the immediate perimeter to be free of vehicle exhaust, equipment noises and the general flow of communications.
- vi. Should be large enough to accommodate multiple crews according to the size of the incident.
- vii. The site shall include a medical monitoring and treatment area. Should be easily accessible by EMS units, but out of the traffic flow of other vehicles.
- viii. Each rehabilitation area shall be given a geographic name consistent with its location at the incident site.
- ix. Should provide easy access to Staging without requiring travel through other operational areas. Allow prompt reentry back into the emergency operation upon completion of recuperation.
- x. No tobacco use shall be permitted in or near the rehabilitation area.

d. **Designated Sites:**

- i. Structures such as barns, garages, schools, building lobbies or other structures (Tents).
- ii. Large capacity vehicles such as school or municipal transportation buses and or rehab unit.
- iii. Emergency apparatus large enough to meet the current needs of the Rehab Manager.
- iv. An open but protected area such as a parking lot or field.

e. **Resources:**

The Rehab Manager shall secure all necessary resources required to adequately staff and supply the Rehabilitation Area. The supplies should include the items listed below (minimum):

- i. Other – awnings, fans, tarps, smoke ejectors, heaters, dry clothing, extra equipment, flood lights, blankets and towels, hand washing station, traffic cones and fire line tape (to identify the entrance and exit of the rehabilitation area).
- ii. Mental decompression. **CISD/CISM** if necessary.
  - 1. Is on site evaluation & defusing necessary?
  - 2. Response to station for evaluation & defusing necessary?
  - 3. Coordinate debriefing within 24-48 hours of the incident?
- iii. Concerns regarding hot and cold environmental conditions:
  - 1. Warm condition concerns
  - 2. Extra hydration
  - 3. Shelter from sun
  - 4. Prevention of burns on hot asphalt
  - 5. Cooling therapies
- iv. Cold weather
  - 1. Wind shelter
  - 2. Increased calorie consumption
  - 3. Thawing of gear
  - 4. Frostbite check

f. **Staffing Procedures:**

- i. Rehab staffing is based on the anticipated workload. The recommended ratio of Rehab personnel to members currently assigned to rehab should meet the span of control.
- ii. This recommendation equates to a ratio of ten persons assigned to Rehab for a single EMS unit or about three companies in Rehab at the same time. The IC should consider supplementing Rehab in the event of weather extremes. The IC may also elect to redeploy underused resources to Rehab to facilitate the surge created by incident de-escalation /demobilization.

g. **Based on that ratio, the levels of Rehab are:**

- i. **Normal** – Consists of a single, dedicated EMS unit and is applicable for incidents up to and including a first alarm assignment or incidents where units will be operating for less than one hour. The responsibility of rehabilitation can be handled by a single EMS unit and can be managed by any EMS provider.
- ii. **Moderate** - Consists of multiple dedicated resources with a designated supervisor. As the incident grows there becomes a need for more resources to handle the responsibilities of rehabilitation. On incidents greater than a first alarm, consideration should be given to increasing the number of providers assigned to the Rehab Group as well as the level of supervision. The supervisor of the Rehab Group should be an Operations Officer at EMT or higher certification and the providers operating in the group can be any combination of EMS or suppression personnel as long as the ratio of providers to firefighters needing rehab remains consistent. ALS presence in Rehab is **REQUIRED** at this level.
- iii. **Elevated** – Also consists of multiple dedicated resources with a designated supervisor. During long term incidents such as large brush fires or hazardous materials incidents, the Rehab Group should be managed under the Logistics Section of the Incident Command System. Radio designation will be determined by Logistics due to the potential for multiple rehab sites, establishment of a base camp, etc.
- iv. Incident Commanders should give consideration to requesting additional EMS resources if the original EMS unit assigned to the incident becomes involved in patient care and or transport and are unable to fulfill their rehab duties.
- v. The Rehab area shall be clearly denoted. Companies are to stay within this area while assigned to the Rehab Group.
- vi. The Rehabilitation Tracking Form (**Appendix A**) will be used to document and track each company through Rehab.

09. **Procedures/Objectives:**

a. **Cooling:**

A primary goal of rehabilitation should be the restoration of each person's core body temperature. The most effective method of doing so is active cooling through forearm/hand immersion for at least 10 minutes. If equipment is available, this is the preferred method of cooling. Other methods involve passive cooling through hydration, removal of turnout gear, and rest.

