



BURLINGTON FIRE DEPARTMENT

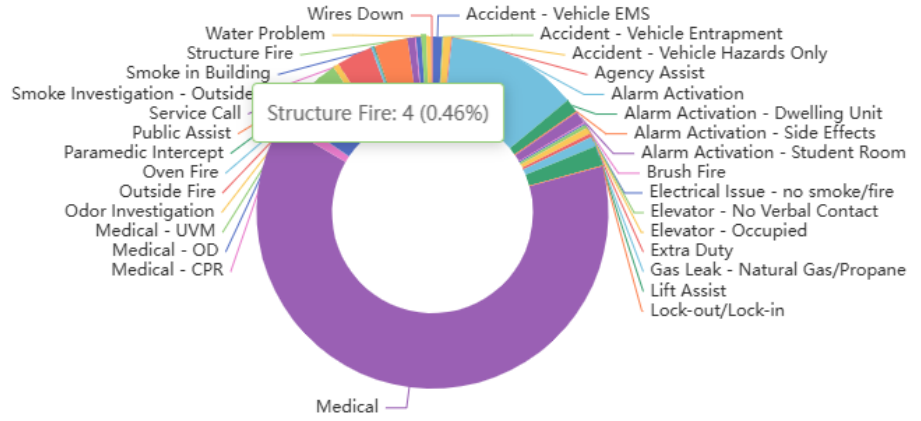
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 Phone: (802) 864-4554 Fax: (802) 865-5387

Chief's Report to the Burlington Fire Commission: April Data Points

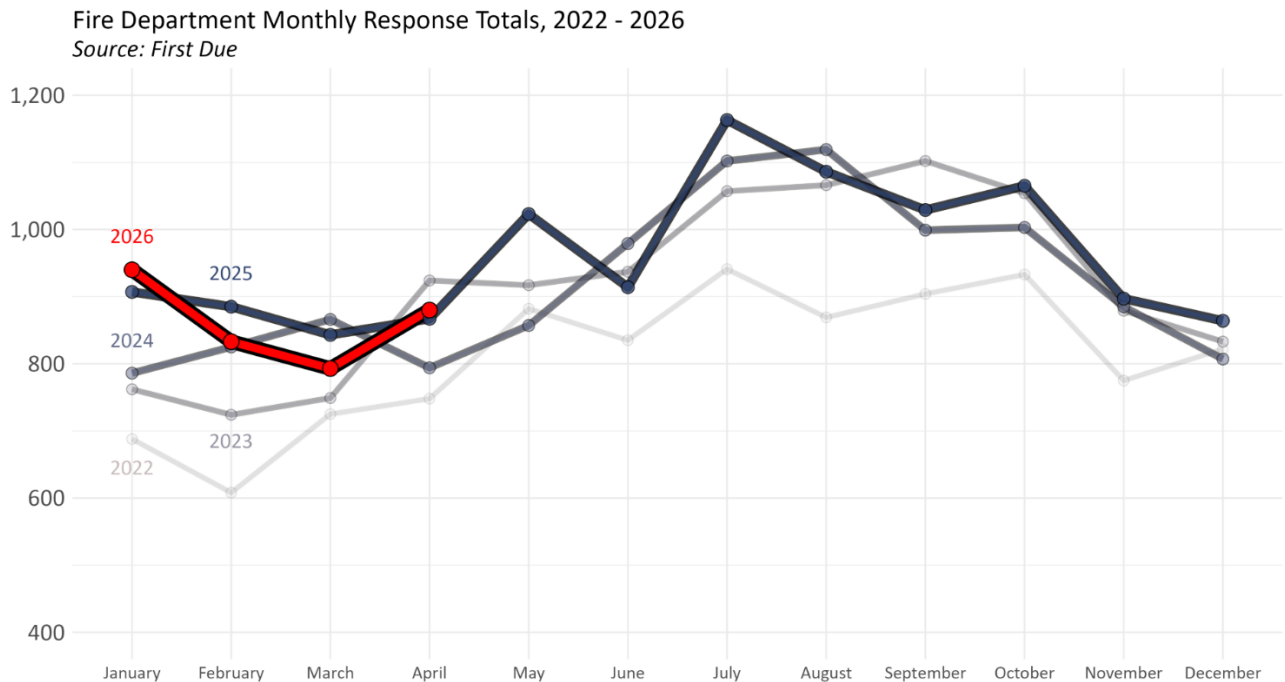
Call Volume & Activity Summary:

Total Incidents for the month of April: **880**
 Total Incidents: (As of 5/1/26) **3,455**

- Fire Incidents: **171**
- EMS: **622**
- Hazmat: **8**
- Technical Rescue: **9**
- Significant Incidents:
 1. 4/1 21 Hyde St. 1st Alarm
 2. 4/10 22 Main St. Winooski – 1st Alarm
 3. 4/23 1500 Spear St. South Burlington - Backyard trailer fire
 4. 4/23 528 Essex Rd. Williston – 3rd Alarm fire



During the same period in **2025** we responded to **866** incidents, a **1.6%** increase from last year.



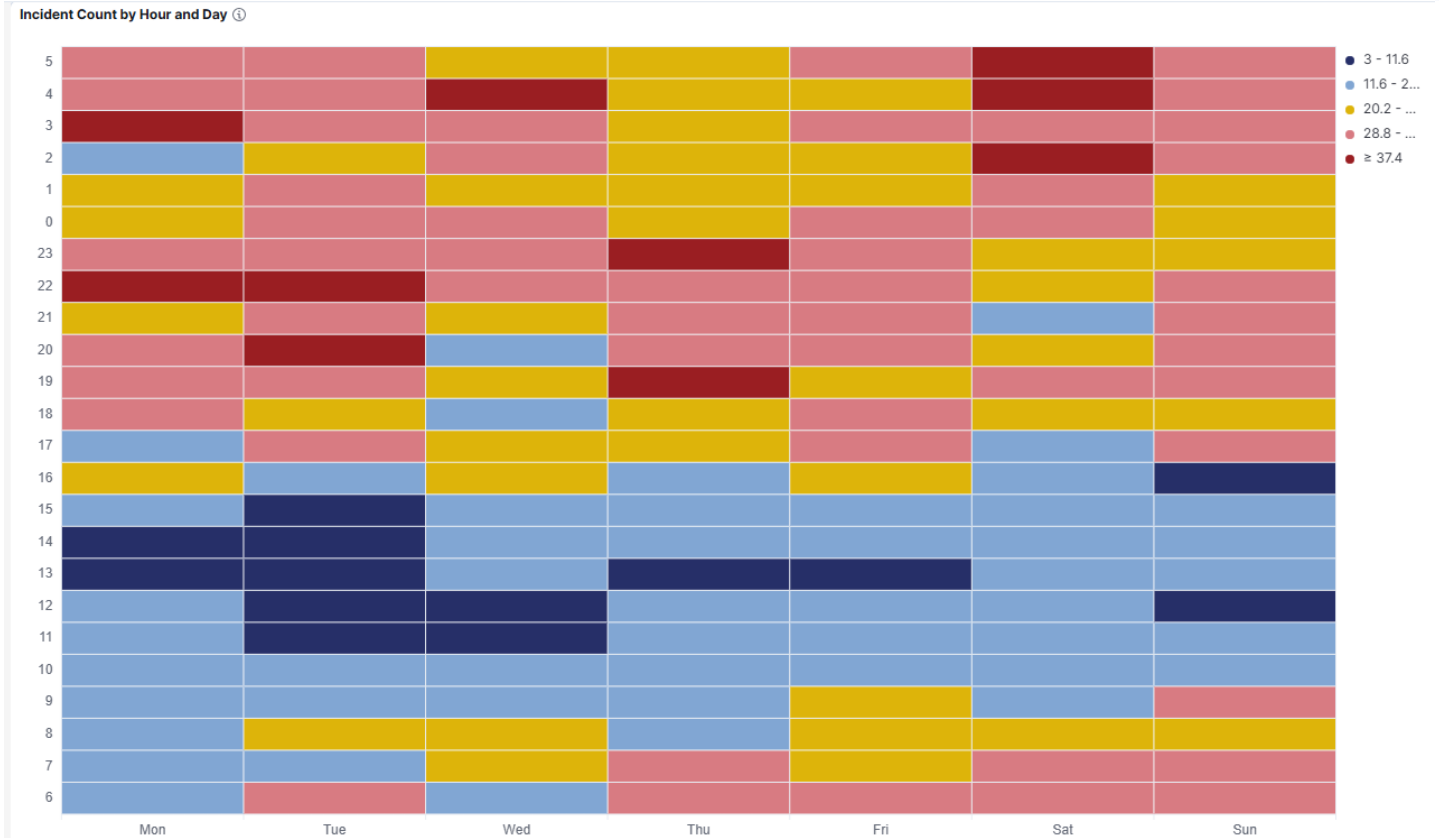
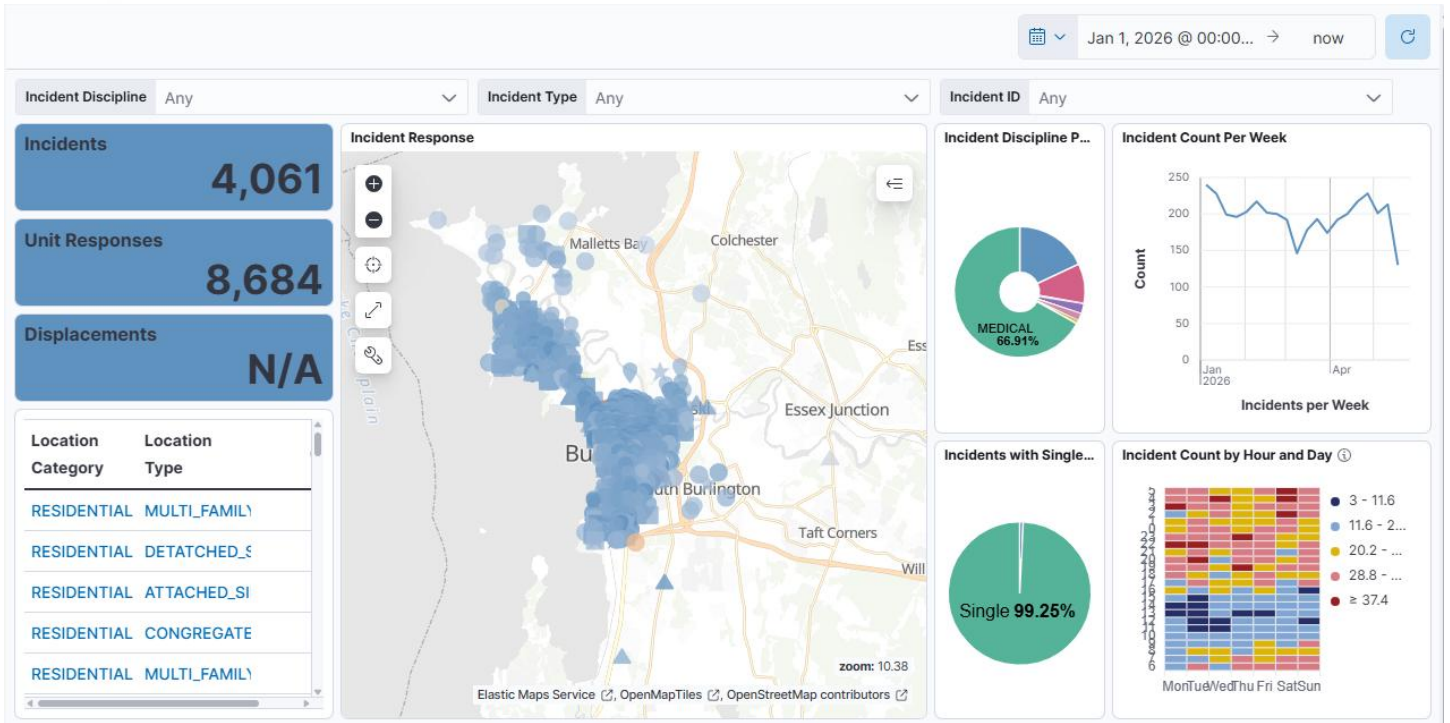
Data through 4/30/2026



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This NERIS diagram shows call volume based on time of day and days of the week.



