



DAVID GREENE

Rehab, it's no longer just for 'quitters'

We will spend this article examining an issue that no one likes to talk about on the fire ground. Rehabilitation or "rehab" used to be a place where exhausted firefighters who could not continue to function were sent.

Rehab continues to have negative connotations associated with its use. We may be disappointed to learn that our favorite movie star or celebrity has entered rehab in order to battle an unwanted addiction. Likewise, in the fire service, years ago, the incident commander sending you to rehab was synonymous with your mom sending you to your room.

Many of us have never volunteered to go to our rooms and probably fewer have ever wanted to admit that we are tired and have to go to rehab in order to stay conscious. However, it is better for our favorite celebrity, or us, to voluntarily enter rehab than it is for either of us to be wandering around in a comatose state, regardless of it being due to an addiction or a lack of hydration.

Let's examine the location of rehab. During the spring/summer months, it may be necessary to locate rehab in a shaded area or even in the back of a vehicle with air conditioning, such as an ambulance or staff vehicle. During the win-

ter months, an equal amount of heat may be necessary in order to prevent hypothermia as firefighters shed all of their protective equipment. A friend and fire chief in one of Alaska's largest boroughs must frequently put rehab in a fire station bay. In fact, at one such fire, firefighters who were covered in ice and frozen in their personal protective equipment had to be loaded into the back of a pickup truck and transported to a fire station bay where bay heaters thawed them enough to have their gear removed.

Thankfully, we don't see winters that cold in the beautiful southeastern states; however, we must keep ambient temperatures in the backs of our minds when determining an appropriate area for rehab. If at all possible, we should try to pick a rehab location that is free from noise and is well ventilated. The back of an engine is acceptable, except when the generator is running and firefighters trying to catch their breath are only catching breaths of diesel smoke from the engine and generator exhaust.

Next, we should have someone that can take a set of vitals and evaluate the health of firefighters entering rehab. Fire-

fighters should have a place to sit or lie down and recover. There have also been several studies advocating the use of active cooling through forearm immersion. The studies show this method seems to more effectively lower core temperatures than passive cooling methods. Firefighters' vital signs should be continuously monitored. Firefighters may be capable of saying they have been effectively rehabbed when they don't actually feel that way; however, they cannot fake their vital signs. A failure of vital signs to improve during rehab should signal a firefighter who needs more medical attention and perhaps a trip to the hospital. Any firefighter who complains of respiratory distress, fatigue, nausea/vomiting should be quickly assessed by advanced life support personnel. The number of line of duty death announcements issued each year that include, "Firefighter 'A' complained of not feeling well" is very high in frequency. Any and all complaints by firefighters in rehab should be treated with the utmost concern.

Finally, what kinds of refreshments should be present at rehab? Certainly, we want a method of re-hydration, and

during extended operations, food may also be needed. This presents an interesting question, is it more important to hydrate in the warmer or colder months? Some may think that in the warmer months, we sweat much more and therefore require much more hydration. Although there may be instances where this is true, we can become equally as dehydrated during cooler months while performing strenuous work. Although we may not be sweating as much during the cooler months, remember that we lose a roughly equal amount of water vapor through respiration. Most hard core firefighters will tell you that they will drink some water when they get thirsty on the fire ground.

Here's the problem. You don't only lose water during strenuous work, but you also lose nutrients. As you continue to work, your body attempts to retain fluids by decreasing urine production. This causes the kidneys to retain sodium and chloride. As these ions begin to rise in the kidneys, it signals the brain's hypothalamus to signal the mouth to dry out. Only then do you start to feel thirsty. This is already well into a state of metabolic distress. At a minimum by this point, your



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change the culture. Rehab is good. What should we do with the hard core firefighters who think they don't need rehab? Perhaps, the Incident Commander should send them to their room. Be safe and do good.

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performance will be greatly affected, but without some aggressive rehab, you may very well be on the beginnings of getting an intravenous line or a trip to the hospital. This makes rehab important, during both warmer and cooler months. When determining the appropriate food for long duration operations, you should avoid complex carbohydrates like potatoes, pasta, beans and peas, and stick to a balanced snack like power bars, etc.

Even longer duration incidents may require an area for firefighters to lie down and sleep, as well as some things we may not think of until the incident. At the wild land fires in the Myrtle Beach area earlier this year, a chiropractor had set up shop in one of the rehab areas and offered free back adjustments to firefighters. These are just a few points to consider when setting up rehab, but the most important of all is to do what you can to

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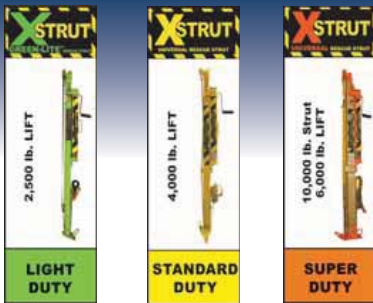


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