- i. Passive cooling shall be employed to reduce fire fighter heat stress. This could include moving to a shaded or air-conditioned area, removal of PPE, ingestion of cool fluids, and rest.
- ii. Active cooling shall be employed to reduce fire fighter heat stress when passive cooling is ineffective or when a member is experiencing heat-related illness. This could include forearm immersion, misting fans, and cold towels.

b. **Hydration/Rehydration:**

Members entering rehabilitation shall consume fluids, regardless of thirst, during rehabilitation and be encouraged to continue hydrating after the incident.

A critical factor in the prevention of heat injury is the maintenance of water and electrolytes. Fluids must be replaced during training and emergency incidents. During heat stress, personnel should consume at least one (1) quart of water per hour. The re-hydration solution should be an **undiluted** commercially prepared activity beverage administered at about 40-degree F. When applying the 2 air cylinder rule, personnel (9d) shall rehydrate with a minimum of 8 ounces while air cylinder are being exchanged. Rehydration is important even during cold weather operations where despite the outside temperature, heat stress can occur during firefighting operations when wearing PPE. Alcoholic, caffeine, and carbonated beverages should be avoided before and during heat stress because they interfere with the body's water conversion mechanism.



c. **Nourishment:**

Food may be provided at the scene of an extended incident when units are engaged for three or more hours. A cup of soup, broth, or stew is highly recommended because it is digested much faster than sandwiches and fast food products. In addition, food such as apples, oranges and bananas provide supplemental forms of energy replacement. Fatty and/or salty foods should be avoided.

Personnel shall ensure that a means to wash members' hands and faces is available whenever calorie replacement will be used. Packaged wipes are an example of a means that members can use to wash their faces and hands.

d. **Rest:**

The two (2) air cylinder rule or 45-minute work period rule shall apply and shall mean that personnel working through two (2) 30/45-minute air cylinders or a 45-minute work period shall be required to be relieved and report to the Rehab area. This rule represents the maximum effort permitted prior to mandatory rehabilitation. In all cases an objective evaluation of an individual's fatigue level shall be the criteria for rehabilitation. The Rehab Manager shall determine the length of the rest period; however, it shall be no less than 10 minutes.

e. **Recovery:**

Personnel in the Rehab areas should maintain a high level of hydration. Personnel should not move directly from a hot environment to an air conditioned one. Such a move can cause the body's natural cooling system to shut down. It is necessary, therefore, to provide a cooling down period in an area with some amount of air flow. Certain medications such as diuretics, stimulants or antihistamines like Actifed or Benadryl impair the body's ability to sweat; therefore, extreme caution must be exercised if an individual has taken those medications.

f. **Medical Evaluation:**

- i. Standard specifies assessing each person for: presence of chest pain, dizziness, shortness of breath, weakness, nausea or headache; general complaints such as cramps, aches or pains; symptoms of heat or cold related stress; changes in gait, speech or behavior; alertness and orientation to person, place and time; vital signs, particularly those considered abnormal within protocol.
- ii. Rehab personnel will evaluate vital signs; question them about any symptoms, and/or injuries. Examine personnel and determine appropriate disposition such as return to staging, further rehabilitation or medical treatment/transport. Continued rehabilitation should include additional monitoring of vital signs, providing fluids and rest. Medical treatment should be in accordance with established medical protocol.
- iii. The heart rate should be measured for 30 seconds. An early oral or tympanic temperature should be taken. If the temperature exceeds 100.6F the individual should not be permitted to wear PPE. If it is below 100.6F and the heart rate remains above 110 beats per minute, the rehab time should be extended. If the heart rate is less than 100 beats per minute the chance of heat stress is negligible.
- iv. All vitals will be documented and personnel will be evaluated for signs and symptoms of heat stress, chest pain, shortness of breath, or other ill effects when entering the rehab area. If these are absent, then vitals can be taken after fifteen minutes of hydration and rest. Personnel whose pulse rates exceed 120 bpm will be sent to the treatment area for further evaluation. Personnel with other symptoms, i.e. chest pain, shall be sent to the treatment area.