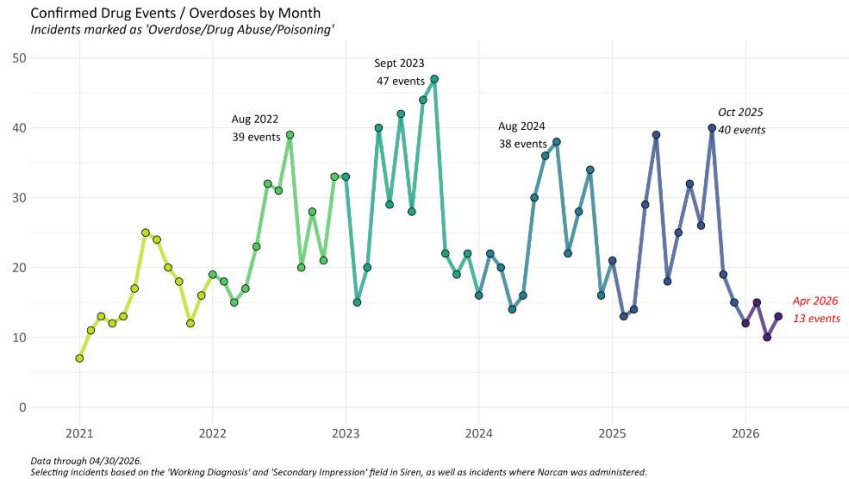
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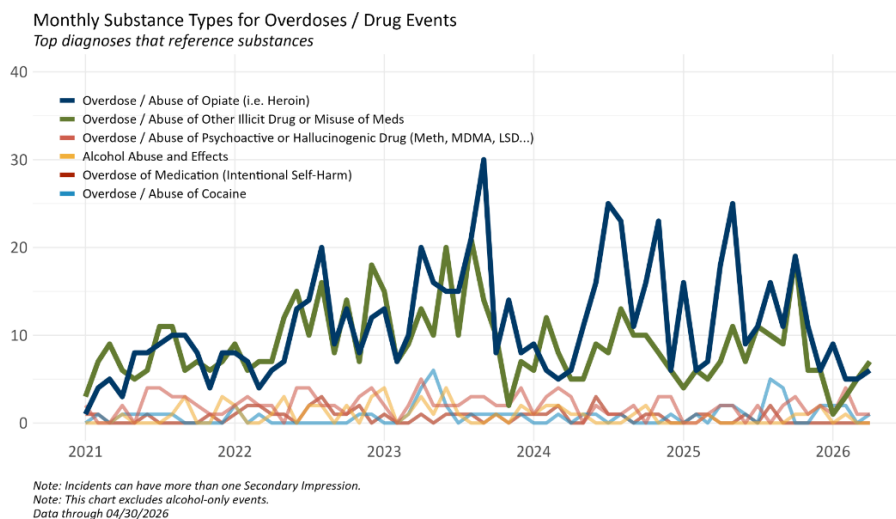
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EMS Data:

The following charts presents monthly data on EMS-confirmed overdose and drug-related incidents in our community from 2021 through April 2026. It categorizes the top types of substances involved, based on working diagnoses and secondary impressions gathered in the field.



This chart above shows monthly confirmed overdose/drug-related incidents from 2021 through April 2026. This graph shows a significant increase in confirmed drug-related overdose and poisoning incidents from 2021 through 2023, with monthly totals rising from single digits in early 2021 to a peak of 47 events in September 2023. Activity remained elevated throughout 2024 and into 2025, with several months exceeding 30 incidents and another peak of 40 events in October 2025. Data for early 2026 shows a notable decline, with April 2026 reporting 13 events, suggesting a possible recent decrease in overdose-related emergency calls, though continued monitoring will be important to determine if this trend continues.



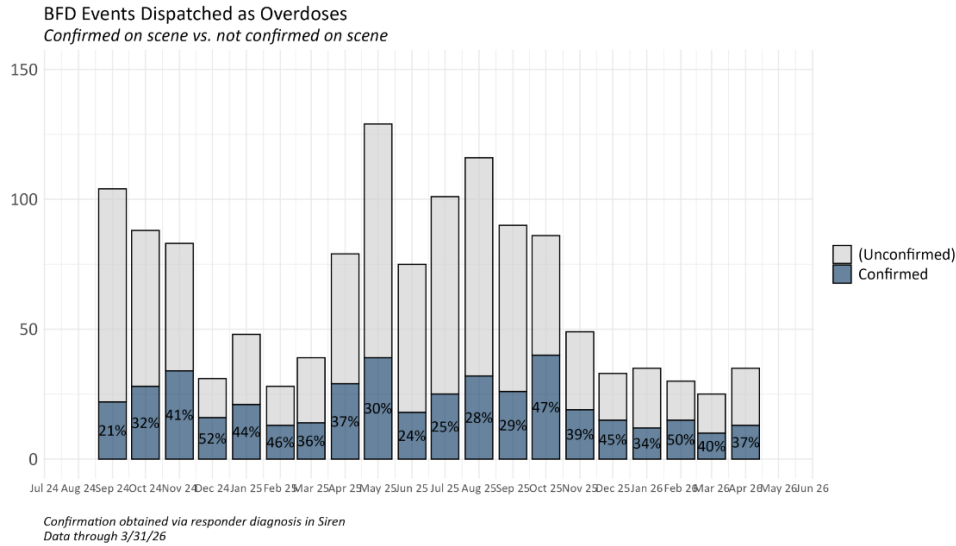
This chart shows monthly confirmed overdose and drug-related incidents from 2021 through April 2026 and highlights that opioid-related overdoses are consistently the most common and volatile driver of events, with sharp spikes—especially in late 2023, 2024, and mid-2025—followed by cases involving other illicit drugs or



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misuse of medications, which often rise and fall in parallel and likely reflect polysubstance use; all other categories (meth/psychoactive, cocaine, alcohol co-use, and intentional medication overdose) remain relatively low and stable by comparison, indicating that while multiple substances may be involved in individual incidents, the overall overdose burden and operational impact are overwhelmingly driven by opioids and complex drug combinations rather than single-substance events.



This chart shows the number of BFD calls that were dispatched as overdoses each month, compared to how many were actually confirmed as overdoses once crews arrived on scene. While the total number of overdose-dispatched calls rises and falls over time, only a portion of those calls are ultimately confirmed by responders. In most months, confirmed overdoses make up roughly 20–40% of the total, with some variation.

CRT Data for April 2026:

Staffed **9** days for the month of **April**

Total Contacts	Narcan Kits	Wound Care Kits	Comfort Care Kit	Referrals
30	0	1	0	2

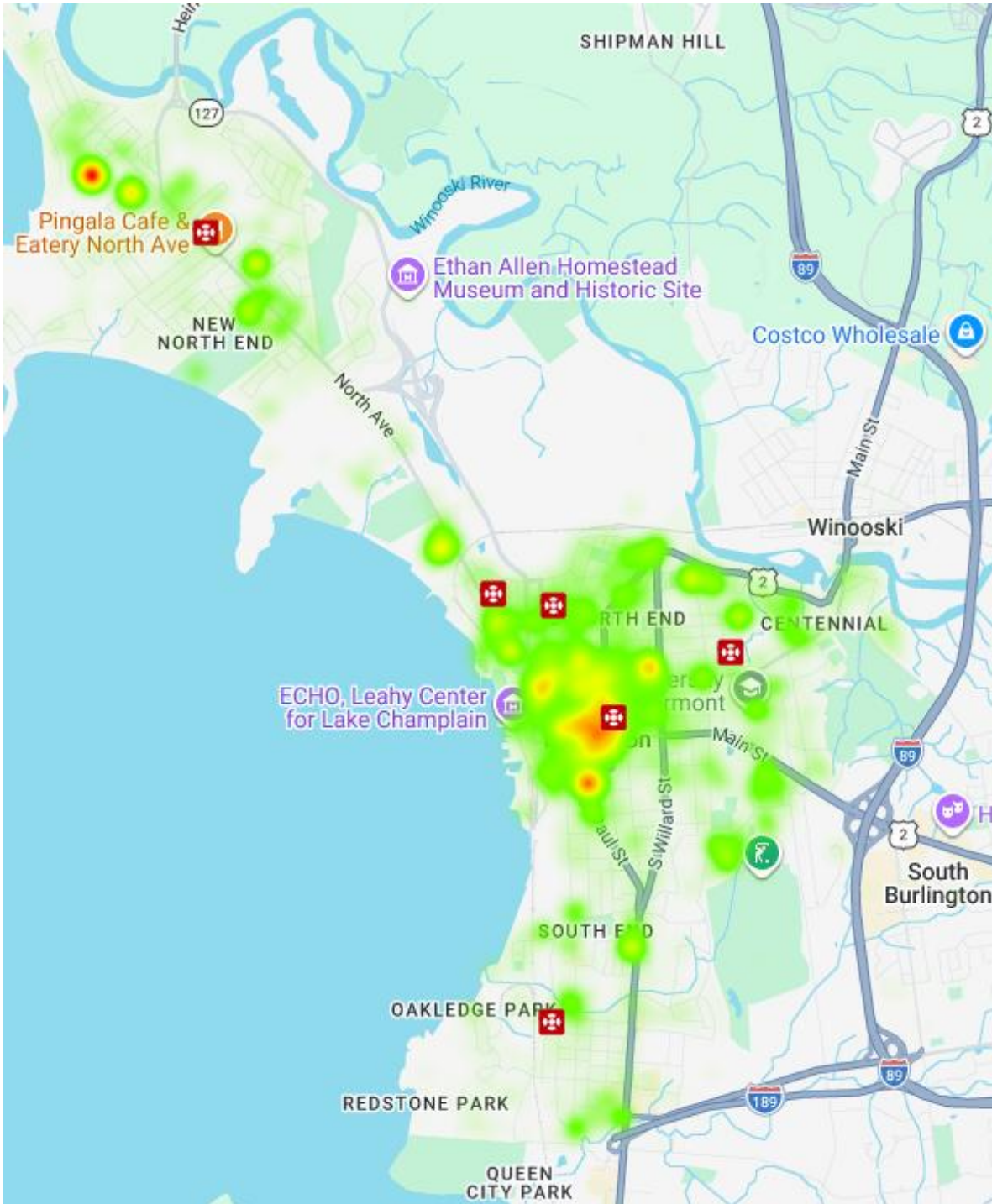




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Personnel & Staffing

Total Department Staff: Uniformed Members **88** / Authorized **95 - 1** Civilian Member

- Minimum Daily Staffing: **22**
- Vacancies: **7**
- Injuries/LOA/FMLA: **9**
- Staff Training Hours: **1,110 Hours**
- Company Level Inspections: **3**
- Preplans Completed: **107**

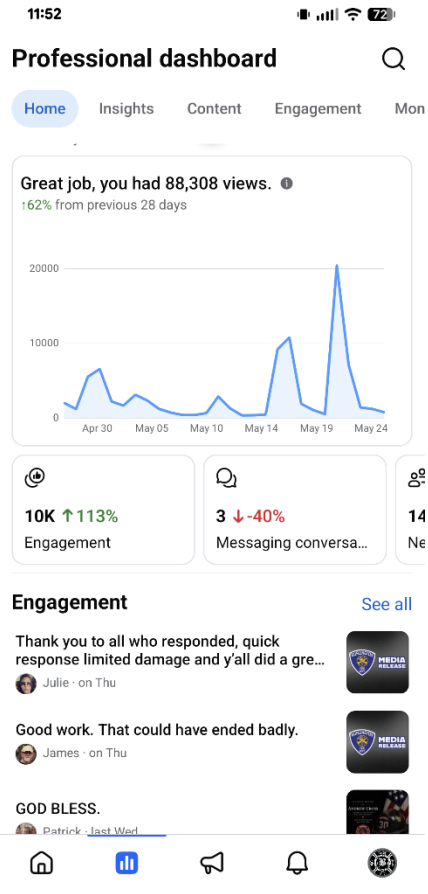
Overtime Type	2025 Hours	2026 Hours	% + -
Minimum Staffing	1001	1571.5	+56.9%
Mandatory	124	110	-11.2%
CRT	306	269	-12%
Emergency	24.25	12	-50.5%
Extra Duty Events	36	41	+13.8%

