

# **State of Florida Contingency Plan for Notifications and Services Member Serious Injury or Death**

**Prepared by**

**the**

**Contingency Plan  
Subcommittee**

**of the**

**Florida Joint Council of Fire &  
Emergency Services**

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This document is respectfully dedicated to the memory of **John McMahon** whose unwavering commitment to the fire service and heartfelt compassion for firefighters and their families left a lasting legacy.

John believed that every firefighter deserved to be honored with dignity, respect, and remembrance. His dedication to supporting those affected by serious injury or line-of-duty death continues to inspire this work.

May this contingency plan reflect the values John championed: preparation, professionalism, compassion, and an unwavering commitment to caring for our fire service family.

**"May we never forget those who served, those we have lost, and the responsibility we share to care for those left behind. May we continue to look out for each other and take care of ourselves."**



The State of Florida Contingency Plan for Notifications and Services Following a Member Serious Injury or Death is the result of the collective expertise, dedication, and commitment of fire service professionals from across the State of Florida. This plan was developed through a collaborative effort, supported by the Florida Division of State Fire Marshal and the leadership of Director Joann Rice, with the shared goal of ensuring that fire service organizations have a comprehensive, compassionate, and consistent framework to support members, families, and departments during some of the most difficult circumstances they may ever face.

The Florida fire service is built on a tradition of service, honor, and taking care of one another. The members of this committee generously contributed their time, experience, and knowledge to create a resource that reflects those values. Their commitment to supporting firefighters, emergency responders, and their families will have a lasting impact on organizations throughout the state.

We extend our sincere appreciation to the following individuals for their leadership and invaluable contributions to the development of this contingency plan:

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The dedication and professionalism demonstrated by each committee member made this document possible. Their willingness to share their expertise and collaborate on this important initiative has produced a meaningful resource that will help ensure Florida's fire service is prepared to respond with compassion, dignity, and coordination when supporting members and families following a serious injury or line-of-duty death.

We extend our appreciation to Debbie Pringle and the members of the UCF RESTORES team, Dr. Ashley Winch, Tara Gamble, Sophia Ramirez-Silva, Marla Eveillard, and Jarianis Rosario Pagan, for their careful editorial review and assistance in the preparation of this document.



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## Introduction & Purpose

A member's death, in the line of duty or otherwise, will be an extraordinarily traumatic event for both the surviving family and the Agency Name. When this happens, the tragedy will most likely be sudden and without warning. The time period from the death to the laying to rest of a comrade may be extremely short. It may require the Agency Name to move quickly, with great compassion and organization, to provide a fitting memorial for the member. **While having a tremendous effect on the organization, the event will also cause a large influx of support and mourners, which may overwhelm the already stressed organization. As a result, it is paramount that the Fire Chief decides early to activate the agency's available statewide support procedures to assist the agency through this difficult time.**

The purpose of this statewide procedure is to establish a **uniform, compassionate, and coordinated process** for the **notification, communication, and ceremonial response** following a **serious injury or death of a firefighter** in the State of Florida.

This document is intended to provide users with basic guidance and assistance in managing various responsibilities and assignments, even with minimal familiarity, in the event of a death incident. The stressful incident of the death of an Agency member brings about prevailing conditions that, without a doubt, require specific organizational commitments. This plan has been devised to maximize structural flexibility and avoid overburdening any individual.

It is important to emphasize that the Agency personnel involved understand their roles. These roles consist of serving as a coordinator and liaison with the Agency, the deceased member's family, and the funeral director. The Agency's responsibilities do not include the funeral director's duties but do include working with the funeral director to accomplish shared goals in the best interests of the deceased member's family.

This procedure is intended to ensure that:

1. Appropriate individuals and organizations are notified **promptly, accurately, and respectfully**
2. Families receive timely, compassionate support and are protected from unnecessary distress or media exposure
3. Firefighter deaths are honored in a **consistent and dignified manner**, while respecting family wishes
4. Fire departments of all sizes have access to **experienced planning and operational support**, regardless of local resources or capacity



This procedure applies to **all fire service organizations operating within the State of Florida**, including career, combination, volunteer, municipal, county, special district, forestry, and airport fire departments, when a firefighter sustains a **serious injury or death**, whether line-of-duty or non-line-of-duty.

The procedure is designed to:

1. Support local authority and autonomy
2. Provide statewide consistency without imposing a one-size-fits-all mandate
3. Complement, not replace, existing local policies and collective bargaining agreements

This procedure establishes standardized guidance for:

1. **Immediate notifications** following a serious injury or death
2. **Next-of-kin notification protocols**, including composition of notification teams
3. **Agency, local government, and statewide notifications**, including fire service leadership, labor organizations, and support partners
4. **Information control and public communication**, ensuring notification of next of kin occurs before public release

This procedure formally recognizes and outlines **four levels of firefighter death services**, ensuring clarity, consistency, and appropriateness of honors:

1. **Level One Service** – Line-of-Duty Death of an active, uniformed firefighter  
*Full fire service honors*
2. **Level Two Service** – Non-Line-of-Duty Death of an active, uniformed firefighter  
*Partial fire service honors*
3. **Level Three Service** – Non-Line-of-Duty Death of a retired or former member  
*Limited agency honors*
4. **Level Four Service** – Death of a firefighter's spouse, dependent child, or immediate family member  
*Minimal ceremonial recognition*



Each level is intended to:

1. Respect the wishes of the family
2. Maintain operational readiness
3. Ensure appropriate and dignified recognition
4. Provide clear decision-making authority to the Fire Chief or designee

This procedure establishes a **Statewide Firefighter Funeral and Family Support Team**, available to assist any Florida fire department that:

1. Lacks internal resources, experience, or staffing capacity
2. Is overwhelmed due to the size or complexity of the event
3. Requests additional planning, coordination, or ceremonial support

The statewide team shall:

1. Provide **advisory, planning, and logistical support**
2. Assist with **notification coordination, family liaison support, and ceremonial planning**
3. Support **Honor Guard coordination, protocol guidance, and interagency collaboration**
4. Operate **at the request of the affected department, respecting local command authority**

This statewide procedure is grounded in the following principles:

5. Family-first, compassion-centered response
6. Respect for firefighter tradition and service
7. Consistency without overreach
8. Local control with statewide support
9. Preparedness for the worst day in the fire service



The plan assigns responsibility to individuals and teams for the following:

10. Notifications
11. Planning
12. Execution of Services
13. Death Investigation
14. After Care

Since this catastrophic event could take place at any time, this document must always be readily available. It may be necessary for someone other than the Fire Chief to authorize and implement this plan.

As the plan is read, you will see that the organizational system used is designed along the lines of the Incident Command System. A Planning Group Manager, or Incident Commander, administers the plan, and the workload is divided among specific Divisions.

Once the Chief or their designee appoints the Planning Group Manager, that person should obtain the Funeral Contingency Plan (it is recommended that the plan be in a notebook or folder). The notebook or folder contains various reference materials, including detailed lists of responsibilities for each division within this structure.

1. Planning Group Manager – (Fire Chief or his/her designee)
2. Logistics Division
3. Viewing/Vigil Division
4. Memorial Service Division
5. Interment Division
6. Reception Division
7. Family Liaison Officer
8. Public Information Division



The Planning Group Manager must immediately appoint Division leaders for each of the seven positions. A meeting of all Division leaders must then be called without delay. At this initial meeting, the assignment notebooks or folders should be distributed. The notebooks or folders are meant to be a starting point for each leader. Leaders should keep an open mind since no pre-plan can cover all possibilities.

Members should be encouraged to complete the Agency's Employee Emergency Contact Form (Appendix A). The information that is provided will be used only in the event of a serious injury or death in the line of duty. It will remain confidential in a sealed envelope and will be placed in the employee's funeral file, separate from the personnel file. It will be available only to authorized personnel.

An Agency Personal Confidential Form (Appendix B) should be provided to all personnel. This form is for employees who wish to document details of their personal possessions and wishes in the event of a serious injury or death in the line of duty. The document would provide designated family and/or friends with information and any instructions from the employee. Using this form is optional, and we suggest that the completed form be kept in a safe place known to the beneficiary, spouse, or a close relative/friend.



## STATEWIDE FIREFIGHTER DEATH – SERVICE LEVEL DECISION MATRIX

| Service Level      | Applicability                             | Death Classification   | Agency Honors                  | Statewide Support Eligible     |
|--------------------|-------------------------------------------|------------------------|--------------------------------|--------------------------------|
| <b>Level One</b>   | Active, uniformed firefighter             | Line-of-Duty Death     | Full fire service honors       | ✓ Yes (Automatic availability) |
| <b>Level Two</b>   | Active, uniformed firefighter             | Non-Line-of-Duty Death | Partial fire service honors    | ✓ Yes (Upon request)           |
| <b>Level Three</b> | Retired or former member                  | Non-Line-of-Duty       | Limited agency honors          | ✓ Yes (Advisory support)       |
| <b>Level Four</b>  | Spouse, dependent child, immediate family | N/A                    | Minimal ceremonial recognition | ✓ Yes (Family support focus)   |

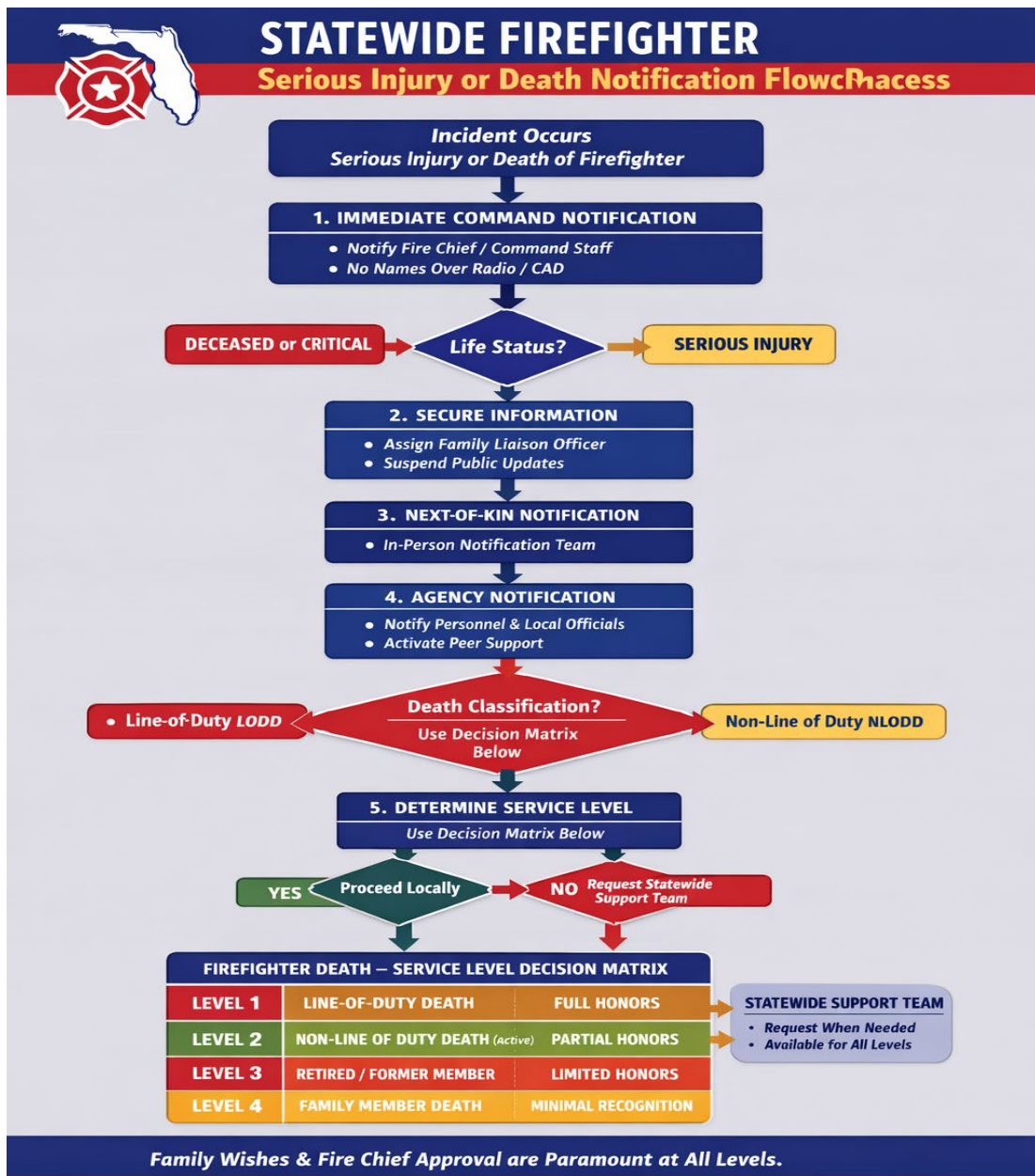
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### Key Decision Authority

1. **Fire Chief or designee** retains final authority over:
  1. Death classification
  2. Level of service
  3. Scope of agency involvement
2. **Family wishes are paramount** at all levels



## AGENCY DEATH NOTIFICATION FLOW CHART



## Chief's Responsibilities

### Line-of-Duty Death of a Member

Upon the death of a member in the line of duty, the Officer-in-Charge shall notify the Fire Chief or designee. The following shall be immediately notified: the Deputy Chief(s), Division Chief(s), Union President, PIO, Safety Health and Wellness officer, and Chaplain(s).

During notifications, accurate information must be passed quickly and discreetly. Radio traffic and social media are monitored regularly by the media and private citizens. Names of the dead or injured members shall NEVER be given over the radio. All communications of this sensitive nature shall be conducted by telephone.

Upon receipt of this tragic news, the Chief or Designee should facilitate the following:

Assembly of the Notification Team (Minimum of three, not to exceed five)

1. Chief (if possible) or high-ranking representative of the Agency
2. Family Liaison Officer
3. A member or friend of the family (if available)
4. Union Official
5. Agency Chaplain (if applicable)

Make surviving family notification (See "Notification of Next of Kin" information in the next section.)

Notifications to be made to the Agency

1. Command Staff
2. Honor Guard Commander
3. On-duty personnel
4. Off-duty personnel
5. Agency Administrators & Human Resource Agency, advise them of all pertinent information.



If possible, and the scene allows the Officer in Charge should relieve the immediate coworkers (those in immediate proximity or those responsible for attempted rescue and/or removal of the deceased) from the scene and return them to the station.

Activate the Behavioral Health Access Program (BHAP) as soon as possible for the affected agencies. This is followed by general information on how notifications are being sent and what to expect in the next few hours.

Set up a Command Staff Meeting to commence upon completion of the notification process.

#### Command Staff Meeting

1. Appoint the Planning Group Manager to coordinate all ceremonial services and to issue the Funeral Contingency Plan notebooks or folders, which hold the detailed responsibilities and functions.
2. Appoint the Death Investigation Leader and issue the notebook or folder comprising the detailed responsibilities of this position.
3. Verify that Behavioral Health Access Program (BHAP) has been activated.
4. Discuss all pertinent issues, including family memorial service requests. Memorial Order templates should be prepared in advance to speed distribution. (Samples included at the end of this manual).

#### Notification for the Death of a Member, other than in the Line of Duty

When any member of the Agency learns of the death of an active or retired member of the Agency, notification should be given to the Fire Chief or designee.

As soon as possible, the Chief or designee, along with the Chaplain and other members as assigned, should make a personal visit to the immediate family and offer any service the Agency can provide.

The Funeral Contingency Plan will be implemented as indicated.

#### When a Scene Involves the Death of a Relative of a Member of the Agency

When on a scene, if a death involves a relative of an Agency member, the Officer in Charge shall notify the Chief immediately, and an Agency member, a Chaplain, shall notify the member and family.

The Agency should offer BHAP and assist with services if requested.



# Statewide Firefighter Funeral and Family Support Team Activation and Authority

## Purpose of Activation

The Statewide Firefighter Funeral and Family Support Team (“Statewide Support Team”) shall be activated to provide **planning, coordination, advisory, and operational support** to a Florida fire department following a **serious injury or death of a firefighter**, when local resources, experience, or staffing capacity are insufficient to manage the scope or complexity of the event.

## Authority to Activate

Activation of the Statewide Support Team may be initiated by:

1. The **Fire Chief** of the affected department
2. The Fire Chief’s **authorized designee**
3. A **local governing authority**, upon concurrence with the Fire Chief
4. A **statewide fire service authority or designee**, upon request of the affected department

Activation shall be **voluntary** and **department-requested**. The Statewide Support Team shall not self-deploy or supersede local command authority.



## Activation Criteria

The Statewide Support Team may be activated when one or more of the following conditions exist:

1. A **Line-of-Duty Death (Level One Service)** has occurred
2. A **complex or large-scale funeral or memorial service** is anticipated
3. The affected department:
  1. Lacks a formal funeral contingency plan
  2. Does not maintain an Honor Guard or planning staff
  3. Has limited staffing due to size, volunteer structure, or operational demands
4. Multiple agencies or jurisdictions are involved
5. The department requests assistance with:
  1. Next-of-kin notification coordination
  2. Family liaison support
  3. Honor Guard protocol and ceremonial planning
  4. Logistics, staging, or interagency coordination
6. A **serious injury with a high likelihood of death** requires pre-planning

## How to Activate

To request assistance, in accordance with this document, an agency is to contact their regional Statewide Emergency Response Plan (SERP) coordinator who will assist with the resources needed. The regional coordinators can be located on the [Florida Fire Chiefs website](https://flfca.memberclicks.net/assets/docs/SERP/SERP%20Plan%202026.pdf) (<https://flfca.memberclicks.net/assets/docs/SERP/SERP%20Plan%202026.pdf>).



## Scope of Support

Upon activation, the Statewide Support Team may provide assistance in the following areas, as requested by the affected department:

1. **Notification guidance and coordination**
2. **Family Liaison Officer support and mentoring**
3. **Service level determination and planning**
4. **Honor Guard and ceremonial protocol guidance**
5. **Logistical planning and resource coordination**
6. **Interagency and mutual-aid coordination**
7. **Public information coordination support**
8. **After-care planning and family support referrals**

Support may be **advisory, operational, or both**, depending on the needs of the requesting department.