- v. The following vital signs shall be obtained for all members entering rehabilitation:
  - 1. Temperature
  - 2. Heart rate
  - 3. Respiratory rate
  - 4. Blood pressure
  - 5. Pulse oximetry
- vi. Members exposed to fire/smoke shall be assessed for carbon monoxide poisoning.
- vii. The Rehab Manager shall advise the IC on the number of personnel ready to return to operations and those not and possible duration for that.

**g. Prior to Release:**

**i. Benchmarks after Rest and Recovery should be:**

- 1. **Pulse:** Less than 100 beats per minute
- 2. **BP:** Systolic less than 160mmHg and/or diastolic less than 100mmHg
- 3. **Temp:** Normal ranges from 98.6F to 100.6F
- 4. **SpCO:** Less than 5% (smokers may be 'normal' up to 10%)
- 5. **SpO2:** Greater than 95% (smokers may be normal down to 90%)
- 6. **Resp:** Less than 20

**ii. Transport to Hospital if:**

- 1. Symptoms of heat stroke
- 2. Respiratory distress/SOB
- 3. Abnormal lung sounds
- 4. Altered mental status
- 5. Irregular pulse
- 6. Persistent pulse above 180
- 7. Significant injury
- 8. Chest pain or severe headache
- 9. Other conditions as appropriate

**iii. Documentation:**

- 1. All medical evaluations shall be recorded on standard forms along with the member's name and complaints and must be signed, and dated by the Rehab Group Manager or his/her designee. All documentation generated by Rehab with the exception of eMEDS will be turned over to the Incident Commander.

**iv. Release from Rehab:**

- 1. Personnel working in the rehab area will need to utilize an accountability system for tracking members entering and leaving the area. Time in and time out will be documented.
- 2. If members become ill or are injured, standard medical protocols will be followed. While BLS care is a minimum, for high-risk operations (e.g. hazmat operations), it will be appropriate to have ALS resources available
- 3. All personnel sent to EMS {treatment/transportation} area shall have reports completed per assessed provider in eMEDS Patient Care Report system and paper records destroyed.

**v. Failed Rehab:**

- 1. A person is considered to have failed rehab whenever they are unable to be released back to full operational status (returned to staging or operations).
- 2. **The Rehab Manager is considered to have the delegated authority from the IC to determine if a person is able to be released back to operations or if they have failed Rehab.**

vi. **Failed Rehab criteria includes, but not limited to:**

1. Any complaint of altered level of consciousness, persistent headache, chest pain, trouble breathing, persistent air hunger, or any sign of other serious medical events.
2. Vital Signs that remain outside the safe range (noted earlier in the standard) after 40 minutes in Rehab.
3. Any emerging injury, such as burns (i.e., developing redness), swelling or soft tissue injury, increasing muscle cramping, or spasm in spite of Rehab.
4. Evidence of injury from environmental extremes or any other signs of minor injury that requires medical evaluation prior to returning to an operational status.
5. Personnel that fail rehab will be evaluated for potential immediate transport to a hospital. The Incident Safety Officer and IC will be notified of all failed rehab events. Persons who fail Rehab will not be permitted to engage in any further activity on the incident regardless if they elect against transport to a hospital. All persons who fail Rehab, regardless of being transported, will be referred back to their departments for specific procedures on returning to duty. The disposition of the remaining members of that crew will be at the discretion of the Safety Officer or Incident Commander.
6. It is assumed that failure to Rehab may be potentially related to a medical condition and those persons are further assessed as a 'patient.' Rehab personnel will complete a patient care report (eMEDS) using the Rehab EMS Unit designator, unless transported then will be the transporting unit's responsibility. Furthermore, ALL expectations of patient privacy and confidentiality shall be respected and followed on any failed rehab. All personnel are strongly cautioned against discussing *any* person's response to rehab, regardless of perceived insignificance of the information. Any information and documentation from Rehab {excluding eMEDS} will be provided to the Incident Commander to be secured with the NFIRS's documentation.

