



# Traumatic Incident Response Tracking

Lake Louise Fire Department

Incident #	Date:	Incident Type:	Responder Name:

## Response Details

Did this response involve a fatality: ☐ Y - ☐ N If Yes, number of fatalities:

Did this response involve traumatic injury to responders or incident victims: ☐ Y - ☐ N If yes to responder, were you injured: ☐ Y - ☐ N

Did this response involve someone known to the responder (other than responding team): ☐ Y - ☐ N

Did this response involve children: ☐ Y - ☐ N

At any time during this response, did you feel in fear of personal injury or death to yourself? ☐ Y - ☐ N

At any time during this response, did you feel in fear of serious injury or death to anyone else involved? ☐ Y - ☐ N

## Response Debriefing

Did a Critical Incident Stress debriefing take place after the incident: ☐ Y - ☐ N If yes, how long after the incident:

Did a private one on one debriefing take place: ☐ Y - ☐ N

Did any follow-up debriefing take place: ☐ Y - ☐ N

Would you like to talk with someone about this incident: ☐ Y - ☐ N

## Additional Comments Regarding This Response:

--