Community Engagement

- 4/3 BFD Spring Training Seminar
- 4/15 FMO Community TV Interview
- 4/17 Flynn School Fire Safety Presentation
- 4/20 ECH Paramedic Student Precepting
- 4/23 & 24 BHS Students Ride along Downtown
- 4/25 Kids Fest at YMCA
- 4/26 Ride along Engine 1



Social Media:





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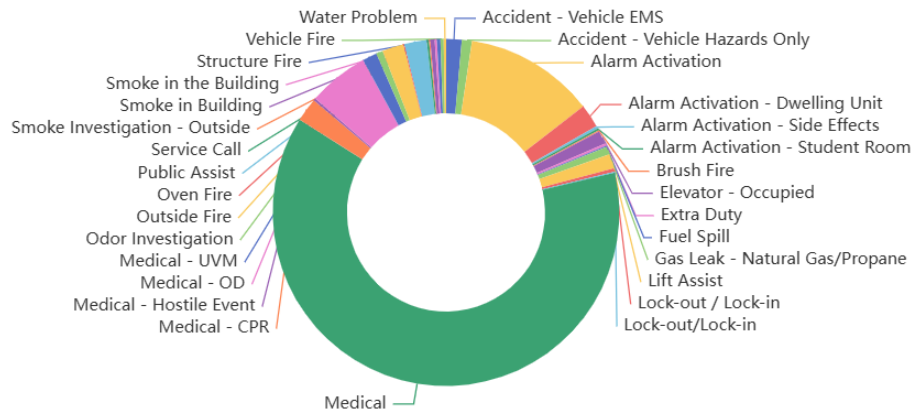
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Chief's Report to the Fire Commission: May Data Points June 9, 2026

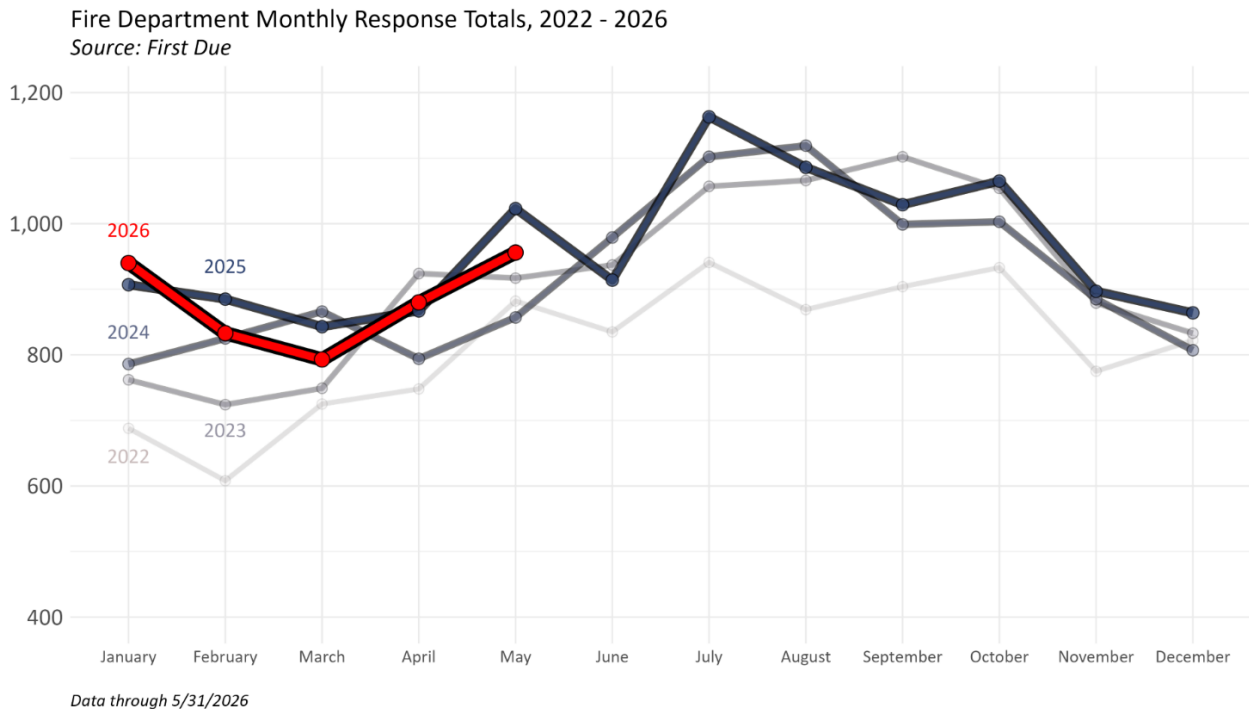
Call Volume & Activity Summary:

Total Incidents for the month of May: **956**
 Total Incidents: (As of 6/1/26) **4412**

- Fire Incidents: **196**
- EMS: **689**
- Hazmat: **8**
- Technical Rescue: **16**
- Significant Incidents:
 1. **1st Alarm Structure Fire**
15 Blondin Circle



During the same period in **2025** we responded to **1023** incidents, a **6.5%** decrease from last year.



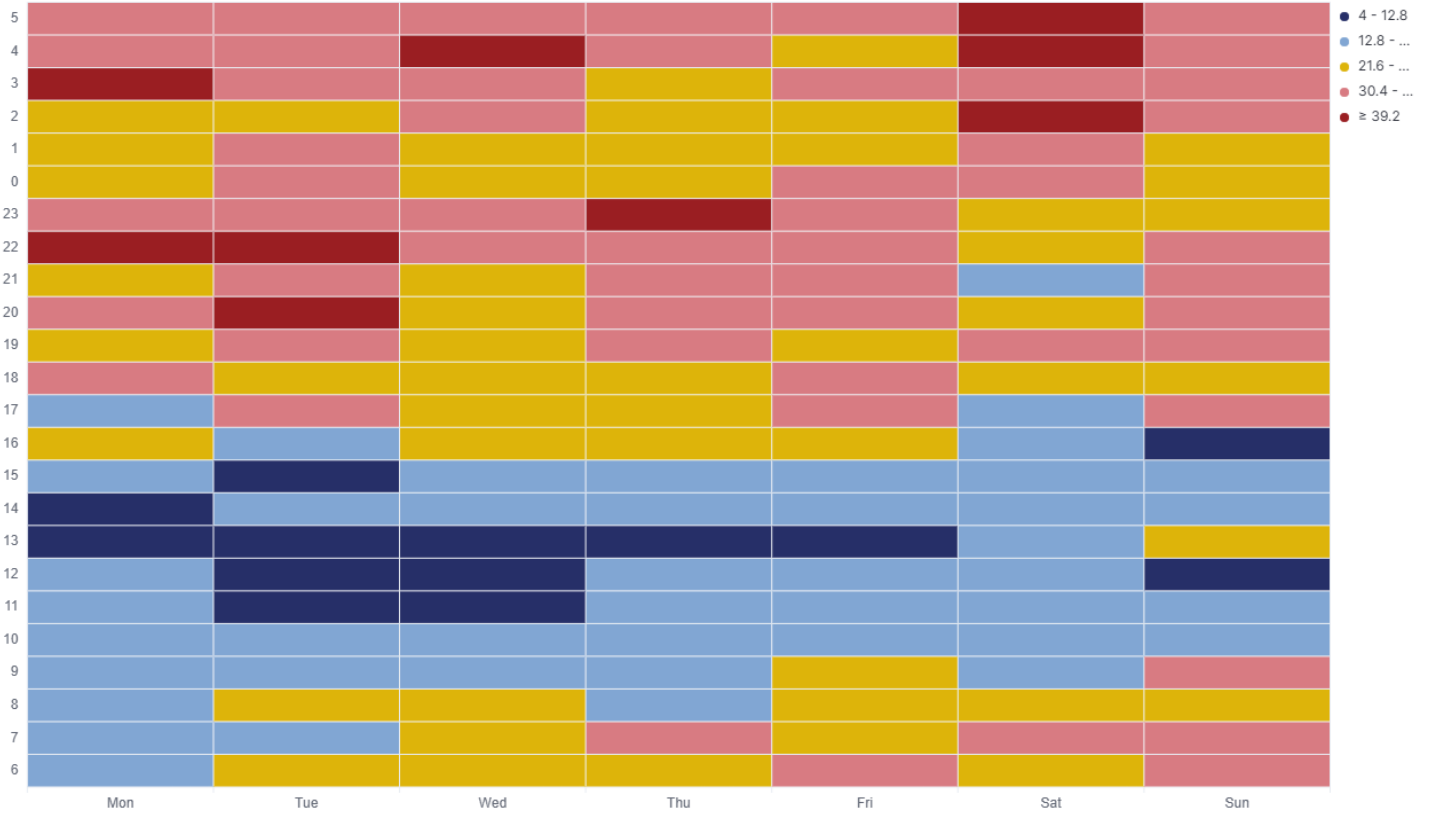


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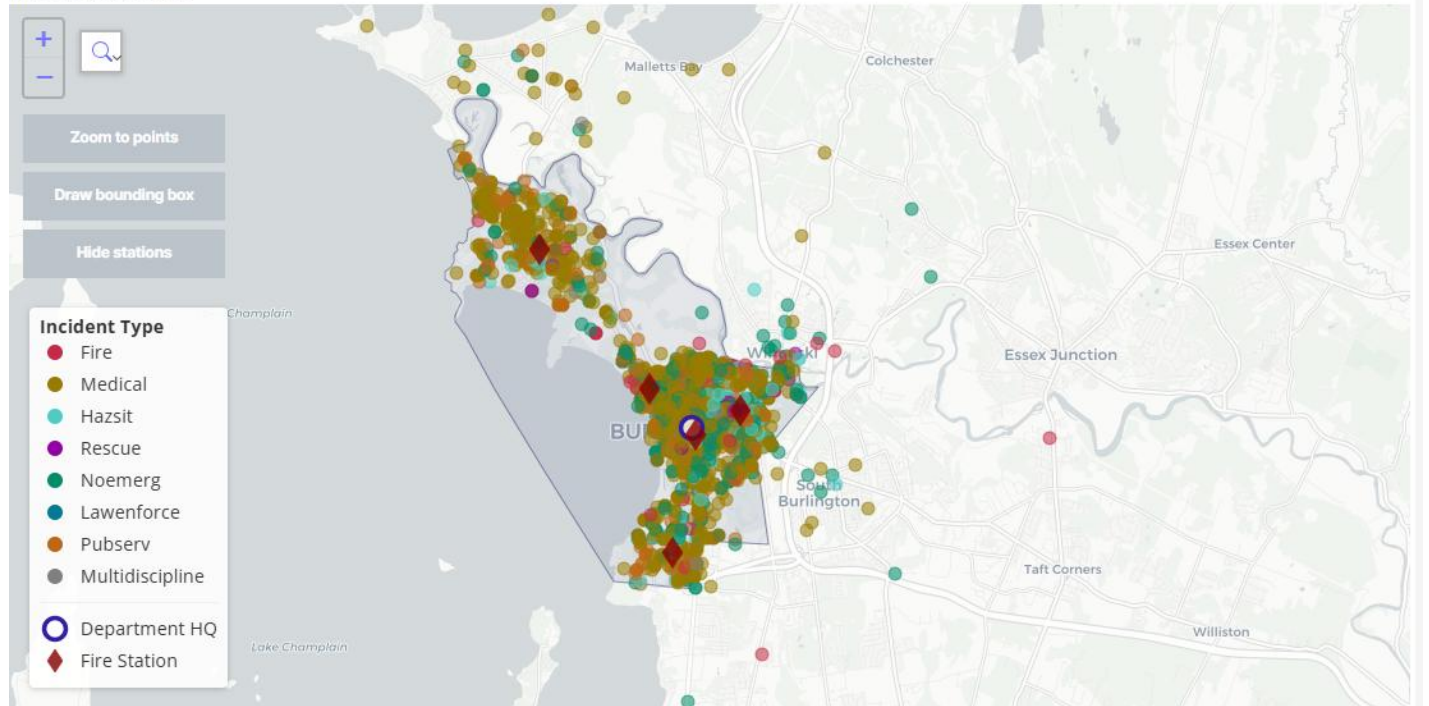
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Incident Count by Hour and Day



