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# Forsyth County EMS

## Skill Procedure: Temperature Regulation-Active Cooling

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	MR / EMT	
	Expanded Scope EMT	
	EMT-I	
	EMT-P	

### I. Clinical Indications:

- A. Responders with heat stress during Rehabilitation operations.
- B. Active cooling may be utilized by personnel not meeting requirements for medical evaluation. Priority for active cooling should be for those personnel triaged to the Medical Treatment Area of the Rehabilitation Group location.

### II. Procedure:

- A. Complete Medical Treatment Area intake procedures (log in, vital signs, temp and SPO2 and SPCO).
- B. Remove PPE to insure passive cooling.
- C. Begin responder hydration with 3 to 6 oz of fluid (This is a minimum, additional is acceptable but should not delay active cooling). **See Hydration Policy**
- D. Set up forearm immersion device and fill with water with temperature between **49.5° F** to **85.5° F**.
  - a. Colder water must be avoided as it tends to trigger peripheral vasoconstriction which reduces cooling rate. **DO NOT** use ice water.
  - b. Site of active cooling should be in a cool area or at a minimum under shade.
- E. Examine responder forearms for wounds. If responder has open wounds cooling water and plastic container should be discarded after use to prevent spread of infection.
- F. Have responder immerse both forearms in water. Immersion should last approximately 10 minutes. It is acceptable for the responder to briefly remove one forearm at a time for hydration purposes or as needed. Such interruption in the cooling process should be minimized.
- G. Once time is completed responder should complete hydration per hydration policy.
- H. After the prescribed time, the responder should be re-evaluated per the Medical Rehabilitation protocol.

### III. Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System. Assessment should include direct observation at least once per certification cycle.

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Approved by:  
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May, 2006