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FIREFIGHTER REHABILITATION

9-500.00 Firefighter Rehabilitation Policy

9-501.00 Purpose

9-502.00 Scope

9-503.00 Policy

9-504.00 Rehabilitation Functions

9-501-00 PURPOSE

The purpose of this procedure is to provide a framework for the establishment and operation of a REHAB Group to support the physiological needs of firefighting personnel of the Minneapolis Fire Department and other responders engaged in emergency operations, extended duration incidents and training exercises.

9-502-00 SCOPE

This procedure identifies situations where the establishment of a REHAB Group is appropriate. It provides information on the operation of a REHAB Group, the tasks and procedures that are to be followed by those managing and those using a REHAB Group, and the equipment and staffing needs of these operations

The REHAB Group provides firefighters and other emergency responders with fluids, food, shelter from the elements, and a medical evaluation to assure that the responder is ready to return to work in a safe and managed manner.

9-503-00 POLICY

This procedure shall be implemented at the direction of the Incident Commander (IC) at multiple alarms, during extended operations, at all working fires or training exercises during hot or cold environmental temperature extremes. Other command positions, such as the Safety Officer, may assist the IC with recognition of the need for REHAB.

It is the policy of the Minneapolis Fire Department that no personnel will be permitted to continue emergency operations beyond safe levels of physiological, medical, or mental endurance. The intent of the REHAB Group is to lessen the risk of injury that may result from extended field operations under adverse conditions.

9-504.00 REHABILITATION FUNCTIONS:

9-504.01 - Establishing REHAB

The IC will determine the need to set up REHAB (radio designation "REHAB"), placing a member of the Fire Department in charge of the "GROUP" and s/he will be known as the "REHAB SUPERVISOR" identified by the appropriate Command vest. This role may be assigned to Car 1065 (Deputy Chief of EMS), Car 1066 (EMS Staff Captain), Car 1061 (Chief of Training), Car 1062 (Assistant Chief of Training) or the IC's designee. On large-scale incidents, the IC may request via MECC 911 dispatch the MFD MCI/REHAB Van and consider assigning an entire fire crew to manage this area (e.g. E27). During training operations the Chief of Training or the highest ranking officer responsible for conducting the training will make the decision to set up "REHAB".



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The term "REHAB" should be reserved for incidents where formal "REHAB" has been established. When a firefighter is simply exiting a fire or training exercise to change their SCBA bottle (and drink fluids) s/he should inform the IC they are enroute to "SALVAGE" for a bottle change. Once the firefighter(s) have completed their bottle change and re-assembled as a crew (no less than two), the acting or designated Captain should report back to the IC or their previous Division/Group Supervisor for reassignment

9-504.02 – Site Characteristics:

The location for REHAB will be designated by IC or his/her designee based on the following considerations:

- Fire personnel should be able to safely remove PPE/SCBA and be afforded physical rest from the stress of the emergency operation or training evolution.
- Site should provide protection from the environment. During hot weather, it should be a cool, shaded area. During cold weather, it should be a warm, dry area (Consider requesting a heated/air conditioned MTC bus).
- Fire personnel should be free of exhaust fumes, smoke, hazardous atmospheres and other toxins.
- Area should be large enough to accommodate multiple crews.
- It should be easily accessible by EMS units.
- Area should allow prompt reentry back into the emergency operation upon company recuperation.
- Accessibility to a water supply (bottled or running) to provide for hydration and active cooling using misting fans etc.
- Location away from spectators and media whenever possible.

Due to incident size, weather conditions, or geographic barriers, it may be necessary to establish more than one REHAB Group. When this is initiated, each Group will assume a geographic designation consistent with the location at the incident site (e.g. REHAB South or REHAB North).

The REHAB "team concept" should be used wherever possible to establish and manage the REHAB Group. This full team may consist of the following resources:

- Designated Group Supervisor with Crew
- MCI/REHAB Vehicle
- Salvation Army Canteen
- One or more EMS ALS Transport Vehicles
- Metro Area Critical Incident Stress Management Team (612-347-5710)
- Chaplain
- MFD Employee Assistance Personnel (EAP) –Mark Olson 612-919-7794
- Metro Transit Bus
- Utility (air/power/light) vehicle

The REHAB Group and vehicles should be located close to the Command Post (CP) whenever possible. The REHAB Group area will be defined with line tape and cones or the WHITE MCI/REHAB VAN. The area inside or around REHAB will be divided into



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two areas referred to as [HYDRATION AND REPLENISHMENT] and [MEDICAL TREATMENT AND/OR TRANSPORT].

CRITERIA FOR REPORTING TO REHAB:

Personnel **SHOULD** perform self-rehab procedures as follows:

- Following the use of ONE 30-minute SCBA cylinder;
- After 20 minutes of intense physical labor; and
- Other times as necessary.

