



Operational ‘Hot’ Debriefs for Potentially Traumatic Events

Reference: Welch, M. (2025). [Operational ‘Hot’ Debriefs for Potentially Traumatic Events: The role of an operational hot debrief in learning from an incident and reducing the risk of harm to first responders](#). Emergency Services Foundation scholarships.

Introduction

The report explores how emergency services can conduct operational hot debriefs after potentially traumatic events (PTEs) in ways that support learning without compromising the psychological wellbeing of first responders.

The report highlights the ambiguity created by the decline of Critical Incident Stress Debriefing (CISD), which is no longer recommended by major bodies such as NICE, WHO and APA. This ambiguity has left emergency services uncertain about whether post incident debriefs are operational, psychological, or both.

The study focused solely on operational hot debriefs, not extended or formal operational debriefs.

Aims and Purpose

The aims of the report arise from observed inconsistencies in current practice and the absence of evidence-based guidelines across emergency services. Specifically, to:

- Examine whether operational hot debriefs should occur after potentially traumatic events.
- Identify how such debriefs can be structured to avoid psychological harm.
- Review evidence from emergency medicine hot debrief tools (STOP5 and the Theatre Team Tool) to inform first responder practice.
- Generate considerations and recommendations for safe, effective operational hot debriefs in fire and emergency services.

Mark writes that the challenge is “to develop evidence informed debriefing practices that preserve the benefits of operational learning while protecting the psychological wellbeing of first responders” (p.5).

Hot debrief tools reviewed

STOP5 and TTT, structured hot-debrief tools developed in emergency medicine, were selected for analytic comparison because they:

- Align with FRV’s operational debriefing framework.
- Explicitly integrate operational learning and wellbeing.
- Are designed for high-pressure, high-risk environments.



The analysis examined structure, language, facilitation, timing, location, group dynamics, and intended outcomes.

Methods

The report draws on two primary sources of evidence:

1. Literature Review

- Peer reviewed research on debriefing in emergency medicine, trauma psychology, and first responder wellbeing.
- Evaluation studies of STOP5 and the Theatre Team Tool (TTT).
- Systematic reviews on debriefing effectiveness and risks.

3. Expert Interviews

Consultations were conducted with:

- Psychologists and trauma specialists (e.g., Dr Paula Easton, Professor Neil Greenberg).
- Developers of STOP5 and TTT (Dr Craig Walker, Dr Emma Phillips).
- Emergency services leaders in the UK.

Findings

The study identifies several key findings:

1. Purpose Clarity Is Essential

Debriefs with mixed aims (learning + wellbeing) create confusion and reduce psychological safety. The Harvard psychologist Dr Amy Edmondson found that participants are more likely to engage openly when the objectives of a debrief are unambiguous.

2. Wellbeing and Operational Learning Should Be Separate

Wellbeing prompts inside operational debriefs can unintentionally shift the focus toward emotional processing, which is inappropriate in a performance focused discussion and may increase distress.

Wellbeing support is essential but is safer and more effective when delivered in parallel through channels such as Psychological First Aid, trained peer support, or specialist services.

Separating the two processes ensures responders receive appropriate support without blurring the purpose of the operational debrief.

A focused operational debrief, centred on facts and lessons learned, strengthens performance and reduces psychological risk by maintaining clear boundaries.

3. Structure Matters

The strength of STOP5 is its simplicity and focus on:

- summarising the scenario,



- identifying what went well,
- identifying opportunities for improvement,
- assigning actions.

TTT offers more detailed prompts, but this makes it more complex.

4. Language Should Be Factual, Not Sensory

Trauma research shows that sensory cues (smell, sound, touch) activate the right brain and can re-trigger distress. Therefore, operational debriefs should use fact based, non-emotive language.

5. Facilitation Requires Training

Untrained facilitators risk:

- drifting into emotional territory,
- using harmful language,
- mishandling distress.

Facilitators need to who can maintain the balance between being factual without being personal or rude” are necessary. Peer facilitators with operational understanding are preferred.

6. Timing and Location Influence Safety

This guidance suggests that an operational debrief is best held 20 minutes to two hours after the incident, once responders are grounded and physically comfortable.

Physical safety and comfort are important for anyone participating in a debrief after a potentially traumatic event. On scene debriefs may expose responders to sensory triggers; stations are safer.

Dr Paula Easton recommends that first responders return to station, shower and change if needed, and have a cup of tea to settle before any discussion.

7. Group Dynamics Support Psychological Safety

STOP5 and TTT groups can include 15+ people, but most debriefs involve fewer than 10 participants. Evidence on the optimal group size for maintaining psychological safety is limited and warrants further study, including how familiarity between members influences safety.

In fire services, crews typically work together long term (4–8 members), meaning team members usually know each other well, which strengthens psychological safety. Fire crews often have strong existing relationships, which can act as “protective armour” when discussing operational performance.

Participation should always be voluntary; choosing not to attend should not require explanation. Private follow up by the team leader is recommended.



Mark's takeaways for conducting operational hot debriefs

- Acknowledge that some psychological risk is unavoidable when conducting an operational hot debrief after a potentially traumatic incident
- Return to the station to ensure physical and psychological safety before debriefing.
- Allow crews time to reset, shower, change, have a cuppa, before starting the operational hot debrief.
- Be explicit about purpose: the debrief is operational, focused on performance and improvement.
- Use a trained facilitator to maintain an operational focus and prevent drift into emotional processing.
- An operational focus can help build competence and self-mastery, acting as “protective armour.”
- Use a clear, simple structure, ideally supported by a debrief tool.
- When establishing the scenario, rely on facts known at the time, avoid emotional language, and do not reference sensory details (smell, sound, touch).
- Close with signposting to support, ideally via a QR code if using a tool.
- Make operational hot debriefs routine practice, not something reserved only for traumatic events or when things go wrong.

Mark's recommendations for op debriefs for emergency services

- Highlight the ongoing confusion between operational debriefs and Critical Incident Stress Debriefing (CISD).
- Develop a printed operational hot debrief tool tailored to first responders to test its effectiveness and safety.
- Design the acronym and structure to reflect this report's findings and address gaps in existing tools (e.g., STOP5, TTT).
- Document and analyse the tool's trial outcomes and prepare them for publication in an academic journal.