


CITY OF MIAMI, FLORIDA

INTER-OFFICE MEMORANDUM

TO: Chief D. Wheeler
Firefighting Division
Chief J. Mestas
Rescue Division

DATE: October 23, 1991 FILE:

SUBJECT: Medical Evaluation
Policy.

FROM: 
Floyd Jordan, Deputy Chief
Chief of Operations

REFERENCES:

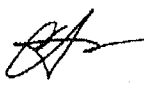
ENCLOSURES:

The attached Medical Evaluation Policy for Firefighters at the scene of Emergency Incidents has been approved.

Implement as soon as possible.

cc Chief Gimenez ✓

/cvb

10/28/91 - 

MEDICAL EVALUATION OF FIRE FIGHTERS ON EMERGENCY INCIDENTS

FIREFIGHTER REHAB

I. Purpose:

To examine and evaluate the physical and mental status of fire fighters working on an emergency incident or a training exercise and determine what treatment, if any, is necessary.

II. Implementation:

A Rehab Sector will be set up at the discretion of the Incident commander. When a Rehab Sector has been deemed necessary by the Incident Commander, the first available Rescue Officer will be responsible for the management and coordination of the Rehab Sector. The Rescue Battalion Captain will be notified any time a Rehab Sector is established.

III. Location:

Establish a Rehab Sector away from environmental hazards (i.e., shady, cool place away from smoke and traffic) that is readily accessed by Rescue personnel for transport and supplies. Air Truck and Code One Association will be stationed in this area. Multiple Rehab Sectors may be needed on large incidents.

IV. Manning:

Assign a minimum of two Rescue personnel to monitor and assist fire fighters in the Rehab Sector.

V. Evaluations:

Fire Fighters shall be evaluated following:

- a.) Two SCBA's and/or thirty minutes of strenuous activity (i.e., advancing hose lines, forcible entry and ventilation, etc.)

Note: This does not preclude an Officer from having a member evaluated if he/she deems it appropriate. A member may be evaluated at any time he/she feels it is necessary.

- b.) Weakness, dizziness, chest pain, muscle cramps, nausea, altered mental status, difficulty breathing, etc.
- c.) Discretion of Incident Commander, Medical Officer, Safety Officer, C.I.S.D. Coordinator and Company Officer

VI. Examination:

Examination shall occur at ten minute intervals and will involve:

- a.) Glasgow coma score
- b.) Pupils
- c.) Vital signs
- d.) EKG (if applicable)
- e.) Skin
- f.) Lung sounds
- g.) Signs and symptoms

A Rescue field copy shall be completed on each fire fighter and a casualty report if individual is not routinely returned to firefighting duties.

VII. Guidelines for Rehab Sector:

The following will occur:

- a.) Normal Presentations - Fire fighter will rehydrate and rest before reporting to Manpower Sector.
- b.) Abnormal Presentations -
 - 1. Fire fighter will rehydrate and rest. Fire fighter will report to Manpower Sector when presentations are normal. Presentations should return to normal within fifteen minutes.
 - 2. Fire fighter will receive ALS treatment and transport if presentations are abnormal for more than fifteen minutes.
 - 3. Chest pains, difficulty breathing and altered mental status will receive immediate ALS treatment and transport.