Personnel **MUST** report to REHAB Group as follows:

- Following the use of **TWO 30-minute SCBA cylinders or ONE 45-60 minute cylinder**
- **After 40 minutes of intense physical labor;**
- After performing duties in hazardous materials encapsulating (Level A) suits;
- When directed by an Officer or Paramedic to do so; and
- When **feeling the need** to do so.

9-505.00 REHABILITATION ASSIGNMENTS:

9-505.01 - Entry

When two or more firefighters self reports or they are told to report to REHAB, the Captain or Acting Officer of the crew will report directly to the REHAB Supervisor. The REHAB Supervisor will document each firefighter's name, bottle number and entry time, then take their pulse and check their CO level (**Appendix A**).

Any individual firefighter who has a pulse rate greater than [**220 minus their AGE**] or a carbon monoxide level greater than [**CO >10%**] will be given a tracking form (**APPENDIX B**) by the REHAB Supervisor with their vital statistics and they will be instructed to report to the on-scene ambulance paramedics. The on-scene ambulance will be referred to as the [**MEDICAL TREATMENT AND/OR TRANSPORT AREA**].

ALL others will be directed to the [**HYDRATION AND REPLENISHMENT AREA**].

9-505.02 – Hydration & Replenishment Area

This area may be staffed with canteen driver and/or other personnel as required. All personnel will be provided supplemental fluids, electrolyte replacement and proper nourishment when assigned to this area. This area is also where you will find the CISM Point of Contact (POC) if one has been deployed to the scene.

The following criteria apply to ALL firefighters:

- spend a minimum of 10 minutes rest
- drink a minimum of 10-12 oz. (bottle/can) of water or Gatorade for every air bottle used.
- smoking is NOT permitted in this area



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WARM WEATHER recovery includes “dressing down” (remove coats, helmets, gloves and protective hoods, turnout pants should be removed or at least rolled down over the boots). Misting fans shall be provided, van awnings extended for shade, coolers should contain ice water slurry with towels placed inside for cooling exposed body surfaces and hand-forearm immersion (via firefighter rehab chairs located inside MCI/REHAB Van) provided for a period of 10-20 minutes to lower core body temperatures. Air-conditioned areas (e.g. MCI Bus or MCI/REHAB Van) may be requested by contacting MECC to provide rehabilitation for extended operations or to support the overall REHAB Group with housing, equipment and supplies.

COLD WEATHER recovery includes monitoring for signs and symptoms of frostbite (check ears, nose, fingers for cyanosis or waxy white appearance, numbness or tingling) provide re-warming techniques, dry protective hoods, gloves as necessary. In extreme cold weather request the “Blue Dragon” (portable gas heater) from Station 16 or contact MECC to request an MTC Bus or MCI/REHAB Van dispatch.

9-505.03 – Medical Treatment & Transport Area

This area will be staffed by an ALS Ambulance Crew (Paramedics) and at least one EMS transport vehicle. Firefighters reporting here will receive evaluation of their vital signs, physical assessment and treatment for heat stress and other injuries or illnesses. An ambulance run sheet should be started for each person evaluated.

After appropriate rehabilitation (minimum 20 minutes), vital signs should be reevaluated and members triaged with one of the following dispositions:

- Released to duty (see REASSIGNMENT below)-adequately rehabbed and medical sound;
- Remove from duty-evidence of an illness or injury; including pulse greater than [112], skin hot to touch (greater than 101.3 if thermometer available) or systolic blood pressure less than [100] or diastolic greater than [100] and transported to an appropriate facility for further evaluation.

The ALS crew assigned will advise the REHAB Group Supervisor of the necessity of medical transportation and/or extended evaluation of an individual’s physical condition. This notification should be either face-to-face or via assigned radio tactical channel. If the firefighter is being released back to duty, the medic will document that firefighter’s exit vital signs and assign a disposition using the MFD tracking form (**Appendix B**) and they will be instructed to report directly to the REHAB Supervisor for reassignment.

9-505.04 - EXIT OR REASSIGNMENT

Personnel staffing this area will advise the REHAB Group Supervisor of the status of all companies for reassignment and crews that are running short or without a Company Officer (CO). This information is relayed to Command by the REHAB Group Supervisor. Crews without a CO will be assigned to another company or have a member of the crew move up to the officer’s position.

ONLY the REHAB SUPERVISOR may return a Firefighter or Company to service. After 10-20 minutes of fluids, nourishment and rest, if the Firefighter’s pulse rate is less than



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112, skin is not hot to touch or their temperature is less than 101.3 (if thermometer available), then the Firefighter along with at least one other (two-in/two-out) will report to his/her supervisor for reassignment.