## Command and Control

1. The **affected department retains full command authority** at all times.
2. The Statewide Support Team functions in a **supporting and advisory role only**.
3. All decisions regarding:
  1. Death classification
  2. Level of service
  3. Scope of ceremonial honors
  4. Public communicationsremain the responsibility of the **Fire Chief or designee**, with family wishes paramount.



## Deployment and Duration

1. The level of Statewide Support Team involvement shall be **scaled to need**.
2. Support may be provided:
  1. On-site
  2. Remotely
  3. Or through a hybrid model
3. The duration of deployment shall continue:
  1. Through completion of funeral and memorial services, or
  2. Until the affected department determines support is no longer required

## Cost and Resource Considerations

1. Activation of the Statewide Support Team is intended to **reduce financial and operational burden** on affected departments.
2. Costs associated with statewide support shall be addressed in accordance with:
  1. State policy
  2. Grant funding, when available
  3. Mutual-aid or interagency agreements

## Guiding Principles

The activation of the Statewide Support Team shall be guided by the following principles:

1. Family-first and compassion-centered response
2. Respect for local control and authority
3. Consistency in firefighter honors statewide
4. Equity of support regardless of department size or location
5. Professionalism, discretion, and dignity



## Next of Kin Notification

In general, this process should be used when a member requires transportation to the hospital or dies in the line of duty. The severity of injuries will aid in determining whether to implement this plan wholly or partially, with the final decision and responsibility resting with the Fire Chief or designee.

The importance of the NEXT OF KIN NOTIFICATION cannot be overemphasized. This process will set the tone for many difficult days, weeks, months, and years for the surviving family. Sensitivity and compassion are imperative.

Family notifications should be made as quickly as possible to avoid the family receiving a notification from another outside party. The media will make many efforts to identify the fallen member; we must use all necessary measures to protect the next of kin from unwanted media exposure. The Agency PIO will be an essential part of these measures.

For this reason, the Notification Team will need to assemble rapidly. The team should be at least two to five individuals, each with a separate vehicle. The team should be comprised of as many of the following:

1. The Chief, if possible, or the highest-ranking available Officer.
2. Family Liaison Officer
3. Family friend
4. Union Official
5. Agency Chaplain

If the fallen member's family resides far enough outside the area to make our Agency's participation in the notification impractical, the local Agency should be notified to make a timely notification.

Another distinct possibility is that the Agency could lose more than one member. This would require multiple notification teams to be assembled and deployed.

Before the team arrives at the residence, verify the latest information and decide who will speak and what they will say. Also, verify if there is a potential for a language barrier and bring a translator if needed.

A word of warning: the family may strike out and blame the Agency for their loss. For this reason, the initial notification and its handling are crucial.



Steps to be taken at the residence:

It may become necessary to have a paramedic on standby if the people receiving the news are medically vulnerable. If this is done, have the apparatus stand by near the residence, but not in view.

6. At the door, identify yourself and ask to come in. (Notification should take place in a private setting.)
7. When inside, ensure you are notifying the right person.
8. Get people in a comfortable or relaxed setting; the most important function of the person making the notification is to put all of the known basic facts into one sentence and tell them.
9. Make sure your message is absolutely clear and direct.
10. Begin with, "I have very bad news" or "I'm very sorry to tell you".
11. Let them know how it happened: "Your husband died responding to a fire", or "Bob was killed in a building collapse".
12. Allow the family to express their emotions. Do not try to talk them out of their grief.
13. This is a very sad time. Do not mask your own grief yet stay in control of yourself.
14. Provide only the facts you know; never speculate. If you cannot answer a question, find out the correct answer.

Phrases or words to avoid:

*"I know how you feel."*

*"It was God's will."*

*"Life will go on."*

*"He would have wanted to go this way."*

*"Be brave."*

15. Use the victim's first name when referring to the member.



16. Ask if you can assist by notifying immediate family members (parents, brothers, and sisters).
17. With the permission of the next of kin, staff can help set up a support system of clergy, relatives, and friends.
18. Never leave immediately after making a notification.
19. Do not leave people without a support system. Wait for others to arrive.
20. Do not bring the victim's personal items with you. Personal items (especially lockers) may need to be reviewed and censored before allowing the family access.
21. Ask the survivor(s) if they wish to see the deceased member, if possible. People often need to see, touch, and hold the deceased; otherwise, they may be in denial. This is often very helpful in the family's grief process and gives a sense of finality. If family members wish to see the member, arrangements need to be made rapidly for the viewing, if possible. Sensitivity to the family is very important. Provide the best possible environment and avoid delays that heighten the family's anxiety. Prepare them for what they are about to see.
22. Offer to transport the family to the members' location and help prepare them for what they will see. Members need to know whether the family will be around. Members need to be careful in their comments to avoid upsetting or offending family members.
23. If the family wants to drive their own car, have a member of the Agency accompany them.
24. If you are transporting the family, turn off your radio and/or advise dispatch that you are transporting relatives and, if possible, switch to an alternate channel or communicate by cell phone.
25. If the Agency's Family Liaison Officer is not present at the notification, the family should be given the Family Liaison Officer's name before the team departs. Write down his or her telephone numbers. The family should already know the family liaison.
26. The Agency should have one of its members stay with the family, unless the family declines.



27. Advise the family what the purpose of the Family Liaison Officer is.
28. Ask if the Agency can pick up any children who may be away at this time. If someone from the Agency is picking up the child, ensure the family contacts the children first and that the child can identify the responding Agency members to avoid misunderstandings or dangerous situations.
29. Advise the family of the possibility of media calls. Unwanted media exposure will only add to the difficulty of this tragedy. Suggest that a family friend screen their incoming calls.
30. Assure the family that their wishes are the Agency's top priority and stand by that.
31. Advise the family that an autopsy may be required to determine the exact cause and may be needed to qualify for certain line-of-duty death benefits.
32. Ensure the family understands they do not have to make any immediate decisions regarding services, mortuary arrangements, wills, etc.
33. Before leaving the residence, try to set a time for a Family Planning Meeting. There are decisions the family will need to make that will shape the planning process. This meeting should take place within the first 24 hours.



## Agency Notification

Equally important is notifying your agency personnel. In the event of death or serious injury to a member of the Agency, it will be critical to distribute as much accurate information as possible quickly.

Depending on the nature of the incident, an Agency Liaison will be assigned. The PIO and Liaison will be working closely together to ensure an efficient and accurate report is circulated.

It will be the Chief's or designee's responsibility to notify the appropriate officials.

The Command/Administrative Staff, which includes Division Chiefs, Battalion Chiefs, Captains, and Lieutenants, Honor Guard Commander, who are not assigned to the "Next of Kin Notification Team", may assemble to prepare for Agency notifications.

A plan for the notification process should be developed immediately. Once initial information is gathered, notifications should start with both on-duty and off-duty personnel. When creating the plan, it is best to divide the notifications among appropriate personnel to speed up the process.

On-duty personnel should call their family, without delay, to ensure their own safety. This is especially important during an ongoing incident.

It is vital to maintain continuous communication between the Family Liaison Officer, Hospital Liaison, and Agency Liaison, with the Agency Liaison keeping the Communication Officers updated. This will help to keep information fresh and accurate.

The importance of Agency Notification cannot be overemphasized. A death is a true test of an Agency's grit and cohesion, and open lines of communication will help everyone deal with this tragedy.



## Hospital Liaison (if applicable)

In the event a member is transported to the hospital, one individual should be appointed as a hospital liaison and report directly to the hospital. It is possible that an Agency could have more than one member severely injured or killed, and the victims could go to different facilities. This would require assigning a liaison to each facility.

When possible, the hospital liaison should be accompanied by an Agency honor guard member or uniform member to assist and stand vigil.

The hospital liaison must maintain communication with the Agency liaison/PIO, the family liaison officer, and the incident commander (if the incident is ongoing). Other responsibilities include, but are not limited to:

1. Establish a press staging area and ensure that no sensitive information is released to the media.
2. Collect all personal articles for safekeeping until the family arrives.
3. Shelter, comfort, and help to inform the family of any and all resources.
4. Arrange with hospital staff to provide an appropriate waiting area. A separate area may need to be designated for fellow members and non-family members.

Offer the Agency assistance in any capacity possible. This could include notifying friends and other family members, picking up other family members, or just running necessary errands.

NEVER leave the family alone. Should they request some quiet time or space, the liaison should comply, then inform the family of where they will be (not far) and how to contact them. It may be necessary to remain at the hospital for several hours or days, so the liaison may need to be relieved by another member.

The Agency Honor Guard, or uniformed member, standing vigil, should remain at the facility for the duration of the stay, or until the family agrees that they no longer want it. As with all other interactions, the family's wishes are paramount.



## Death Investigation

In the event of a line-of-duty death or serious injury to one of our members, the Agency must take immediate steps to ensure that the incident is accurately documented and investigated. This action is conducted to protect the interests of the deceased, the surviving family, and the Agency. It is also mandated by State and Federal law.

(Note: Local County Sheriff's or City Police Office, State Fire Marshals Office, FHP, etc. should have their procedures. Make sure not to interfere with a criminal investigation.)

### Objectives

The most important objective of any line-of-duty death investigation is to prevent the same situation from occurring again, including.

1. Identifying inadequacies involving apparatus, equipment, protective clothing, standard operating procedures, supervision, training, or performance.
2. Identifying situations that involve unacceptable risk.
3. Identifying previously unknown or unanticipated hazards.
4. Identifying actions that must be taken to address problems or situations that are discovered.
5. Identifying gaps in communications.
6. Ensure lessons learned from the investigation are effectively documented and communicated to prevent similar occurrences.
7. To satisfy the requirements of oversight entities, which may make decisions on benefits.
8. To identify potential areas of negligence and causal factors that could result in criminal prosecution or civil litigation.
9. To ensure that the incident and all related events are fully documented and evidence is preserved to provide for additional investigation or legal actions at a later date.
10. To provide information to assist those involved who are trying to understand the events they experienced.



11. To provide information to other individuals and organizations that are involved in the cause of fire service occupational safety and health.

The investigation team may find itself in an uncomfortable position, tasked with examining the actions of friends, co-workers, and superior officers. There may be pressure to find a particular individual or one isolated act or omission responsible for the fatal or near-fatal incident. Conversely, there may also be a desire to absolve an individual of responsibility or to protect the Agency's reputation. Emotional reactions are natural when a fatality occurs, and they can be magnified when accusations are made or when an individual feels personal responsibility.

A report based on factual information will stand on its own merit. Apparent conclusions, and recommendations shall be well supported. Accusations of negligent acts and determinations of personal responsibility or liability are beyond the scope of a fact-finding report. If the report presents facts that lead to a conclusion of this nature, it is up to administrative, regulatory, or legal bodies to initiate appropriate actions.

#### Investigation Process

The Agency should immediately pre-designate an Incident Investigation Team for use in such emergencies. This should only be done after the designated agency determines if there will be a criminal investigation and has cleared the department to do its investigation.

The team may be made up of:

1. Deputy Chief, Chairman
2. Division Chief of Training
3. Agency Fire Marshall
4. Risk Manager
5. Representative of the Union Executive Board
6. The Safety, Health, and Wellness Officer

The team should be called to activation in accordance with this document. A team leader must be designated, and the team should then meet at the site as soon as possible. The team must coordinate its activities with the appropriate law enforcement and other investigating agencies.



Before the Incident Investigation team's arrival, the Incident Commander shall be responsible for the initial collection of facts, preservation of evidence, and appropriate agency notifications until the team can take over.

If a member is killed as a result of a fire/explosion, the FIRE INVESTIGATION shall be conducted by the State Fire Marshal's Office and other appropriate agencies. The cause and origin determination shall rest with this unit, and any additional investigation resources requested, such as the ATF. Once this investigation is complete, the lead Arson Investigator should then turn the scene over to the Incident Investigation Team.

The cause and determination investigation of how the fire/explosion started should not be discussed outside of the investigating body.

The following is a list of items that should be addressed:

1. Secure the scene. No unnecessary disturbance of the scene should take place.
2. Limit and control access to the scene.
3. Secure all safety equipment that was used by the deceased. This should include SCBA, PASS device, radio, turnout gear, helmet, protective hood, gloves, and any other equipment that was used by the deceased. They are not to disturb the equipment, but if it is necessary to do so, it is important to document how and where all equipment was located, its condition, and any damage.
4. Ensure a video and still picture record is made of the site. This should be done by trained personnel.
5. For example, if it was fire-related, create a detailed drawing of the scene to include vehicle locations, equipment, and hose line placement, and the position and location of the body.
6. Document the weather conditions at the time of the incident.
7. Prepare for an autopsy should one be required or requested. The autopsy needs to be exact; Carbon Monoxide levels of greater than 15% dictate eligibility. Autopsy should avoid statements indicating "stress", "strain", or "exertion" as contributing factors.
8. Obtain audiotapes of the incident.



9. Request written transcripts with times of radio transmissions.
10. Ensure all proper fire and EMS reports are created and secured. Obtain written statements from all directly involved individuals. It is preferred that these statements be completed before members are released at the end of the shift. If this is impractical, the statements should be provided within twenty-four hours.
11. Ensure all necessary agency notifications have been made. This could include, but is not limited to: State Fire Marshal, OSHA, FEMA, U.S. Fire Administration, NIOSH, ATF, PSOB, Florida State Fire College, and NFIRS.

After all the information and documentation have been obtained, the Investigation Team should thoroughly review them, and a final written report must be prepared.



## Levels of Services and Honors

There are four levels of services and honors.

Level One Service: Honors bestowed for the line-of-duty death of any active, uniformed member of the Agency. A Line-of-Duty Death (LODD) is defined as the death of a firefighter that occurs as a direct result of performing authorized fire-rescue duties, or from an injury or illness sustained while acting within the scope of official responsibilities.

A Line-of-Duty Death includes, but is not limited to, deaths resulting from:

1. Emergency Operations
  1. Fire suppression
  2. Emergency medical services
  3. Rescue operations
  4. Hazardous materials response
  5. Disaster response
  6. Training exercises sanctioned by the agency
2. On-Duty Activities
  1. Travel to or from emergency incidents
  2. Travel required by official assignment
  3. Participation in authorized drills, training, or physical conditioning
  4. Activities directly related to fire-rescue readiness or response
3. Occupational Illness or Injury
  1. Traumatic injuries sustained in the line of duty
  2. Cardiac events or strokes occurring while on duty or during authorized activities
  3. Occupational diseases, including cancer or respiratory illness, when presumptively linked to firefighting duties under applicable state or federal law



#### 4. Delayed Death

1. Death occurring at a later date as a result of a documented injury or illness incurred in the line of duty

A Line-of-Duty Death does not require the death to occur at the incident scene. It may include fatalities occurring after hospitalization, medical treatment, or retirement, provided a causal connection to line-of-duty service is established.

#### Level One Service – Firefighter Funeral

A **Level One Service** is the **highest level of ceremonial honors** rendered by the Agency and is reserved for the **line-of-duty death of an active, uniformed firefighter**.

A Level One Service is intended to:

1. Honor the firefighter's ultimate sacrifice
2. Provide dignified recognition to the surviving family
3. Acknowledge the loss to the Agency, the fire service, and the community
4. Uphold fire-service traditions and ceremonial protocols

A Level One Service generally includes **full fire-service honors**, subject to the wishes of the family and the approval of the Fire Chief or designee. These honors may include, but are not limited to:

1. Flag-draped casket
2. Agency Honor Guard and Color Guard
3. Agency Chaplain participation
4. The firefighter's assigned station or headquarters and apparatus are to have bunting
5. Agency apparatus used as a caisson
6. Honor Guard door guards
7. Presentation by the union
8. Presentation by Benevolent
9. Flower truck
10. Family transportation
11. Casket watch/vigil
12. Honorary pallbearers and casket team



13. Funeral procession with agency and mutual-aid apparatus
14. Ladder arch or crossed ladders
15. Bunker gear, helmet, and badge presentation
16. Pipes and drums or bagpiper
17. Bugler and the playing of *Taps*
18. Bell or Last Alarm Ceremony
19. Final radio tone-out
20. Flag folding and presentation to the family
21. Military honors when applicable and authorized
22. Static apparatus displays and ceremonial staging
23. Helicopter fly over

The **wishes of the surviving family are paramount** and shall guide the scope and manner of honors rendered. The Fire Chief or designee retains final authority over the level of service, ceremonial elements, and agency participation.

Level Two Service: Honors bestowed for the non-line-of-duty death of an active, uniformed member of the Agency. A Non-Line-of-Duty Death (NLODD) is defined as the death of a firefighter that does not result from injuries, illnesses, or medical events incurred while performing authorized fire-rescue duties or activities within the scope of official employment.

A Non-Line-of-Duty Death includes, but is not limited to, deaths resulting from:

1. Off-Duty Causes
  1. Illness or medical conditions not causally related to fire-rescue service
  2. Accidents or injuries occurring while off duty and not connected to official agency activities
  3. Natural causes unrelated to occupational exposure or duty performance
2. Non-Work-Related Medical Events
  1. Medical conditions occurring while off duty and determined not to be duty-related under applicable law
  2. Conditions for which no presumptive or causal link to firefighting service is established
3. Personal Activities



1. Death occurring during personal travel, recreation, or non-authorized activities
2. Death resulting from actions outside the scope of employment or agency authorization
4. Retired Members
  1. Death of a retired firefighter when no documented causal connection exists between the death and a prior line-of-duty injury, illness, or exposure

A Non-Line-of-Duty Death may still warrant agency honors, ceremonial recognition, or support services in accordance with agency policy, collective bargaining agreements, and the wishes of the family.

Final determination of Non-Line-of-Duty Death status shall be made by the Fire Chief or designee, based on:

1. Medical findings
2. Investigative reports
3. Applicable state and federal laws
4. Agency policy and procedures

#### Level Two Service – Firefighter Funeral

A **Level Two Service** is a formal level of ceremonial honors rendered by the Agency for the **non-line-of-duty death of an active, uniformed firefighter**.