Incident Locations

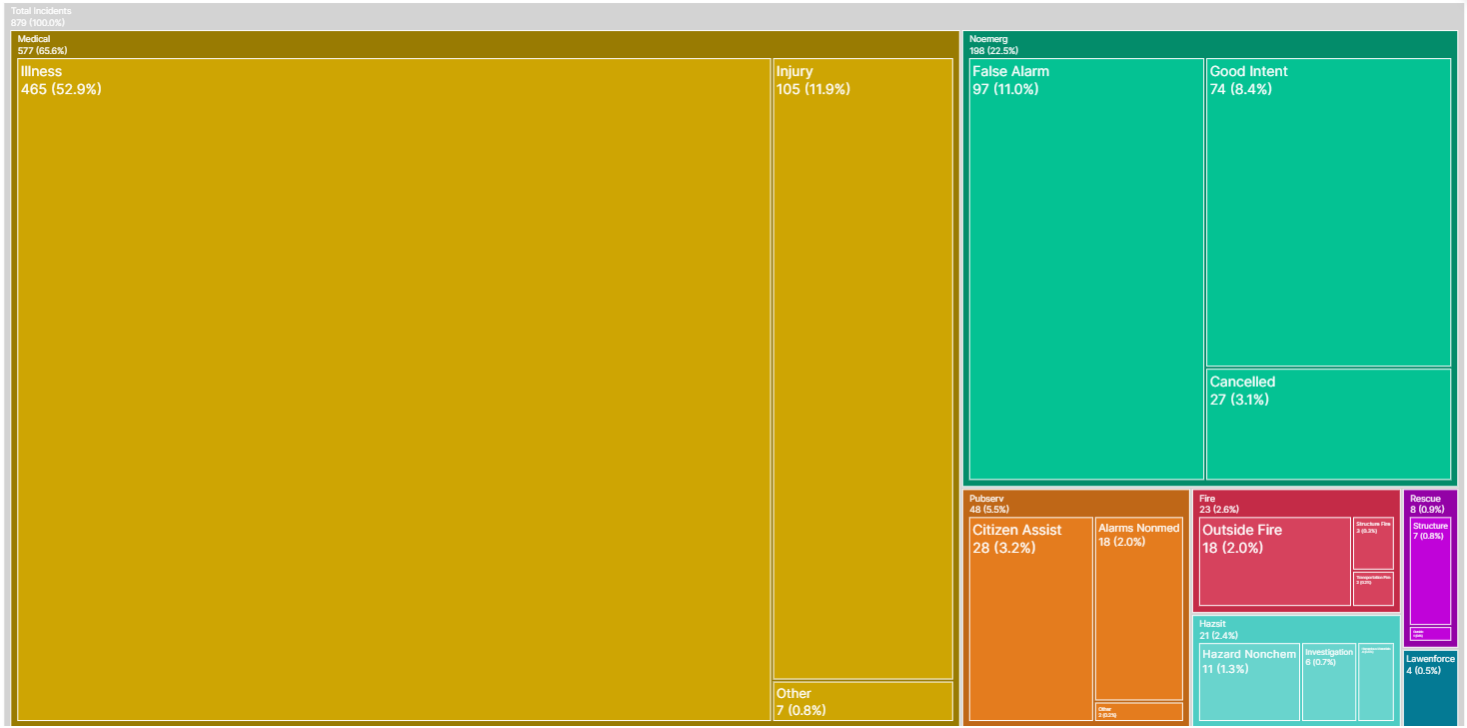




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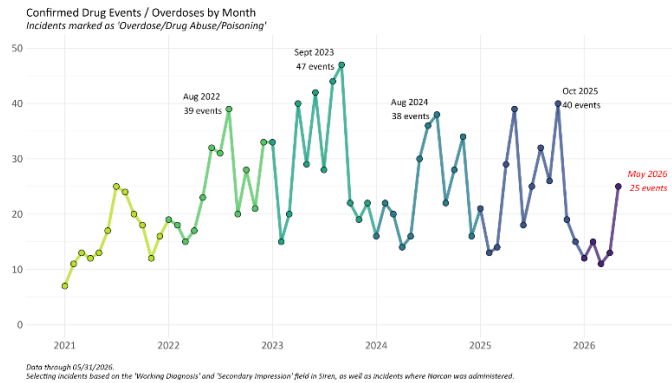
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This treemap summarizes the distribution of 870 completed and reviewed incidents by incident category and type. It reflects only reports that have been finalized and reviewed and does not include incidents that are still pending completion or awaiting approval, which may result in differences from total incident counts reported elsewhere.

EMS Data:



Confirmed drug overdose events have fluctuated significantly over the past five years, with monthly totals ranging from a low of 7 events in January 2021 to a peak of 47 events in September 2023. Following elevated activity during 2022–2024, overdose incidents generally declined through late 2025 and early 2026. May 2026 recorded 25 confirmed overdose events, representing an increase from the previous several months and the highest monthly total recorded so far in 2026.

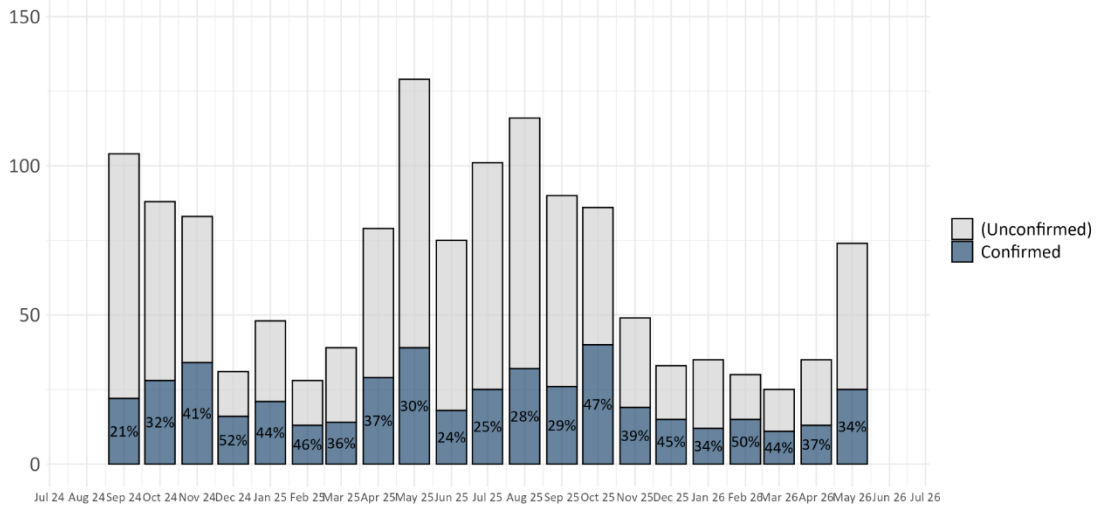


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BFD Events Dispatched as Overdoses
Confirmed on scene vs. not confirmed on scene



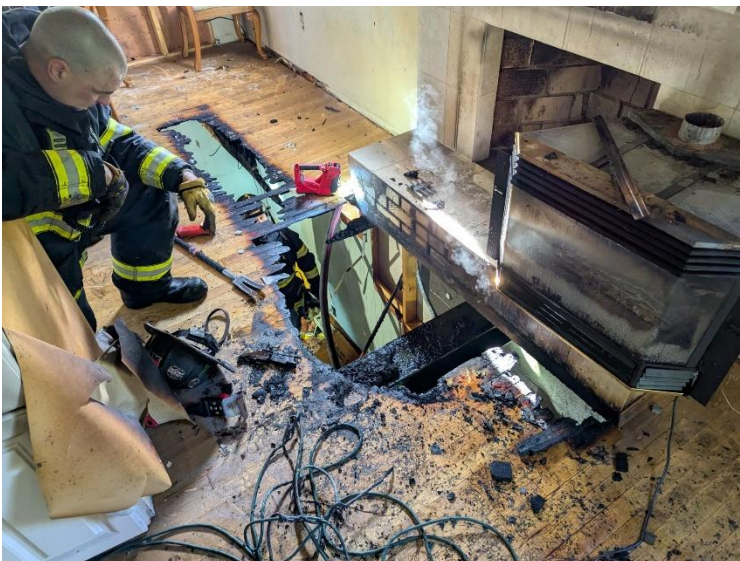
Confirmation obtained via responder diagnosis in Siren
Data through 5/31/26

This chart shows the number of BFD calls that were dispatched as overdoses each month, compared to how many were actually confirmed as overdoses once crews arrived on scene. While the total number of overdose-dispatched calls rises and falls over time, only a portion of those calls are ultimately confirmed by responders. In most months, confirmed overdoses make up roughly 20–40% of the total, with some variation.

CRT Data for May 2026:

Staffed **6** days for the month of **May**

Total Contacts	Narcan Kits	Wound Care Kits	Comfort Care Kit	Referrals
27	0	0	0	1





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Personnel & Staffing

Total Department Staff: Uniformed Members **92** / Authorized **95** (5 recruits started 5/26)

- ❖ *Arie Van Vuuren resigned 5/14/26 and has been hired by a department in Colorado. We wish him the best of luck.*
- ❖ *SFF Class completed*
- ❖ *FF/Medic Jason Paul received Excellence in Trauma Care award from UVM*

- Minimum Daily Staffing: **22**
- Vacancies: **3** (as of 5/26) **Recruits do not count for staffing until completion of academy**
- Injuries/LOA/FMLA: **9**
- Staff Training Hours: **969**
- Company Level Inspections: **3**
- Preplans Completed: **52**

Overtime Type	2025 Hours	2026 Hours	% + -
Minimum Staffing	726	1159.75	+59.7
Mandatory	185.75	228.5	+23
CRT	287.5	134.5	-53.2
Emergency	34.5	0	-100
Extra Duty Events	119	125	+5





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Community Engagement

- 5/4 Burlington School District Safety Team Meeting
- 5/5 Champlain Elementary School - Public Education – Engine 5
- 5/11 Flynn School Tour – Ladder 4
- 5/11 Ride Along- Ladder 2
- 5/21 Flynn School Tour – Ladder 4
- 5/25 Memorial Day Event – Ladder 2, Ambulance 2, Engine 1, Tower 1, Battalion 1
- 5/25 Ride Along Engine 1 and Engine 3
- 5/27 Edmunds Elementary School – Public Education
- 5/27 Fire Safety Education- PP of fire types and fire extinguishers. Live fire training with water cans and Heritages Air training prop.
- 5/30 Girl Scouts Career Fair - Fire Safety Education- Taught fire extinguisher use.





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DIVISION UPDATES:

Training Division:

Eight members completed Swiftwater Rescue Technician training through Vermont EMS Academy.

- Four members attended hands on skills training at Metro Boston Fire School.
- Six members attended hands on Technical Rescue Training through New England Rescue Collaborative.
- Three members attended Rope Rescue Operations with the Vermont USAR team.
- Recruit Academy 26-01 is under way with five new recruits. The Academy is expected to finish on October 2nd.
- The department is nearly finished with Spring Live Burn Training. B shift completed their burn on May 6, C shift on May 20. A shifts burn is scheduled for June 3rd.
- The department received a grant extension for the Live Burn Training and will begin scheduling another round of live burns for the Fall.

Operations Division:

4/17: Attended a LEMP meeting with representatives from the Red Cross and VEMA.

- 5/6: Participated in a Live Burn training exercise with B Shift at the Vermont Fire Academy (VFA).
- 5/14: Attended a recognition ceremony at UVMHC for members whose actions during a recent trauma incident resulted in a life-saving outcome.
- 5/24: Staffed the EOC for the City Marathon; reported no significant events despite heavy rain.
- 6/1: Attended the Boston Fire Department LODD funeral accompanied by a delegation of 11 department members.

Ongoing & Regular Engagements

- Budgeting: Active participation in budget planning meetings.
- Dispatch: Ongoing attendance at regularly scheduled meetings with the Dispatch Supervisor.
- Fleet Management: Regular meetings regarding the department's fleet replacement strategy.
- Inter-Agency Coordination: Regular meetings held with BC EMS, the Training Division, and the Fire Marshal's Office.
- New Ladder 2: Continued committee and dealer discussions regarding apparatus specifications and necessary design changes.
- Problem Properties: Consistent attendance and monitoring of the City's problem properties.
- Public Events: Currently engaged in preparatory meetings for the July 3rd fireworks display at the waterfront.
- Rescue Assets: Actively pursuing grants for technical rescue gear and training; currently awaiting a status update on the rescue boat grant application submitted to the VT HSU.