9-505.05 - PRE/POST INCIDENT & TRAINING OPERATIONS

Fluid intake should include 12-32 ounces over a period of up to 2 hours after the end of the operation. Urine should be clear yellow and the Firefighter should void at least once every 4 hours. Daily hydration should include 8 ounces of fluids every six hours in addition to fluids ingested with meals. When a specific event is known in advance, hydration should include an additional 16 ounces of fluids (water or sports drinks) within 2 hours prior to the event. Fluids and food cache can be found on MFD Salvage.



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APPENDIX A: RAD 57 (CO) Protocol

Carbon monoxide poisoning is the single most common poisoning exposures in the United States. Carbon monoxide is an odorless, colorless gas that can cause sudden illness and death. Structural fires are a common source of CO exposure for both victims and firefighters. CO toxicity cause impaired oxygen delivery and utilization at the cellular level. Its most profound impact is on the brain and heart. Symptoms include: chest pain, confusion, dizziness, shortness of breath, nausea/vomiting, lethargy, and headache. It is easily misdiagnosed as flu-like symptoms.

INDICATIONS: Patients suffering from exposure to byproducts of combustion should, when feasible, have their CO level checked using the RAD-57. One can be found on Rescue 9, inside the MCI/REHAB Van or on the USAR (White Truck). Situations that indicate its use include fire victims of smoke inhalation, a known or suspected exposure to CO and/or firefighters during REHAB activities.

CONSIDERATIONS: REHAB Supervisor should make an effort to assure that firefighters are assessed for elevated levels after structural firefighting activities during the REHAB phase of the incident.

PROCEDURE: Masimo Rainbow technology employs a finger probe that captures eight wave lengths of light to collect and analyze physiological data. Clinical proven accuracy up to 40% CO Level is (+/- 3%). Ideal operating temperature is 41-104 degrees F with storage temperatures between -40 to 158 degrees. The finger probe is NOT compatible with other devices and it should be kept with the RAD 57 device at all times. The device should NOT be submerged or exposed to very wet conditions.

Steps for RAD 57 Use:

- Attach probe to patient prior to turning on the device.
- Rad 57 will display a standard O2 saturation and perfusion index.
- Change the display by pressing the button labeled "SpCO". The reading will be displayed as a number on the upper readout as "%SpCO".
- When spot checking several individuals turn the device OFF then ON to recalibrate between patients.
- Clean the finger probe using an alcohol prep found inside the red soft carrying case.



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APPENDIX A: MFD CO Protocol

MFD (CO) PROTOCOL IS AS FOLLOWS:

Firefighters on Scene: Measure CO level during REHAB cycle.

For firefighters with **NO SYMPTOMS:**

CO < 10 hydrate and return to duty

CO 10-15 place on 100% O₂ for 20 minutes and re-evaluate

 If repeat CO < 10 return to duty

 If repeat CO ≥ 10, refer to MEDIC for possible transport

CO > 15, place on 100% O₂ and transfer to hospital for further evaluation

For Firefighters with **SYMPTOMS:**

Place on 100% O₂ and transfer to hospital for further evaluation.

Suspected CO Exposure Patient

Remove patient from source.

Assess ABC's and secure airway.

Regardless of CO level if patient has an altered mental status, is < 14 years old or is pregnant place on 100% O₂ & transfer. For all others measure a CO level:

 < 10 without symptoms require no further assessment or treatment

 ≥ 10 or has symptoms, place on 100% O₂ and transfer to medics

The RAD 57 is used as a screening measure ONLY.



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APPENDIX B: MEDICAL TREATMENT AND/OR TRANSPORT TRACKING FORM

The intent of this form (shown below) is to track a firefighter's progression through the MEDICAL TREATMENT AND/OR TRANSPORT TRACKING Section of the REHAB area. Any time the REHAB Supervisor sends a firefighter (based on vital signs and/or symptoms) to be evaluated by the on-scene Paramedics, he/she should give this form to the medics for completion at the end of their evaluation and a disposition has been determined.