A Level Two Service is intended to:

1. Honor the firefighter's service and commitment to the Agency
2. Provide dignified recognition and support to the surviving family
3. Allow the Agency and fire service community to mourn the loss of one of its members formally
4. Preserve appropriate fire-service traditions while recognizing that the death did not occur in the line of duty



A Level Two Service generally includes **partial fire-service honors**, as approved by the Fire Chief or designee and consistent with the wishes of the family. These honors may include, but are not limited to:

1. Agency Honor Guard and Color Guard
2. Agency Chaplain participation
3. Casket watch/vigil
4. Honorary pallbearers and casket team
5. Static display of agency apparatus
6. Funeral procession, with limited agency and mutual-aid participation
7. Pipes and drums or bagpiper (if requested)
8. Bugler and the playing of *Taps* (if applicable)
9. Bell or Last Alarm Ceremony
10. Final radio tone-out
11. Flag presentation to the family (if applicable)
12. Bunker gear, helmet, and badge presentation
13. Presentation by the union
14. Presentation by Benevolent
15. Military honors when applicable and authorized

A Level Two Service **does not include full line-of-duty ceremonial elements** such as crossed ladders, caisson use, or extensive multi-agency mobilization, unless specifically approved by the Fire Chief or designee.

The **wishes of the surviving family are paramount** and shall guide the scope and manner of honors rendered. Final determination of the level of service and specific ceremonial elements rests with the Fire Chief or designee.

Level Three Service: Honors bestowed for the non-line-of-duty death of a uniformed retired member (whose death is not attributed to a line-of-duty injury or incident) and non-uniformed volunteer member (auxiliary, etc.)

Level Three Service – Firefighter Funeral



A **Level Three Service** is a ceremonial level of honors rendered by the Agency for the **non-line-of-duty death of a retired firefighter or a former uniformed or non-uniformed member**, when the death is **not attributable to a line-of-duty injury, illness, or exposure**.

A Level Three Service is intended to:

1. Honor the individual's service and contributions to the Agency
2. Provide appropriate recognition and support to the surviving family
3. Allow Agency members to pay their respects while maintaining operational readiness
4. Acknowledge the individual's place within the fire service family

A Level Three Service generally includes **limited fire-service honors**, as approved by the Fire Chief or designee and consistent with the wishes of the family. These honors may include, but are not limited to:

1. Agency Honor Guard participation (limited)
2. Uniformed agency representation
3. Casket watch or vigil (if requested)
4. Static display of agency apparatus (when practical)
5. Bell Ceremony and/or Final Radio Tone-Out (if requested)
6. Bugler and the playing of *Taps* (if applicable)
7. Flag presentation (if applicable)
8. Military honors when authorized and applicable

A Level Three Service **does not include line-of-duty funeral elements** such as crossed ladders, caisson use, large-scale processions, or extensive mutual-aid participation, unless specifically authorized by the Fire Chief or designee.

The **wishes of the surviving family shall guide the extent of agency involvement**, with final determination of the level of service and honors rendered resting with the Fire Chief or designee.

Level Four Service: Honor bestowed for a member's spouse or dependent children.

Ultimate consideration should be given to the wishes of the family, and all circumstances should be given the fullest consideration as to the level of service and honors rendered. However, the absolute decision will be made by the Fire Chief or appointed designee.

The following lists the honors and entitlements rendered for the four levels of services:



## Level Four Service – Firefighter Funeral

A **Level Four Service** is a **limited ceremonial recognition** rendered by the Agency for the **death of a firefighter's spouse, dependent child, or immediate family member**, or for other individuals as approved by the Fire Chief or designee.

A Level Four Service is intended to:

1. Express the Agency's respect, compassion, and support for the firefighter and their family
2. Acknowledge the personal loss experienced by the member and the Agency family
3. Provide dignified, non-intrusive ceremonial support without disrupting agency operations

A Level Four Service generally includes **minimal Agency honors**, as approved by the Fire Chief or designee and consistent with the wishes of the family. These honors may include, but are not limited to:

1. Uniformed agency representation
2. Honor Guard door guards or escort (limited)
3. Family escort assistance at the service site
4. Chaplain or peer support presence
5. Agency flag protocols, when appropriate
6. Other ceremonial support as specifically requested by the family and approved by the Fire Chief or designee

A Level Four Service **does not include fire-service funeral traditions** such as casket watch, processions, apparatus deployment, bell ceremonies, or radio tone-outs.

The **wishes of the family are paramount**, and the scope of Agency participation shall be determined by the Fire Chief or designee to ensure respectful recognition while maintaining operational readiness.



## Planning Group Manager

It is vital to both the immediate family of the deceased and to the Agency members that the Agency provides the best possible tribute to our fallen comrades. For this reason, an effective group of planners must be gathered to manage all activities. The organizational structure necessary to control and coordinate this effort is patterned after ICS used to manage major emergency incidents.

The Chief will designate the Planning Group Manager. This Manager will be appointed as quickly as possible. They will have the overall responsibility and control for coordinating all activities involved in planning and executing an appropriate memorial service for the fallen member.

The Planning Group Manager will supervise the following seven Divisions:

1. Logistics Division
2. Viewing/Vigil Division
3. Memorial Service Division
4. Interment Division
5. Reception Division
6. Family Liaison Officer
7. Public Information Division
8. Honor Guard

See the Planning Group Organizational Chart at the end of this section for a general breakdown of responsibilities. Detailed descriptions are included in both the Planning Group Manager's guide and the individual division notebooks or folders.

**Appendix C** includes division checklists to aid planning and coordination. These checklists will provide a manageable, quick reference guide for individuals tasked with specific elements of the funeral.

Once a death occurs or is imminent, the Planning Group Manager should assign the Division Leaders to appropriate individuals, and a staff meeting should be convened to distribute Division materials. It is vital that this meeting is called ASAP. The laying to rest of a member will take rapid action. There may be religious reasons that dictate burial or cremation within three days of death or sooner.



The structure provided to the Planning Group Manager is intended as a guide. It may be altered as the Manager sees fit. Refer to the Agency Honor Guard Protocol (Manual of Arms) for proper movement, commands, and flag etiquette.

As the overall event manager, the following are considerations that should be followed as the planning progresses:

1. The desires of the surviving family are paramount at all times and should be given the fullest respect.
2. Planners should be aware that open, frequent communication within and between the Planning Group is key to successfully coordinating this effort.
3. Rehearsals of specific events are advisable, if possible, to reduce confusion.
4. The Planning Group should meet once or twice daily. This allows all Division Leaders to see the overall work in progress.
5. The earlier the team is activated, the better. Lost time can never be made up when dealing with the workload in a three-to-five-day window.
6. This is a complex event to manage. We should bring the best available talent to the Group.
7. Give Division Leaders authority to select the best people to staff their organizations.
8. Be prepared for a large turnout. There is potential for thousands of individuals to participate in a full honors funeral.
9. Remember, planning support is available from other agencies such as the Florida Fire Chiefs Association, Honor Guards, International Unions, local Law Enforcement, other local Fire Agencies, and the National Fallen Member Foundation – Florida LODD.
10. Appoint a Safety Officer. Safety must be considered during every event. The Safety Officer should work in harmony with the Logistics Division to ensure that vehicles are marked for easy identification, that procession routes are correctly marked on maps, and that law enforcement officers are available to block



intersections from oncoming traffic. The Safety Officer will review parking plans for all events and approve the positioning of personnel on the outside of the apparatus transporting the coffin in processions. The Safety Officer must be granted the authority to immediately stop any unsafe practice without having to first seek permission from a higher authority. The Safety Officer reports directly to the Planning Group Manager.

11. Appoint a Finance Officer. The Finance Officer develops program budgets, provides the funding mechanism to pay for the services, and prepares the appropriate expenditure reports after the event has concluded. The Finance Officer must keep all division leaders aware of available funds and balances, based on the approved budget for the operation. The Finance Officer reports directly to the Planning Group Manager.
12. IAP Officer. Incident Action Plan Officer to work directly under the Planning Group Manager to develop written plans as information comes in from the planning group.



## Logistics Division

The Logistics Division is established to manage specific areas of responsibility as outlined in this document in response to the death of a member of your Agency. The Logistics Division Leader shall report directly to the Planning Group Manager. The Logistics Division Leader will need to appoint competent staff members to assist with the Division's far-reaching responsibilities.

The Leader is responsible for the following:

1. Arrange for the deceased's transport from the coroner to a mortuary (possibly a Trident).
2. Designate and coordinate the use of all Fire Agency apparatuses for events:
  1. FD apparatus to be used as a caisson.
  2. FD apparatus to be used as a flower car (if necessary).
  3. FD units in processions (to include other agencies).
  4. Transport of the family and any dignitaries.
  5. Rescues may be used as well.
3. Designate apparatus order for all processions. If applicable, contact public transportation providers to arrange bus service for members who may wish to attend but do not wish to drive themselves during the procession.
4. Designate the route of procession. This should be coordinated with a County Sheriff's Agency and/or City Police Agency liaison. If practical, the procession should proceed past the deceased's station and as many other stations as possible.
  1. Station crews may post along the route near their station if passing directly by the station is not possible.
  2. Crews should stand at attention and render a hand salute as the caisson passes.
  3. Stationary apparatus should have lights flashing but no sirens.
  4. The procession should also be routed to allow the public to be involved as much as possible.



5. Vehicles in the procession should also have emergency lights flashing, but NO SIRENS should be activated.
6. If the route crosses railroad tracks, contact and coordinate with the rail authority to stop train traffic.
5. Agency apparatus static displays may be utilized at the Funeral Home or Memorial Site. This should be the assigned apparatus of the deceased, if practical. Ladder trucks should also provide a static display with a flag hanging from extended and crossed ladders. (Stars are to be hung in the North or East direction)
6. Coordinate with the Planning Manager if mutual aid is needed to fill fire stations during the services.
7. Liaison with Law Enforcement for motorcycle escorts and street closures along the route.
8. Liaison for Law Enforcement, Veterans services, or VFW for a twenty-one-gun volley if needed.
9. Organize staging areas at the Funeral Home, Memorial Site, and Cemetery. It is possible to have more than 100 vehicles participating.
10. Determine the need for restrooms, refreshments, tents, and food.
11. Obtain adequate white gloves for the Command Staff and pallbearers. Honor and Color Guard members should already be outfitted.
12. Obtain black bands for badges.
13. Design all necessary maps (service locations, staging areas, procession routes, and lodging).
14. Obtain a helmet and turnout gear that will accompany the casket. If applicable.
15. Arrange lodging options for visiting agencies.
16. Arrange for a helicopter flyover if desired (Medical Transport Companies and Law Enforcement).
17. If any injured members wish to attend any service, provide transportation for them.



18. Provide handicap assistance for guests who may require it, with special attention to family members.
19. Maintain a roster of all agencies sending personnel to the funeral. The roster should include the Agency name, address, and Chief, as well as the number of personnel and apparatus attending.



## Viewing/Vigil Division

The Viewing/Vigil Division (calling hours) will be established if so desired by the family(s). The Viewing/Vigil Division Leader will report to the Planning Group Manager.

The necessary information the Division needs is:

Service date (usually one to two days prior to Memorial or Burial):

\_\_\_\_\_

Location: \_\_\_\_\_

Time(s): \_\_\_\_\_

The duties and responsibilities of this Division are as follows:

1. Liaison with the mortuary.
2. Liaison with clergy.
3. Coordinate with the service facility.
4. Coordinate with the Logistics Division if the body is moved to a site away from the mortuary.
5. Make arrangements for the funeral director to receive the deceased's uniform in the event of an Agency funeral or if requested by the family.
6. Service content and order (if any).

Other considerations:

7. Immediate family members should be escorted by Agency personnel to and from the viewing.
8. The event is usually held one or two days prior to the Memorial or burial.
9. The casket may be open or closed.
10. BHAP members should be on site for counseling, if necessary.
11. Pictures of our fallen member should be present. It is the responsibility of the Public Information Division to gather and provide these photos.
12. Placement of flowers, with the assistance of the funeral home.



13. A Guest Registrar will ensure that all visitors sign the Memory Book and receive service announcements or commemorative items. The funeral home staff may handle this task.
14. Arrange for a “Ready Room” or Green Room for Honor Guard members while they are not posted on watch. (Rehab will be needed)



## Memorial Service Division

The Memorial Service Division is responsible for planning and coordinating any and all arrangements for this main service for a fallen member. The Division Leader will report directly to the Planning Group Manager.

Any questions regarding troop or casket movement, commands, and flag etiquette should be referred to the Honor Guard Protocol (Manual of Arms).

For proper planning to commence, the following information must be submitted to the Division by the Planning Group Manager and Family Liaison Officer as soon as possible.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Level of honors due to the member: \_\_\_\_\_

Level of honors and involvement requested by family:

\_\_\_\_\_

Open or closed service to the public and outside agencies? \_\_\_\_\_

Open or closed casket? \_\_\_\_\_

Preferred music: \_\_\_\_\_

Preferred speakers: \_\_\_\_\_

Will a bagpiper be used? \_\_\_\_\_

Will last alarm ceremonies be used? \_\_\_\_\_

Pallbearers: \_\_\_\_\_

Memorial Service Division responsibilities are as follows:

1. Ensure the facility is large enough to handle anticipated large numbers. Prearrange possible locations and plan for overflow.
2. Coordinate with Logistics for arrival and departure from the service.
3. Coordinate with clergy for program content.



4. Design the order of the program. The service should last no more than one hour and forty minutes. Coordinate with the Planning Group Manager and Honor Guard Commander on the starting time of the service.
5. Design and coordinate with the Honor Guard Commander a seating plan – If indoors, determine capacity and obtain a floor plan. Include placement of family members, Agency Staff Officers, city or county management, politicians, Chief Officers' visitors, Union Representatives (local, state, and national), Agency personnel, civilian friends, visiting agencies, retired FD officers, and the general public.
6. Coordinate the family's musical choices. How will musical be arranged: a choir, soloists, in recordings, as an orchestra, or as a small instrumental group?
7. Secure an adequate public address system (if one is not already in place).
8. Should the service take place outside, several other considerations must be made. Points for discussion are the need for a tent, seating, restrooms, water/refreshments, power supply, and shade for rehab with Logistics.
9. Coordinate with the Honor Guard Commander and conduct any rehearsals deemed necessary.
10. There should be ALS ambulances standing by, committed to the entire funeral process.
11. Coordinate the overall program. Advise the Family Liaison Officer who will keep the family informed. Items for consideration include the number of speakers, the program content, and the event order.
12. Who is going to present the Eulogy? The Eulogy should be strong and well prepared.
13. Assemble a photo display of the deceased's career. Coordinate retrieval of photos with the Family Liaison Officer as well as the Public Information Division.
14. Assemble a shadow box for presentation. This may include any or all of the following: badge, patches, hat hardware, and Agency picture.



15. Select the ushers to use and the tasks they will carry out.
16. Coordinate with the Agency's Chaplain(s). If applicable.
17. Set aside a quiet room for the family. This will be used before the service.
18. Parking requirements. Coordinate with Logistics
19. Coordinate with the Public Information Division on the printed program for service.
20. Determine whether a video presentation is desired during the service. This could include interviews with friends, pre-existing video clips of the deceased, or Agency video clips.
21. Distribution of the Memorial program.
22. Arrange for a "Ready Room" or Green Room for Honor Guard members.



## Honor Guard Division

### Honor Guard Logistics

1. Obtain services of a bagpiper and drummer if desired. It is advisable to identify several resources in advance. Contact other area agencies for possible leads.
2. Obtain the services of one or two buglers. They may need to be amplified. As with the bagpiper, it is advisable to identify potential resources ahead of time.
3. Coordinate the Honor Guards / Pipes and Drums of all agencies. This can be delegated down through the Agency's Honor Guard Commander.

### Honor Guard Viewing/ Vigil

If this form of event is held, it is the responsibility of this Division to provide Honor Guards for posting at or near the casket. Five guards (minimum) will be needed. One at each end of the casket. Rotate guards every 15 minutes. Posting and changing of the guard is detailed in the Agency's Honor Guard Protocol (Manual of Arms). Teams will not be present during the family's final viewing, unless requested by the family; this is the family's time to be alone.

### Other considerations:

1. Catholic protocols may include a rosary service in conjunction with the viewing. This may or may not require the participation of an Honor Guard.
2. It is generally proper protocol for Honor Guard members to wear their uniform hats inside the church or mortuary, including the time spent posted alongside the casket. Gloves should also be worn.
3. Arrange for a "Ready Room" or Green Room for Honor Guard members while they are not posted on watch. (Rehab will be needed) – coordinate with the viewing/vigil division

### Honor Guard Memorial Service

1. Coordinate alignment of personnel for the arrival and departure of the casket at the memorial facility. Honor Guards flanked the entrance to the left; chiefs, staff officers, and dignitaries flanked the right. The family should enter and be seated prior to the casket being taken in. If seating is limited, some personnel may need to remain outside in ranks. If a bagpiper is used, the piper leads the casket in



and out of the facility. At the conclusion of the service, the casket is taken out, followed by the family.

2. Assist and coordinate with the Memorial Service Division a seating plan – If indoors, determine capacity and obtain a floor plan. Include placement of family members, Agency Staff Officers, city or county management, politicians, Chief Officers' visitors, Union Representatives (local, state, and national), Agency personnel, civilian friends, visiting agencies, retired FD officers, and the general public.
3. Coordination with pallbearers. The designation of individual pallbearers will be the responsibility of the Family Liaison Officer in conjunction with the Honor Guard Commander.
4. Casket Watch before the service.
5. Last Alarm ceremony and helicopter flyovers may be done at the Memorial Service, but preferably at the Interment.



## Suggested Order for Memorial Service

Invocation

Prayer

Opening remarks and greetings

Special music

Suggested Speakers: Director of the State Fire Marshal's Office, County or City Administrator, County or City Commissioner, State or Federal politicians, family representative, Union representative, Agency representative

Eulogy – Chief or designee

Special music/picture montage

Scripture reading and minister's remarks

Presentations (may be done at Service or Interment)

Closing remarks/prayer

Fire Agency Honors if no interment

Taps

Flag presentation

Bell (3, 3's) or (4,5's)

Last Alarm Ceremony (if desired, but preferably at Interment)

Bagpipes (if desired, but preferably at Interment) - Amazing Grace

Dismissal instructions



## Interment Division

The Interment Division is established to manage all arrangements for an interment service in response to an Agency death. The Interment Division Leader shall report directly to the Planning Group Manager.