VIII. Treatment:

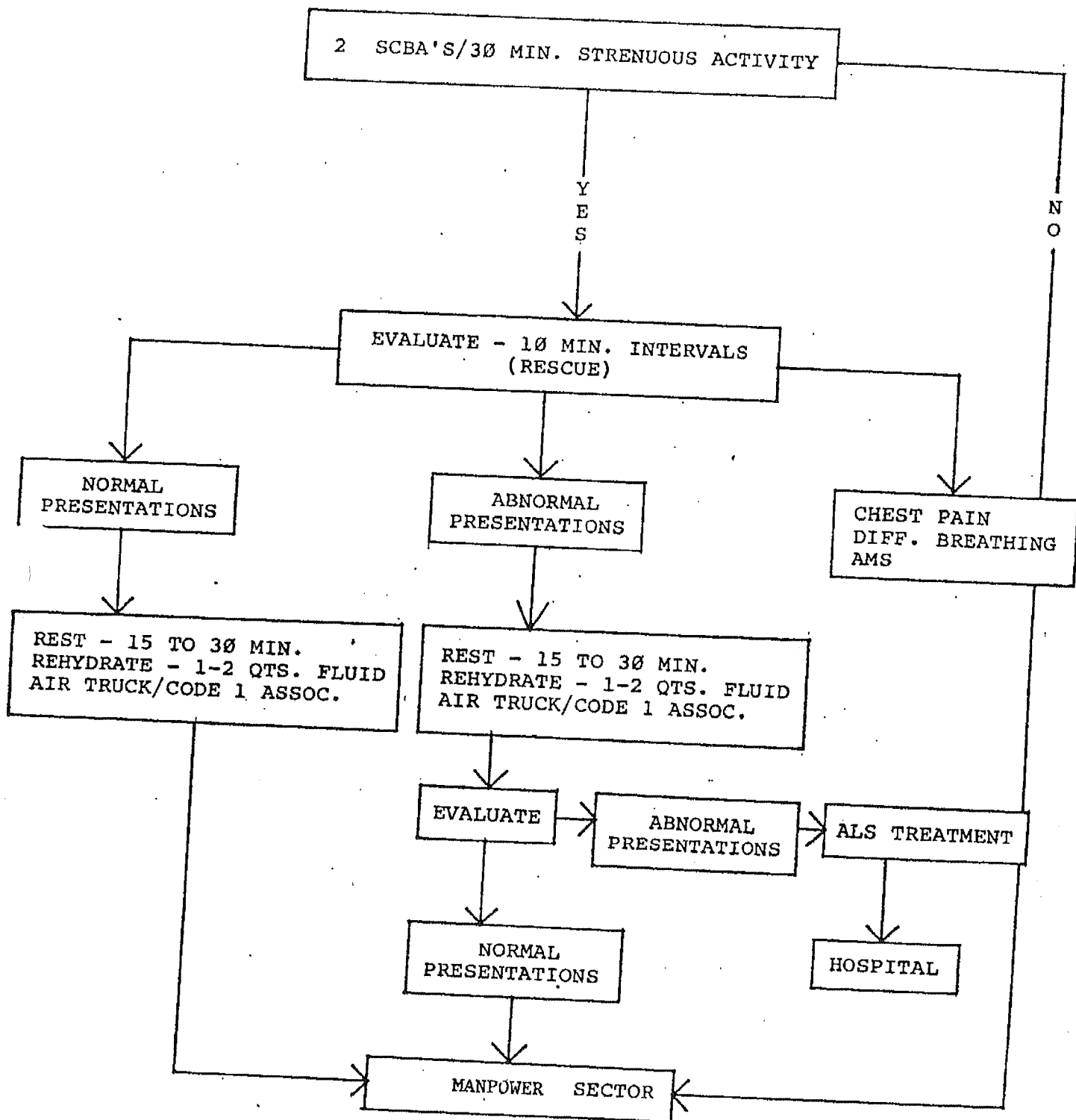
Treatment will consist of one or more of the following:

Prior to taking anything orally, the Firefighter will clean hands and face. Air Truck will provide water and cleaning agent.

- a.) Rest
- b.) Oral rehydration and nutrition, (Air Truck, Code One Association) minimum of 1-2 quarts of fluids over a 15 minute time period.
- c.) Oxygen (humidified, Nebulizer)
- d.) Cool environment (i.e., shade, electric fan, air conditioning, removal of bunker gear, showers, etc.)
- e.) ALS Guidelines

IX. Return to Emergency Duties: Report to Manpower Sector.

- a.) Vital signs within normal limits
- b.) Absence of abnormal signs and symptoms
- c.) Minimum period of 15 minutes for rest and rehydration



