

**Apex CERT's mission is to serve and safeguard our community through efficient and effective volunteer service, which helps protect life and property, ensuring the greatest good for the greatest number.**



April 5, 2022: First Firefighter Rehab Callout!







# amazonsmile

Remember to shop at [smile.amazon.com](https://smile.amazon.com) and choose Apex CERT as the non-profit you want to support!

# Help Needed!

- **PIO**
  - Assist with social media sites
  - Flyers
  - Communications
- **Fundraiser**
  - Look for opportunities for grants
  - Other funding streams, such as local restaurants

Interested? Email [apexncert@gmail.com](mailto:apexncert@gmail.com)

# MARCH Events

March 3

Apex CERT Meeting

SOGs

33 people in attendance  
Via Zoom



APEX  
COMMUNITY EMERGENCY RESPONSE TEAM  
(CERT)

HANDBOOK

2019

# MARCH Events

March 5

CNCSAR Mock Search

12 people put in 74 hours!



# MARCH Events

March 14  
Winter Blast  
6 people in attendance



# MARCH Events

March 14

CNCSAR Callout

Alamance County Search

3 members put in 22 hours!



# MARCH Events

March 23

RockSAR

Exercise

8 members put in 127 hours!



# APRIL Birthdays



Jason Bradicich

Bill MacRae

Chris Clarke

Mary Wilhelm

Emily Dorsett

# Upcoming Events

- Apr 9: POD Ops Class, Raleigh
- Apr 21 – 24: Apex CERT Basic Training Class
- Apr 23: Girl Scout Disaster Preparedness, Henderson
- Apr 26: Live Burn with Apex Fire Department
- May 3: CNCSAR Meeting
- May 5: Apex CERT Meeting, Mental Health First Aid, Amy Duffy, PhD
- May 7: Apex PeakFest
- May 17: Apex CERT Board of Directors' Meeting
- May 21: Apex CERT Scavenger Hunt

# **Firefighter Rehab Review**

# What is Firefighter Rehab?

- Firefighter rehabilitation is the process of providing rest, rehydration, nourishment, and medical evaluation to members who are involved in extended or extreme incident scene operations



# Why is Rehab Needed?

- Improves performance
- Decreases likelihood of on-scene injury or death
- Ensures that physical and mental condition of members does not deteriorate to point that affects safety of each member or that jeopardizes safety and integrity of operation

# CERT and Rehab

- CERT members will provide critical service that directly affects health and safety of firefighters
  - Rest and recovery
  - Relief from incident, environmental conditions
  - Rehydration
  - Nourishment
  - Documentation
  - May assist with medical monitoring