The graveside service typically includes a short religious service and several Fire Agency traditions.

Refer to Honor Guard Protocol (Manual of Arms) for proper movement, commands, and flag etiquette.

Remember that the arrival at the cemetery is a very difficult time for family members. A long wait before the service begins can cause a great deal of anxiety. If an extremely long motorcade or delays are anticipated, arrange for a family waiting room. It is imperative to have a parking plan at the cemetery. Cemeteries usually have traffic plans and know exactly how many vehicles can be accommodated.

Critical information for the Interment Division:

1. Open or closed service to the public
2. Location
3. Anticipated time of arrival
4. Number of anticipated guests

This Division is responsible for:

1. Organizing a program with coordination through the Family Liaison Officer
2. Setting formation
3. Providing seating for at least the family and VIP's
4. Providing restrooms if deemed necessary
5. Distribution of maps to the reception location
6. Medical personnel on standby. Coordinate with the Memorial Service Division.
7. Shade or rehab area
8. Rehab/canteen trucks (Red Cross, Salvation Army)
9. Liaison with the cemetery



10. Liaison with clergy
11. Coordinate with the Honor Guard Commander for the flag presentation to the family
12. Coordinate the presentation of the Shadow Box or badge to the family
13. Create a parking plan
14. Provide a sound system and a public address system
15. Coordination with Honor Guard - Twenty-one Gun Volley (if veteran)
16. Coordinate with the Honor Guard and a bugler for the playing of Taps
17. Coordinate with the Honor Guard for the Bell Ceremony
18. Coordinate with the Honor Guard for the Final Tone-out
19. Coordinate with the Honor Guard for the Bagpiper & Drums
20. Coordinate with Honor Guard flyover (if necessary)
21. Provide electrical power
22. Relocation of flowers



## Suggested Program for Internment

23. Assembly of personnel
24. Placement of casket at gravesite (Bagpiper plays from disembark to internment site)
25. Opening prayer
26. Scripture reading
27. Committal reading
28. Closing prayer
29. Twenty-one Gun Volley (if veteran)
30. Taps
31. Flag folding – Honor Guard
32. Flag presentation – Chief of Agency
33. Presentation of helmet, shadow box, and/or badge
34. Presentation by Union and Benevolent (if applicable)
35. Ceremony
36. Final Tone-out
37. Bagpiper (Amazing Grace)
38. Fly over
39. Dismissal



## Reception Division

The family may choose to have a small private gathering at home, in which case, Agency involvement may be minimal to non-existent. If the Funeral/Memorial has been a large formal affair, then a reception is appropriate. The family may or may not attend, but the event should be relaxed and allow people to visit and unwind after what has certainly been a tension-filled few days.

The Reception Division Leader shall report directly to the Planning Group Manager.

It is the responsibility of this division to organize and provide food and refreshments at a reception at the conclusion of the Memorial Service or Interment (whichever ends our involvement). This will probably take place at a location away from the cemetery. Should the family decide to have a private gathering, this division should offer any assistance in planning and preparation through the Family Liaison Officer.

The responsibilities of this division include:

1. Location selection (Ensure adequate parking and reception space for the anticipated group)
2. Number of anticipated attendees
3. Anticipated starting and ending times
4. Work with the venue to determine available options for the menu and refreshments. Receive final approval from the family in terms of these offerings.
5. Provide maps to the reception be distributed at the Interment
6. If the reception is to be outside, establish the need for tents, restrooms, and seating
7. The officer in charge will determine if there will be any introductions or a program
8. Relocation of flowers (if desired)



## Family Liaison Officer

The Family Liaison Officer is one of the most critical positions in this plan. The Officer will be designated by the Chief or Acting Chief immediately after the death.

The Family Liaison Officer (FLO) shall:

1. Accompany the notification team during the initial family notification
2. Conduct the Family Planning Meeting within 24 hours
3. Act as the Agency's single point of contact to the family
4. Manage the After-Care Program

If possible, this individual should be aware of the BHAP model. Should personnel be pre-designated for this position, they should be reachable at any time.

Once assigned, the FLO will be available to the family 24 hours a day until after the burial. The FLO should be assigned an Agency vehicle and communication equipment (cell phone, pager, portable radio) for the duration of the funeral process. If possible, provide the family with an Agency cell phone also.

The FLO should also designate an assistant to help with this essential function, possibly a friend of the family. In the event of multiple fatalities, a liaison will be required for each victim.

**Initial Notification** – The FLO must be designated as quickly as possible after the death. If possible, this person should attend the initial notification of death visit, which will allow the FLO to start building a relationship with the family. It is not possible; the name and telephone numbers should be given to the family before leaving the initial notification visit. The FLO must contact the PIO to obtain approval to release any information.

**Family Planning Meeting** – As soon as it is practical after the notifications (12-24 hours), the FLO should schedule a Family Planning Meeting. The decisions made at this meeting will provide important information for the planning and logistics effort as we prepare for an honorable service for our fallen comrades.



The meeting will be difficult for both the family and the organization, but it will be an essential step toward the family's eventual recovery.

For this meeting, our Agency should be represented by the following:

5. Family Liaison Officer
6. Assistant Family Liaison Officer (friend of the family)
7. Family's religious representative and/or Agency Chaplain

At this meeting, the family should decide how many people will represent them. A word of caution: this will most likely be an emotional meeting; the fewer members present, the more constructive the meeting. A large group could make the painful process more challenging to manage.

Always keep in mind that we are there to facilitate the wishes of the family.

It is important that you first explain all options to the family regarding service types and Agency involvement before any decisions are made. The FLO must be prepared to discuss all aspects of the funeral process and counsel the family in its decisions.

One of the most important decisions to be made is the site for the Memorial Service. Explain to the family that a traditional Fire Agency funeral service could bring a large number of mourners, thus requiring a large venue.

Explain that your Agency is ready to organize such a large service. Let the family know that if the decision is made to proceed with a traditional funeral, the family will be consulted on every detail, if desired.

The FLO should explain what a traditional funeral includes:

1. Flag-draped casket
2. Casket carried on apparatus
3. Honor Guard Casket watch detail
4. Procession including our Agency and other agencies
5. Honor Guard at the viewing
6. Ladder Arch
7. Motorcycle escort



8. Eulogy and speeches
9. Bugler playing Taps
10. Last Alarm Ceremony
11. Bagpipers
12. Twenty-one Gun Volley (if veteran)

It is hoped that the family will allow the service to be conducted in your response area; however, some personnel may live elsewhere, and the family may prefer a different location.

Be prepared for the potential of being blamed for the loss of a loved one. It is very natural for people to place blame in a time of extreme grief. There is always a possibility that the family will refuse all the Agency assistance. If this happens, calmly state, “We respect your wishes.” Also advise them that it is the Agency’s intent to memorialize your member with a service, and that they are welcome to attend. Explain that this service is not meant to bypass the family’s wishes, but that it is extremely important to our grieving members and the fire service as a whole to properly pay tribute to one of our own. If this should occur, report back to the Fire Chief immediately.

Remember that some religions require that the deceased be buried or cremated within a three-day period. If these restraints are present, it becomes even more important that the process moves rapidly.

It is important to advise the family that thousands of members may come to pay their respects.

The following pages will give you a worksheet to follow as you proceed through this process.



## Family Planning Checklist (please refer to the last wish form for information)

Mortuary to be used after coroner's autopsy (have suggestions if no preference):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Would the family like a formal service? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain what this entails: \_\_\_\_\_

3. Burial Preference? Burial \_\_\_\_\_ Cremation \_\_\_\_\_ Other \_\_\_\_\_

4. Has a cemetery plot already been purchased? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, location: \_\_\_\_\_

If no, preferred location: \_\_\_\_\_

Vigil/Viewing (calling hours)? Yes \_\_\_\_\_ No \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Usually one to two days prior to Memorial Service)

Memorial Service? Yes \_\_\_\_\_ No \_\_\_\_\_ Open to Public? Yes \_\_\_\_\_ No \_\_\_\_\_

Religious Preference, if any: \_\_\_\_\_

Location (large area if open service; Church, Theatre, Arena, Stadium):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Open or closed casket? \_\_\_\_\_

7. Is there a religious requirement for the burial time frame? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when will burial or cremation need to be completed by: \_\_\_\_\_

8. Interment (graveside) service? Yes \_\_\_\_\_ No \_\_\_\_\_

Location:

Open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency involved? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Can our Agency assist with any out-of-town family arrangements such as transportation or lodging?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what way:

10. Determine if there will be a need to assist the family with childcare needs during any of the services:

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does the family have a preference of pallbearers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, six to eight will be needed in total. If no preference is made, assure the family that the Agency will select the necessary and appropriate individuals.

Preferred Names: \_\_\_\_\_

\_\_\_\_\_

Family Contacts:

Name

Relationship

Telephone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred scriptures? \_\_\_\_\_



Preferred music? \_\_\_\_\_

Preference for presenters or speakers? \_\_\_\_\_

Obtain all articles of clothing to be worn by the member for burial. The family should decide whether to bury the person in uniform or in civilian clothes.

Obtain recent photographs of the member for the Memorial Officer and Public Information Officer.

Would the family like donations in lieu of flowers? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, to whom \_\_\_\_\_



## After Care

It is the responsibility of the Agency to assist the surviving family during their recovery from the devastating event of a death. The surviving family should always be considered one of our own. There will be many details, paperwork, and steps that we can assist the family with. This assistance may extend over a length of time.

The Family Liaison Officer is charged with providing the necessary assistance. The Officer may need to select individuals with special expertise to assist in this function.

Aftercare may require a significant time commitment, but as details are handled, the workload will diminish.

After care responsibilities include, but are not limited to:

Assisting the family(s) with the completion of all forms for benefits such as: Agency, state, federal, insurance, Deferred Compensation, or tax forms.

Review of all bills before survivors' payment for legality, honesty, and accuracy. This should include the last illness, previous debts, and funeral expenses. Some bills may be covered by insurance or otherwise not legally due.

Change of titles, deeds, and bank accounts.

Grief counseling may be provided via BHAP.

Referral to the Fallen Members Foundation for support groups and information on memorial events.

Invitations to Agency functions. It is important to ensure the family remains part of our family. Do not forget special times and events, i.e., holidays and ceremonies.

At some point, the deceased's locker will need to be cleaned out, and the contents returned to the family. It is the Family Liaison Officer's responsibility to do this. The family may want to be included in this process, but it may be advisable to screen the contents for inappropriate material prior to family exposure.

Children present several needs. Assistance can be provided with mentoring, special events, and scholarships.

Any other needs that may arise, i.e., routine tasks and home maintenance.



## Public Information Division

The Public Information Division was established to coordinate and disseminate all information regarding a death occurring within the Agency. The PIO Division leader will report directly to the Planning Group Manager during the service preparation phase.

### **NAMES OF INJURED OR DECEASED MEMBERS WILL NOT BE RELEASED PRIOR TO THE NOTIFICATION OF THE NEXT OF KIN.**

\*PIO will be notified by the FLO when the release of information is authorized.

The responsibilities of this Division include, but are not limited to:

The coordination and/or presentation concerning all media contacts. This could include interviews, news conferences, or written press releases.

Notification of the death and pertinent information to:

1. City/County Officials
2. Safety Officer/Risk Management
3. State Fire Marshal's Office
4. Governor
5. Local, National, and International Union
6. Neighboring Fire Agency Chief
7. Florida Fire Chiefs Association
8. National Fallen Members Foundation Ph: (301) 447-1365 Fax: (301) 447-1645
9. Public Safety Officers Benefit Program Ph: (888) 744-6513 Fax: (202) 307-3373
10. Senators – State and Federal
11. Representatives – State and Federal

Rapid notification to key State and Federal politicians is essential if you want their participation. They need as much lead time as possible to adjust their schedules.

1. Establish information telephone numbers for both recorded information and a live contact person.



2. Develop a complete biography of member(s) and recent pictures to be used for the services and by the press. (Every agency should have an official Agency personnel picture.)
3. Preparation of a press kit to include a biography, pictures, service information, and maps.
4. Organization of all media coverage at any/all services. Pool coverage may be utilized to provide a less obtrusive presence. A media viewing area should be established in order to position the media in an area that will not detract from the services in any way. Good and positive coverage will help in the tribute to our fallen comrade. Remember that any media presence at the services is at the wishes of the family.
5. Preparation of printed service programs for Vigil/Viewing and Memorial. (If required)
6. Coordinate the Agency's videotaping services for family and Agency use.
7. Manage VIP arrangements, including airport pick-up, transportation, and lodging.
8. Coordinate with the Family Liaison Officer if the family would like to set up scholarships, trust funds, or donation accounts.



## Post-Incident Debrief and Recovery

As much as we hope never to have to use this plan, the possibility of needing to use it more than once must be addressed. For this reason, it is important to sit down shortly after the completion of all events for a review/critique.

This is the time to air concerns and suggestions in hopes of making any improvements necessary. It is not considered a personal attack but merely an opportunity to improve for the future.

Follow-up is another important aspect of Post-Incident Recovery. It is not unusual to receive an enormous outpouring of support from many different sources. Therefore, Thank You letters should be drafted and sent to all the people and agencies that assisted in the planning and provided services. This could include suppliers of flowers, equipment, emergency apparatus used for coverage, and personnel.



## Sample Intra-Agency Memorandum

(Agency Name)

Intra-Agency Memorandum

It is with deepest sympathy and regret that we announce the death of (MEMBERS' NAME).

(MEMBERS' NAME) was killed early (DATE AND TIME) when they became trapped under debris while fighting a fire in a supply warehouse.

(MEMBERS' NAME) , a member for 23 years, was respected by all who knew him/her. He/she had worked at Station # for the last 7 years. His/her untimely death deeply saddens all of us. Our condolences go out to his/her family, friends, and coworkers.

Effective immediately, U.S. Flags at all Agency buildings will be flown at half-mast. Flags are to remain at half-mast until sundown on the day of interment.

Also, effective immediately, badge covers are authorized for the next 30 calendar days.

Class "A" uniforms are to be worn by all sworn personnel attending any related services. (Black ties as applicable)

The Agency Funeral Contingency Plan has been implemented, and all planning shall proceed through proper channels.



## Sample Agency Death Notice

(Agency's Name)

### Agency Death Notice

It is with deepest sympathy and regret that we announce the death of (MEMBERS' NAME).

(MEMBERS' NAME) was killed early Sunday morning, February 17th, 2002, when he/she became trapped under debris while fighting a fire in a warehouse.

(MEMBERS' NAME), a member for 23 years, was respected by all who knew him/her. He/she had worked at Station # for the last 7 years. His/her untimely death deeply saddens all of us. Our condolences go out to his/her family, friends, and coworkers.

Arrangements SAMPLES are as follows:

#### Viewing

Tuesday, February 19, 2025; 5:00 – 7:00 pm

Wednesday, February 20, 2025; 6:00 – 8:00 pm

Blunt, Curry, and Roel Funeral Home

111 Main Street, Everytown, FL 33333

#### Service

Thursday, February 21, 2025; 10:00 am (due to large crowds expected, please arrive by 09:00)

#### Auditorium

9999 Gulf Road, Everytown, FL 33333

#### Interment

Thursday, February 21, 2002; 12:00 pm

Green Lawn Cemetery

7900 Gulf Road, Everytown, FL 33333



Funeral dress for uniformed personnel will be Class "A" uniforms – full dress, including ties and hats as applicable.

Those Agencies that wish to attend and/or participate in the service must contact Green Lawn Fire-Rescue to confirm their intentions. Points of contact:

Apparatus - Lt. John Smith, 251-562-4334 or fax 727/562-4328.

Honor Guard – HG Commander Joe Lowe 251-555-1212

Chief Officers – Seating Officer Lt. Kris Blue 251-555-2121

Please provide the following information at your earliest convenience:

Does your Honor Guard wish to participate?

Will your Agency be sending an apparatus? If so, what type?

Will any staff or personnel be attending? If so, how many and whom?

Will staff or personnel require lodging?



## Sample Last Alarm / Bell Ceremony

### Last Alarm/Bell Ceremony

Chaplain or Agency member reads or recites:

The 3, 3's or 4, 5's

"The men and women of today's fire service are confronted with a more dangerous work environment than ever before. We are continually forced to change our strategies and tactics to accomplish our tasks.

Our methods may change, but our goals remain the same as they were in the past, to save lives and to protect property, sometimes at a terrible cost. This is what we do, this is our chosen profession, and this is the tradition of the members.

The fire service of today is ever-changing, yet steeped in traditions dating back over 200 years. One such tradition is the sound of a bell.

In the past, as members began their tour of duty, it was the bell that signaled the beginning of that day's shift. Throughout the day and night, each alarm was sounded by a bell, which summoned these brave souls to fight fires and to place their lives in jeopardy for the good of their fellow citizens. And when the fire was out, and the alarm had come to an end, it was a bell that signaled to all the completion of the call. When a member had died in the line of duty, paying the supreme sacrifice, it was the mournful toll of the bell that solemnly announced a comrade passing.

We utilize these traditions as symbols, which reflect honor and respect of those who have given so much and who have served so well. To symbolize the devotion that these brave souls had for their duty, a special signal of 5 rings, 4 times each (5-5-5-5), represents the end of our comrades' duties and that they will be returning to quarters. And so, to those who have selflessly given their lives for the good of their fellow man, their tasks completed, their duties well done, to our comrades, their last alarm, for they have gone home."

Officer in charge / Honor Guard Commander calls members to attention.

Uniformed personnel called to present arms.

Bell is struck 3 rings, 3 times or 5 rings, four times, (5-5-5-5).

Uniformed personnel called to order arms.

Members at ease or seated.





## Sample Last Alarm

After the flag and helmet are presented to the Next of Kin, the last bell is sounded. There will be a three-second pause between each series of rings. After the last ring stops, the last alarm will sound.

To be dispatched over all dispatch frequencies. This is to include Home station tones.

Please ensure the SIMULCAST button is used so all radio traffic (Station tones) are heard over the air. (Portable and Mobile radios)

\*\*\*\*\*

Agency to (deceased radio call sign),

(Dispatch Pause)

Agency to (deceased radio call sign),

(Dispatch Pause)

Agency to (deceased radio call sign),

(Dispatch Pause)

Attention all units and stations (Pause)

It is with deep regret that we announce the passing of

Personnel's name of Agency name here

Roll call has been taken, and the Personnel's name has failed to answer. The bell has been struck for his / her last alarm.

