

Firefighter Rehab

(Notes based on NFPA 1584 (2015 Standards) & Mike McEvoy's FRI 2014 presentation)

- 10% of firefighter time is spent on fire ground
 - 50% of deaths and 66% of injuries occur on scene
- Firefighter Rehab:
 - “Restore conditions of good health”
 - Mitigate effects of physical and emotional stress of firefighting
 - Sustain or restore work capacity
 - Improve performance
 - Decrease injuries
 - Prevent deaths
- NFPA 1584 — 2015 Revisions
 - De-emphasis on sports drinks
 - Caffeine permitted up to 400 mg/day (~ three 8-oz. cups)
 - Energy drinks banned (defined as beverages containing stimulant drugs (caffeine, taurine, ginseng, guarana, ...) that are marketed as providing mental or physical stimulation).
 - Passive cooling (remove PPE, move to cooler environment, ...) before active cooling (cool towels, misting fans, dipping arm in cool water, ...)
- Hydrate during events
 - Fluids: consume regardless of thirst; continue post incident
 - Water appropriate most of the time
 - Sports drinks after first hour of intense work or three hours total incident duration
 - Available; consumed at firefighter's discretion
 - Only 3 (of 74) sports drink studies judged to be high quality and low risk of bias
 - Best to consume small amounts (60–120 ml; 2–4 oz) very frequently. Typical gastric emptying time limits fluid intake to no more than one liter per hour.
- Informal rehab requirements:
 - Fluids
 - Shelter
 - Place to remove PPE
 - Seating
- Rehab site removed, but not too far from incident (ideally upwind and uphill, but usually wherever the IC wants it and there's room)
- If food (fruits, meal replacement bars) is available, provide means to wash hands and faces
- EMS, if present, provides medical monitoring according to local protocols (may include checking CERT members)