*The goal is not ONLY to go home at the end of each shift, but also to finish your career healthy. Achieving these goals will take a long term commitment by emergency personnel, officers, administration and government.*

**RECOMMENDED FLUID INTAKE**

<b><u>Activity</u></b>	<b><u>Fluid Intake</u></b>	<b><u>Duration</u></b>
Structural firefighting	2-4 oz	Approximately every 20 minutes
Major Medical/MCI event	2-4 oz	Approximately every 20 minutes
HazMat or Technical rescue	2-4 oz	Approximately every 15-30 minutes considering time element in removing PPE
Wild land Firefighting	2-4 oz	Approximately every 20 minutes

Additional Material

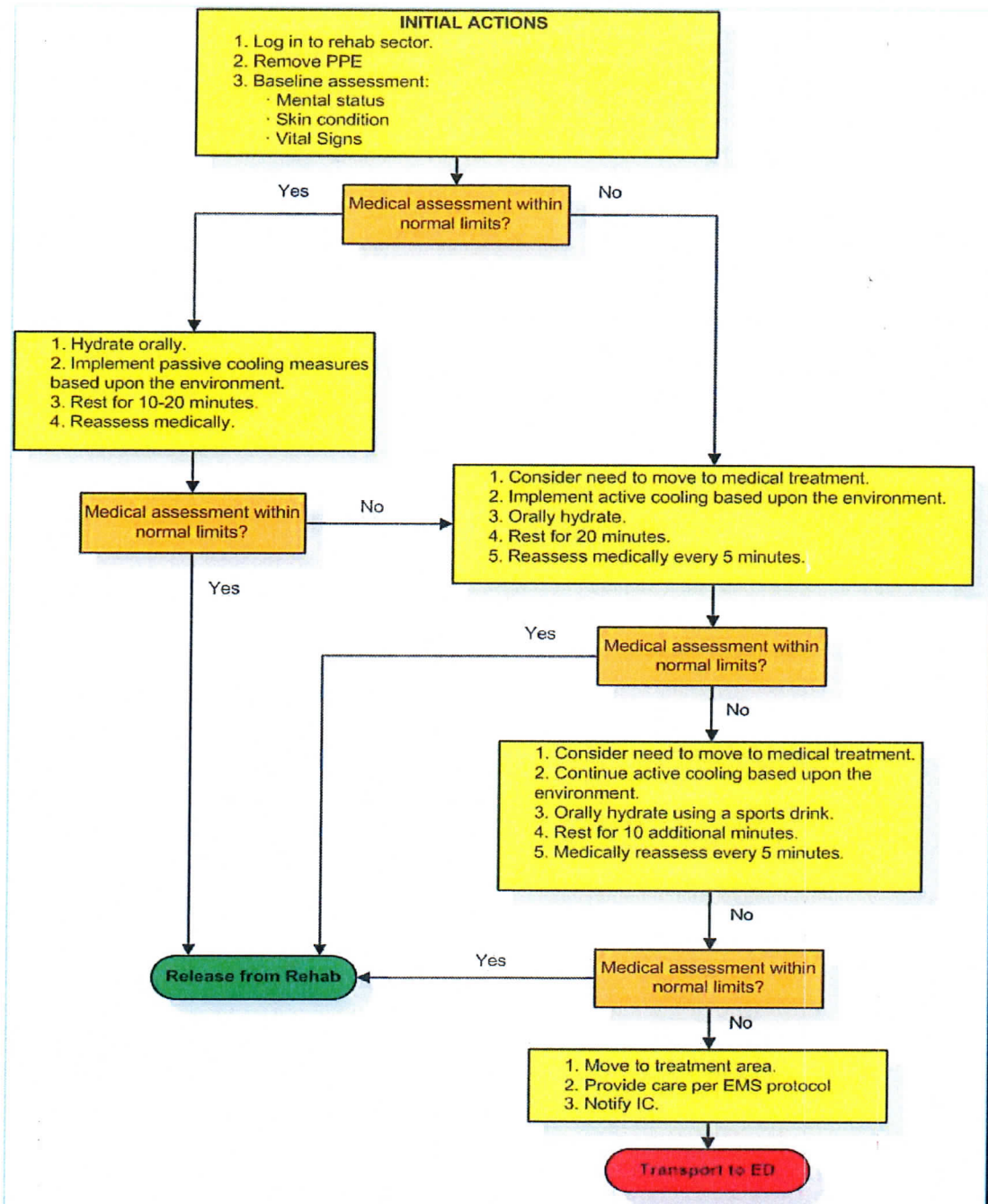
Appendix A – Rehab Tracking Sheet

Appendix B - NOAA’s National Weather – Wind Chill Chart

Appendix C – NOAA’s National Weather – Heat Index Chart

Appendix D - Urine Hydration Chart

Appendix E – Example of a possible Rehab Triage Tag



References

- U.S. Fire Administration Emergency Incident Rehabilitation (February 2008)
- NFPA 1584: Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises (2015)
- Firefighter Rehab: An Introduction to NFPA 1584 - (IAFC)
- Medical/Rehab Unit Leader Check List – Crew Boss Rehab
- The Elephant on the Fire Ground: Secrets of NFPA 1584 Compliant Rehab (2008)
- Firemedically - Making Rehab a Requirement: NFPA 1584 (12/2007)
- Northern Virginia - Emergency Incident Rehabilitation, Second Edition (10/2012)

Appendix A – Rehab Tracking Sheet

<b>Unit #:</b>	Washington County Volunteer Fire & Rescue Association Rehabilitation Tracking Sheet	<b>Unacceptable Vital Limits:</b> BP > 160 (S) or >100 (D) Pulse >100 BPM Temp <98.6 or >100.6 SPCO >94%
<b>Incident Location</b>		<b>Incident Number</b>

County/ State #:	Last Name: First Name:	Time	1st Set	Time	2nd Set (If Needed)	Time	3rd Set (If Needed)	Time	Transport Set
		B/P		B/P		B/P		B/P	
		Pulse		Pulse		Pulse		Pulse	