May the sun shine upon his/her path, may the wind always be at his/her back, and may the Lord hold him/her in the palm of his/her hand until we meet again.

Dispatch clear.



## Appendix A Employee Emergency Contact Form

## Employee Emergency Contact Information

The information that you provide will be used **ONLY** in the event of your serious injury or death in the line of duty. Please take the time to fill it out fully and accurately because the data will help the Agency take care of your family and friends.

## PERSONAL INFORMATION

|                     |                   |                    |
|---------------------|-------------------|--------------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>Middle Name</b> |
|                     |                   |                    |
| <b>Home Address</b> |                   |                    |
|                     |                   |                    |
| <b>City</b>         | <b>State</b>      | <b>Zip</b>         |
|                     |                   |                    |
| <b>Phone Number</b> |                   |                    |
| (      )            |                   |                    |

## CONTACT INFORMATION

Family or friends you would like the Agency to contact. Please list in the order you want them contacted. If needed, provide additional names on the back of this sheet.

**NOTE: If the contact is a minor child, please indicate the name of the adult to contact.**

|                                                                                     |                    |
|-------------------------------------------------------------------------------------|--------------------|
| <b>Name</b>                                                                         |                    |
|                                                                                     |                    |
| <b>Relationship</b>                                                                 |                    |
|                                                                                     |                    |
| <b>Home Contact Information</b>                                                     |                    |
| Address:                                                                            |                    |
| Phone:                                                                              |                    |
| <b>Work Contact Information</b>                                                     |                    |
| Name of Employer:                                                                   |                    |
| Address:                                                                            |                    |
| Phone:                                                                              | Normal Work Hours: |
| Pager/Cell Phone:                                                                   |                    |
| <b>Special Circumstances - such as health conditions or need for an interpreter</b> |                    |
|                                                                                     |                    |



## CONTACT INFORMATION, con't

|                                                                                     |                    |
|-------------------------------------------------------------------------------------|--------------------|
| <b>Name</b>                                                                         |                    |
|                                                                                     |                    |
| <b>Relationship</b>                                                                 |                    |
|                                                                                     |                    |
| <b>Home Contact Information</b>                                                     |                    |
| Address:                                                                            |                    |
| Phone:                                                                              |                    |
| <b>Work Contact Information</b>                                                     |                    |
| Name of Employer:                                                                   |                    |
| Address:                                                                            |                    |
| Phone:                                                                              | Normal Work Hours: |
| Pager/Cell Phone:                                                                   |                    |
| <b>Special Circumstances - such as health conditions or need for an interpreter</b> |                    |
|                                                                                     |                    |
| <b>List the names and birth dates of all your children</b>                          |                    |
| Name:                                                                               | DOB:               |
| Name:                                                                               | DOB:               |
| Name:                                                                               | DOB:               |

### List the Agency member(s) you would like to accompany a chief fire officer to make the notification

Name:

Name:

### List anyone else you want to help make the notification (for example, your minister)

Name:

Relationship:

Home Contact Information

Address:

Phone:

Pager/Cell Phone:

Work Contact Information

Name of Employer:

Address:

Phone:

Normal Work Hours:

Pager/Cell Phone:



### **OPTIONAL INFORMATION**

Make sure someone close to you knows this information.

| <b>Religious Preferences</b> |
|------------------------------|
| Religion:                    |
| Place of Worship:            |
| Address:                     |

| <b>Funeral Preferences</b>                                                                                                             |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Are you a veteran of the U.S. Armed Services?                                                                                          | Yes | No |
| If you are entitled to a military funeral, do you wish to have one?                                                                    | Yes | No |
| Do you wish to have a fire service funeral?                                                                                            | Yes | No |
| Please list your memberships in the fire service, and religious or community organizations that may provide assistance to your family: |     |    |
| 1.                                                                                                                                     |     |    |
| 2.                                                                                                                                     |     |    |
| 3.                                                                                                                                     |     |    |
| 4.                                                                                                                                     |     |    |
| Do you have a will?                                                                                                                    | Yes | No |
| <i>If yes, where is it located, or who should be contacted?</i>                                                                        |     |    |
|                                                                                                                                        |     |    |
| Are you a designated organ donor?                                                                                                      | Yes | No |
| <i>If yes, coordination with a medical examiner may be required.</i>                                                                   |     |    |

| <b>List all life insurance policies you have</b>                    |                      |                           |
|---------------------------------------------------------------------|----------------------|---------------------------|
| <u>Company</u>                                                      | <u>Policy Number</u> | <u>Location of Policy</u> |
| 1.                                                                  |                      |                           |
| 2.                                                                  |                      |                           |
| 3.                                                                  |                      |                           |
| Is all information current? (beneficiary names, contact info, etc.) |                      | Yes    No                 |
| <i>This information may determine who gets Federal benefits.</i>    |                      |                           |

| <b>Special Requests</b> |
|-------------------------|
|                         |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## Appendix B Personal Confidential Form

### Personal Confidential Form

The information provided in this document is to be used in the event of the death or serious injury of this individual. (Optional form- to be secured by the individual.)

---

|       |      |                |
|-------|------|----------------|
| First | Last | Middle Initial |
|-------|------|----------------|

#### Funeral Arrangement Information

Do you have any pre-arranged funeral plans? Yes No

If yes, with whom? \_\_\_\_\_

Is there a funeral home preference? Yes No

---

|      |         |       |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

Has a cemetery plot been purchased? Yes No

If yes, Plot Number: \_\_\_\_\_ Cemetery: \_\_\_\_\_

Is there a cemetery preference? Yes No

---

|      |         |       |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

Have you already purchased a casket? Yes No

If yes, where? \_\_\_\_\_

Are there any pre-arranged cremation plans? Yes No

If yes, where do you want your ashes to be placed or disposed?

---

If a church is to be used, which one? Name, address, phone, point of contact

---

|      |         |                  |
|------|---------|------------------|
| Name | Address | Point of Contact |
|------|---------|------------------|



Please list pallbearers:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ |       |
| _____ | _____ |
| _____ |       |
| _____ | _____ |

Do you wish for your funeral to be private? Yes No

If yes, do you wish for a separate memorial service for the Agency? Yes No

Do you wish for a visitation? Yes No

Do you wish for a graveside service? Yes No

Are you a military veteran? Yes No

If yes, Branch of Service \_\_\_\_\_

Service Number \_\_\_\_\_ DD214 Number \_\_\_\_\_

Do you desire a military funeral? Yes No

If a veteran, do you desire the American Flag on your casket? Yes No

If not a veteran, do you desire a member flag? Yes No

Do you wish to have an open casket during visitation? Yes No

Do you wish to have an open casket during the funeral? Yes No

What type of burial clothing? Civilian \_\_\_\_\_ Fire Uniform \_\_\_\_\_ Military Uniform \_\_\_\_\_

Do you have a pastor that you would like to officiate your service? Yes No

If so, who? \_\_\_\_\_

Do you wish to have another person officiate at the graveside service? Yes No

If yes, please name the organization and supply contact information: \_\_\_\_\_

Do you desire flowers? Yes No



Do you wish money to be donated to a designated charity or organization?      Yes      No

If yes, who? \_\_\_\_\_

I would like a eulogy delivered by: \_\_\_\_\_

I would like these songs:

\_\_\_\_\_  
\_\_\_\_\_

Sung by: \_\_\_\_\_

I would like these poems read:

\_\_\_\_\_  
\_\_\_\_\_

Read by: \_\_\_\_\_

I want these bible verses read:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Read by: \_\_\_\_\_

Music at the service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Played by: \_\_\_\_\_

Do you have any special requests, wishes, or directions that you would like to be cared for in the event of your serious injury or death?      Yes      No

If yes, please note below or provide an attachment.



---

If your wife/husband/partner or some other person suddenly had to run your affairs, what provisions have you made to be of help to them?

The following information is provided to help plan your affairs and to assist your survivors when you die:

**\*Actions for Survivors\***

Some of the following information is based upon the assumption that a spouse survives the member. Some of the information can only apply if the property is in joint tenancy or joint accounts.

Survivors should:

1. Discontinue use of joint checking accounts and credit cards. Open a new checking account and obtain new credit card accounts.
2. File insurance and other benefit claims as soon as possible. Insurance policies should be duplicated and given to the attorney before applying.
3. Obtain several newspapers (if articles appear on the death). Some insurance companies and other benefit opportunities will require them. Out-of-state friends may request them.
4. Contact lending institutions about all outstanding debts, contracts and/or loans. Insurance to pay the remaining debt may have been a requirement of the loan or may have been an option taken.
5. Check all affiliations of the deceased (professional, service business, fraternal, etc.). Membership in some organizations may provide insurance coverage. Some banks offer cards that entitle the holder to special bank privileges (check guarantee card, overdraft payment, etc.). Cardholders may also be eligible (automatically) for a paid life insurance policy.
6. Have your attorney carefully review previous (cancelled) life insurance policies. Some benefits may still be available.



7. Most insurance companies and other benefit availabilities require certified supporting documents. These documents carry either a raised seal or an official stamp/seal. They can be obtained from the Office of the county in which the event occurred.

#### Be Prepared:

1. Have prepared and/or maintained a current will. Standard attorney fees range from \$50.00 or more to have a will prepared, it is a very inexpensive and worthwhile investment, especially in cases where both parents die, leaving dependent children.
2. Maintain all your insurance and important papers in one central location. Make sure the location is known to at least two people.
3. Make certain you have all of your insurance policies. Some insurance companies require your beneficiary to submit the policy with the claim. If the policy has been lost or misplaced, contact the insurance company now and submit a notice of lost policy. It may take six to eight weeks of delay for your beneficiary.
4. Consider registering all property (house, cars, etc.) and banking accounts in joint tenancy (Bob and Mary Smith). This procedure allows for easier transfer to the surviving party.
5. Since delays in payments of death claims are normally experienced, you should have readily accessible a sum of money equivalent to at least two months' net salary. Banking institutions or savings and loans may be willing to loan money on insurance policies if this recommended procedure cannot be followed. Some insurance companies are also willing to advance part of the insurance claim immediately.
6. Make sure your current insurance policies and other potential benefit plans carry the names of the beneficiaries you want to receive these benefits.
7. Obtain three certified copies of birth, marriage, and divorce certificates and keep them with other important papers. Many insurance companies and other agencies or organizations providing benefits may require them, and it will be easier and quicker if they have already been obtained.



Complete the following checklist for those items that pertain to your case, and as you do so make certain that each of your beneficiary designations are up to date. (Keep this completed form in a location known to your family). Your family and loved ones will be eternally grateful that you have been considerate enough to complete this information. You should review and revise (as necessary) this information on a regular basis.

### Important Facts That Your Family Should Know

This form provides space for you to fill in the location of personal documents, insurance policies, banks, lawyers, agents, brokers, etc. It will help you to keep your affairs in order for the benefit of you and your family.

#### Insurance Information

| Name of Life Insurance Company(s) | Policy No. | Amount of Insurance | Beneficiary |
|-----------------------------------|------------|---------------------|-------------|
| 1. _____                          |            |                     |             |
| 2. _____                          |            |                     |             |
| 3. _____                          |            |                     |             |

Where do you keep the policy papers? \_\_\_\_\_

Insurance agent's organization's name and address: \_\_\_\_\_

\_\_\_\_\_



Name of Health/hospitalization Insurance Company(s)

Policy No.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Where do you keep the policy papers? \_\_\_\_\_

Insurance agent's or organization's name and address: \_\_\_\_\_

Name of Accident Insurance Company(s)

Policy No.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Where do you keep the policy papers? \_\_\_\_\_

Insurance agent's or organization's name and address: \_\_\_\_\_

Name of Automobile Insurance Company(s)

Policy No.

Liability Amount? \_\_\_\_\_ Collision Amount? \_\_\_\_\_

Where do you keep the policy papers? \_\_\_\_\_

Insurance agent's or organization's name and address: \_\_\_\_\_

Disability (Income Protection) Policy

Policy No.

\_\_\_\_\_  
\_\_\_\_\_



Name of Insurance company and address: \_\_\_\_\_

Are you a disabled Vet? Yes No ID# \_\_\_\_\_ %Disability \_\_\_\_\_

Name of Household Insurance Company(s) Policy No. \_\_\_\_\_

Where do you keep the policy papers? \_\_\_\_\_

Insurance agent's or organization's name and address: \_\_\_\_\_

Fire Amount \_\_\_\_\_ Theft Amount \_\_\_\_\_ Comp. Amount \_\_\_\_\_

Where do you keep your insurance papers? \_\_\_\_\_

Insurance agent's or organization's name and address: \_\_\_\_\_

### Social Security Information

What is your Social Security Number? \_\_\_\_\_

Where is the card kept? \_\_\_\_\_

What proof of age do you have? \_\_\_\_\_

Where is it located? \_\_\_\_\_



### Bank Account Information

Checking Accounts                      Yes      No

|      |                 |                |
|------|-----------------|----------------|
| Bank | Account Name(s) | Account Number |
|------|-----------------|----------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

Savings/Loan Accounts              Yes      No

|                   |                 |                |
|-------------------|-----------------|----------------|
| Savings/Loan Name | Account Name(s) | Account Number |
|-------------------|-----------------|----------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

Where are the Savings and Loan books kept? \_\_\_\_\_

Credit Union Accounts                      Yes      No

|                   |                |
|-------------------|----------------|
| Credit Union Name | Account Number |
|-------------------|----------------|

\_\_\_\_\_

\_\_\_\_\_

Where are the credit union account books/records kept? \_\_\_\_\_

\_\_\_\_\_

### Stocks And Bonds

Do you have stocks and bonds?                                              Yes      No

Where do you keep your stocks and bonds? \_\_\_\_\_

Are purchase slips attached to them (for income tax info)?              Yes      No

|      |              |        |             |
|------|--------------|--------|-------------|
| Type | Name on Bond | Amount | Beneficiary |
|------|--------------|--------|-------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



4. \_\_\_\_\_

Broker's name and address:

1. \_\_\_\_\_

2. \_\_\_\_\_

#### Real Estate Information

Do you own your home? Yes No

Is there a mortgage on your home? Yes No

In whose name is the title to the home? \_\_\_\_\_

Who holds the mortgage on the home? \_\_\_\_\_

When are the principal and interest due on the mortgage? \_\_\_\_\_

Where are the deeds, mortgages, survey and title papers kept? \_\_\_\_\_

#### Automobiles & Boats

| License No. | Registered to | Payment Amount/Due Date |
|-------------|---------------|-------------------------|
|-------------|---------------|-------------------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Where are the title and registration papers kept? \_\_\_\_\_

#### Safe Deposit Box

Do you have a safe deposit box? Yes No

Where \_\_\_\_\_ Whose name(s) is it in?

Who has the keys/combinations to the box(es) kept? \_\_\_\_\_

Important online logins and passwords \_\_\_\_\_



## Credit Cards – Charge Plates

Name of Card

Account Number

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Who owes you, and whom do you owe?

Do you owe anyone money?      Yes      No

Are your loans secured?      Yes      No

| Name | Address | Amount |
|------|---------|--------|
|------|---------|--------|

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |

Does anyone owe you money?      Yes      No

| Name | Address | Amount |
|------|---------|--------|
|------|---------|--------|

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |

Where are copies of notes, loan agreements, and receipts?

---



Will

Have you made a proper Will? Yes No

What is its date? \_\_\_\_\_

Where is this Will kept? \_\_\_\_\_

Who should be consulted? \_\_\_\_\_

Who is the Executor? \_\_\_\_\_

Attorney

| Name | Address | Phone Number |
|------|---------|--------------|
|------|---------|--------------|

|    |       |  |
|----|-------|--|
| 1. | _____ |  |
|----|-------|--|

|    |       |  |
|----|-------|--|
| 2. | _____ |  |
|----|-------|--|

Other Monetary Information

Do you know the status of your family's credit rating? \_\_\_\_\_

What is your retirement/pension program(s)?

\_\_\_\_\_

\_\_\_\_\_

IRA? \_\_\_\_\_

Deferred Comp? \_\_\_\_\_

Annuity Program? \_\_\_\_\_

Social Security? \_\_\_\_\_

Other? \_\_\_\_\_

Where are tax return records kept? \_\_\_\_\_

\_\_\_\_\_

Are there any lawsuits you are involved in, either as plaintiff or defendant? Yes No



Who is the attorney handling these actions? \_\_\_\_\_

### Personal Situation

What would you like done with the insurance settlement money received?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Would you care if home and/or property were sold? Yes    No

Do you have special personal effects that you would like to go to specific people?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What would you like done with general personal effects?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What type of feelings do you have about the use or non-use of life support systems if necessary?

---

---

---



What kind of provisions should be made with your “estate” in the event your spouse remarries?

---

---

---

Do you have special wishes for your children? Special dreams? Yes No

If yes, please note below or provide an attachment.

i.e. College

---

Gifts

---

Promises

---

Weddings

---

Other

---

What about books, medals, and photographs?

How would you like these handled? \_\_\_\_\_

---

---

Do you have any other personal requests or information you would like to share? Yes No

If yes, please note below or provide an attachment.



Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

## Appendix C Division Checklist

### Division Officer Roles and Responsibilities

Survivor Action Officer/Planning Group Manager

1. The fire chief will assume the position or appoint someone to fill this role.
2. Special staff appointment
3. The principal concern is the ongoing welfare of the next of kin

Coordinates and supervises activities of:

1. Family Liaison Officer (FLO) - on call to the family 24 hours to provide any needed assistance.
2. Funeral officer/Viewing & Vigil Division - coordinates and interacts with the funeral director on funeral arrangements.
3. Church officer/Memorial Service Division - coordinates and interacts with the church involved in the funeral service.
4. Cemetery officer/Interment Division - coordinates with the cemetery and funeral officer.
5. Procession officer/Logistics Division - arranges and directs the funeral procession.

Survivor Action Officer Check List

1. Assure proper notification of next of kin.
2. Officially notify all fire Agency stations of the death and have flags lowered to half mast. Make arrangements for the notification of off-duty and vacationing personnel.
3. Notify the following personnel:
4. Union president.
5. Other Agencies.
6. City Police Agency and County Sheriff's Office.



