

Interboro Mutual Aid Group

Operations Guideline

Subject: Medical unit/responder rehabilitation (rehab)

Effective Date: January 10, 2010

Review Date: July 2014

Purpose: This guideline is to aid and assist fire departments in complying with the regulatory requirements of NJAC 5:75-2.9 and to ensure that a methodology is established for ensuring that the physical and mental condition of emergency responders operating at the scene of an emergency does not deteriorate to a point where it affects the safety of each member or it jeopardizes the safety and integrity of the operation.

Scope: This guideline shall be utilized at all emergency incident.

Responsibility: This guideline shall apply to all members and all other emergency responders at the scene of a significant emergency regardless of their unit, agency or affiliation.

Procedure:

- (a) Responder rehabilitation (rehab) shall be used to evaluate and assist personnel who may be suffering from the effects or sustained physical exertion during emergency operations.
- (b) Command officers should consider the need for rehab during the initial planning stages of an emergency response. Climatic or environmental conditions (for example, high or low temperatures) shall not be the sole justification for establishing rehab. Any activity or incident that is large in size, long in duration, and/or labor intensive will rapidly deplete the energy and strength of personnel and therefore merits the establishment of rehab.
- (c) All supervisors shall maintain an awareness of the condition of each member operating within their immediate span of control and ensure that adequate steps are taken to provide for each member's safety and health. The command structure shall be used to request relief and the reassignment of fatigued crews.
- (d) When the circumstances dictate it, responder rehabilitation shall be the responsibility of a medical unit under the logistics section. IMAC shall coordinate with the incident commander to assure the response of emergency medical units to provide medical monitoring. Priority shall be given to local ambulance corps and if and when necessary, hospital based paramedic units. Nourishment resources may be requested from local providers, Box 54, mutual aid nourishment units requested through the county fire coordinator (e.g. Moonachie FD) and/or private vendors.
- (e) When medical monitoring and/or responder rehabilitation is established the incident commander shall designate one IMAC to the logistics section to coordinate this function. The medical unit and the responder rehabilitation unit shall function under the logistics section.

(e) The medical unit shall identify and establish a specific area where personnel will assemble to receive:

1. A medical assessment;
2. Nourishment and re-hydration;
3. Treatment for injuries;
4. Monitoring of physical condition;
5. Transportation for those requiring treatment at medical facilities; and
6. Initial critical incident stress debriefing.

(f) Critical components of a rehab operation shall include:

1. Nourishment and re-hydration;
2. Rest;
3. Recovery;
4. Medical evaluation and treatment; and
5. Accountability.

(g) Each fire department in the mutual aid group shall develop and utilize a written standard operating procedure/guideline for rehab. Each of the elements in (f) above shall be included when developing standard operating guidelines or procedures for carrying out rehab operations consistent with this guideline.

(h) Rehab shall be responsible to identify resources that have been cleared from rehab and ready for reassignment through staging or released from the incident.