

SECTION: G-07

TITLE: Medical Monitoring for Incident Rehabilitation

REVISED: November 1, 2018

Any licensed EMS provider in Ada County may be dispatched to the scene of a fire-related incident (structure fire, wildland fire, training operation or other special operations) and be assigned the task of medical monitoring as part of the Rehabilitation Group under the Incident Command structure. This protocol is intended to meet the NFPA 1584 guideline as it pertains to medical monitoring.

Medical Evaluation and Assistance

1. Medical Monitoring Officer – Medical monitoring, when possible, should be conducted by ALS personnel (paramedic) or the highest medically trained personnel available on-scene. Personnel assigned to the rehabilitation group are NOT to be actively involved in Fire-Ground Operations (i.e. fire attack, RIT, etc.).

The Medical Monitoring Officer shall evaluate (as needed):

- **Heart Rate**
- **Respiratory Rate**
- **Blood Pressure**
- **Pulse Oximetry**
- **Carbon Monoxide Oximetry**

After the medical evaluation, the Medical Monitoring Officer will determine a proper disposition:

- **Cleared and released from rehabilitation**
- **Continued rehabilitation/medical monitoring**
- **Medical Assistance and transport to medical facility**
- **Removed from active duty due to a refusal of treatment and/or need for transport for higher level medical treatment**

Continued rehabilitation should consist of additional monitoring of vital signs, providing rest, providing fluids and food (if available).

Personnel whose signs and/or symptoms indicate a medical problem or traumatic injury should be considered a patient and care should be provided in accordance with Ada County/City EMS System Protocols. All care should be recorded on a Patient Information Sheet (ESO) and notification to the Incident Commander shall take place.

- Transport by ambulance: follow normal documentation guidelines
- Transport by department vehicle: complete a Refusal on the Patient Information Sheet (ESO)

2. Medical Criteria - Below is a list of objective measurements that anyone entering medical monitoring via the rehabilitation group must meet before being released by the Medical Monitoring Officer:

- **Minimum 20 minutes rest**
- **RR < 20/min**
- **BP Systolic < 160 and > 100**
- **Diastolic < 100**
- **SpO2 >92%**
- **SpCO < 5% (< 8% for smoker)**

All objective criteria must be met before being released from rehab. If the individual fails to meet one or more of the criteria listed above, he/she will remain under the care of the Medical Monitoring Officer until he/she meets the established criteria. In addition to this, the individual's subjective feelings must be taken into account. Any individual that does not feel fit to return to an assignment will be given additional time.

If at the end of 40 minutes in the medical monitoring unit the individual is still unable to meet all of the objective criteria, transport should be considered and the individual will be required to be evaluated by a physician and obtain a medical release prior to returning to full duty.

3. Documentation - All medical monitoring evaluations shall be recorded on the Ada County Fire Rehabilitation Monitoring Form. These forms will be submitted to the Incident Commander after the incident, which will then be reviewed and attached to the incident report.

