



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## OEMS COMMUNICATION #14-2

**TO:** All EMS agencies/All Sponsor Hospitals

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**DATE:** April 4, 2014

**SUBJECT:** Provision of Rehabilitation Services by EMS Providers for Public Safety Personnel

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For the purposes of this communication, “rehabilitation” means restoration to a physical state of operational readiness through the provision of rest, oral hydration, food and either warmth or cooling; “medical monitoring” means the observation of personnel undergoing rehabilitation for indications of illness; “medical treatment” means the provision of medical assessment, testing and/or care for a known or suspected medical or traumatic condition.

Following periods of occupational exposure to temperature extremes, hostile environments and/or physical exertion, public safety personnel often require efforts to restore a physical state of operational readiness through the provision of rest, oral hydration, food and either warmth or cooling prior to returning to their activities. This practice is often referred to as rehabilitation. Standards have been published by nationally recognized organizations<sup>1</sup> directing personnel undergoing rehabilitation be medically monitored for acute medical conditions and be provided prompt medical treatment and/or transport when warranted. There are, unfortunately, no well-studied, objective criteria correlating with a safe return to strenuous physical activities. The practice of medical monitoring should therefore be viewed as only one method to assist in earlier identification of personnel requiring treatment and transport to the hospital and not as a means of “medically clearing” personnel for a safe return to physically demanding activities.

As defined above, medical monitoring constitutes the practice of medicine and should only be performed by appropriately licensed or certified healthcare personnel. When performed within the rehabilitation sector of an emergent incident, emergency medical service providers may be the most appropriate healthcare providers to perform medical monitoring, treatment and transportation of public safety personnel. In such cases, the specific medical monitoring to be performed and any resultant actions shall be approved by the sponsor hospital EMS Medical Director. A sponsor hospital-approved rehabilitation guideline/procedure should be developed; involved EMS providers should ideally receive training specific to the conditions operational personnel will likely be exposed to (including potential toxins and their effects), the physiologic implications of the work being done and medical considerations typically associated with working in the specific environment. EMS personnel should not be asked to subjectively determine whether personnel are safe to operate. Any such decision should be made in direct consultation with physician oversight or in accordance with specific, sponsor hospital

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<sup>1</sup> National Fire Protection Association Standards 1584 and 471

approved, objective criteria. Sponsor hospitals are encouraged to consider the complexity of any medical monitoring in determining what level EMS providers are appropriate to perform specific evaluations. If deemed necessary or desirable, non-certified or non-licensed healthcare providers may perform rehabilitation functions (e.g. the provision of rest, oral hydration, food and either warmth or cooling) that do not involve the assessment and/or treatment of any medical condition<sup>2</sup> (e.g. taking vital signs, monitoring temperature, etc.)

All individual requests for EMS service must be documented and records must be maintained in accordance with Section 19a-179-7 of the Regulations of Connecticut State Agencies. For medical monitoring of personnel within the rehabilitation sector, the form of documentation is to be approved by the service's sponsor hospital EMS Medical Director. Once a person requires treatment or further assessment for a suspected medical or traumatic condition, they are to be considered a patient. For each patient requiring medical treatment and/or transport, an electronic patient care report must be completed.

Patients refusing continued medical care in, or transport from, the rehabilitation sector should be provided the appropriate advice to make an informed decision. If the patient remains adamant in their refusal, they should be asked to sign a witnessed refusal form. Providers wishing to deliver any degree of medical treatment in the rehabilitation sector without an intention to transport the patient to a hospital should only do so based on specific criteria approved by their sponsor hospital EMS Medical Director or on-line medical authorization.

EMS agencies should contact their regional EMS coordinator with any questions or if they require additional assistance. Individual contact information may be found by visiting [www.ctoems.org](http://www.ctoems.org)

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<sup>2</sup> Connecticut General Statutes § 20-9