MFD REHAB SECTOR TRACKING TAG

LAST NAME: _____

COMPANY: _____ AGE: _____

ENRTY VITALS

Time	B/P	Pulse	CO%	Temp.
Refer to Medical		>220-age	>15	>101.3 F

_____ Time Sent to MEDICAL

MEDICAL TREATMENT &/OR TRANSPORT

(RE-Evaluate After 20 MIN/12-32 OZ Fluid)

	10 Min.	20 Min.	Transport
Time			
B/P			Systolic <100 or Diastolic >100
Pulse			>112
CO%			>10 after 20 min rest or >15 entry
Temp.			>101.3

_____ RELEASE TO REHAB SUPERVISOR

_____ TRANSPORT TO: _____



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APPENDIX C: HEAT INDEX

<u>The Heat Index</u>														
Air Temp (°F)	Relative Humidity													
	40	45	50	55	60	65	70	75	80	85	90	95	100	
110°	136	143	152											
105°	123	129	135	141	148									
100°	111	115	119	124	129	135	141	147						
95°	101	104	107	110	114	117	122	126	131	136	141			
90°	92	94	96	98	100	103	106	109	112	115	119	127	132	
85°	84	85	86	88	89	91	93	95	97	99	102	104	107	
80°	80	80	81	81	82	82	83	84	84	85	86	86	87	

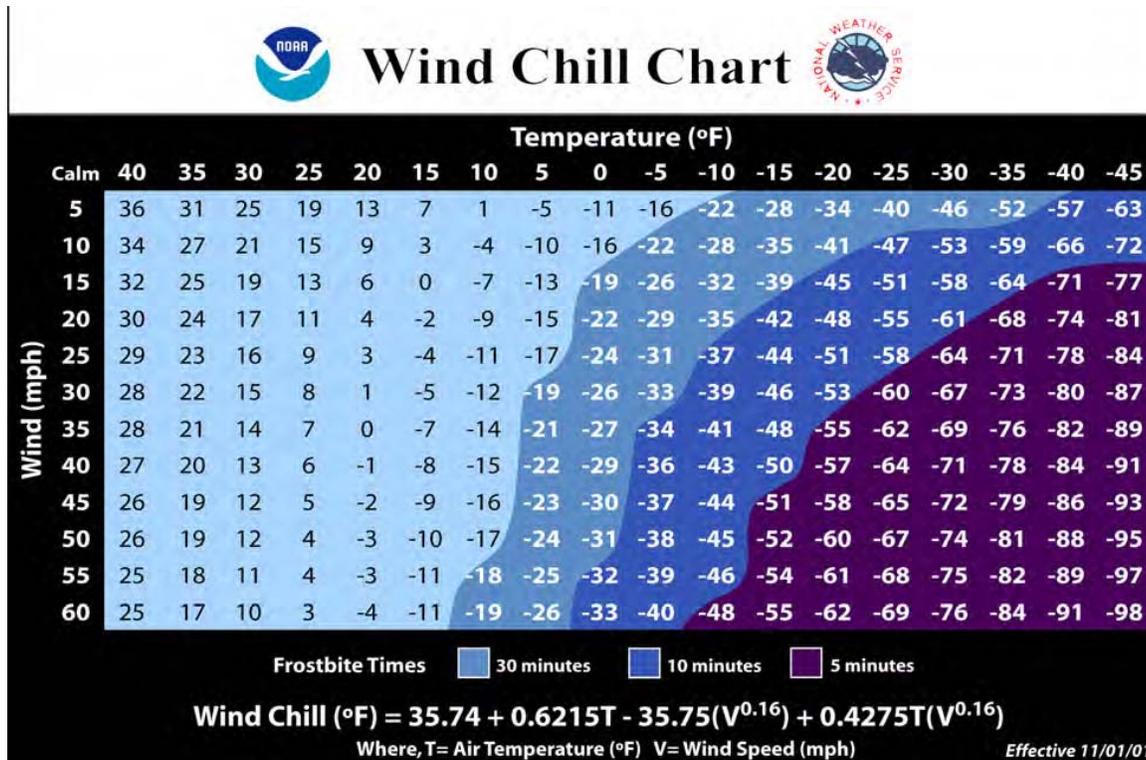
Exposure to full sunshine can increase Heat Index values by up to 15° F.

Heat Index	Category	Possible heat disorders for people in high risk groups
130°F or higher	Extreme Danger	Heatstroke risk extremely high
105° - 129°F	Danger	Heat Exhaustion likely, Heatstroke possible
90° - 105°F	Extreme Caution	Heat Exhaustion possible
80° - 90 °F	Caution	Fatigue possible



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APPENDIX D: WIND CHILL





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APPENDIX E: MFD Rehab Supervisor's (Bag) Inventory

BACK ZIPPERED COMPARTMENT

- (2) GLUCOSE TUBES
- (2) ADULT ORAL AIRWAYS
- (2) ADULT NASAL AIRWAYS
- POCKET MASK
- VAPOR ISOLATION VALVE (ONE-WAY VALVE)
- (1) BOX EMS GLOVES