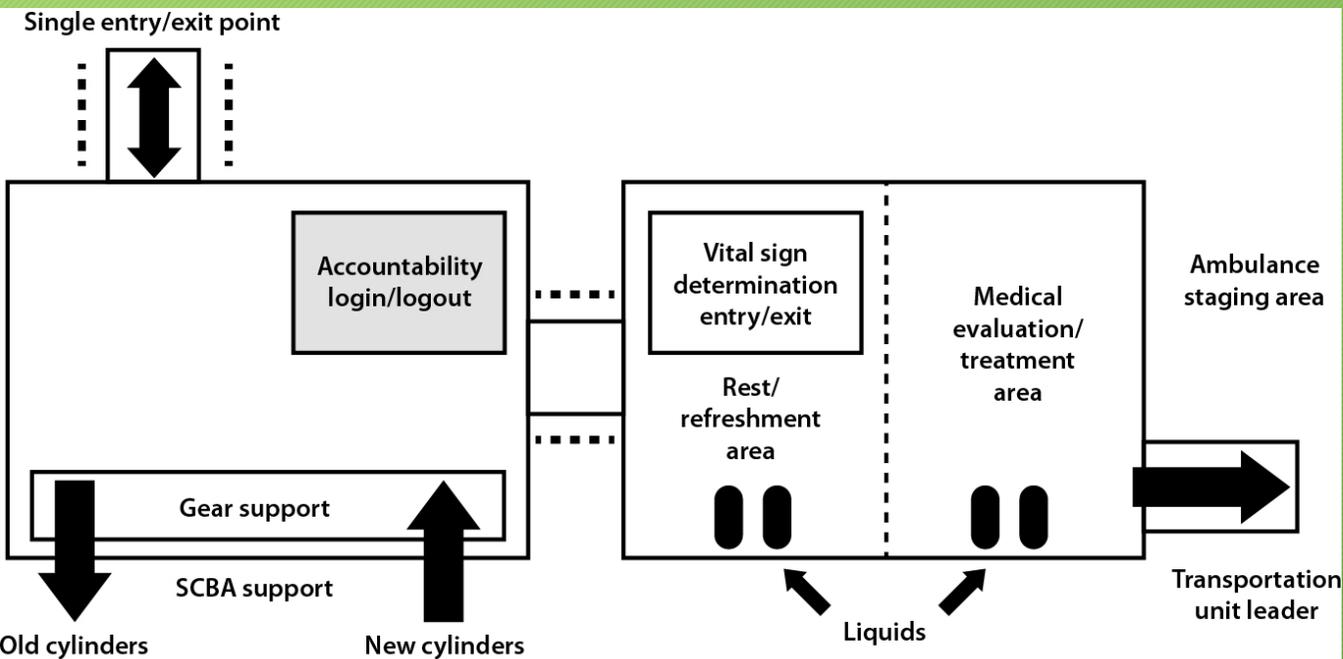


# Heat Stress

- What are the signs?
  - Shortness of breath
  - Acting delirious, staggering
  - Profuse sweating – beyond normal
  - Unable to focus eyes
  - High heart rate
  - Stops sweating



# The Rehab Area



Sample Layout of a Rehabilitation and Treatment Sector. (Source: Dickinson, E. T., and Wieder, M. A., *Emergency Incident Rehabilitation*, 2nd edition. Pearson Education, Upper Saddle River, NJ, 2004.)

# Air Tanks



# Monitor Physical and Mental Status

- Expect firefighters to be hot, flushed, sweaty, and tired
  - Conditions should improve pretty quickly
- Get sense of how firefighter looks when first leaving fire in order to gauge improvement
- Can firefighter make eye contact?
- Is firefighter oriented to person, place, and time?
- Can firefighter respond coherently and logically?

# Watch for Signs of Distress

- Look for signs of heat stress/dehydration
- In cold weather, look for signs of cold stress
- Watch for signs of a cardiac event



# If a Firefighter is Distressed

- If you see any indication that firefighter is in trouble, notify rehab leader immediately
  - Indication may be as simple as “I don’t feel good”
- Rehab leader will notify EMS; may alert Incident Command
- EMS will then be responsible for treatment

# Pulse Oximeter



# Blood Pressure

<b>Blood Pressure Categories</b>			
BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120





# First Aid Scenarios

- **Stung by a bee, having anaphylactic response. Has an Epi-Pen in pocket.**
  - **Patient:** Slightly flushed, breathing fast, wheezing, pain in arm where stung. Mild rash on arm, chest and back. Rash is itchy. At 2 minutes, wheezing worsens, starting to get difficult to breathe. Heart rate would be elevated. BP will go down. Feel lousy. Itchy, panicking. May faint if untreated. Tongue swelling may slur speech. My blurt out about bee-sting allergy.
  - **Responder:** Scene safety, PPE; Method of injury/nature of illness, number of patients, consider if C-spine/additional resources are needed. Is patient critical or non-critical? Ask appropriate questions. What do you see as you approach the patient? Introduce yourself. Get response from patient/permission to treat. Have someone document everything. **CRITICAL:** check airway: rate, quality, depth. Pulse: what does the pulse feel like; not the number but the quality. What do you see on the skin? If any item above has been compromised, it must be fixed ASAP. Do not move on until it's fixed!  
Since wheezing is present, could be critical Should use PulseOX (which would read between 90 and 92 for O<sub>2</sub> level, HR 110) and realize that more resources are needed. If they did SAMPLE correctly, they should have info about being allergic to bees. Should ask if patient has an Epi-Pen. Hopefully they have asked the question that led them to realize this was a bee sting. Partner should be documenting everything. Should find bee sting on head-to-toe assessment. Should look at chest and back for rash. Either patient or responder can administer Epi-Pen. Recovery: Should consider that patient needs Benadryl and breathing assistance, which we may not have. Partner should have called 911 or used radio to alert EMS/Fire. Side effects of Epi include elevated HR, feeling hyper.

# First Aid Scenarios

- **Person just “doesn’t feel well.” Find medical bracelet that they have diabetes.**
  - **Patient:** Lethargic, acts slightly drunk. Slurring words slightly. Understands what’s being said, but answers maybe garbled. HR is 70, BP is low. Skin is slightly clammy, normal color to white/ashen. Pulse OX normal.
  - **Responder:** Scene safety, PPE; Method of injury/nature of illness, number of patients, consider if C-spine/additional resources are needed. Is patient critical or non-critical? Ask appropriate questions. What do you see as you approach the patient? Introduce yourself. Get response from patient/permission to treat. Have someone document everything. **CRITICAL:** check airway: rate, quality, depth. Pulse: what does the pulse feel like; not the number but the quality. What do you see on the skin? If any item above has been compromised, it must be fixed ASAP. Do not move on until it’s fixed!  
During SAMPLE is when they will figure out what’s going on, specifically when they ask about last oral intake, which was breakfast this morning, and it’s now 7:00 PM. No allergies. Meds: Metformin, Insulin. Past pertinent history: Diabetic. What should they do? Take vitals, once they realize they’re diabetic, if patient can sip water, they should give them some. Take blood glucose (number that comes back is 50). Additional resources are needed. Do they have anything sweet that the person can eat or drink? Partner should document and call for Fire/EMS.

