GUIDELINES FOR ESTABLISHING AND MANAGING THE REHABILITATION GROUP
(Back of Rehabilitation Tracking Sheet)

Set up:
- Set up the Rehabilitation Group in an area large enough to accommodate several firefighters comfortably. It should have clearly defined entry and exit points.
- Consider the time of day and weather conditions. Provide suitable protection from the prevailing environmental conditions. During hot weather, it should be in a cool, shaded area. During cold weather it should be a warm and dry area.
- Ensure adequate room for the Canteen Unit and Light and Air Unit. Having these units in close proximity will decrease the likelihood of personnel migrating out of the rehabilitation area before being released.
- Advise command of the location for the Rehabilitation Group.
- Additional supplies: Water, cups, towels, buckets, ice, trash bags.

Procedure:
- Check in / Passport delivery to Rehab supervisor.
- Upon entering the Rehab area, direct all personnel to remove any unnecessary protective clothing and initiate fluid replacement at a minimum of 8 fluid ounces for every SCBA bottle used. During heat stress, the member should consume at least one quart of water per hour to include a commercially prepared "activity" beverage and administered at about 40 degrees Fahrenheit. DO NOT DILUTE.
- Perform initial assessment on all members ASAP and document their arrival and initial assessment time on the front of the Rehabilitation Tracking Sheet.
- Personnel in Rehab are to rest for at least 15 to 20 minutes prior to being reassigned.
- If all the personnel from a single unit have been evaluated and ready for re-assignment, they will take their unit passport to Staging/Base or the IC as appropriate. This ensures all personnel have been evaluated prior to returning to work.
- Consult with the IC/SAFO on any transport recommendation.
- Consideration should be given to having a department representative accompany any transported personnel.

Parameters:
Personnel shall be released to staging/base or to the IC for reassignment only if their vital signs are within acceptable limits and overall assessment is negative AND hydration/rest has occurred.

Unacceptable vital signs:

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<tr>
<td><strong>Pulse</strong></td>
<td>&gt; 100 beats per minute</td>
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<tr>
<td><strong>BP</strong></td>
<td>Systolic &gt;160mmHg and/or diastolic &gt;100mmHg</td>
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<tr>
<td><strong>Temp</strong></td>
<td>Less than 98.6F or greater than 100.6F</td>
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<tr>
<td><strong>SpCO</strong></td>
<td>Greater than 5% (Smokers may be ‘normal’ up to 10%)</td>
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<tr>
<td><strong>SpO2</strong></td>
<td>Less than 95% (Smokers may be normal down to 90%)</td>
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<td><strong>Resp</strong></td>
<td>Greater than 20</td>
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- Personnel exhibiting any of the following after cool down shall be recommended for immediate transport to a medical facility for evaluation:
  - Weak/fatigued with pale, clammy skin
  - Low blood pressure
  - Nausea or vomiting
  - Headache, dizziness or chest pain
  - Shortness of breath
  - Systolic BP >200 after cool down
  - Diastolic BP >120 at any time,
  - Pulse >150 bpm at any time, or Pulse >100 bpm after cool down,
  - Oral temperature >100.6 degrees