7. Make appropriate follow-up contacts when the funeral arrangements and schedule are determined.
8. Work with FLO to determine the method of collecting the deceased member's personal items from the fire station (screen items in advance).

Conduct a coordination meeting with key personnel as soon as possible so that everyone understands what options will be used in the funeral ceremony. Once funeral procedures are established, key personnel should make appropriate contacts and schedule a final coordination meeting to:

1. Establish schedules and timetables.
2. Identify times and places for group gatherings as required by the schedule.
3. Re-contact all appropriate people and agencies with the schedule, meeting places, and special instructions.
4. Function as the key contact person for outside agencies, news media, and other Agencies in relation to the death and subsequent ceremonies.
5. Make arrangements for a post-funeral meal and a facility to handle a large group (with family approval through the liaison officer). Additional meals for the family are to be provided as needed.
6. Coordinate with Personnel for the final paycheck and the completion of any required paperwork.
7. Contact neighboring fire Agencies for mutual aid coverage.
8. Maintain accessibility for the duration of the funeral process.



## Family Liaison Officer

1. The principal concern is to ensure that the NEEDS OF THE FAMILY are honored and come before the wishes of the Agency.
2. Provided with a fire Agency vehicle, pager, and radio for the duration of the funeral process.
3. Promptly report to the deceased's residence or to the treating medical facility to provide reassurance and support to the family.
4. Be prepared to discuss all aspects of the funeral process and counsel the family in its decisions. The FLO must relay to the fire chief the level of Agency involvement in the funeral process, in accordance with the family's wishes.

### Family Liaison Officer Check List

1. Make the family aware of what the Agency can offer in the way of assistance if the family decides to have a line-of-duty funeral.
2. Advise the family of churches with seating capacities that are large enough to accommodate attendance at the funeral. Any alternate church will need to be made aware that the family minister or fire Agency chaplain will officiate the service. THE AGENCY MUST ONLY MAKE THE FAMILY AWARE OF THE ALTERNATIVES; IT IS THE FAMILY'S CHOICE.
3. Brief the family on the fire Agency funeral procedures (taps, bagpipes, last alarm, etc.)
4. See that the surviving parents, if not the immediate next of kin, are afforded proper recognition and have proper placement arranged for them during the funeral and procession.
5. Assist the family in determining eight primary pallbearers and optional honorary bearers.



Assist the family in determining:

1. Type of internment
2. Which funeral home will be used
3. Which clergy will be used
4. Which cemetery will be used
5. Will the deceased be buried in uniform? If so, obtain uniform
6. Obtain all clothing the deceased will wear and deliver it to the funeral director.

**Determine the length of service to include:**

1. Readers of scripture
2. What scriptures will be read
3. Music to be used and who will perform
4. Who will deliver the funeral sermon/eulogy
5. Will the last alarm be used
6. Length of wake - establish tentative schedule

Ceremonies that will take place at the cemetery:

1. Pipers
2. Honor Guard
3. Eulogy and who will deliver
4. Taps/Last Alarm
5. Will the engine be a caisson/or a conventional hearse

**Be available 24 hours to assist in any way necessary**



Address the following items at the appropriate time:

1. Autopsy report, birth certificates, marriage certificates, death certificates (workers comp), VA or military records
2. Consult an attorney for the family to review all matters
3. Fire Agency benefits due to survivors
4. VA widow and children's benefits and burial benefits
5. Social Security benefits
6. Public Safety Officer Benefits (PSOB) federal and state
7. Life insurance
8. Final paycheck, including sick leave, vacation, and W-2 forms
9. Deferred compensation account
10. Income tax report
11. Loans outstanding that may be insured, including credit union loans
12. Transfer of property and vehicles to survivors
13. Review bills for legality, authenticity, and accuracy before payment by survivors.
14. Change the title on all bank accounts
15. Check on mortgage insurance
16. Possible workers comp claim

The family liaison officer must remain constantly alert for ways to assist the family of a fallen member in coping with the tragedy. Any special needs that are noticed should be relayed to the fire chief immediately so that the necessary resources to meet them can be acquired.



## Funeral Officer/Viewing & Vigil Division

The funeral officer coordinates with the family liaison officer and the funeral director to ensure that the wishes of the deceased member's family concerning all aspects of the funeral are carried out.

The funeral officer will attend all meetings called by the survivor action officer to determine the following:

1. The schedule of events and the length of time the mourning and burial process will involve.
2. Whether the fire Agency vehicle will be used as a caisson.
3. If the member's immediate family has not requested limousine service from the funeral home for transportation during the day of the funeral, the funeral officer, at the direction of the fire chief, will advise the funeral director to provide the limousine service and send an invoice to the fire Agency.
4. Coordinate with honor guard members to establish their schedule at the funeral home and church.
5. Coordinate a formal walk-through with uniformed personnel and the funeral director. This includes seating arrangements.
6. Work with the Agency chaplain or the family-designated clergy member to coordinate any prayer services to be held at the funeral home and forward the information to the survivor action officer.

Develop a schedule for uniformed personnel for coordination at the funeral site to include:

1. Arrival time for uniformed personnel and specific instructions as to where to gather
2. Briefing and practice of formations that will be used when the casket is removed
3. Briefing on proper protocols for entering and leaving the funeral
4. Coordinate vehicle staging with the procession officer, including arrangements for the fire Agency vehicles used. Ensure that sufficient personnel are available to direct and stage incoming apparatus and vehicles.



5. Obtain from the FLO the uniform or clothing to be worn by the deceased and deliver it to the funeral director.
6. Coordinate with the FLO on special readings or eulogies to be presented during the funeral.
7. Obtain white gloves for all pallbearers.



### Procession Officer/Logistics Division

The procession officer is responsible for coordinating the funeral procession from the funeral home to the church (if necessary) and from the church or other funeral site to the cemetery.

Duties include:

Attend all coordination meetings to determine the following:

1. Name of the funeral home
2. Name of the church
3. Name of the cemetery
4. Will an engine be used as a caisson, or will a conventional hearse be used?
5. Schedule of events on the day of the funeral
6. Does the procession involve walking
7. Honor guard
8. Band or pipers
9. Pallbearers
10. Establish a system for staging and coordinating vehicles at locations where the funeral activities will occur. Coordinate the vehicle staging with appropriate key personnel (church officer, cemetery officer, etc). Ensure that sufficient personnel are available at all staging locations to efficiently direct and stage apparatus and vehicles.

Coordinate with the FLO to determine any special considerations involved in the procession, which may include:

1. Passing the member's home, fire station, or other significant location.
2. Special static displays of equipment and personnel at a location on the procession route
3. The use of crossed aerial apparatus at the cemetery entrance or other location.



Contact the police Agency and the funeral director for assistance with:

1. Establishing routes for the procession.
2. Determining traffic control needs.
3. Rerouting traffic and street closing at the funeral home and church (contact Public Works to obtain barricades as needed).
4. Establishing traffic control at any special assembly points used.
5. Post “No Parking” signs around the funeral home, church, and any assembly points.
6. Directing staged vehicles as they line up for the procession.
7. Arrange for procession escorts.
8. Develop maps showing the procession route and any other needed information. Maps will be handed out at the funeral site briefing prior to the start of the service.

Align vehicles in the procession basically as follows (coordinate with the funeral director):

1. Lead escort
2. Hearse or fire Agency engine used as the caisson
3. Family vehicles
4. Pallbearers (if not riding on the caisson)
5. Honorary pallbearers
6. Honor guard/color guard
7. Fire Agency chief vehicle
8. Other fire Agency vehicles
9. Police Agency vehicles
10. City officials



11. Vehicles from other fire Agencies
12. Vehicles from other police Agencies
13. Family friends
14. Rear escort

If the fire Agency engine is used as the caisson, contact the survivor action officer and determine which apparatus will be used. Ensure the following items are taken care of in relation to the fire Agency vehicles:

1. Apparatus is thoroughly cleaned, and hose beds stripped.
2. Hose dividers were removed from the apparatus used as a caisson
3. Hose bed on a caisson is adapted to easily facilitate casket placement and removal (coordinate with the funeral director).
4. Apparatus operators have full dress uniforms to wear while driving.
5. Deceased member's bunker gear is obtained and placed in a riding position on the caisson (bunker boots will be turned backwards).
6. If used, bunting and/or funeral flags are affixed to the apparatus.



## Church Officer/Memorial Service Division

The church officer is responsible for coordinating all activities and ceremonies at the church. Duties include:

Attend coordination meetings and determine the following from the action survivor officer and the family liaison officer:

1. Schedule of events
2. Location of the church
3. Clergy to be used, including the fire Agency chaplain
4. Scripture to be read and readers
5. Type and length of service
6. What ceremonial items are requested
7. Badge presentation
8. Special readings
9. Music to be played, and who will present
10. Who will deliver the eulogy?
11. Contact the procession officer and coordinate vehicle staging at the church.

Make seating arrangements for those attending the church service. In addition to family members, dedicated seating should be provided for:

1. Pallbearers
2. Honor guard
3. Uniformed personnel
4. Determine formations to be used and coordinate them during the arrival and removal of the casket from the church. Review military commands for formations and issue them when appropriate.



5. Develop a program for the service and any special prayer cards, and provide for their reproduction and distribution.

### Cemetery Officer/Interment Division

The cemetery officer is responsible for the preparation and coordination of events that occur at the gravesite from the time the procession vehicles stop, and people exit the vehicles. The officer is also responsible for liaison with the cemetery personnel. Duties include:

Attend coordination meetings and determine from the survivor action officer and family liaison officer:

1. What type of interment will be used
2. Burial
3. Crypt
4. Cremation

Does the family wish to have:

1. Final alarm service
2. Taps played
3. Scripture read (who will read it)
4. Music (who will perform)
5. Schedule and coordinate the sequence of events that will take place at the gravesite. This includes coordinating any special requests received from the survivor action officers or the family liaison officer.
6. Develop the type and location of formations that will be used by uniformed personnel and issue orders as appropriate and consistent with military standards.

Ensure that the cemetery takes care of necessary items such as:

1. Overhead protection for the immediate family at the gravesite
2. Public address system provided (if needed)



3. Ensure pallbearers are thoroughly familiar with the process of folding and presenting the flag to the next of kin.
4. If the family situation warrants, coordinate with the survivor action officer to have emergency medical personnel/equipment present.
5. Upon dismissal of the formation, give instructions as to the location of the post-funeral meal (as determined by the survivor action officer and family liaison officer).
6. Agency Funeral Sectors
7. General Considerations for Funeral Planning



## Appendix D Mental Health Incident Action Plan/Benefits



**SAFETY AND HEALTH  
COLLABORATIVE**

## Florida Joint Council of Fire & Emergency Services

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## MENTAL HEALTH INCIDENT ACTION PLAN

As an organization, we are deeply committed to our members' and their families' safety, health, and wellness. We are equally unwavering in our dedication to your healing process.

As many of you know, our family of first responders endured a tremendous amount of stressful and trying situations. Since the incident, the Department has and will continue to leverage every available resource for the benefit of our members and their families.

The department has and will continue to work with the Fire Chiefs' Association of Broward County's Safety, Health and Wellness Chair, the Florida Firefighters Safety and Health Collaborative, the IAFF, the Florida Fire Chiefs' Safety, Health and Wellness Section Chair, City Administration, and Fire Administration. We have or plan on providing CISM, Chaplain Services, EAP, Peer Support, K-9 Support, and Licensed Mental Health Counselors (a comprehensive list of trained clinicians was provided to every member), Redline Rescue <https://redlinerescue.org/>, as well as granting time off for healing. The services provided will be covered in full by the city and listed in the available resources section.

This plan is in place and intended to be reviewed regularly by the department and its members to ensure needs are met. [INSERT FIRE DEPT HERE] realizes that we have a great responsibility to the community and our members to provide the best and most comprehensive care possible for everyone involved so that we can continue to provide the best service to our community and live in happiness and peace with our families. We are committed and will continue to provide every service available to our members and their families. If at any time any member needs more assistance or different or greater resources than what is offered, we encourage them to reach out. We encourage everyone to look out for each other, and if they know of any specific needs that have not been addressed, we encourage them to reach out to the resources the department and the city have provided and determine if one or more of them is the correct fit to fill the needs.

Utilize **APPENDIX A: INITIAL ACTIONS** checklist of immediate actions to consider accomplishing to assist with the mental health and wellness of your personnel.

A member of Local, County, or Regional Safety, Health, and Wellness to request a meeting with the Fire Chief or Designee to discuss the Mental Wellness Incident Action Plan as soon as feasible based on the incident.



County or Regional Safety, Health, and Wellness representative to prepare **APPENDIX B: LETTER TO FIRE CHIEF** and bring it to the initial meeting. The meeting will discuss the recommended and agreed upon mental health response, identify members assigned under the unified command system, and complete

**APPENDIX C: OUTREACH NEEDS ASSESSMENT** and **APPENDIX D: DEPARTMENT DEMOGRAPHICS.**

**APPENDIX G: BHAP DEPLOYMENT RESOURCES LETTER “SAMPLE LETTER”** will be sent to all members deploying as part of this response.

For BHAP resources responding out of the tri-county area, complete **APPENDIX H: BHAP RESPONDER TRAVEL LOGISTICS**

It is crucial to track that all personnel potentially impacted have been contacted. A complete personnel roster should be provided to the point of contact coordinating the deployment of BHAP resources.

Utilize **APPENDIX I: BHAP RESOURCE TRACKING.** Add completed forms to the final official action plan document.



## ITEMS TO DISCUSS WITH CHIEF FOR A

### 1. Scope and Size of Outreach:

1. How many stations/work locations are affected?
2. How many stations/work locations will be a part of this outreach?
3. What is the preferred duration of the outreach session? (Number of days)
4. Total number of personnel to be contacted?

### 2. Discussion Topics:

1. Are there any specific topics you'd like our peer team to cover during the outreach?
2. Do you have any guidelines or specific messages you'd like us to convey or avoid during the sessions?

### 3. Existing BHAP Resources:

1. Could you provide an overview of your available BHAP resources?
2. Would you be open to supplementing the existing resources with external organizations like Redline Rescue, the 2nd Alarm Project, UCF Restores, or the IAFF Center of Excellence?



**4. Expected Message(s):**

1. What key message or messages would you like our peer team to convey during the outreach to ensure alignment with your department's goals and values?
2. Are there any sensitive areas or topics you'd like us to approach with caution?

**5. Department's Role:**

1. Are there any specific roles or expectations you have for your designee assigned to the Unified Command Post?

**6. Unit Availability / Jurisdictional Coverage:**

1. Is it feasible for us to have units out of service for at least 30 minutes during the outreach session?
2. Have resources been coordinated for coverage during any sessions?
1. If so, please advise details of coverage.

**7. Talking Points and Education:**

1. The BHAP services being utilized provide education on mental wellness, coping strategies, or any other related topics and available services during outreach.
2. BHAP ensures that we are utilizing best practices.

**8. Long-Term Support:**

1. We encourage the development of a mental wellness action plan specific to this incident for ongoing support and follow-up to ensure that the positive impacts of the outreach are realized.

**9. Logistical Details:**

1. Are there any logistical considerations or preferences we should be aware of (e.g., incident-related events, calendar conflicts, etc.)?

**10. Confidentiality and Privacy:**



1. We ensure that confidentiality is a top priority and is protected under Florida state law for first responders. We will stress confidentiality to your members as well. We only share information if a serious safety concern about a member may need to be addressed.



## ACTIONS TAKEN

The following are the processes that occurred during the response to and after **[INSERT SHORT SUMMARY OF EVENT WITH NAMES OF DECEASED AND SERIOUSLY INJURED]**

### 1. **[INSERT DATE OF EVENT]: Initial Actions Completed**

1. Immediately following the incident, **[INSERT DEPT]** requested that CISM, Chaplains, and Peer Support be coordinated and deployed.
2. Provide personnel with communications detailing events associated with the incident.
3. Command staff ensured all first responders were offered post-incident defusing within twenty-four (24) hours
  1. Activated CISM/Peer Teams from Broward County, who responded to perform the defusing for all personnel involved.
  2. The Safety, Health, and Wellness Officer or Designee identified members who needed immediate assistance.
  3. The Safety, Health, and Wellness Officer or Designee determined members who needed to be relieved of duty and provided coverage for their shift(s).
4. Safety, Health, and Wellness Officer or Designee coordinated with the Safety and Health Sub-Committee and Fire Chief on resources needed to address mental health impact.
  1. Determine the level of response necessary to address impact.
  2. Initiate a call for outside resources to deploy the Behavioral Health Access Program (BHAP) resources:
    1. Licensed Mental Health Counselors
    2. Peer Support Teams
    3. CISM Teams



4. K-9 Teams
5. Chaplains
6. EAP



5. Safety, Health, and Wellness Officer or Designee designated a joint Mental Health Unified Command Support Operations Center with the following:

1. Conference area
2. Telephone Service
3. Wireless Internet
4. Printing Capabilities
5. Access to logistical needs
6. Private offices for counseling sessions
7. Other resources as needed

## **2. [INSERT DATE]: Mental Health Strategic Planning**

### **1. Setup Mental Health Support Operations Site**

1. Ensure connectivity with internet, printing, and site access.
2. Meeting held with Fire Chief. List all in attendance and assignments here:
3. A Deployment strategy was developed to ensure resources visited all members.

## **3. [INSERT DATE]: Members Debriefed**

1. Peer Support Teams deployed throughout the Department and met with every person that this incident may have impacted.

1. \_\_ Visits
2. \_\_ Fire stations/locations
3. Enter dates and locations of visits.

- 
4. \_\_ Personnel contacted.

## **4. [INSERT THIRTY (30) DAY DATE RANGE FROM INCIDENT] – First Thirty (30) Days**

1. Continued with on-site BHAP services to our members.

1. BHAP services will remain available to visit with anyone who

wants additional help.