<b>Position</b>		Resp		Resp		Resp		Resp	
<b>Duties</b>		SPO2		SPO2		SPO2		SPO2	
		SPCO		SPCO		SPCO		SPCO	
<b>EKG</b>		Temp		Temp		Temp		Temp	
<b>Disposition:</b>	Returned to Staging/Service		Transported		TX Unit			Hospital	
<b>Notes:</b> If vitals are not w/in acceptable limits after 3rd set of vitals - Transport Immediately									

County/ State #:	Last Name: First Name:	Time	1st Set	Time	2nd Set (If Needed)	Time	3rd Set (If Needed)	Time	Transport Set
		B/P		B/P		B/P		B/P	
		Pulse		Pulse		Pulse		Pulse	
<b>Position</b>		Resp		Resp		Resp		Resp	
<b>Duties</b>		SPO2		SPO2		SPO2		SPO2	
		SPCO		SPCO		SPCO		SPCO	
<b>EKG</b>		Temp		Temp		Temp		Temp	
<b>Disposition:</b>	Returned to Staging/Service		Transported		TX Unit			Hospital	
<b>Notes:</b> If vitals are not w/in acceptable limits after 3rd set of vitals - Transport Immediately									

County/ State #:	Last Name: First Name:	Time	1st Set	Time	2nd Set (If Needed)	Time	3rd Set (If Needed)	Time	Transport Set
		B/P		B/P		B/P		B/P	
		Pulse		Pulse		Pulse		Pulse	
<b>Position</b>		Resp		Resp		Resp		Resp	
<b>Duties</b>		SPO2		SPO2		SPO2		SPO2	
		SPCO		SPCO		SPCO		SPCO	
<b>EKG</b>		Temp		Temp		Temp		Temp	
<b>Disposition:</b>	Returned to Staging/Service		Transported		TX Unit			Hospital	
<b>Notes:</b> If vitals are not w/in acceptable limits after 3rd set of vitals - Transport Immediately									

County/ State #:	Last Name: First Name:	Time	1st Set	Time	2nd Set (If Needed)	Time	3rd Set (If Needed)	Time	Transport Set
		B/P		B/P		B/P		B/P	
		Pulse		Pulse		Pulse		Pulse	
<b>Position</b>		Resp		Resp		Resp		Resp	
<b>Duties</b>		SPO2		SPO2		SPO2		SPO2	
		SPCO		SPCO		SPCO		SPCO	
<b>EKG</b>		Temp		Temp		Temp		Temp	
<b>Disposition:</b>	Returned to Staging/Service		Transported		TX Unit			Hospital	
<b>Notes:</b> If vitals are not w/in acceptable limits after 3rd set of vitals - Transport Immediately									

