

Department of Health

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[email] vtems@vermont.gov**TO:** Vermont EMS Heads of Services, District Medical Advisors and District Chairs**FROM:** Daniel Wolfson, MD – VT State EMS Medical Director**Date:** February 9, 2017**Vermont Incident Scene and Training Rehabilitation Guidelines for EMS**

Emergency Medical Services (EMS) Agencies primary responsibility at any incident is to provide emergency medical care and transportation to the sick and injured. EMS Agencies may assist Incident Management Teams (Fire Departments, Tactical Teams, SAR, Hazmat, Police Departments, etc.), in the provision of incident scene and training rehabilitation (Rehab) of personnel who are at risk of suffering adverse effects from stress or from exposure to heat, cold, or hazardous environments according to the following guidelines and in accordance with local Fire/EMS/Police Department standard operating guidelines (SOGs) and the principles of the Incident Command System (ICS). EMS Agencies that decide to participate in Rehab operations are encouraged to develop written agreements with Fire or Police Departments or other agencies that clearly define operational roles in accordance with these guidelines.

Personnel entering Rehab must be medically assessed for concerning signs or symptoms including the following: Chest pain, altered mental status, shortness of breath, dizziness, nausea or vomiting, syncope, heat stress, significant injury or other complaints. Personnel with concerning signs or symptoms should receive Emergency Medical Care according to standard Vermont Statewide Emergency Medical Service Treatment Protocols.

EMS personnel may perform the following activities in the Rehab area:

- Assess personnel for concerning signs or symptoms
- Obtain and report vital signs
- Obtain and report oxygen saturation (pulse oximetry) and carboxyhemoglobin oximetry values
- Provide oral hydration with water or electrolyte-containing sport drinks
- Provide nutritional snacks or meals for longer duration events
- Provide passive and active cooling measures
- Compare measured vital signs to baseline records if available (baseline values established prior to incident as part of comprehensive worker safety/health program. See NFPA 1582/1583/1584.)

Any personnel encountered on the incident scene, including fire or police department members, that present with signs/symptoms of acute medical/traumatic illness or injury should receive emergency medical care by EMS personnel in accordance with the Vermont Statewide EMS Treatment Protocols. Treatments and assessments rendered using the standard EMS protocols, which may include oxygen administration, IV fluid administration, medication administration, etc., should be part of a continuum of care that, as is true for the vast majority of EMS patients, results in transport to an appropriate acute care hospital.

The decision to release an individual from Rehab is determined by the Incident Commander (IC) or delegate in command of the Rehab area. Decisions should ideally be made collaboratively with EMS staff on scene, but the ultimate responsibility for worker health and safety lies with the IC.

