



Burlington Fire Department

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Section: 00- Administration	
SOG Number: 00.11	Effective Date: Sept. 11, 2018
Subject: Response to a Potentially Traumatic Event	
By Order of Fire Chief Steven A. Locke	

I. Purpose:

The purpose of this SOG is to provide a guideline for what constitutes a Potentially Traumatic Event and what steps can be taken after such events. This guideline will also define services the department will provide.

II. Scope:

This SOG is directed to all members of the Burlington Fire Department

III. Definitions:

Potentially Traumatic Event: An incident or incidents that create a strong emotional reaction for responders. It is imperative to recognize that all members are effected by incidents differently and it is impossible to define what type of incident will be a traumatic event; however, the following are some of the most common:

- Serious injury or death to a member of the department
- MCI
- Death, serious injury to, or violence directed towards a child
- Highly emotionally charged scenes
- Death of a victim after prolonged incident
- Incidents with a significant threat to personnel safety
- Incident with significant or critical media coverage
- Suicide of a member of the department

- Incidents where the victim is known to personnel

Defusing: An informal process that preferably occurs immediately if not soon after an incident. This can occur at the scene or at a fire station and can be facilitated by a member of the Peer Support Team. The goal is to provide personnel an opportunity to briefly talk about the incident and for the personnel to be reminded of positive behavioral health choices and signs and symptoms of stress. This process is strictly confidential.

Peer Support Team: Members of the department who have been trained in behavioral health and active listening, can act as a bridge for needed resources, and support personnel during time of crisis.

Professional Counselor: A licensed mental health counselor, ideally this person will specialize in the treatment of emergency services personnel and be trained in Eye Movement Desensitization and Reprocessing (EMDR).

IV. Guidelines:

1. When a potentially traumatic event occurs this department recognizes that each member can/will react differently. As such, the services and/or options made available to each member will reflect their needs.
2. It is the responsibility of the shift commander or the RTS to recognize an incident may have been a potentially traumatic event and to hold either a formal or informal defusing. This is the time to verbalize to personnel who were involved that resources are readily available and encourage them to utilize these resources as needed. It is also critical for all members of the department to know any member may request available resources and/or services for themselves or any other member at any time.
3. Immediate resources available is the Peer Support Team which is trained in providing support to members in their time of crisis. The program is **CONFIDENTIAL** and members will be able to seek out peer members on their own terms and meet with them at a location of their choosing. Peer Support Team members will initially listen and support a member. However, team members are trained to recognize and refer cases beyond their scope of training or would benefit from the services of a licensed mental health professional. This would only occur with a member's consent.

- a. An additional resource that may be available in a timely manner is the Department Chaplain.
 - b. The Department Counselor will be a resource available if deemed necessary by the Shift Commander or requested by a member to respond to an incident or defusing location.
4. As trained personnel in helping members in crisis, recommendations made by the Peer Support Team should be accepted by the shift commander. Examples of this would be allowing a member to take the rest of the shift off. The end goal is to provide members effected by an event with whatever it is they need to begin to process the event in a healthy manner.

V. Responsibility:

It is the responsibility of all members to read, understand and follow this Standard Operating Guideline

Revision History			
Revision Date	Section	Summary	Principal Author
9.11.2018		Initial Release of Document	Lt. McDonough