FS-ARN STANDING ORDERS:

1. For use on fire-fighting personnel for CO evaluation.

2. Suggested use criteria for operations include:
   - Post-incident fire-fighting personnel screening on all fires.
   - Firefighter rehabilitation in accordance to NFPA 1584.
   - Extended time on or near fire-ground.
   - Multiple SCBA bottle use.
   - Suspected carbon monoxide exposure from work performed in confined spaces.
   - Carbon monoxide alarms/gas leaks without symptoms in conjunction with gas detectors to determine presence and exposure.
   - Multi-fire-fighting personnel presentation.
   - Headache, dizziness, syncope, weakness, altered mental status, and/or lethargy.
   - Shortness of breath, chest pain.
   - Nausea, vomiting, abdominal complaints.
   - Any ill or injured fire-fighting personnel with vague complaints.

3. Fire-fighting personnel on-scene will be evaluated if history of potential CO exposure and is symptomatic (as described above). If the individual remains symptomatic or SpCO remains >11 after 30 minutes, a PCR will be generated.

4. Apply CO monitor probe per manufacture’s recommendation.

5. Treat all symptomatic fire-fighting personnel with 100% oxygen.

6. Transport decisions are based on SpCO levels and symptoms as noted below. Victims will be transported with 100% oxygen and ALS escort.

NOTES

For use during rehabilitation regardless of whether known or unknown exposure. The following guidelines will be used for interpretation and treatment based on SpCO levels:

- 0 - 5% - No treatment required.
- 6 - 15% - Signs and symptoms with history of exposure - treat with 100% oxygen for 15 – 30 minutes. Reassess every 15 minutes until SpCO ≤ 10 and asymptomatic. Transport if symptoms remain after 30 minutes or any signs of distress.
- 16 - 29% – Treat with 100% oxygen for 15 – 30 minutes. Reassess every 15 minutes until SpCO ≤ 10 and asymptomatic. Generate a PCR and transport if any symptoms or signs of distress after 30 minutes.
- ≥ 30%, altered mental status, or pregnant – Treat with 100% oxygen, immediate transport with Base Contact.