# First Aid Scenarios

- **Patient:** Lying on ground having a grand mal seizure. They don't respond to anything said to them. Seizure lasts about 1 minute.
- **Responder:** Scene safety, PPE; Method of injury/nature of illness, number of patients, consider if C-spine/additional resources are needed. Is patient critical or non-critical? Ask appropriate questions. What do you see as you approach the patient? Introduce yourself. Get response from patient/permission to treat. Have someone document everything. **CRITICAL:** check airway: rate, quality, depth. Pulse: what does the pulse feel like; not the number but the quality. What do you see on the skin? If any item above has been compromised, it must be fixed ASAP. Do not move on until it's fixed! Clear the crowd away, rotate patient to left, put something soft under their head, call for EMS. Nothing else they can do. When the seizure is over, patient will be groggy, unable to answer questions. If they can talk, they can have a small amount of food/water. Partner should document and call for Fire/EMS.

# First Aid Scenarios

- **Person walks up to first aid table and tries to talk, but can't.**
  - **Patient:** Acts drunk, unable to talk. Words come out, but are slurred and don't make sense. Possible facial droop. Scared. Can understand people, but can't respond appropriately.
  - **Responder:** Scene safety, PPE; Method of injury/nature of illness, number of patients, consider if C-spine/additional resources are needed. Is patient critical or non-critical? Ask appropriate questions. What do you see as you approach the patient? Introduce yourself. Get response from patient/permission to treat. Have someone document everything. **CRITICAL:** check airway: rate, quality, depth. Pulse: what does the pulse feel like; not the number but the quality. What do you see on the skin? If any item above has been compromised, it must be fixed ASAP. Do not move on until it's fixed! Get the patient somewhere safe, ice pack to back of head. Nothing to eat or drink. Can do stroke test: arms up, palms up, does one drift? Ask them to smile – is there facial drooping? Partner should document and call for Fire/EMS.

# First Aid Scenarios

- **Fell and hit head. Bleeding from facial laceration.**
  - **Patient:** Answering questions appropriately. All vitals normal. Venous bleeding from forehead. Complains of pain at laceration site.
  - **Responder:** Scene safety, PPE; Method of injury/nature of illness, number of patients, consider if C-spine/additional resources are needed. Is patient critical or non-critical? Ask appropriate questions. What do you see as you approach the patient? Introduce yourself. Get response from patient/permission to treat. Have someone document everything. **CRITICAL:** check airway: rate, quality, depth. Pulse: what does the pulse feel like; not the number but the quality. What do you see on the skin? If any item above has been compromised, it must be fixed ASAP. Do not move on until it's fixed! Should ask if loss of consciousness (no). Check neck/back for pain (none). Perform head-to-toe. Vitals are normal. Needs bandage. Recommend patient see doctor and stay with someone for next 24 hours in case of concussion. Do not give aspirin. OK to have food/water. Partner should be documenting everything.

# First Aid Scenarios

- **Heat exhaustion**

- **Patient:** Profusely sweating, lethargic, answers questions appropriately, but slowly. Breathy. Skin is flushed. Elevated HR. BP slightly elevated.
- **Responder:** Scene safety, PPE; Method of injury/nature of illness, number of patients, consider if C-spine/additional resources are needed. Is patient critical or non-critical? Ask appropriate questions. What do you see as you approach the patient? Introduce yourself. Get response from patient/permission to treat. Have someone document everything. **CRITICAL:** check airway: rate, quality, depth. Pulse: what does the pulse feel like; not the number but the quality. What do you see on the skin? If any item above has been compromised, it must be fixed ASAP. Do not move on until it's fixed! Get patient to cool environment, cool packs on back of neck, groin; wet towel to head. If no improvement, need EMS. Partner should be documenting everything.

# First Aid Scenarios

- **Fall, deformity to forearm.**
  - **Patient: Vitals normal. Pain scale 7/10.**
  - **Responder: Scene safety, PPE; Method of injury/nature of illness, number of patients, consider if C-spine/additional resources are needed. Is patient critical or non-critical? Ask appropriate questions. What do you see as you approach the patient? Introduce yourself. Get response from patient/permission to treat. Have someone document everything. CRITICAL: check airway: rate, quality, depth. Pulse: what does the pulse feel like; not the number but the quality. What do you see on the skin? If any item above has been compromised, it must be fixed ASAP. Do not move on until it's fixed! MUST do PMS before and after splinting! Call EMS or recommend to patient to go to ER. Partner should be documenting everything.**

# First Aid Scenarios

- **Asthma attack, has own inhaler**
  - **Patient:** can't catch breath, wheezing, tripodding. Scared. Pulse OX 90.
  - **Responder:** Need to call EMS. Assist with inhaler. Partner should be documenting everything.



APEX FIRE DEPARTMENT  
EXPLORER POST

COMMUNITY EMERGENCY RESPONSE TEAM



APEX  
CERT

SODA  
\$1 EACH

HOT  
\$2 EACH

WATER  
\$1 EACH



APE