FMO Division:

Attended the BHS monthly safety meeting to discuss current fire safety inspections. Also discussed the importance of reporting all fire occurrences no matter how small. Offered to visit all schools to conduct fire safety education and train school staff in the use of fire extinguishers. Attended monthly meetings with DPW and DPI. Attended BFD live burns at the VT Fire Academy.



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EMS Division Update:

LIFEPAK 35 Implementation

The EMS Division continues preparations for deployment of the new LIFEPAK 35 cardiac monitors. Initial training has been completed, with scenario-based training scheduled prior to implementation. Deployment will expand advanced monitoring capabilities to reserve ambulances A5 and A6, as well as Car-5, improving fleet readiness, operational resilience, and equipment standardization across the EMS system.

EMS Data & Strategic Reporting

On May 28, 2026, the EMS Division presented updated EMS utilization data to the Public Safety Committee. Building on this work, the Division is developing a monthly EMS report designed to move beyond call-volume statistics and provide trend analysis, strategic insights, and operational recommendations.

Future reporting will incorporate patient demographics, utilization patterns, overdose trends, and other emerging community indicators to better support operational planning and resource allocation. The first edition of this enhanced report is anticipated in August 2026.

These initiatives reflect the EMS Division's continued focus on advancing patient care, operational readiness, and data-informed decision-making.

Administration Division:

- Station Projects:
 - Station 1 – Window renovation timeline still TBD
 - Station 1 – Initial stages of kitchen renovation project
 - Station 1 – Basement garage door needs complete replacement
 - Station 1 – Conference room mini-split to be repaired
 - Station 1 – Working with Capt. Burns and Kim Bleakley to repair front ramp.
 - Station 2 – Apparatus floor project is complete, other than plans to stripe apparatus
 - Station 2 – Basement garage door complete replacement needed
 - Station 2 – RTU motor recently replaced.
 - Station 3 – Ongoing planning phase for dorm-room remodel
 - Station 3 – Basement heater requires replacement.
 - Station 3 – Recent completion of significant repairs/replacements to Sprinkler system.

 - Station 4 & Station 5 – Plan to push for parking lot and front ramp repairs.
 - All stations – HVAC PM Service was recently completed.
- Personnel Projects:
 - Collaboration with HR and BC Savoy to roll-out use of UKG for Annual Employee Appraisal Process. Training on process and new UKG appraisal tool will be in early June.
 - Collaboration with HR and BC Savoy related to employee onboarding process.
 - Collaboration with HR and BFFA relative to job descriptions.
 - Finalizing preparations for new hires
- Policy Projects:
 - Working with city attorney's office to finalize changes to Ride-Along Policy and the implementation of a cost recovery fee when completing background checks for observers.
 - Exploring the potential for CAD shared services in collaboration with City IT.

Burlington Fire Department EMS Analysis

Fire Commission Presentation

JUNE 9TH, 2026



Situation Table 2026

Data 1/1/2026 – 5/26/2026

Through the first five months of 2026, BFD has brought **12 people** to the Situation Table. That is the most of any participating agency.

14 different agencies have assisted these people as **members of small outreach teams:**

Adult Protective Services, Age Well, Burlington Community Justice Center (CJC), Burlington Fire Department, Burlington Housing Authority (BHA), Burlington Police Department (BPD), Champlain Valley Office of Economic Opportunity (CVOEO), Committee on Temporary Shelter (COTS), Community Health Centers – Safe Harbor, Department for Children and Families – Economic Services, Howard Center - Street Outreach, Turning Point of Chittenden County, UVM Medical Center, Vermont Chronic Care Initiative (VCCI)

7 of these 12 people had their overall risk lowered and were connected to services.
1 situation remains open & active.

Analysis preliminary and subject to change.

Introduction

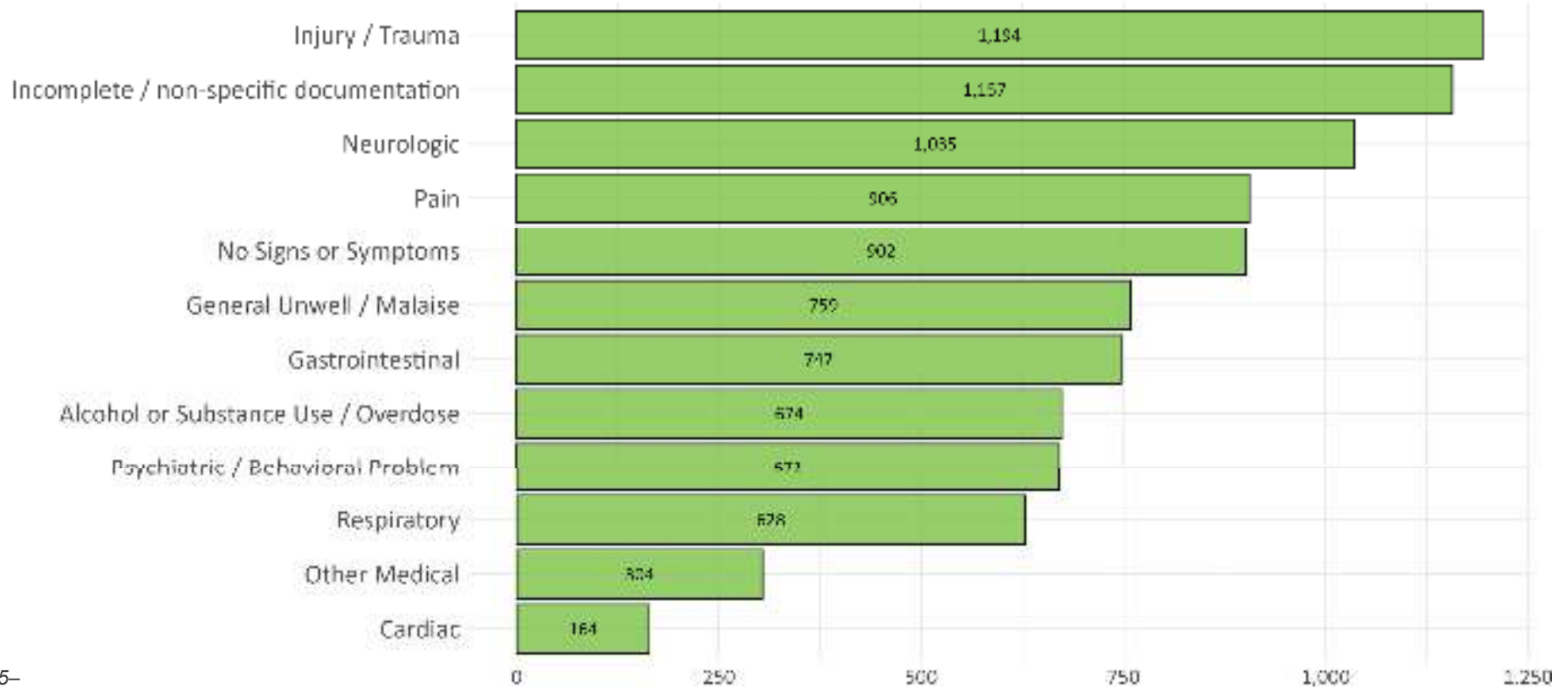
Our previous analysis looked at our **impact cohort**: individuals who used EMS three or more times in a given month. We found that a relatively small percentage of users accounted for a disproportionately large share of EMS calls.

We then sought to further examine **types of calls** to better understand what they reveal about EMS system utilization and community needs.

Using provider-entered data fields describing patient symptoms and impressions, we developed **12 categories** to better identify patterns and trends.

Diagnosis / Symptom Categories

Categorized EMS incidents



Incidents categorized based on providers' 'Working Diagnosis' and 'Primary Symptom'

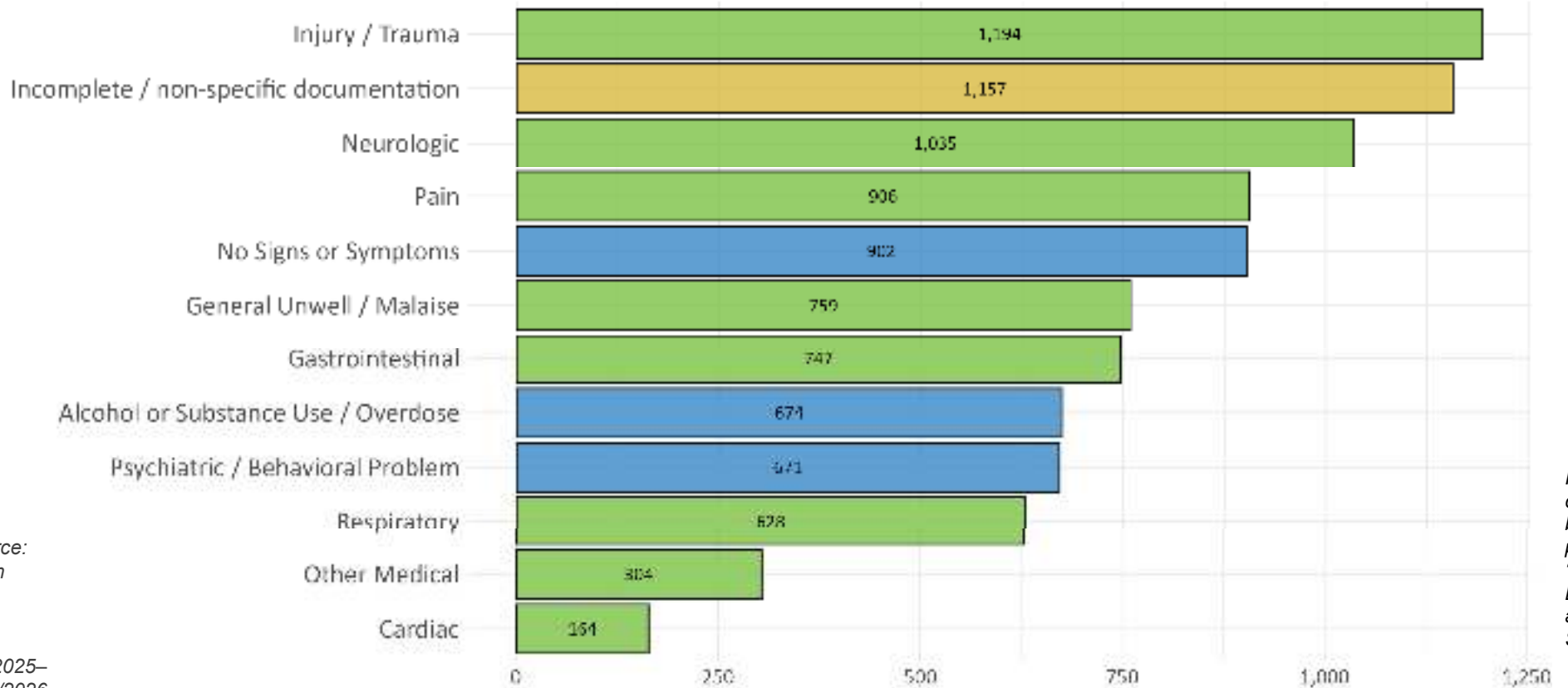
Analysis preliminary and subject to change.

