

APPENDIX A: REHABILITATION TRACKING FORM

UNIT:		NOVA REGION OPERATIONS FIRE AND RESCUE DEPARTMENTS REHABILITATION FORM						Unacceptable V/ital Limits Pulse > 100 BPM BP > 160 (S) or > 100 (D) SPCO > 9% Temp < 98.6 or > 100.6	
Incident Location		Incident #							
LAST NAME, FIRST NAME/EN			Initial	10min	20 min	30min	40 min	50 min	
		Time							
		B/P							
		Pulse							
POSITION	OIC	Resp							
INCIDENT DUTIES	Interior OPS Exterior OPS	SPCO ₂							
		SPCO							
	circle one	Temp							
DISPOSITION:		<input type="checkbox"/> Return to Staging/Service	<input type="checkbox"/> Transport to ER	Unit:				Hospital:	
Notes:									
If failed rehab at 40 min, Safety and IC to make determination for employee									
LAST NAME, FIRST NAME/EN			Initial	10min	20 min	30min	40 min	50 min	
		Time							
		B/P							
		Pulse							
POSITION	Firefighter	Resp							
INCIDENT DUTIES	Interior OPS Exterior OPS	SPCO ₂							
		SPCO							
	circle one	Temp							
DISPOSITION:		<input type="checkbox"/> Return to Staging/Service	<input type="checkbox"/> Transport to ER	Unit:				Hospital:	
Notes:									
If failed rehab at 40 min, Safety and IC to make determination for employee									
LAST NAME, FIRST NAME/EN			Initial	10min	20 min	30min	40 min	50 min	
		Time							
		B/P							
		Pulse							
POSITION	Firefighter	Resp							
INCIDENT DUTIES	Interior OPS Exterior OPS	SPCO ₂							
		SPCO							
	circle one	Temp							
DISPOSITION:		<input type="checkbox"/> Return to Staging/Service	<input type="checkbox"/> Transport to ER	Unit:				Hospital:	
Notes:									
If failed rehab at 40 min, Safety and IC to make determination for employee									
LAST NAME, FIRST NAME/EN			Initial	10min	20 min	30min	40 min	50 min	
		Time							
		B/P							
		Pulse							
POSITION	Driver	Resp							
INCIDENT DUTIES	Interior OPS Exterior OPS	SPCO ₂							
		SPCO							
	circle one	Temp							
DISPOSITION:		<input type="checkbox"/> Return to Staging/Service	<input type="checkbox"/> Transport to ER	Unit:				Hospital:	
Notes:									
If failed rehab at 40 min, Safety and IC to make determination for employee									
Completed by									
NAME:			SIGNATURE:				DATE:		