<b>Completed by:</b>	<b>Date:</b>
<b>Name:</b>	<b>Signature:</b>

600-02

Rehabilitation Tracking Sheet

Rev. 02/2018





## National Weather Service Heat Index Chart



Temperature (°F)

	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

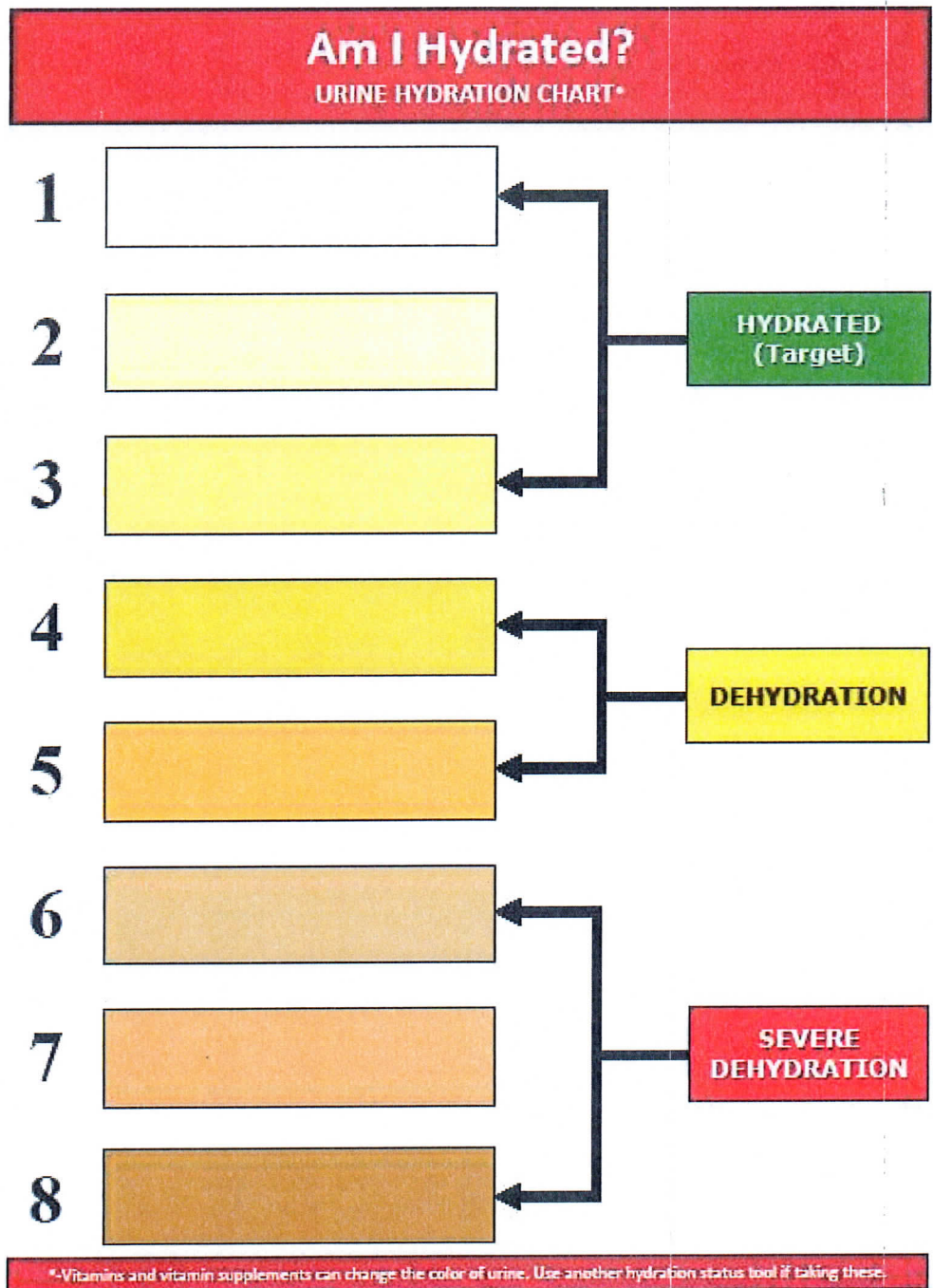
Relative Humidity (%)

