



REHAB	Operational Checklist
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Time of Incident: _____ I/C _____ ISO _____
Level of Alarm _____ Report to I/C & PASSPORT In _____
REHAB TEAMS _____

Incident Time
20
40
1 hour
1:20
1:40
2 hours
2:20
2:40
3 hours
3:20
3:40

Primary Functions	Place REHAB Unit	Ensure ALS Availability	Hydration, Air and Shelter Needs Assessed	Control Access and Exit from Area
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Rehab Functions

1. Staff REHAB GROUP with 1 ALS Ambulance for every 15 persons being concurrently rehabbed / 1 PM for every 10 persons rehabbed
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2. Determine if rehab location is appropriate
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Uphill	Upwind	Fresh Air
Lighting	Accessible for Amb. Transportation	Re-entry into scene controlled

3. Notify COMMAND or ISO when REHAB is operational

Air Cascade/Supply Needs	Lighting	Fluids
Rest Area / Shelter	Triage Ready Medical Sector	Accountability

4. Assume REHAB GROUP SUPERVISOR (REHAB OFFICER) (Consider using alternative radio channel OR phone)

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| 1. FF's check-in —PASSPORT into rehab by crews, add names/dept/unit to Individual Rehab Report | |
| 2. Medical control assesses each firefighter for baseline vitals and general condition | |
| 3. Treat any obvious conditions. Log baseline vitals on Individual Rehab Report | |
| 4. 10 minute minimum in REHAB GROUP. Rehydrate with at least 32oz of water/fluid | |
| 5. Recheck vitals and general condition | |
| 6. Submit all completed forms to IC | |

Long-Term Operations
Adequate Rehab Supplies
Shelter Conditions & Capacity
Bathrooms
Dry Clothing
Power / Fuel
Additional EMS Units or Medics
Consider Crew Rotations
Critical Incident Stress Evaluation
Air Supply

Ambulance _____
Ambulance _____
Ambulance _____
Ambulance _____

Meet Release Conditions RELEASE TO STAGING	Abnormal Evaluation STAY IN REHAB	Transport to Hospital Notify IC or ISO
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SIDE WITH SAFETY—FF's FAMILIES ARE COUNTING ON YOU!!