Source: Siren

Data 1/1/2025–4/30/2026

Diagnosis / Symptom Categories

Categorized EMS incidents



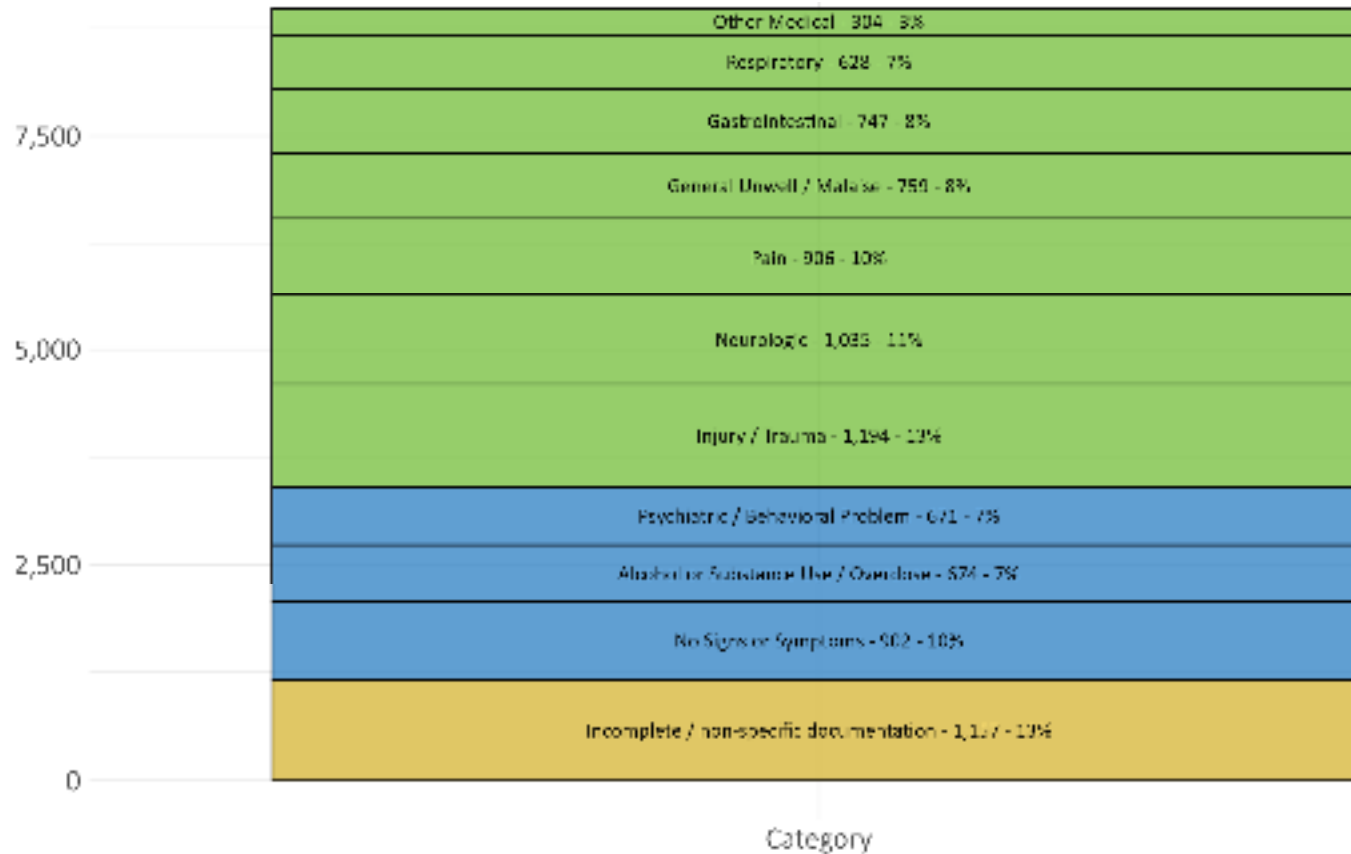
Incidents categorized based on providers' 'Working Diagnosis' and 'Primary Symptom'

Analysis preliminary and subject to change.

Source: Siren

Data 1/1/2025–4/30/2026

Diagnosis / Symptom Categories



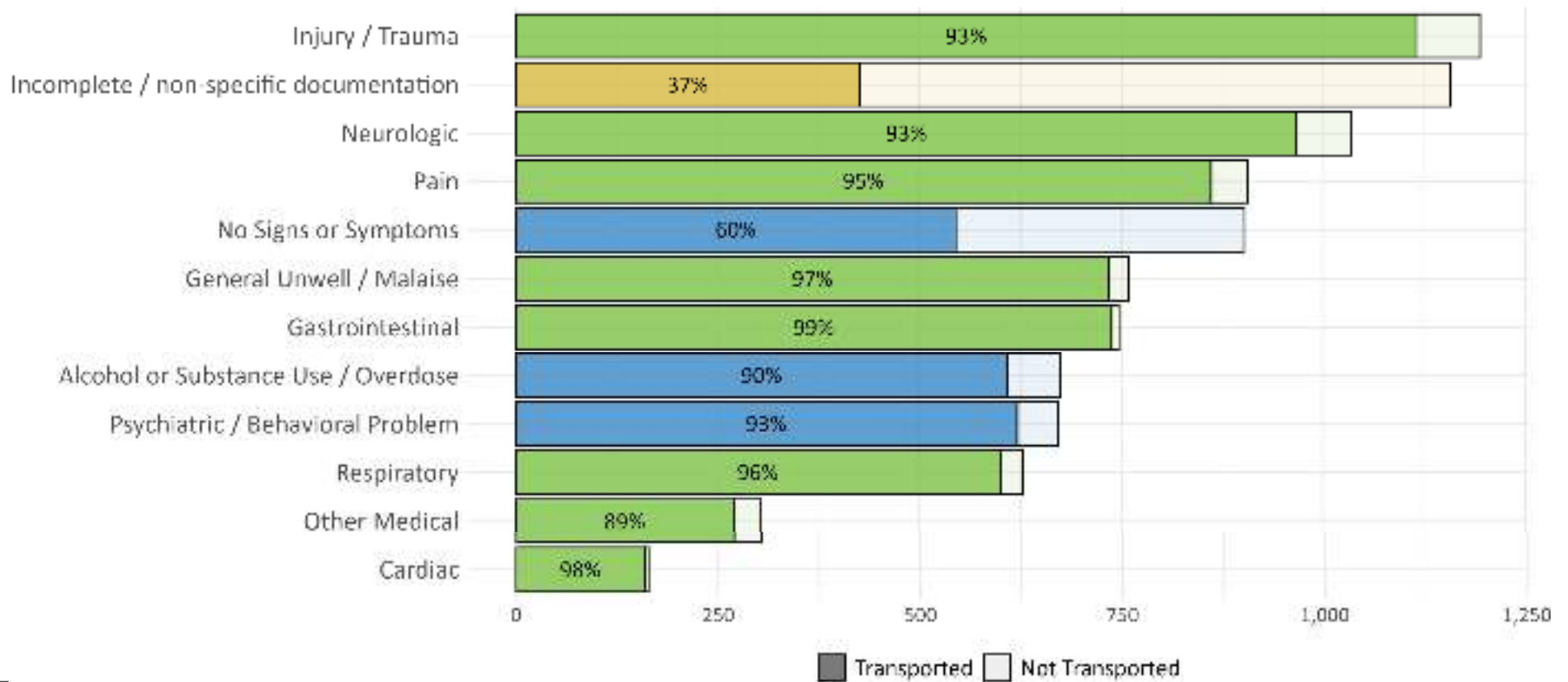
About one-quarter of EMS incidents are 'No Signs or Symptoms', substance related, or psychiatric / behavior related.

Source:
Siren

Data
1/1/2025–
4/30/2026

Analysis preliminary and subject to change.

Transport Rate by Category



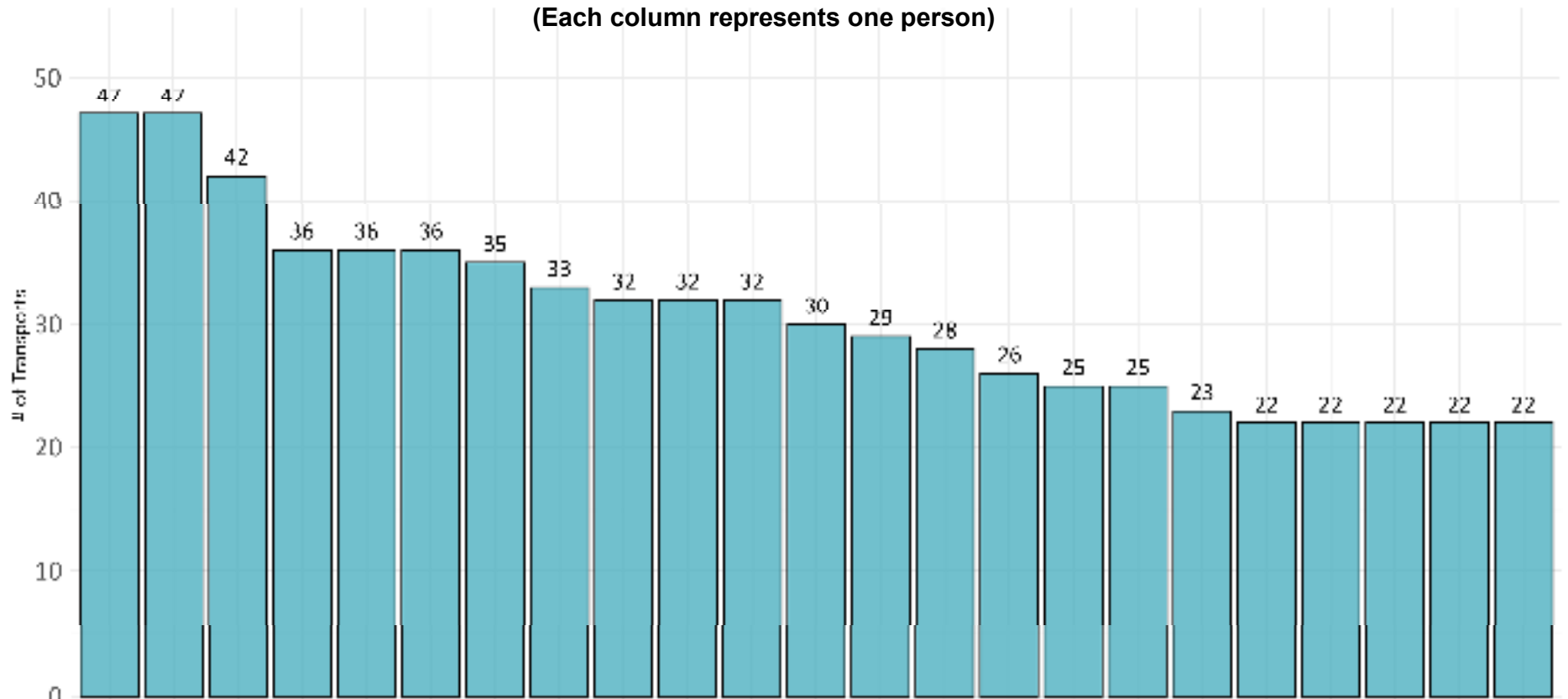
Source:
Siren

Data
1/1/2025–
4/30/2026

Analysis preliminary and subject to change.