**Likelihood of Heat Disorders with Prolonged Exposure and/or Strenuous Activity**

- Caution
- Extreme Caution
- Danger
- Extreme Danger



Appendix D - Urine Hydration Chart



Appendix E – Example of a possible Rehab Triage Tag



**WASHINGTON COUNTY  
INCIDENT REHAB TAG**

DATE: / / INCIDENT NUMBER:

RESPONDER INFORMATION	
NAME: _____	STATE I.D.# _____
AGE/D.O.B. _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
UNIT ASSIGNMENT: _____	AGENCY: _____
LOG-IN TIME: _____	LOG-OUT TIME: _____
PPE USED: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE	
COMMENTS:	

CURRENT WEATHER CONDITIONS			
TEMPERATURE	WIND CHILL	RAIN / DRY	INDEX

VITAL SIGNS				
TIME	B/P	PULSE RATE	RESPIRATIONS	TEMPERATURE
:	/			
:	/			
:	/			
:	/			

HEAT SYMPTOMS		
<input type="checkbox"/> Nausea	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Flushed Skin
<input type="checkbox"/> Weakness	<input type="checkbox"/> Cramping	<input type="checkbox"/> Exhaustion
<input type="checkbox"/> Headache	<input type="checkbox"/> Seizure	<input type="checkbox"/> Mental Confusion
<input type="checkbox"/> Sunburned	<input type="checkbox"/> Rapid Heart Rate	<input type="checkbox"/> Dehydration
<input type="checkbox"/> Absence of Sweating		

COLD SYMPTOMS		
<input type="checkbox"/> Headache	<input type="checkbox"/> Low BP	<input type="checkbox"/> Mental Confusion
<input type="checkbox"/> Slow Pupil Response	<input type="checkbox"/> Numbness	<input type="checkbox"/> Muscle Rigidity
<input type="checkbox"/> Waxy Pale Skin	<input type="checkbox"/> Blisters	<input type="checkbox"/> Dehydration

EMERGENCY MEDICAL CARE REQUIRED:  YES  NO

EVALUATED BY: \_\_\_\_\_



**WASHINGTON COUNTY  
INCIDENT REHAB TAG**

**WCVFRA REHAB UTILITATION**

Upon completion of an assignment in the hot zone of a working incident or training session, personnel shall report to the Rehabilitation Sector prior to requesting or undertaking additional assignments. Crew members shall undergo a mandatory rest and recovery period if they have use two full 30 or 45 minute air cylinders, if they have worked 45 minutes or if command staff, a company officer, or a senior firefighter in charge of a crew directs the crew members to do so. Personnel shall not report back to his manpower pool unless they have been evaluated and released by the Rehabilitation Sector.

Personnel working in the rehab area will need to utilize an accountability system for tracking members entering and leaving the area. Time in and time out will be documented.

**REHAB PRE-RELEASE CHECK LIST**

1. Climatic Conditions Relief:	<input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Cooling / Warming:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Passive								
3. Rehydration:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th colspan="2">ORAL SOLUTIONS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Water</td> <td>_____ Oz.</td> </tr> <tr> <td><input type="checkbox"/> Electrolyte</td> <td>_____ Oz.</td> </tr> <tr> <td><input type="checkbox"/> Food</td> <td></td> </tr> </tbody> </table>	ORAL SOLUTIONS		<input type="checkbox"/> Water	_____ Oz.	<input type="checkbox"/> Electrolyte	_____ Oz.	<input type="checkbox"/> Food	
ORAL SOLUTIONS										
<input type="checkbox"/> Water	_____ Oz.									
<input type="checkbox"/> Electrolyte	_____ Oz.									
<input type="checkbox"/> Food										
4. Calorie & Electrolyte Replacement:	<input type="checkbox"/> Yes <input type="checkbox"/> No									
5. Medical Monitoring:	<input type="checkbox"/> Yes <input type="checkbox"/> No									
6. Personnel Accountability:	<input type="checkbox"/> Yes <input type="checkbox"/> No									
7. Rest:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Minutes: _____								

**PRE-RELEASE VITAL SIGNS**

TIME	B/P	PULSE RATE	RESPIRATIONS	TEMPERATURE
:	/			

Released By: \_\_\_\_\_

Signature: \_\_\_\_\_ Time: \_\_\_\_\_