

# FIREHOUSE<sup>®</sup>

## Weekly Drill

### DRILL #102: REHABILITATION

#### Introduction

When you hear the work rehab in the fire department what goes through your mind? I have spoken with many firefighters and chief officers across the United States on this topic and have found some interesting facts. There are departments that are light years ahead of the curve with their rehabilitation programs; however, there are a significant number of departments that could use some assistance.

Rehabilitation encompasses more than just “taking five” to catch your breath. It is a key component in our firefighter’s health and safety program. One of the more common models being used in the fire service has seven major functions.

#### Vitals Are Vital

The first function is to get checked into the rehab area and have a physical assessment conducted on each firefighter. This should include taking their pulse, blood pressure, respiration and, in some instances, their temperature. In addition, each firefighter should be monitored for emotional stress.

Revitalization allows the firefighter to rest, replace fluids, get some nutrition and, if need be, bring their temperature back down to normal. Being hydrated is one of the most important things a firefighter should focus on throughout their shift. However, after being active at an incident and being sent to rehab, the firefighter needs to rehydrate to get fluids into their system. As much as firefighters like their coffee, this is one drink that will not benefit them in rehab, nor will soft drinks or tea. Sports drinks and water are recommended.

Should a firefighter be identified as having any abnormal vital signs, further medical evaluations should be taken. Monitoring vital signs is something we do every day with our patients, so this should not be that difficult. As mentioned previously, take their pulse, respiration and blood pressure at a minimum, and, in some instances, their temperature as well. Keep in mind that these vital signs need to be taken repeatedly while in the rehab area to make sure they return to normal condition.

From time to time a firefighter might not be responding as they should. Under these conditions it will be nec-



essary to transport the firefighter to the hospital. This means that there should be an ambulance assigned to the rehab area to transport firefighters should the need arise. One might think of the rehab area as being a mini mass-casualty incident (MCI) for our firefighters; where the firefighter is given a quick triage, then some treatment, and if need be a transport to the local hospital for further evaluation.

If the firefighters check out all right, and they have received sufficient rest and rehydration, then they can be reassigned. This means they are properly checked out of the rehab area and report back to command. In general, members are assigned to rehab as a company and not as individuals. Likewise, when being released from rehab they should be released as a company, unless one or more of them have to be transported to the hospital for further evaluation or treatment.

One final area of rehab that is often not thought of as being part of rehab is that of Critical Incident Stress Management (CISM). When an incident involves a significant amount of stress (severe injuries and deaths of civilians, or even more seriously those to firefighters), CISM should be established to assist the firefighters in defusing their physical and emotional behaviors.

*—Prepared by Russell Merrick*