

PLAINSBORO TOWNSHIP BOARD of FIRE COMMISSIONERS
FIRE DISTRICT No. 1
FIREFIGHTER REHABILITATION (Rehab) POLICY

1. It is the intent of this document to ensure that the physiologic and mental stressors of Emergency Responders/Public Safety Personnel operating at the scene of an emergency incident, a training incident, or preplanned event do not deteriorate to a level that may affect the safety and/or well-being of each responder, or jeopardizes the safety and integrity of the operation/scene. Rehabilitation, if implemented early and operated correctly, allows the Incident Commander to safely maximize utilization of on-scene resources.
2. It is the goal of this guideline to provide a mechanism for the safe return of emergency responders to available status as soon as possible without disregard for the need to hold those requiring further assessment and/or treatment that may be unfit to return to duty.
3. Rehabilitation is a key component of responder health and safety as set forth by NFPA 1584, N.J.A.C 5:75 – 2.9, State of New Jersey Statewide Incident Rehabilitation Guideline, and USFA Emergency Incident Rehabilitation (FEMA FA-314 July 2008) standards for emergency incidents, planned events and training evolutions rehabilitation. These Standards serve as primary reference documents for this guideline.
4. The Incident Commander is ultimately responsible for the health and well-being of all personnel operating at an emergency incident or training evolution. The IC should consider the circumstances of each incident or event to ensure adequate provision early on in an incident for rest and rehabilitation of all personnel. These provisions may include but are not limited to: medical evaluation, monitoring and treatment, food and fluid replenishment, physical and mental rest, and relief from extreme climate conditions or any other environmental parameters of an incident.
5. 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.
6. Incident commanders shall ensure that the physical or mental condition of first responders operating at the scene of an emergency does not deteriorate to a point where it affects the safety of each member, or jeopardizes the safety and integrity of the operation.
7. Commanding 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.

8. Chief and Company Officers: All Chief and Company Officers should make every effort to maintain awareness of the condition of each company/unit operating within their span of control to ensure that adequate steps are being taken to provide for each responder's health and safety. The command structure should be utilized to request relief and reassignment (rehabilitation) of fatigued responders.

9. Emergency Responders: It is ultimately the responsibility of every emergency responder to maintain awareness of his or her condition, and of those operating with them at an emergency incident, planned event and/or training evolution, to ensure adequate steps are being taken to provide for each responder's health and safety.

10. Refusal of Medical Assistance: In the event that a responder refuses to participate in REHAB or refuses medical assistance while in REHAB, the Rehab Officer will be notified followed by the EMS Operations Officer and the responder's Company Officer or Incident Command. An RMA will be obtained and witnessed by the responder's Company Officer in the presence of the Rehab Officer and if possible the EMS Operations Officer. Personnel that Refuse Medical Assistance shall not be allowed to return to duty and/or operations.