OUTSIDE LEFT ZIPPERED COMPARTMENT

- (1) BOX BLACK PENS
- (10) PENCILS
- (1) BOX BLACK PENS
- (1) DRY ERASER SET – FINE TIP

FRONT ZIPPERED COMPARTMENT

- (1) MEDICUT SHEARS
- (1) PEN LIGHT
- (1) SAMS SPLINT
- (10) INSTANT COLD COMPRESS BAGS
- (1) LARGE KERLIX ROLL
- (14) ASPIRIN PACKS
- (14) NON-ASPIRIN PACKS

MAIN COMP. TOP RIGHT MESH FLAP

- PACK OF TRIAGE TAGS
- (2) 9210 – N95 MASKS

MAIN COMP. TOP LEFT MESH FLAP

- (1) BOX OF 250 THERMOMETER PROBE COVERS
- (1) DIGITAL THERMOMETER

INSIDE MAIN COMPARTMENT

- ORANGE REHAB SUPERVISOR'S VEST (INVENTORY SEPARATE)
- SCENE TAPE W/YELLOW HANDLE
- ALUMINUM CLIPBOARD CONTAINING:
 - REHAB CHECK-IN SHEETS
 - PRE-/POST-ENTRY FROMS
 - PENS & PENCILS
- FLASHLIGHT
- (24) AA BATTERIES (THERMOMETER)
- (4) D BATTERIES (FLASHLIGHT)
- (12) VIONEX WIPES
- (2) IRRIGATE EYEWASHES
- 250 ml 0.9% SODIUM CHLORIDE IRRIGATION
- ISAGEL HAND CLEANER
- (6) 4X4'S
- (3) 5X9'S
- BAND-AIDS
- 1" SILK TAPE
- TRIANGULAR BANDAGE
- (1) PETROLATUM GAUZE



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APPENDIX F: REHAB VEST INVENTORY

UPPER RIGHT POCKET

Safety Glasses

MIDDLE RIGHT POCKET

VIONEX Wipes

Bottle of Waterless Soap

2 Pair of EMS Gloves

LOWER RIGHT POCKET

(4) 4X4 Dressing

(1) 5X9 Dressing

Trauma Scissors

Thermometer

(2) Boxes of Probe Covers

Permanent Markers

(2) Bottles of Eye Wash

(1) Pen Light

Band-Aids

UPPER LEFT POCKET

Pocket Mask

LOWER LEFT POCKET

Stethoscope

Adult BP Cuff



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APPENDIX G: MCI Vehicle Inventory

MCI Van Inventory

DRIVERS SIDE

<p>Compartment #9A 60 - Mark Kits</p> <p>Compartment #9B 6 - Germa-Care Bottles 6 - Isogel Bottles 12 - Hand Sanitizer</p> <p>Compartment #9C 6 - Redress Kits</p> <p>Compartment #9D 2 - Box N95 (Box of 20) 1 - Box Splash Guard Mask 4 - Safety Goggles</p> <p>Compartment #10A 5 - Large Adult BP Cuff 2 - Adult BP Cuff 5 - Infant BP Cuff 8 - Stethoscopes</p> <p>Compartment #10B 21 - Arm Boards 10 - Cooling Towels 1 - Box of Laser Triage Tags 2 - Lifting Belts</p> <p>Compartment #10C 74 - Ice Packs 6 - Redress Kits</p> <p>Compartment #8A - Trauma 1 - V-Vac Vacuum Suction 1 - Spare Suction Canister 1 - Suction Tip 27 - 4X4's 4 - ABD Pads 1 - Trauma Scissors 1 - Triangular Bandage</p>	<p>Compartment #8A - Trauma 1 - Kerlix 1 - 1" Silk Tape 2 - Penrose Drain/Tourniquet 1 - 250 mL Normal Saline</p> <p>Compartment #8B – Airway/O2 1 - Adult Ambu Bag 1 - CPR Mask 1 - Oral Airway (Sm, Med, L, XL) 1 - Nasal Airway (24, 28, 34) 5 - Penlights 4 - O2 Masks 2 - Nasal Cannulas 3 - Christmas Trees</p> <p>Compartment #8C 10 - Trauma Dressings</p> <p>Compartment #8D 12 - Burn Sheets</p> <p>Compartment #8E 20 - Blue Disposable Sheets</p> <p>Compartment #8F 12 - Yellow Disposable Blankets</p> <p>Under Seat Compartment #7 10 - Vent Tubing 2 - Ventilators</p> <p>Sink Compartment #5 2 – Rolls PaperTowels 2 - Box Versiwipe Napkins 1 - Orange Peels Handiwipes 2 - Rolls Toilet Paper 1 - Roll Garbage Bags</p>	<p>Sink Compartment #5 1 - Box Spare Bed Parts 1 - Box "D" Batteries 2 - Box "C" Batteries 2 - Box "AA" Batteries 1 - Box "AAA" Batteries 2 - Rolls Masking Tape 2 - Rolls Duct Tape 1 - Roll Packaging Tape 2 - Roll Electric Tape 4 - Cans Spray Paint</p> <p>Under Sink Compartment #6 2 - Gallons Cavicide 2 - Gallons Bleach 1 - Roll Cups 1 - Pledge Cleaner 1 - Spray Cleaner 1 - Air Freshener Spray 1 - Bottle Glass Cleaner</p> <p>Compartment #2 6 - V-Vac Suction Kits Ventilation Packs</p> <p>Compartment #3 42 - Redress Kits</p> <p>Overhead Compartment #1 Spare Gloves (M, L, XL, XXL) Spare Nomex Hoods</p> <p>Back Deck (CHARLOTTES WEB) 6 - Trauma Bags 6 - Airway/O2 Bags 4 - Forearm Submersion Chairs 1 - Rehab Supervisors Bag 1 - Cyanide Antidote Kit</p>
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MCI Van Inventory