4. Accountability

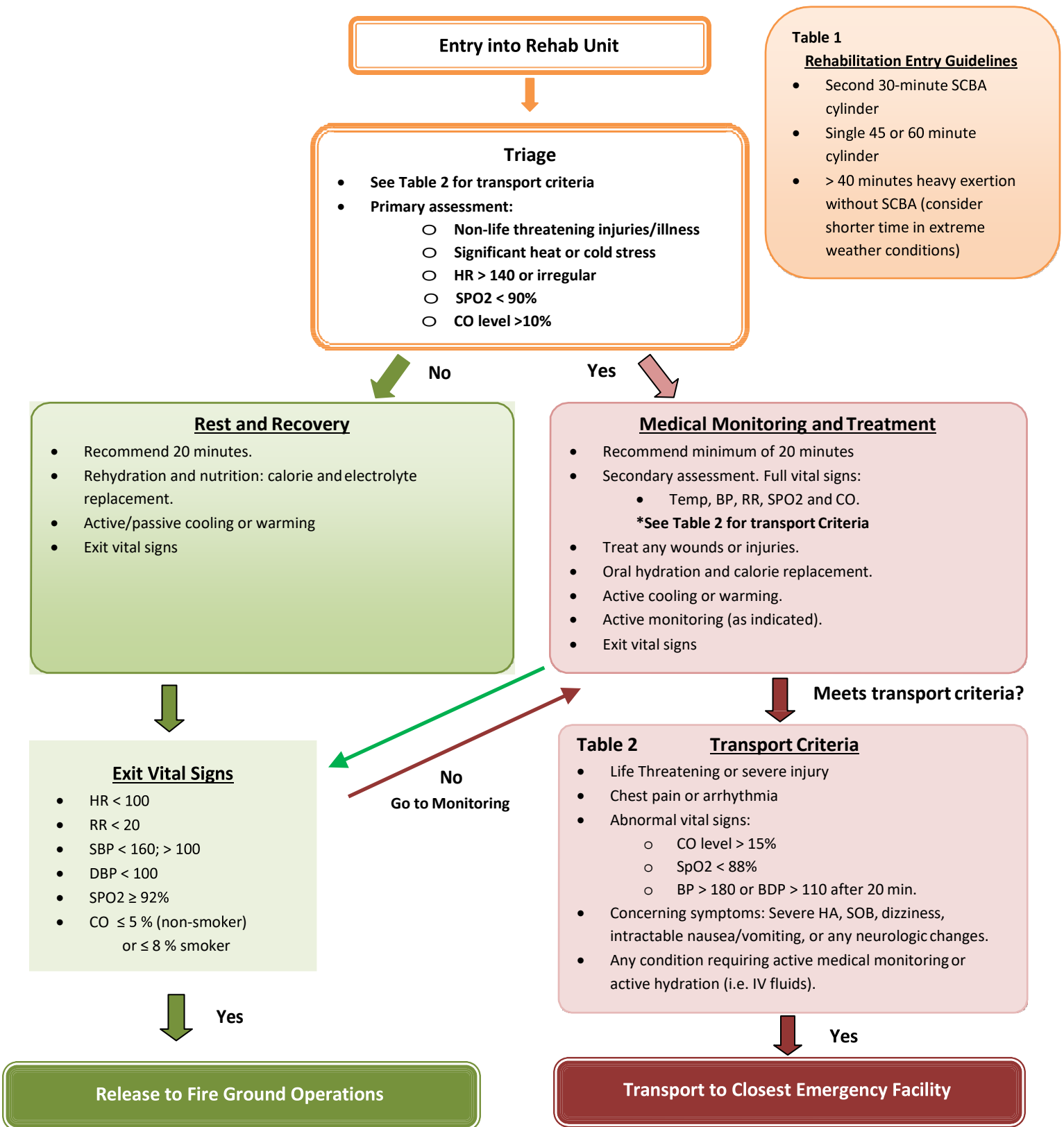
Personnel reporting to the Rehabilitation Group shall enter as a crew and present themselves to the Medical Monitoring Officer. Members shall exit as a crew when possible. If any member remains in Rehabilitation for further evaluation or medical treatment, the Rehabilitation Group Supervisor shall notify Command. The remaining members shall report to the Staging Area/Staging Officer.

The Rehabilitation Group Supervisor or his/her designee shall document:

- Crew designation
- Individual's name
- Vital signs (HR, RR, BP, SpO2, SpCO)
- Associated problems
- Times of entry to and exit from the Rehabilitation Area

Individuals shall not leave the Rehabilitation Area until authorized to do so by the Rehabilitation Group Supervisor.

Ada County Rehabilitation Policy Flow Chart



References:

1. NFPA 1584. Standard on the Rehabilitation Process for Members during Emergency Operations and Training Exercises; 2008 Edition.
2. Rehabilitation and Medical Monitoring. A Guide for Best Practices. IAFC. Bryan E. Bledsoe, DO. 2009.

Ada County Fire Rehabilitation Monitoring Form

Incident Number:	Name:	Name:	Name:	Name:
	Unit:	Unit:	Unit:	Unit:
	Date:	Unit:	Unit:	Unit:
				Name:
				Unit:

ENTRY Evaluation (Required) – refer to instructions below

Time-In				
Pulse				
SpO2				
SpCO				
Injury/Illness (Y/N)				
Standards	HR < 140/regular	SpO2 > 90%	SpCO < 10%	If outside these standards, refer to medical monitoring

Medical Monitoring (If Needed) – refer to instructions below

Time				
Pulse				
SpO2				
SpCO				
BP				

EXIT Evaluation (Required) – refer to instructions below

Time				
Pulse				
RR				
BP				
SpO2				
SpCO				
Standard	HR < 100/regular	RR < 20/unlabored	SBP < 160 and > 100	DBP < 100
Time-Out				SpO2 ≥ 92%
				SpCO ≤ 5% (8%SM)

ENTRY Evaluation – All crews should rest and rehydrate a **MINIMUM of 20 minutes** for 1-45min SCBA bottle, 2-30 min SCBA bottles or > 40 min of heavy exertion (non-SCBA and consider weather conditions). Any injury or illness, refer to Medical Monitoring.

Medical Monitoring – SpCO > 5% after 20 min 100% O2 NRB therapy, if after 40 min SpCO > 15%, SpO2 < 88%, SBP > 180 or DBP > 110; CP, new arrhythmia, severe HA, SOB, dizziness, nausea/vomiting or other medical issue requiring active monitoring or care, start PCR and transport to hospital.

EXIT Evaluation – Vitals remaining out-of-standard to receive medical evaluation; CO > 5% (>8% smoker) apply 100% NRB O2 until level drops below 5% (recheck SpCO in 20 min). Crews or crew members released from rehab will report to staging area for assignment.

Assigned Medical Monitoring Officer(s): _____ **Name:** _____ **Name:** _____ **Name:** _____

Protocol

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