1. This includes those affected and their families.

2. List out additional BHAP services provided.

2. EAP

3. Continue to encourage all members to seek assistance if they have any issues.
4. Encourage all members to keep an eye on each other and seek assistance if you notice changes in behavior.
5. Provide families with BHAP resources and insight into what their loved ones may be going through. (Letter to Families)

5. **[INSERT THREE (3) MONTH DATE] – Three (3) Month Follow-ups**

1. Safety, Health, and Wellness Sub-Committee Peer Support Teams started the process of follow-up meetings with everyone involved with the incident.
  1. Emails sent to mutual aid agencies advising of the three (3) month assessment.
  2. A running list of personnel is kept secured and up to date to ensure that no person impacted by the incident is unseen and spoken to on multiple occasions.

6. **[INSERT SIX (6) MONTH DATE] – Six (6) Month Follow-ups**

1. Safety, Health, and Wellness Sub-Committee Peer Support Teams started the process of follow-up meetings with everyone involved with the incident.
  1. Emails sent to mutual aid agencies advising of the six (6) month assessment.
  2. A running list of personnel is kept secured and up to date to ensure that no person impacted by the incident is unseen and spoken to on multiple occasions.

7. **[INSERT ONE (1) YEAR DATE] – One (1) Year Follow-up**

1. Safety, Health, and Wellness Sub-Committee Peer Support Teams started the process of follow-up meetings with everyone involved with the incident.

1. Emails sent to mutual aid agencies advising of the one-year assessment.
  2. A running list of personnel is kept secured and up to date to ensure that no person impacted by the incident is unseen and spoken to on multiple occasions.
2. Analysis of the process over the past year will be conducted.

1. Recommendations for improvement will be solicited from all participants.
2. Changes to the process adopted as necessary.
3. Determination for continued checks throughout the following year(s).

**8. Each Anniversary of the Incident**

1. Assessment of personnel shall be conducted, and a determination made on what, if any, needs the personnel have.

## APPENDIX A: INITIAL ACTIONS CHECKLIST

|                          |                                                                                                                                                                                                                                                                               |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Notification of All Command Staff of Incident                                                                                                                                                                                                                                 |
| <input type="checkbox"/> | Local or County Communications Notification to Activate BHAP Resources<br>1. Local-County Communications to Contact FCABC Safety, Health, and Wellness Chair and Co-Chair who will coordinate BHAP Response with designated Point of Contact from Agency requesting.          |
| <input type="checkbox"/> | Establish agency Point of Contact for Mental Health Coordination                                                                                                                                                                                                              |
| <input type="checkbox"/> | Provide on-scene support to all members                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | Capture the names of all members on scene                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | Establish a Unified Command Post and Coordinate with FCABC Safety, Health, and Wellness Sub-Committee Chair, Co-Chair, or Designee for Mental Health Response within four (4) hours of the incident if possible.                                                              |
| <input type="checkbox"/> | Establish an Incident Commander with clear line of authority for Mental Health Response and communicate with command staff                                                                                                                                                    |
| <input type="checkbox"/> | IC and Fire Chief to determine the level of BHAP response in collaboration with FCABC Safety, Health, and Wellness Sub-Committee Chair, Co-Chair, or Designee                                                                                                                 |
| <input type="checkbox"/> | Provide Notification to all personnel of the Department regarding the incident<br>1. Personal notification of LODD is the best method<br>2. Mass notification option for Non-LODD                                                                                             |
| <input type="checkbox"/> | Identify any members needing immediate assistance and notify Mental Health Response IC                                                                                                                                                                                        |
| <input type="checkbox"/> | Determine members who need to be relieved of duty and provide coverage for their shift(s). (Recommend the Department covers this and not the member's personal/sick time)<br>1. Notification to Safety, Health, and Wellness POC of any member relieved of duty for follow-up |
| <input type="checkbox"/> | Post-incident defusing is offered within 24 hours                                                                                                                                                                                                                             |
| <input type="checkbox"/> | Meeting with Fire Chief and FCABC Safety, Health, and Wellness Sub-Committee Chair, Co-Chair, or Designee to discuss the mental health response plan within 36 hours or sooner if possible                                                                                    |

## APPENDIX B: LETTER TO THE FIRE CHIEF

Dear Chief [Chief's Last Name],

I hope this letter finds you well. In this difficult time, our hearts go out to you and the entire [Fire Department Name] family. Please accept our deepest condolences for the tragedy your department has experienced.

Thank you for the opportunity to collaborate on the upcoming Behavioral Health Access Program (BHAP) outreach to your department. It is best for all involved if a unified approach is established with a designated incident commander in delivering BHAP resources. We truly value the chance to provide essential assistance during this challenging time.

A primary component of BHAP is Peer Support. To provide you with more insight into Peer Support, Peer Support is typically conducted in small settings. The intention is to create an environment that encourages open and meaningful discussions. We find that gathering around the kitchen table in each firehouse or work location fosters a sense of camaraderie and allows for more personal and productive conversations.

Peer team members are experienced in facilitating these discussions and sharing valuable insights on mental wellness and coping strategies. These sessions are informal and offer a safe space for sharing experiences and concerns. For first responders, these conversations are protected for confidentiality under Florida state law. The peer support members have access to additional resources through BHAP if needed.

We are here to support your department in any way that we can. During planning and preparation for the deployment of BHAP resources, we will discuss any logistical considerations, such as timing and location. We will ensure that the outreach is tailored as much as possible to your department's needs.

Enclosed with this letter is a needs assessment form that will help us better understand your department's specific needs and concerns. In order to ensure the success of our deployment, please review and complete the assessment within the agreed-upon timeframe. If you have any questions or require further assistance, please feel free to contact me using the contact information below.

With heartfelt condolences and gratitude,

[Your

Name]

[Your Title]

[Your Contact Information]

## APPENDIX C: OUTREACH NEEDS ASSESSMENT

### **Mental Wellness Response Needs Assessment** **Department Contact Information (Point of Contact)**

---

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

ADDITIONAL INFORMATION

### **Summary of Precipitating Incident**

---

[INSERT SHORT SUMMARY OF INCIDENT]

## APPENDIX D: DEPARTMENT DEMOGRAPHICS

|                                                                                        |       |
|----------------------------------------------------------------------------------------|-------|
| Personnel (Total Department Size):                                                     | <hr/> |
| Total Number of Stations/Locations:                                                    | <hr/> |
| Total Number of Personnel Impacted:                                                    | <hr/> |
| Total Locations Requiring Contact:                                                     | <hr/> |
| Shift Schedule – 24/48 or 24/72                                                        | <hr/> |
| Do You Have a Peer Support Team?                                                       | <hr/> |
| Provide Peer Team Lead Contact:                                                        | <hr/> |
| Do You Have a CISM Team?                                                               | <hr/> |
| If So, Provide Lead Contact:                                                           | <hr/> |
| Do You have Pre-Vetted Clinician(s)?                                                   | <hr/> |
| Provide List of Clinicians with Contact Info:                                          | <hr/> |
| Do You have Chaplain(s)                                                                | <hr/> |
| Provide List of Chaplain(s) with Contact Info:                                         | <hr/> |
| Are There Any Exclusionary Times for Response: If so, When?                            | <hr/> |
| Are There Any Conflicts with Daily Calendar? i.e., Station Chores, Pub Ed Events, etc. | <hr/> |
| EAP/Behavioral Health Provider:                                                        | <hr/> |
| EAP/Behavioral Health Provider Contact Info:                                           | <hr/> |
| Best Way to Reach EAP:                                                                 | <hr/> |
| List of Benefits Currently Available:                                                  | <hr/> |
| Insurance Provider:                                                                    | <hr/> |
| Insurance Provider Point of Contact Info:                                              | <hr/> |
| Names and Availability of Department Ambassadors:                                      | <hr/> |

## APPENDIX E: TEAM LEADER CHECKLIST

|                          |                                                                                                                                                                                                                                                                      |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Bring sufficient copies of any paperwork required.                                                                                                                                                                                                                   |
| <input type="checkbox"/> | Provide education and resource materials specific to the event and location. These resources will comprise the affected department's vetted local resources.                                                                                                         |
| <input type="checkbox"/> | Identify Ambassadors (Union representatives, retirees, etc.) that can meet the team and introduce them at each station/work location.                                                                                                                                |
| <input type="checkbox"/> | Have contact information for licensed mental health professionals.                                                                                                                                                                                                   |
| <input type="checkbox"/> | Ensure that, once deployed, resource team members will be self-sufficient and will not adversely affect the department.                                                                                                                                              |
| <input type="checkbox"/> | Record the name and contact information for each team member under your supervision.                                                                                                                                                                                 |
| <input type="checkbox"/> | Establish a schedule to reach each shift/station and any other work environments. Confirm with the Command Staff and Union representative(s) as to the finalized schedule.                                                                                           |
| <input type="checkbox"/> | Promote trust, allow anonymity, and preserve confidentiality for employees utilizing the program.                                                                                                                                                                    |
| <input type="checkbox"/> | Attempt to identify any members of the affected departments that may have immediate needs that require follow-up or ongoing support. These may be extended to the members' families as well.                                                                         |
| <input type="checkbox"/> | Debrief and provide materials to deployed team members at the completion of the incident.                                                                                                                                                                            |
| <input type="checkbox"/> | Communicate with all concerned when the process is complete as to any unresolved issues or future suggestions.                                                                                                                                                       |
| <input type="checkbox"/> | Compile information gathered from the teams to develop an ongoing needs assessment for the affected department. This will include recommendations for follow-up, administrative adjustments, and other pertinent considerations.                                     |
| <input type="checkbox"/> | Provide a written analysis specific to their job function within the deployment that will include overall activities (number of personnel attending, number of sessions held, etc.) as well as Strengths, Weaknesses, Opportunities, and Threats for the deployment. |

|                                                                                   |                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>Ensure ICS 214 Daily Activity Logs are completed for all Team members to include a list of names of the team members, and information required under the SERP if deployment is part of state activation.</p> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## APPENDIX F: TEAM LEADER DAILY TASKS

|                          |                                                                                                                                                       |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Daily briefing updates and talking points, including the name and number of BHAP resources on hand if needed.                                         |
| <input type="checkbox"/> | Daily debriefing materials to include objectives for operational period or day                                                                        |
| <input type="checkbox"/> | Provide daily briefing prior to deploying teams. Consider using <b>ICS 201 Incident Briefing</b> . (May be required for State Deployments)            |
| <input type="checkbox"/> | Daily rosters and team assignments. Consider using <b>ICS 204 Assignment List</b> , (May be required for State Deployments)                           |
| <input type="checkbox"/> | Maintain Contact Information of all Deployed Resources – <b>Consider using ICS 205A Communications List</b> . (May be required for State Deployments) |
| <input type="checkbox"/> | Document total personnel contacted, and locations visited                                                                                             |
| <input type="checkbox"/> | Determine if all locations and assignments for the operational period or day were accomplished.                                                       |
| <input type="checkbox"/> | Ensure any location unable to be visited is added to additional days.                                                                                 |
| <input type="checkbox"/> | Maintain a Complete list of Personnel and work with Dept. POC to ensure all personnel impacted have been contacted.                                   |

## APPENDIX G: BHAP DEPLOYMENT DETAILS “SAMPLE LETTER”

Subject: Important Details and Deployment Schedule for BHAP Support Outreach

Hello [Peer/Clinicians/K9 Therapy/Chaplains Team Members], [letter tailored to BHAP Resources]

First and foremost, I want to express my heartfelt gratitude to each of you for stepping up to help a department in need. Your dedication and willingness to provide support in challenging times are truly commendable.

I want to take a moment to provide you with some important details regarding the upcoming peer support outreach deployment. Your role in this event is crucial, and I'm confident that your expertise and compassion will make a significant impact.

### **Deployment Overview:**

The outreach will involve multiple teams traveling across the area to provide education and support as needed. Our goal is to offer psychoeducation on the effects of \_\_\_\_, insights into the healing process, and to identify anyone who may be in crisis. We are collaborating with the local agency to develop informative materials and talking points for our interactions.

**(Share any details about the precipitating incident that you may have here.)**

### **Schedule and Coordination:**

We will be creating a route and schedule for each day, with most teams visiting several locations daily. We'll factor in projected needs and operational considerations. On-the-day coordination will be handled in partnership with the department and the Team Lead.

### **Briefing Times:**

Morning briefings will be held at a specific time on the designated days. The exact address will be shared soon. If you anticipate any delays, please let me or [Team Lead's Name] know your projected arrival time.

### **Attire:**

Please avoid wearing any rank insignias. If your team has non-rank-identifying uniforms, that would be ideal. If using a department uniform, opt for one that is as ambiguous as possible. Business casual will be the overall dress code.

**Additional Information:**

I've attached a spreadsheet with further details and the list of peers attending. Kindly review and ensure accuracy. The spreadsheet includes the meeting location and time for the pre-deployment meeting. Feel free to reach out if you have any questions or concerns.

In closing, I want to express my sincere appreciation. Your commitment to making a difference, even in the face of tragedy, reflects the highest ideals of our profession. Your leadership in providing much-needed support is both inspiring and invaluable.

With deep appreciation,

**[Insert contact information]**

## APPENDIX H: BHAP RESPONDER TRAVEL LOGISTICS

Hotel Accommodations in the Area:

Group Rate/Code:

### Local Food Sources:

Map & Address of Each Station/Work Location:

Station/Work Location Phone Numbers:

Educational Material Provided by the Team  
Leader in Coordination with Dept.  
Resources:

**Additional Details:**

# APPENDIX I: BHAP RESOURCE TRACKING

| DATE | TIME | LOCATION | BHAP RESOURCE (PEER, CISM, CHAPLAIN, K9 THERAPY, CHAPLAIN) | TOTAL CONTACTS |
|------|------|----------|------------------------------------------------------------|----------------|
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |
|      |      |          |                                                            |                |

## APPENDIX J: MENTAL HEALTH RESOURCE LIST

1. Redline Rescue - <https://redlinerescue.org/>
2. 2<sup>nd</sup> Alarm Project: <https://2ndalarmproject.org/>
3. IAFF Center of Excellence - <https://www.iaffrecoverycenter.com/>
4. UCF Restores - <https://ucfrestores.com/>
5. FFHSC Family Caregiver connection - <https://www.floridafirefightersafety.org/programs-resources/caregivers>
6. National Suicide Prevention Lifeline: 988
7. EAP: **[INSERT EAP RESOURCE AND CONTACT INFO]**
8. Insurance Provider: **[INSERT INSURANCE PROVIDER AND CONTACT INFO]**
9. Other Department BHAP resources:
  1. **[INSERT ADDITIONAL AVAILABLE RESOURCES]**

## APPENDIX K: USG PROGRAM INFORMATION



### National Fallen Firefighters Foundation Uniformed Peer Support Groups

When a firefighter dies in the line of duty, fire departments customarily respond with an outpouring of support to ensure the family is taken care of and the firefighter is honored appropriately. Afterwards, firefighters will assist each other through the healing process and, at times, utilize available peer support and behavioral health resources. However, there are certain positions within the organization that can become isolated through the grieving and recovery phases due to a wide range of unique emotional, personal, political, social, legal, and relational aspects. Only someone who has experienced such an event can truly relate to these situations. To address the distinct need to support these individuals in their healing and recovery, and in an effort to ensure no one has to “walk alone” after a line-of-duty death, the National Fallen Firefighters Foundation has developed several uniformed outreach program initiatives.

#### Chief-to-Chief Program

The Chief-to-Chief Network grew out of a need expressed by chiefs who had lost a firefighter in the line of duty. They said that they felt very isolated after the death of a firefighter, that they had no one to turn to for advice and support. The Foundation has established a network of senior fire officers who have one thing in common. They have all experienced the death of a firefighter in the line of duty and understand what a department goes through.

Visit: <https://www.firehero.org/resources/department-resources/programs/chiefs/>



#### Incident Commander-to-Incident Commander Program

The NFFF created the IC to IC Network to provide assistance to incident commanders who have experienced a line-of-duty death of a firefighter under their command. This is a peer network connecting incident commanders who recently experienced a line-of-duty death with a trained peer who previously lost a firefighter under their command.

Visit: <https://www.firehero.org/resources/department-resources/programs/ic-to-ic-network/>



### *Company Officer-to-Company Officer Program*

The Company Officer-to-Company Officer Network grew out of a need expressed by company officers who had lost a firefighter in the line of duty. They said they felt very isolated after the death of a firefighter, that they had no one to turn to for advice and support. The Foundation has established a network of company officers who have one thing in common. All experienced a line of duty death as a company officer and understand more than anyone what that means.



Visit: <https://www.firehero.org/resources/department-resources/programs/company-officer-to-company-officer-network/>

For more information contact Ian Bennett at [ibennett@firehero.org](mailto:ibennett@firehero.org) / 540-820-1255 or Scott Burnette at [sburnette@firehero.org](mailto:sburnette@firehero.org) / 828-777-0251

## APPENDIX L: SELF CARE AFTER A LINE OF DUTY DEATH

### **Self-Care and Mental Wellbeing for Families After a Line of Duty Death**

Losing a loved one in the line of duty may be one of the hardest experiences a family can endure. Grief is a deeply personal journey, and there is no right or wrong way to feel. The timeline in this guide is not a rule- your experiences may vary greatly. You may encounter some, all, or very few of the feelings and reactions described here. This guide is intended to offer supportive information and practical steps to help you care for yourself and your family in the days, weeks, and months ahead.