CAPTAINS SIDE

<p>Drawer Compartment #11A 1 - AED # 372732 8 - Penrose Drain 6 - Penlights 33 - Convenience Bags 1 - Bag of Xtra Christmas Trees 2 - Fluid Spill Kits 1 - Spare AED Pads</p> <p>Drawer Compartment #11B 24 - Kerlix 22 - Triangular Bandages 1 - Box of Germicide Wipes 10 - Trauma Scissors</p> <p>Drawer Compartment #11C 27 - Nasal Cannulas 12 - O2 Masks 10 - sz 24 Nasal Airway 10 - sz 28 Nasal Airway 10 - sz 34 Nasal Airway</p> <p>Drawer Compartment #11D 2 - Adult Ambu Bags 4 - Peds Ambu Bags 1 - Infant Ambu Bag 10 - CPR Pocket Masks 10 - Oral Airways (40, 60, 80, 90, 100, 110)</p> <p>Overhead Compartment #12A 5 - Boxes of ABD Pads (5x9)</p> <p>Overhead Compartment #12B 4 - Boxes 1" tape 1 - Box 2" tape 2 - Boxes 4x4's</p> <p>Overhead Compartment #12C 4 - Boxes of Band-Aids 4 - Boxes of Butterfly Closures 10 - SAM splints 10 - Ice Packs 1 - Box of Trauma Scissors</p>	<p>Overhead Compartment #12D 16 - Bottles of 250 mL Normal Saline 1 - Box XL Gloves 2 - Boxes Large Gloves 1 - Box Medium Gloves</p> <p>Overhead Compartment #12E 10 - Trauma Dressings 4 - Disposable Blue Sheets 4 - Disposable Yellow Blankets</p> <p>Overhead Compartment #12F 2 - C Collars (2 of each size)</p> <p>Under Seat Compartment #13 3 - Ventilators 9 - Vent Tubing</p> <p>Under Seat Compartment #14 1 - Automatic VS Machine 1 - Propaq LT Monitor 1 - RAD57 monitor 2 - O2 Sensors Electrodes</p> <p>Compartment #15A - Trauma 1 - V-Vac Vacuum Suction 1 - Spare Suction Canister 1 - Suction Tip 10 - 4X4's 4 - ABD Pads 1 - Trauma Scissors 1 - Triangular Bandage 2 - Kerlix 1 - 1" Silk Tape 1 - Penrose Drain/Touiquet 1 - 250 mL Normal Saline</p> <p>Compartment #15B – Airway/O2 1 - Adult Ambu Bag 1 - CPR Mask 1 - Oral Airway (Sm, Med, L, XL) 1 - Nasal Airway (24, 28, 34) 5 - Penlights 4 - O2 Masks 2 - Nasal Cannulas 3 - Christmas Trees</p>	<p>Compartment #15C 10 - Trauma Dressings</p> <p>Compartment #15D 12 - Burn Sheets</p> <p>Compartment #15E 20 - Blue Disposable Sheets</p> <p>Compartment #15F 12 - Yellow Disposable Blankets</p> <p>Refrigerator #16 A - Freezer</p> <p>Refrigerator #16 B 2 - Cases Water 1 - Case Gatorade 4 - Cases of Water under C3</p> <p>Above Back Door 2 - Blue EMS Helmets</p> <p>CAB 1 - Twins Cities Street Map 1 - MFD Mutual Aid Book 1 - Radio Fleet Map for MFD (800MgHz) 1 - Radio Fleet Map for MESB (800MgHz) 2 - Flashlights 2 - Blue EMS Helmets Hanging on Wall</p> <p>OUTSIDE COMPARTMENTS 2 - Misting Fan w/ 1 ¼ Coupler 1 - Garden Hose 2 - 1 ¼ Hose Section 2 - Extension Cords 1 - Hydrant to 2 ½ Adapter 1 - 2 ½ to 1 ¼ Adapter 1 - 1 ¼ to Garden Hose Adapter 1 - Manifold</p>
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APPENDIX H: MCI (BLS) Trauma Bag

