



Susquehanna Regional EMS Council, Inc.
Serving: Broome, Tioga, and Chenango Counties

REMAC Policy Statement

Supersedes/Updates: New
Reference NFPA 1584 2015 Edition

No. 17-09

Date: 09/07/2017

Emergency Incident
Rehabilitation

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Purpose:

This policy is designed to provide guidance for events where providers are expected to be working for 1 hour or more, including drills, fire ground operations, hazardous materials incidents, lengthy extrications and any other event where personnel are wearing protective gear and fluid loss is a concern.

Procedure:

- I. The following vital signs will be obtained from all individuals entering rehabilitation:
 - a. Temperature
 - b. Heart rate
 - c. Respiratory rate
 - d. Blood pressure
 - e. Pulse Oximetry
- II. An EMT should do a visual evaluation for signs of heat or cold related stress, fatigue, or signs indicative of a medical emergency.
- III. If any vital sign is out of the range listed below, per NFPA 1584 standards, protective gear should be removed, and the person should rest for at least 10 minutes, with continued oral hydration.
 - a. Temperature > 100.6
 - b. Pulse > 100 beats per minute
 - c. Respirations > 20 per minute
 - d. Blood Pressure : Systolic > 160 mm Hg or
 - Blood Pressure: Diastolic > 100 mm Hg
 - e. O₂ saturation < 94%
- IV. If vital signs return to within criteria limits, the person may be released.
- V. If vital signs are still beyond the limits, continue rehab for another 15 minutes and determine if further intervention may be needed.
- VI. If after 30 minutes the vital signs are above the limits, transport to the hospital should be initiated.
- VII. If a person arrives at the rehab area with complaints of chest pain, shortness of breath or altered mental status follow the appropriate protocol. The person may not return to duty.
- VIII. An irregular pulse mandates ALS assessment, cardiac monitoring, and removal from duty or the event.

- IX. Names and vital signs (if measured) for each person evaluated should be recorded on a log sheet for the incident. This log sheet should be scanned in to the standby ePCR.
- X. A PCR should be written on any person transported to the hospital or receiving any ALS care or refusing care or transport against medical advice.
- XI. More aggressive treatment should be used during extremes of temperature.
- XII. Consider carbon monoxide poisoning with any exposure to smoke.
- XIII. If any questions exist regarding the treatment of a patient according to this protocol, consult Medical Control Physician for advice.
- XIV. For any ongoing event with high potential for injury to public safety personnel consider requesting a physician to the scene.
- XV. Agency procedures may be used in place of these guidelines as appropriate if developed from industry standard models such as the NFPA or USFA or others.