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TO: All Ambulance Services and MA EMTs

FR: Jon Burstein, MD State Medical Director-OEMS

DT: **April 2, 2008**

RE: Statewide Treatment Protocols- Appendix U.

Attached is Appendix U- Fire Rehabilitation and Tactical EMS Principles as developed by the EMCAB Medical Services Committee. This protocol needs to be added to your current Statewide Treatment Protocols (STP) version 7.02, effective immediately.

Version 7.03 of the STP and Appendix has been updated with minor edits to include appendix U and will be on the OEMS web site shortly.

Any questions please e-mail Tom Quail, RN at tom.quail@state.ma.us

APPENDIX U. FIRE REHABILITATION AND TACTICAL EMS PRINCIPLES

EMS personnel may be designated by a scene commander to function as "rehab" providers (HazMat or FD) or team medical support (e.g. police tactical teams).

The need for a rehab sector or group or for deployment of a tactical medical function should be based upon duration of operations, physical demands, tactical requirements and environmental conditions.

In rehab or tactical capacity, EMS personnel will follow the explicit orders and protocols of their AHMD or designee, or *medically-reviewed* written protocols based on nationally-accepted standards (e.g. SOCOM, NFPA, or the sample protocol given below), functioning under a *comprehensive* set of local policies and protocols. Rehab or tactical teams that provide ALS care must have a designated Affiliate Hospital Medical Director as per regulations.

EMS personnel may only provide care for predefined service members in this manner; any other persons presenting for care, or any service members who present with an acute medical issue, are to be considered patients under the definition of 170.305. Such care will be provided in accordance with the State Treatment Protocols.

Sample Protocol: Emergency Incident Rehabilitation

For events, including drills, fire ground operations, hazardous materials incidents, lengthy extrications, and any other event where a rehab sector is established:

When a person arrives in rehab with no significant complaints:

- Perform a visual evaluation for signs of heat exhaustion or fatigue. If the person exhibits any signs of heat exhaustion or fatigue, measure vital signs.
- Names and vital signs for each person so evaluated should be recorded on a log sheet for the incident. The log sheet will be submitted to the service's clinical coordinator following the incident.
- If any vital sign is out of the range listed below, protective gear should be removed, and the person should rest for at least 15 minutes, with monitored oral hydration.
 - **Blood Pressure: Systolic >150 mm Hg or Diastolic > 100 mm Hg.**
 - **Respirations: >24 per minute.**
 - **Pulse: >110 per minute, or significantly irregular.**
 - **Temperature >100.6 (If monitoring equipment available)**
- If vital signs return to within above limits, the person may be released.
- If vital signs are still beyond the limits, or symptoms develop, continue observation for another 15 minutes and determine if further intervention may be needed.
- If after 30 minutes the vital signs are above the limits, or symptoms develop, transport to the hospital should be initiated.
- As noted in appendix U, if a person arrives at the rehab area with complaints of chest pain, shortness of breath or an altered mental status follow the appropriate protocol. The person may *not* return to duty.