TRAUMA Bag MCI Van

Outside Left Pocket

2 - Ice Packs

Outside Right Pocket

1 - Stethoscope

1 - Adult Blood Pressure Cuff

Outside Front

1 - Trauma Scissors

1 - Penlight

6 - Oral Airways (1 of each size)

Outside Front (Left) Compartment

Gloves (1 pair each size)

Outside Front (Middle) Compartment

2 - Triangle Bandage

1 - Emergency Blanket

15 - Band-aids (various sizes)

Outside Front (Right) Compartment

10 - 2x2's

10 - Alcohol Swabs

1 - 2" Ace Bandage

1 - 3" Ace Bandage

Inside Main Compartment

Left Compartment

1 - Flex All

1 - Pocket Mask

2 - 1" Tape

1 - 2" tape

2 - 2" Soft Touch Gauze

Middle Compartment

2 - 8 x 10" ABD Pads

2 - Packs of Triage Tags

8 - 5x9" ABD Pads

Right Compartment

2 - Kerlix

1 - Med Stopper Gauze

26 - 4x4's Gauze Sponges

Back Compartment

3 - 10"x2.5 ft Trauma Pads

1 - Burn Sheet

1 - 12x 30" Sterile Multi Trauma Pad

Orange Pouches

Left Pouch

1 - 1" tape

1 - Kerlix

10 - 4x4's

Right Pouch

10 - 4x4's

1 - Triangular Bandage

1 - Pair Gloves

25 - Band-Aids



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APPENDIX I: MCI Rehab Food Inventory

Minneapolis Fire Department Salvage Van (Black Bag)

REHAB Food Inventory

- (8) Applesauce (optional)
- (1) Package of Disposable Spoons
- (12) Boxes of (10 pack) Granola Bars (Variety)
- (8) Canisters of Slim Jim's (10 pack)
- (1) case of snicker's bars
- (6) Boxes of (8 pack) Crackers & Cheese or Peanut Butter

[Replace items as used through STORES]

Dispensing Criteria

- Incidents that occur over a meal time.
- Incidents where companies are engaged for two hours or more.

***Personnel assigned to SALVAGE are responsible for dispensing and replacing stock.**



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APPENDIX J: MCI (BLS) Airway/O2 Bag

Airway/O2 Bag MCI Van

Outside Back Pocket

- 1 - V-Vac Suction
- 1 – Spare Suction Canister
- 1 – Suction Tip

Outside Right Compartment

- 1 – Peds Ambu Bag

Outside Front Left Compartment

- 4 – Pair of Each Size Gloves (Med, Lg, XL)

Outside Front Right Compartment

- 1 – Trauma Scissors
- 1 – Kerlix
- 1 - 1” Tape
- 10 - Petrolatum Gauze
- 5 - 4x4's
- 2 - 5x9 ABD Pad

Inside Main Compartment

- 2 – Adult O2 Mask
- 1 – Ped's O2 Mask
- 1 – Nasal Cannula
- 4 – 100 mm Oral Airways
- 4 – 90 mm Oral Airways
- 3 – 80 mm Oral Airways
- 2 – 60 mm Oral Airways
- 2 – 50 mm Oral Airways
- 2 – 40 mm Oral Airways
- 1 - Adult Ambu Bag
- 1 – O2 (Full) Cylinder with Regulator



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APPENDIX K: REHAB Tracking Log

MINNEAPOLIS FIRE REHAB LOG

LOCATION: _____

INCIDENT #: _____

Date: _____								Initial Vitals										Exit Vitals								
								Name	Rig	Time	Pulse	B/P	SPO2	COHb	#	Time	Btls	Pulse	B/P	SPO2	Temp	COHb	Transport	Comments		
1					/												/					Yes / No				
2					/												/					Yes / No				
3					/												/					Yes / No				
4					/												/					Yes / No				
5					/												/					Yes / No				
6					/												/					Yes / No				
7					/												/					Yes / No				
8					/												/					Yes / No				
9					/												/					Yes / No				
10					/												/					Yes / No				
11					/												/					Yes / No				
12					/												/					Yes / No				
13					/												/					Yes / No				
14					/												/					Yes / No				
15					/												/					Yes / No				
16					/												/					Yes / No				
17					/												/					Yes / No				
18					/												/					Yes / No				
19					/												/					Yes / No				
20					/												/					Yes / No				
21					/												/					Yes / No				
22					/												/					Yes / No				
23					/												/					Yes / No				
24					/												/					Yes / No				