Top Transported Patients

(Each column represents one person)



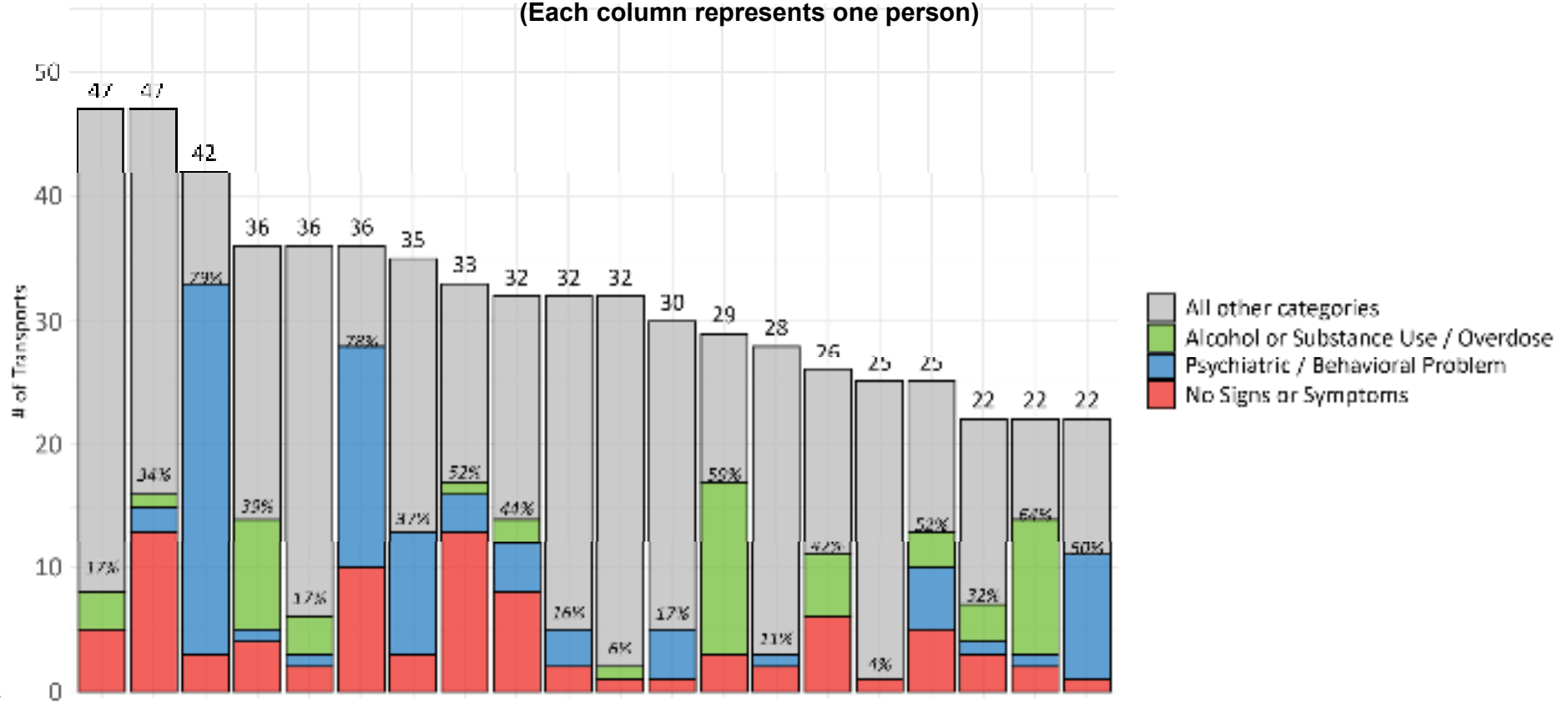
Source:
Siren

Data
1/1/2025–
4/30/2026

Analysis preliminary and subject to change.

Categories for Top Transported Patients

(Each column represents one person)



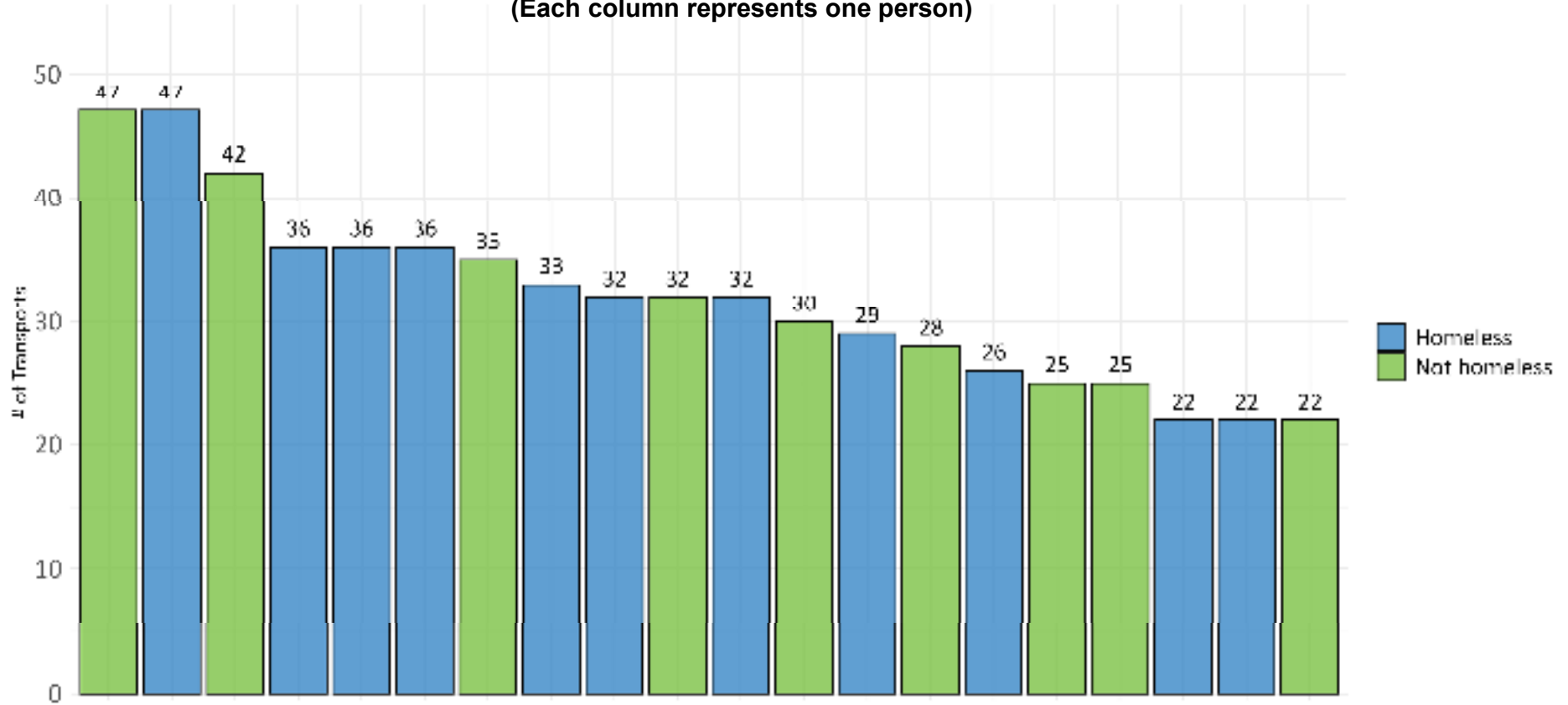
Source: Siren

Data 1/1/2025-4/30/2026

Analysis preliminary and subject to change.

Housing Status for Top Transported Patients

(Each column represents one person)

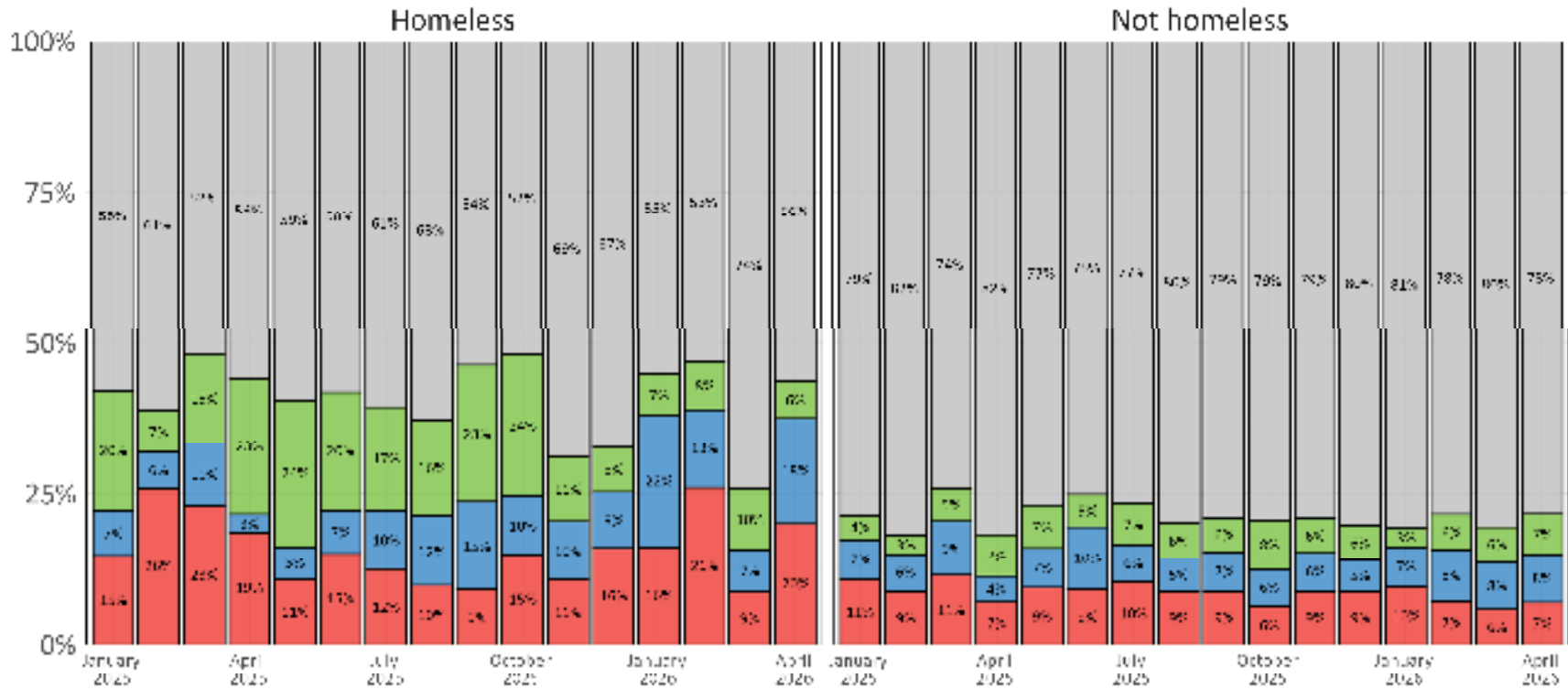


Source: Siren

Data 1/1/2025-4/30/2026

Analysis preliminary and subject to change.

Call Categories by Housing Status



Calls to the homeless population have been twice as likely to be diagnosed as 'No Signs or Symptoms', a 'Psych / Behavior Problem', or an 'Alcohol / Substance' issue.

Source: Siren

Data 1/1/2025–3/31/2026

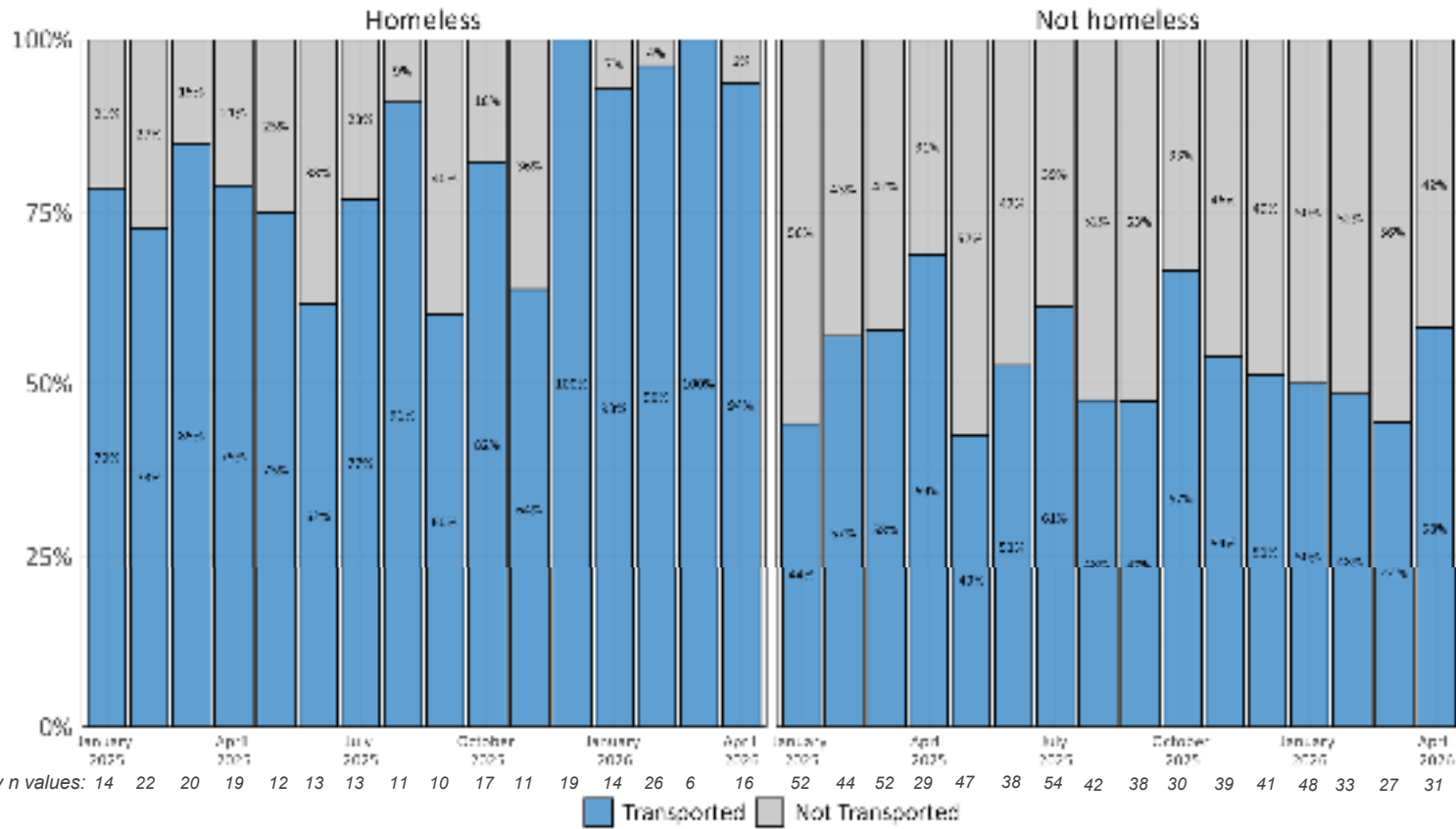
■ No Signs or Symptoms
 ■ Psychiatric / Behavioral Problem
 ■ Alcohol or Substance Use / Overdose
 ■ All other categories

Total calls = 1,566

Total calls = 7,583

Analysis preliminary and subject to change.

