

Emergency Worker Rehabilitation Sheet

Incident: Location Date:	Name:					
	Unit ID:					
Time of Evaluation:						
Initial Evaluation	Pulse Rate					
	SpO ₂					
	SpCO					
	BP					
	Injuries/Illness?	Y N	Y N	Y N	Y N	Y N
Oral Temperature						
Other						
Deny Return to Duty if	<input type="checkbox"/> Vomiting, diarrhea, heat exhaustion in the last 72 hours. <input type="checkbox"/> Large open skin wounds or rash. <input type="checkbox"/> Insulin-using diabetic has not eaten in the past 4 hours. <input type="checkbox"/> Wheezing or congested lungs.		<input type="checkbox"/> Pulse over 120 or irregular. <input type="checkbox"/> SpCO > 8%. <input type="checkbox"/> BP above or below normal level for worker. <input type="checkbox"/> Altered mental status.			
All workers hydrated with 8–16 oz. water or electrolyte solution						
Time of Evaluation:						
Second Evaluation	Pulse Rate					
	SpO ₂					
	SpCO					
	BP					
	Injuries/Illness?	Y N	Y N	Y N	Y N	Y N
Oral Temperature						
Other						
Transport emergency worker to hospital if symptoms are present for longer than 15 minutes:			Transport emergency worker to hospital if symptoms are present for longer than 15 minutes:			Transport emergency worker to hospital immediately if any of the signs below are present:
<input type="checkbox"/> SpO ₂ < 92% <input type="checkbox"/> Oral temp. > 100.6 degrees <input type="checkbox"/> Persistent pulse rate over 120 BPM <input type="checkbox"/> SpCo > 8% (after oxygen)		<input type="checkbox"/> Irregular pulse <input type="checkbox"/> Altered mental status <input type="checkbox"/> Symptoms of heat stroke <input type="checkbox"/> SpCO > 25		<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest pain or severe headache <input type="checkbox"/> Significant injury		