MEDICAL EVALUATION FORM

ALARM NO. _____ INCIDENT: _____ DATE: _____ UNIT # _____
 NAME: _____ AGE: _____ SEX: _____ BADGE #: _____

MEDICAL HISTORY: _____ MEDICATIONS: _____

REHAB. TIME (IN): _____ COMPLAINT: _____

SYMPTOMS: _____ SIGNS: _____

TIME	GCS	EYE	BP	CAP REFIL	PULSE	EKG	RESP/ EFFRT.	LUNGS	SKIN	COMMENTS

TREATMENT: _____

ASSIGNMENT: _____ DURATION: _____ RELEASE TIME (OUT): _____

NAME: _____ AGE: _____ SEX: _____ BADGE #: _____

MEDICAL HISTORY: _____ MEDICATIONS: _____

REHAB. TIME (IN): _____ COMPLAINT: _____

SYMPTOMS: _____ SIGNS: _____

TIME	GCS	EYE	BP	CAP REFIL	PULSE	EKG	RESP/ EFFRT.	LUNGS	SKIN	COMMENTS

TREATMENT: _____

ASSIGNMENT: _____ DURATION: _____ RELEASE TIME (OUT): _____

NAME: _____ AGE: _____ SEX: _____ BADGE #: _____

MEDICAL HISTORY: _____ MEDICATIONS: _____

REHAB. TIME (IN): _____ COMPLAINT: _____

SYMPTOMS: _____ SIGNS: _____

TIME	GCS	EYE	BP	CAP REFIL	PULSE	EKG	RESP/ EFFRT.	LUNGS	SKIN	COMMENTS

TREATMENT: _____

ASSIGNMENT: _____ DURATION: _____ RELEASE TIME (OUT): _____

NAME: _____ AGE: _____ SEX: _____ BADGE #: _____

MEDICAL HISTORY: _____ MEDICATIONS: _____

REHAB. TIME (IN): _____ COMPLAINT: _____

SYMPTOMS: _____ SIGNS: _____

TIME	GCS	EYE	BP	CAP REFIL	PULSE	EKG	RESP/ EFFRT.	LUNGS	SKIN	COMMENTS

TREATMENT: _____

ASSIGNMENT: _____ DURATION: _____ RELEASE TIME (OUT): _____

PREVENTION OF HEAT ILLNESS

1. Early indicators of heat illness are thirst (already dehydrated by up to 3 pints of water), weakness and fatigue. These are usually remedied with rest and rehydration.
2. Urine production is a good sign of hydration. Fire fighters should drink enough water so urine remains clear and light in color.
3. Cold drinks tend to empty from the stomach more quickly than warm ones.
4. Drinks with sugar will inhibit the stomach from emptying much needed fluid into the intestinal tract where it can be absorbed into the general circulation.
5. Antihistamines (Benadryl, Actifed), diuretics (Lasix), stimulants (caffeine, decongestants, diet pills) and alcohol can impair the body's ability to cool itself.
6. Drink plenty of fluids during shift, even if you are not thirsty.
7. Be physically fit.

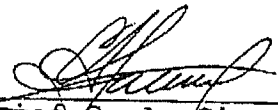
NEPOTISM POLICY

The City of Miami Fire, Rescue and Inspection Services Department shall adhere to the following policy in regards to nepotism in the assignment of personnel.

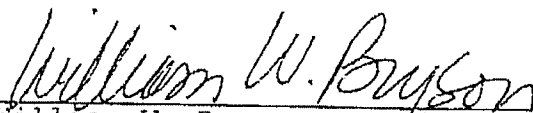
Relatives are prohibited from directly supervising one another on a permanent basis. This includes a station shift commander supervising fire fighters assigned to the same station on the same shift.

For the purpose of this policy, the definition of relatives shall include father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother or half-sister.

APPROVED

 10/23/91
Chief C. A. Gimenez, Director
Fire, Rescue and Inspection
Services Department

APPROVED


William W. Bryson, President
Miami Association of Fire
Fighters, Local 587 IAFF

10/23/91