'No Signs or Symptoms' Transport Rate by Housing Status



83% of homeless calls diagnosed as 'No Signs or Symptoms' were transported to UVMHC;

96% between December and April

48% of those calls for non-homeless were transported.

Source: Siren

Data 1/1/2025–4/30/2026

Total calls = 243

Total calls = 645

Analysis preliminary and subject to change.

Next Steps

Refining Definitions

Continue to refine call categories, acuity measures, and clinical indicators.

System Utilization

Evaluate unit hour utilization and operational workload.

Healthcare Integration

Explore correlations between EMS utilization and Emergency Department demand.

Service Development

Use findings to inform future EMS response models and system planning.

Strategy and Vision

Data-informed decision making to strengthen EMS system performance and community response.

Appendix – Category Definitions

Injury / Trauma	
Abrasion of unspecified thumb, initial encounter (S60.319A)	Injury, Face (S09.93)
Acute pain due to trauma (G89.11)	Injury, Foot (S99.92)
Burns (T31)	Injury, Forearm (S59.91)
Carbon Monoxide Poisoning (T58)	Injury, Genitalia (S39.94)
Decompression Sickness (e.g. scuba diving) (T70.3)	Injury, Head / Scalp (S09.90)
Effects of Stings, Bites, Plant Contact (T63)	Injury, Hip (S79.91)
Electrocution (T75.4)	Injury, Knee (S80.91)
Frostbite With Tissue Necrosis (T34.90)	Injury, Lower Back / Lumbar Spine (S39.92)
Frostbite, Superficial (T33.90)	Injury, Lower Leg (S89.9)
HYPOthermia (T68)	Injury, Neck (S19.9)
Heatstroke (T67.0)	Injury, Nose (S09.92)
Inhalation of Toxic Gases / Vapors / Chemicals (J68)	Injury, Pelvis (S39.93)
Injury, Abdomen (S39.91)	Injury, Shoulder or Upper Arm (S49.9)
Injury, Ankle (S99.91)	Injury, Thigh, Upper Leg (S79.92)
Injury, Brain / TBI (S06.9)	Injury, Thoracic Spine (S24.109)
Injury, Cervical / C-Spine (S14.10)	Injury, Thorax / Chest (S29.9)
Injury, Ear (S09.91)	Injury, Wrist, Hand, or Fingers (S69.9)
Injury, Elbow (S59.90)	Multisystem Trauma (T07.XXXA)
Injury, Eye / Orbit (S05)	Smoke Inhalation (T59.81)

Incomplete / Non-Specific Documentation
157229
50992
94710
Encounter for examination and observation for unspecified reason (Z04.9)
Not Applicable
Not Applicable (7701001)
Other / No Appropriate Choice (R68.89)
NA

Analysis preliminary and subject to change.

Appendix – Category Definitions

Neurologic
Altered Mental Status (R41.82)
Concussion with L.O.C. (S06.0X9)
Concussion without L.O.C. (S06.0X0)
Headache or Migraine (R51)
Seizures, Nonstatus Epilepticus (G40.909)
Seizures, Status Epilepticus (G40.901)
Stroke / CVA (I63.9)
Syncope / Fainting (R55)
TIA (Transient Ischemic Attack) (G45.9)
Weakness (Unknown Etiology) (R53.1)

Pain
Chest Pain, Cardiac / Acute Coronary Syndrome (I20.0)
Chest Pain, Non-Cardiac (R07.89)
Chronic Pain (G89.2)
Dental Pain or Problems (K08.8)
Pain in ankle and joints of foot (M25.57)
Pain, (Non-Traumatic) Not Otherwise Specified (G89.1)
Pain, Arm (Non-Traumatic) Unspecified Cause (M79.603)
Pain, Back (Non-Traumatic) (M54.9)
Pain, Eye (H57.10)
Pain, Leg (Non-Traumatic) Unspecified Cause (M79.606)

No Signs or Symptoms
No Signs or Symptoms (Z00)

Analysis preliminary and subject to change.

Appendix – Category Definitions

General Unwell / Malaise
Bedridden (Z74.01)
Dehydration (E86.0)
Excited / Agitated Delirium (R41.0)
Fever (Unknown Cause) (R50.9)
General Unwell / Malaise (Unknown Cause) (R53.81)
Heat Exhaustion (T67.5)
Hyperkalemia (E87.5)
Infection/Infectious Disease (Unspecified) (B99.9)
Kidney / Renal Disease (N18.9)
Muscle weakness (generalized) (M62.81)
Obesity Related Disorders (E66.9)
Other Metabolic Disorder (E88.9)
Reduced Mobility (Z74.09)
Sepsis (With or Without Shock) (A41.9)

Gastrointestinal
Appendicitis, Acute Onset (K35.80)
Constipation (K59.00)
Diarrhea (K59.1)
GERD (Reflux) (K21)
GI Bleed (Upper and Lower) (K92.2)
Hematemesis (vomiting blood) (K92.0)
Hematuria (R31)
Nausea/Vomiting (Unknown Etiology) (R11)
Other Urinary Problem, unspecified (N39.9)
Pain, Abdominal, Acute Onset (R10.0)
UTI / Urinary Tract Infection (N39.0)
Vaginal Bleeding (N93.9)
Vomiting Due to Pregnancy (O21.9)

Cardiac
Congestive Heart Failure (CHF) (I50.9)
HYPERTension (I10)
HYPOTension (I95.9)
Myocardial Infarction (Non-STEMI) - Chest Pain (I21.4)
Unspecified Cardiac Disorder (I42.8)

Analysis preliminary and subject to change.

Appendix – Category Definitions

Alcohol or Substance Use / Overdose

Abuse of Alcohol (F10.9)
Alcohol Abuse and Effects (F10)
Alcohol abuse with intoxication (F10.12)
Misuse of Medication / Adverse Effect (Accidental) (T50.90)
Overdose / Abuse of Cocaine (F14)
Overdose / Abuse of Opiate (I.e. Heroin) (F11)
Overdose / Abuse of Other Illicit Drug or Misuse of Meds (F19.129)
Overdose / Abuse of Psychoactive or Hallucinogenic Drug (Meth, MDMA, LSD...) (F19)
Overdose of Medication (Intentional Self-Harm) (T50.992)
Withdrawal: Alcohol (F10.239)

Psychiatric / Behavioral Problem

Anxiety Attack / Acute Stress Reaction (F43.9)
Psychiatric / Behavioral Problem (F99)
Suicide Attempt (T14.91)

Respiratory

Asthma, Reactive Airway Disease (J45.901)
Bronchitis, Acute (J20.9)
COPD (Emphysema / Chronic Bronchitis) (J44.1)
COVID-19 (U07.1)
Cardiac Arrest (I46.9)
Cardiac Arrhythmia/Dysrhythmia (I49.9)
Croup (J05.0)
Epiglottitis (J05.1)
Influenza (Flu Like Symptoms) (J11)
Injury, Lung Pneumothorax (S27.0)
Myocardial Infarction (STEMI) - Chest Pain (I21.2)
Pneumonia (J18.9)
Pneumothorax (J93.9)
Pulmonary Edema Acute Onset (J81.0)
Pulmonary Embolism (I26)
RSV (B97.4)
Respiratory Arrest (Non-Overdose with Pulse) (R09.2)
Respiratory Distress Unknown Cause (J98.9)
Shortness of breath (R06.02)
Suffocation / Asphyxia (T71)
URI / Upper Respiratory Infection (J06.9)

Analysis preliminary and subject to change.

Appendix – Category Definitions

Other Medical	
Adrenal Insufficiency (E27.40)	HYPERglycemia, Diabetic (E13.65)
Allergic contact dermatitis (L23)	Hypoglycemia, Non-diabetic (E16.2)
Allergic Reaction (T78.40)	Meningitis (G03.9)
ALTE / BRUE (Brief Resolved Unexplained Event) (R68.13)	Miscarriage (Suspected) (O03)
Anemia, Unspecified (D64.9)	Newborn Care Not otherwise Listed (P15)
Cancer (Complications Related to) (D49)	Newborn Meconium Aspiration (P24.0)
Cardiac Tamponade (I31.4)	Newborn, Pre-Term (P07.3)
Childbirth / Delivery Complicated (O75)	Obvious Death (R99)
Childbirth / Delivery Uncomplicated (O80)	Paralysis (G83.9)
Congenital Deformity (Q89.9)	PID / Pelvic Inflammatory Disease (N73.9)
Contact with and (suspected) exposure to unspecified communicable disease (Z20.9)	Postpartum Hemorrhage (O72)
Contractions (O62.0)	Pregnancy Related Conditions or Complications, Unspecified (O26.9)
Diabetic: HYPOglycemia (E13.64)	Preterm Labor with Delivery (O60.1)
Eclampsia or Pre-Eclampsia (O15.9)	Preterm Labor Without Delivery (O60.0)
Encounter for immunization (Z23)	Sexual Abuse/Rape (Suspected) (T76.2)
Epistaxis / Nose Bleed (Non-Traumatic) (R04.0)	Shock, Anaphylactic (T78.2)
Exhaustion due to excessive exertion (T73.3XXA)	Shock, Cardiogenic (R57.0)
Foreign Body in Airway (T17.9)	Shock, Hypovolemia (R57.1)
Foreign Body in Ear (T16)	Shock, Traumatic (T79.4)
Foreign Body in Esophageal/GI Tract (T18.9)	Shock, Unknown Cause (R57.9)
Foreign Body in Eye (T15)	Sickle Cell Anemia / Crisis (D57.0)
Foreign Body in Genitourinary Tract (T19.9)	STD (Complications Related to) (A64)
Foreign Body in Nose (T17.1)	Sunburn (L55.0)
Hemiplegia (Paralysis on One Side of Body) (G81.90)	Unconscious / Coma (Non-Overdose, Unknown Etiology) (R40.2)
Hemorrhage, not elsewhere classified (R58)	Visual Disturbance / Vision Problems (H53.9)

Analysis preliminary and subject to change.

Fire Commission
 Tuesday, June 9, 2026 08:30
 Fire Station #1
 136 South Winooski Avenue
 SIGN-IN SHEET

NAME	EMAIL
Linda Shuekey	LPSHEEHEY@gmail.com
Jake Perkinson	jperkhen@bvtv.gov
MAESTA MCCOMBRE	mmacombre@burlingtonvt.gov
Kevin McLaughlin	ccountryme@AOL.COM
Jeff Nicholson	jnicholson@burlingtonvt.gov
Kyle Bank	kbank@Burlingtonvt.gov
Stephen Pétit	spetit@burlingtonvt.gov spetit@burlingtonvt.gov
Michael Cortin	mouchne@burlingtonvt.gov
Mehran Sweeney	msweeney@burlingtonvt.gov

Please note that this sign-in sheet and any information provided on it will be maintained as a public record and may be subject to disclosure under the Vermont Public Records Act.