LESS THAN [220-AGE] & CO LESS THAN 10% = DRINK (10 MIN REST)
GREATER THAN [220-AGE] &/OR CO GREATER THAN 10% = MEDICS (20 MIN REST)

EXIT PULSE = LESS THAN 112
EXIT CO LEVEL = LESS THAN 10%
EXIT TEMP = LESS THAN 101.3

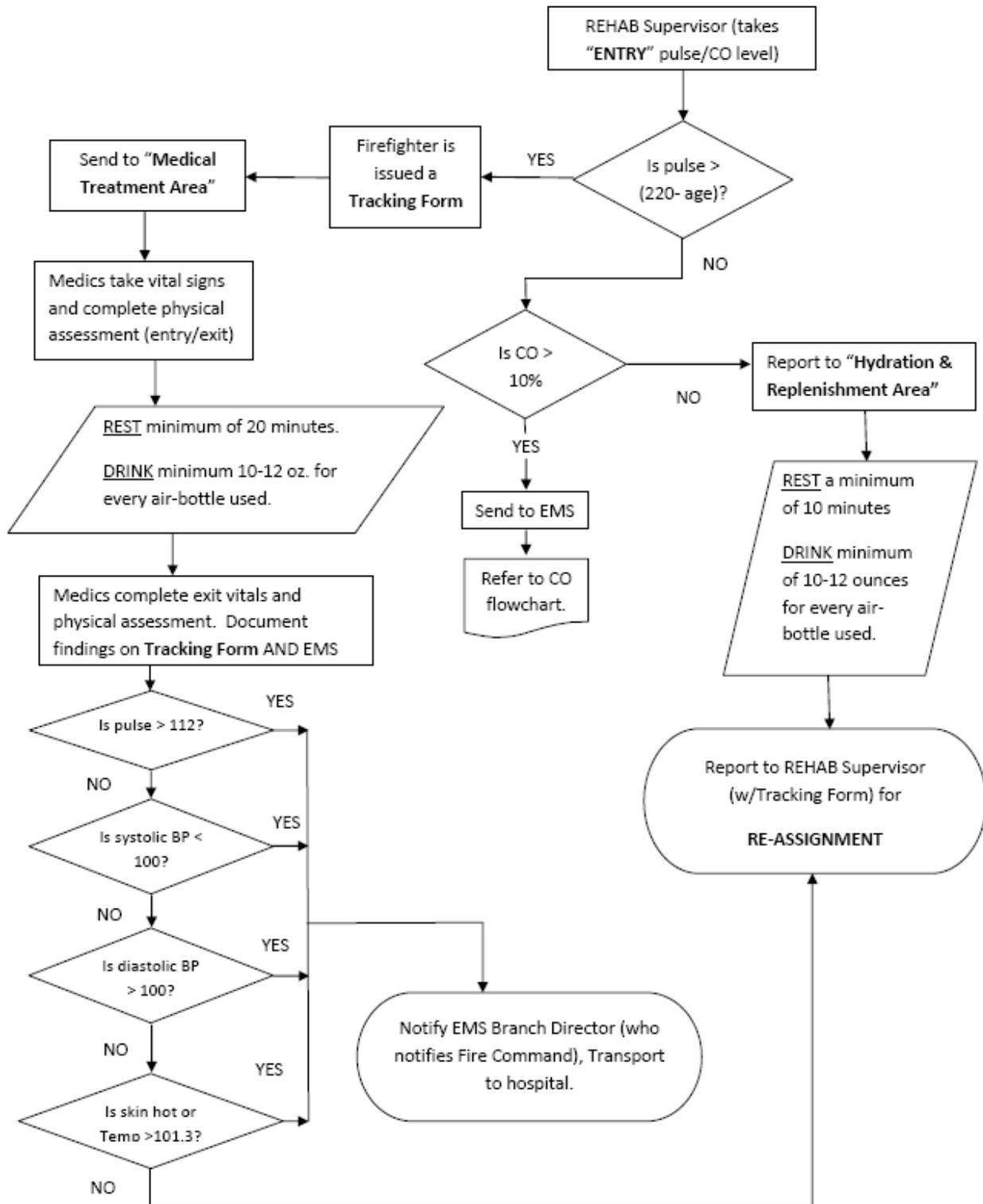


Minneapolis Fire Department Standard Operating Procedures

Revised 9/22/2009

APPENDIX L:

Rehabilitation Area Process





Minneapolis Fire Department Standard Operating Procedures

Revised 9/22/2009

APPENDIX M: Carbon Monoxide Process

Carbon Monoxide Process