### **Immediately After the Loss – Up to 2 Weeks**

#### **What You Might Feel:**

1. Numbness, disbelief, or shock that the death occurred
2. Sudden waves of intense grief, sadness, or anger
3. Difficulty sleeping, changes in appetite, headaches, stomach upset, or muscle tension
4. Feeling overwhelmed by funeral planning, media attention, and visits from officials or colleagues

#### **Supporting Children:**

5. Children may struggle to understand what happened and ask the same questions repeatedly
6. They may show grief through behavior- clinginess, irritability, nightmares, or regression in skills
7. Provide simple, honest explanations appropriate for their age
8. Keep routines, like meals and bedtime, as consistent as possible

#### **Self-Care Suggestions:**

9. Allow trusted family or friends to help with meals, childcare, and logistics
10. Take breaks from constant visitors or phone calls when needed
11. Ask someone you trust to help manage communication with the agency and media

12. Try to rest and eat, even small amounts, to support your body through stress

## **Two Weeks – 1 Month**

### **What You Might Feel:**

1. Exhaustion from constant activity in the early days giving way to deep sadness or emptiness
2. Feeling disoriented or forgetting simple things
3. Physical tension, chest tightness, or frequent illness as your body processes stress

### **Supporting Children:**

4. Mood swings or sudden tears; children often move in and out of grief more quickly than adults
5. Involve children in small choices for rituals (lighting a candle, choosing a flower for the funeral) so they feel included
6. Share stories about the loved one to help children maintain memories

### **Self-Care Suggestions:**

7. Begin establishing a routine to bring some stability back into your days
8. Accept offers of ongoing help with household tasks and paperwork
9. Identify someone at the agency who can guide you through survivor benefits and follow-up steps
10. Consider talking with a grief counselor, chaplain, or peer who has walked this path

## **One-Three Months**

### **What You Might Feel:**

11. Loneliness as support from others begins to fade
12. Anger or frustration at the circumstances of the death, the agency, or others involved

13. Sleep disruptions, intrusive thoughts, or dreams
14. Ongoing physical issues like fatigue, low energy, or frequent colds

**Supporting Children:**

15. Watch for school difficulties, withdrawal, or behavior changes
16. Keep open lines of communication with teachers and caregivers so they can provide support
17. Create memory boxes or scrapbooks together to help process grief

**Self-Care Suggestions:**

18. Stay connected with survivor groups or organizations supporting LODD families
19. Keep up with medical appointments to monitor the toll on your health
20. Begin finding small moments of normalcy- walks, hobbies, or shared family rituals
21. Reach out if you feel isolated- continued connection is protective

## **Three – Six Months**

**What You Might Feel:**

22. Grief may resurface intensely after initial shock fades
23. Struggles with identity or role changes in your household
24. Lingering physical symptoms like headaches, stomach upset, or muscle pain

**Supporting Children:**

25. Older children and teens may struggle with anger, acting out, or withdrawing from family
26. Encourage healthy expression through journaling, art, or sports
27. Reassure them that it's okay to feel different emotions and to grieve at their own pace

**Self-Care Suggestions:**

- 28. Pace yourself in returning to work or daily activities
- 29. Prioritize regular meals, movement, and sleep routines
- 30. Lean on faith traditions, cultural practices, or personal rituals for support
- 31. Communicate openly with children or family members about feelings and needs

## **Six – Nine Months**

### **What You Might Feel:**

- 32. Ups and downs- periods of stability mixed with sudden, sharp grief
- 33. Heightened stress around agency events or memorial services
- 34. Ongoing physical exhaustion or anxiety-related symptoms

### **Supporting Children:**

- 35. Prepare children for events or memorials- they may feel proud but also sad or anxious
- 36. Allow them the choice to attend ceremonies or not, and support either decision
- 37. Maintain consistency in home routines to provide security

### **Self-Care Suggestions:**

- 38. Allow yourself permission to step away from events if overwhelming
- 39. Acknowledge small steps of healing without guilt
- 40. Continue to talk with peers, support groups, or professionals who understand LODD grief

## **Nine Months – One Year**

### **What You Might Feel:**

- 41. Anxiety, sadness, or irritability leading up to the anniversary
- 42. Renewed sense of loss at holidays, birthdays, or milestone events missed

43. Family conflict or miscommunication as everyone grieves differently

#### **Supporting Children:**

44. Anticipate strong emotions in children around anniversaries, birthdays, and holidays
45. Create rituals together (writing letters, visiting a memorial, planting a tree) to honor your loved one
46. Reassure children that remembering is part of healing

#### **Self-Care Suggestions:**

47. Prepare in advance for the anniversary date and important milestones
48. Create new traditions or rituals to honor your loved one
49. Give space for each family member to cope in their own way
50. Use grounding strategies (breathing, journaling, prayer) to manage strong emotions

## **One Year and Beyond**

#### **What You Might Feel:**

1. Ongoing waves of grief triggered by reminders, even years later
2. A sense of strength from surviving the first year, mixed with sadness at ongoing absence
3. Physical stress may lessen, but chronic symptoms can remain if not addressed

#### **Supporting Children:**

4. Continue open conversations about the loved one, especially as children grow and their understanding deepens
5. Expect questions to change as children age; revisit the conversation when needed
6. Encourage ongoing connection through photos, traditions, or sharing stories

#### **Self-Care Suggestions:**

7. Stay involved with LODD survivor networks for continued connection and support
8. Keep anniversaries, holidays, and birthdays in mind and prepare rituals that feel right

9. Focus on long-term health- nutrition, exercise, regular checkups
10. Seek meaning-making activities (volunteering, advocacy, sharing your story) if and when you feel ready

### **Special Note on Anniversaries, Birthdays, and Holidays**

These dates can bring a surge of grief, even years later. Birthdays, holidays, and the anniversary of the line of duty death often stir difficult emotions, memories, and “what-ifs.” These reactions are normal and do not mean you are “going backward.”

#### **Suggestions for Families:**

11. Plan ahead- decide if you want to be with others, attend events, or spend the day privately
12. Create rituals like lighting a candle, preparing a favorite meal, or visiting a memorial site
13. Allow children to take part in age-appropriate activities- drawing pictures, writing notes, or helping prepare a special remembrance
14. Give yourself permission to skip events if they feel overwhelming
15. Balance remembering your loved one with self-care and rest

### **Special Note on News, Media, and Legal Considerations**

In the aftermath of a line of duty death, families may face unexpected attention from the media or encounter legal processes connected to the incident. News coverage, media inquiries, and legal processes can resurface painful emotions, even months or years after a loss. Headlines, interviews, or courtroom proceedings often bring back memories, raise new questions, or stir feelings of anger and helplessness. At times, legal occurrences or media coverage can also precipitate grief, depression, or other difficult emotions that emerge unexpectedly.

#### **Suggestions for Families:**

16. Designate a spokesperson – Choose a trusted family member, friend, or department representative to handle media inquiries on your behalf so you don’t feel pressured to respond.
17. Set boundaries – It is okay to decline interviews, limit questions, or request privacy from the press. Protecting your time and space is a form of self-care.

18. Work with your department – Public safety agencies often have Public Information Officers (PIOs) who can help manage media requests and issue official statements.
19. Understand legal processes – Depending on circumstances, investigations, workers' compensation, or benefit claims may occur. Ask your department or a trusted attorney to explain what to expect and to advocate for your rights.
20. Keep records – Save copies of documents, correspondence, and notes related to benefits or legal matters. Having everything organized can reduce stress later.
21. Take care of yourself – If media coverage or legal proceedings feel overwhelming, give yourself permission to step back and let others manage the details while you focus on healing.

# Line-of-Duty Death Benefits Guide

*A Handbook for Survivors of Fallen Firefighters*



P.O. Drawer 498 • Emmitsburg, MD 21727  
phone: (301) 447-1365 • fax: (301) 447-1645

*email:* firehero@firehero.org • *web:* [www.firehero.org](http://www.firehero.org)

Dear Survivor,

Though my husband was a firefighter for fourteen years, I did not recognize the need for a handbook like this until he was killed in a training accident in 1999. As I sifted through the information on death benefits available to me and my two young children, it became apparent that help was needed for those, like me, who suddenly found themselves in such a circumstance.

In an effort to extend its outreach to survivors, the National Fallen Firefighters Foundation began a project to help support surviving families during the difficult process of filing for benefits.

Following extensive research, it was determined that it would be most helpful to focus on three key components: a handbook of benefits; a simple organizational kit; and one-on-one support from other survivors.

The purpose of this handbook is to give you a guide as you walk through the maze of possible death benefits associated with the death of your loved one. A comprehensive listing of benefits is included, with a focus on those directly related to a line-of-duty death. Also enclosed are explanations of these benefits, contact information for each source, and information sheets designed to help you stay organized throughout the filing process. This handbook is intended to inform you as much as possible as to what's available.

Please keep in mind that the benefits listed here will not be available to all survivors. Each benefit has specific criteria for eligibility.

Your loved one's fire department is a good source of help. There are some forms that must be completed by department officials. We strongly urge you to work with the department through this process.

The Foundation is committed to helping wherever possible. Along with this handbook, there is support available from other survivors who have "been there". Included in this guide are thoughts and suggestions from others who have lived through the tragedy of losing a loved one in the line of duty. They, too, have endured the phone calls, frustrations, and mounds of paperwork involved in filing claims for benefits. Perhaps some of their experiences can be a comfort to you now.

As you begin this difficult process, may you take comfort in knowing that others have gone before you. They're available to help if you need them. You can contact the Foundation office, and they can put you in touch with someone.

Sincerely,

*Robin Moore-Lewis*

# Survivor Benefits Guide Table of Contents

## *Getting Started*

DISCLAIMER: The materials contained in this Handbook are intended to provide a summary of benefits that may be available to you. You should consult a legal or financial professional before making any investments or major financial commitments.

## **Suggestions from Survivors**

### **Who Have Been Through the Benefits Process**

#### ***Be prepared for the process to be painful.***

The most difficult part was having to accept the fact that my husband was gone.

It was hard having to relive the incident every time a form asked for specifics of how my husband died.

Forms and benefit claims can be confusing on a good day, but impossible if one is grieving. I needed a lot of emotional support.

One of the most difficult parts of the benefits process was answering the questions "date of death," "date marriage ended," and "filing status: married or single?"

I felt like I was receiving money in place of my husband.

#### ***Be patient and persistent.***

Take your time. Only do what your brain will take in at a time. It's very emotional, and you're going to feel all worn out.

Apply as soon as possible, because some benefits processes can take a while. Keep good records and follow up after a reasonable amount of time if you have not heard anything.

The paperwork is non-stop incoming and outgoing. If you get one thing accomplished each day, that's a step in the right direction.

#### ***Stay organized.***

Take notes--names, times, dates. You may not understand what you are being told at the time, but eventually it comes together.

Applying for benefits was a full-time job for many months. I used file folders, binders, and specific lists to help keep track of documents, phone calls, and information.

Keep duplicates of forms, because frequently you will have to provide them again.

We used to meet and go over everything on benefits once a week.

Be cautious in sorting your mail. You will be receiving mail from organizations that may be unfamiliar to you, and with all of us receiving so much junk mail, you could inadvertently throw away an important document. I almost threw away a check!

***Don't do it alone. When necessary, seek out personal and professional support.***

If you don't feel you can handle dealing with the volume of mail, have a friend or family member help you. That person can pull out anything that requires your immediate attention.

Rely on someone you trust who is organized and can devote some time to assist you in tracking the filing for your benefits.

The best thing for me was to have one person (the same person) with me every time I had a meeting with someone about benefits. That person was able to focus when I couldn't, and months later I could depend on her to remind me about things I was supposed to be doing.

Even though I didn't care about benefits at the time, I did know all of this was important for my children. My family and friends were my life line.

It was difficult to understand the legal jargon. I had the overwhelming feeling of being swallowed up in a river of paper.

If I had it to do over, I would get a lawyer right away. My life was in an uproar, stressful for at least two years.

***Know where you stand.***

I let other people work on things and didn't follow up as thoroughly as needed. Some of the paperwork sat on a desk for six months. I know it's a time of grief, but we still need to watch over and be responsible for our family's affairs.

Make sure that either you or someone that you trust finds out everything that you and your family are entitled to.

## **How To Stay Organized**

At a time when you are emotionally overwhelmed, you are faced with details, arrangements, planning, and decisions that seem endless and can be confusing. However, careful attention to financial matters at this time can help you and your family members deal with important details later and ensure that you receive benefits to which you are entitled.

You may want a family member or trusted friend to assist you in collecting and organizing the documents you will need. Writing down as much information as possible will be helpful. The organizational kit which accompanies this booklet may help you begin to organize your thoughts and records.

In all cases, make sure you have a copy of every document or correspondence you send by mail, e-mail, or fax related to these benefits. Also be sure that documents you send can be tracked to the recipient.

## **Do I Qualify for This Benefit?**

Ask about and apply for all benefits for which you may be eligible. If you don't apply at all, you may miss out on financial assistance to which you and your family are entitled. If you are denied but feel that you meet the criteria to be eligible for that benefit, there is usually an appeals process.

## **Are There Benefits or Tasks Not Covered by This Guide?**

At the end of this guide, there is a list of other resources to help you find general (not fire service related) benefits information and checklists of what needs to be done after the death of a loved one. We have also included information on where to get basic education on managing household finances and how to find a financial professional to assist you.

As soon as you are able, you should update your will, other appropriate legal documents, and bank accounts. This is an important step in safeguarding your well being and is particularly important if you have minor children.

It may be difficult to imagine that there are people who would try to take advantage of your grief following the death of your loved one. Be cautious about offers you receive. Take your time. Feel free to question any request or offer regarding your finances.

Many survivors choose to consult a financial professional or company to help secure benefits or manage finances. If you decide to use such services, make sure that the person is certified and reputable. You can consult your local Better Business Bureau or Chamber of Commerce for more information.

## **A Word of Caution:**

### **Local Assistance State Teams (L.A.S.T)**

Supporting the firefighter's family through a line-of-duty does not always occur as it should. That is why the National Fallen Firefighters Foundation (NFFF), through a grant from the Department of Justice Bureau of Justice Assistance, is working to develop a unified response on a state-by-state basis to provide assistance to fire departments and the firefighter's family immediately following a line-of-duty death and beyond.

The intent is not to circumvent any system that is already in place in a state but to provide resources for each of the state teams to help with issues related to the line-of-duty death incident, understanding that there may be different state or local protocols in various parts of the country. Under this program, each team will be known as the Local Assistance State Team (LAST).

Upon request from the department, these teams will be deployed to assist the department with all aspects of a line-of-duty death—from helping with arrangements for a fire department funeral with full honors to providing emotional support for the family and department members or filing for Federal, State and local benefits. The team may also be requested by survivors as needed.

In career fire departments, the LAST may be interacting with the Local IAFF President or other IAFF representative and may be directed there by the Chief. The LAST Coordinator shall contact the local organizational structure in place.

## **The Mission:**

First and foremost, follow the Mission Statement by providing necessary assistance and support to families and fire departments of fallen firefighters, ***as requested. The primary mission of the team is to provide assistance and comfort to the family and department and help with filing DOJ-PSOB, state and local benefits.***

## **Notification Protocols:**

Upon notification of a LODD, the LAST shall be requested through the LODD Hotline number at 1-866-736-5868.

**For more information about the LAST team in your state,**

**please contact the National Fallen Firefighters Foundation at (301) 447-1365.**

## **Steps for Departments Assisting Survivors with Benefits**

Here is a list of steps the department or agency should take, on behalf of survivors, to help secure benefits. You may find it helpful to have as a reference.

The department or agency should:

### **In the first 24 hours**

1. Find out about state and/or local autopsy requirements for line-of-duty deaths, including who is responsible for the cost. This includes deaths from heart attacks and strokes that occur within 24 hours after responding to an emergency incident. Talk with the immediate next-of-kin about why an autopsy is recommended or required.
2. If you have a local 100 Club, Bluecoats, or similar organization, inform them of the death so they can provide immediate assistance to the survivors
3. Contact the Department of Justice at **(888) 744-6513** to begin the filing process for Public Safety Officers' Benefits
4. **If needed, call (866) 736-5868 to request help from a Local Assistance State Team (LAST) through the National Fallen Firefighters Foundation**

### **In the first 48 hours**

5. If you do not have a list of line-of-duty death benefits that exist in your state, see the Benefits section of the National Fallen Firefighters Foundation's Web site at [www.firehero.org](http://www.firehero.org), or call the Foundation at (301) 447-1365 to request one
6. If your state has a one-time death benefit, initiate the process of filing for this benefit
7. Contact the department's life insurance company
  8. Let the survivors know about any local funeral homes or cemeteries that offer services for free or at reduced cost for line-of-duty deaths
  9. Encourage the next-of-kin to request 20 certified copies of the death certificate through the funeral director
  10. Contact Lighthouse Uniform or a similar company to request a free Class A Uniform for burial
  11. Identify one person from the department who can act as the coordinator and primary point of contact for the next-of-kin regarding benefits. Have this person meet with the next-of-kin or his or her designee to discuss preliminary benefits information.
  12. Provide information in writing, since survivors may not remember the

conversation later. Encourage the next-of-kin to identify a trusted family member or friend who can assist as a point of contact with the department.

13. Consult with bank/legal specialists to establish a donation fund for the survivors, and make sure it is set up properly according to federal and state tax laws. If there are cash donations

from a collection or fundraiser, deposit this money into the donation fund.

#### **Within the first week**

14. Begin the claims process for Workers' Compensation
15. Find out if your state offers a funeral benefit, which is usually administered through Workers Compensation
16. Initiate the process of accessing any other department-related benefits
17. Encourage the next-of-kin to contact the Social Security Administration to initiate the process of applying for monthly benefits, the lump sum death benefit and/or Medicare/Medicaid
18. If the firefighter was a veteran, advise the next-of-kin to contact the Department of Veterans' Affairs

Within a week after the funeral, arrange to meet with the next-of-kin or his or her designee to discuss the benefits process and status in greater detail. The following topics should be covered in this meeting:

19. Encourage the next-of-kin to contact other agencies through which they may have life insurance policies
20. Advise the next-of-kin to obtain 12 or more certified copies of marriage certificate and birth certificate of each dependent. If applicable, some benefits will also require copies of adoption and divorce decrees.
21. If the firefighter was a veteran, advise the next-of-kin to locate the DD-214 (military discharge papers)
22. Advise the next-of-kin to have the Social Security Numbers of each survivor who may be eligible for benefits
23. For volunteer firefighters or career firefighters with secondary employment, encourage the next-of-kin to meet with the employer to discuss benefits
24. Talk to the next-of-kin about access to continued health insurance, through the department, other employer, or COBRA

#### **Within the first month**

25. If a spouse, child, or stepchild is pursuing higher education, encourage the survivors to contact the Foundation for information about scholarships

and other educational assistance

## Benefits for Which Fire Service Survivors May Be Eligible

Each benefit may have separate criteria for eligibility. Please see sections on specific benefits in this manual. Detailed state benefits information is available from the Foundation at [www.firehero.org](http://www.firehero.org) or by calling (301) 447-1365.

|                                            | Eligible for this benefit? | Have necessary information? | Claim initiated? (Indicate date) | Notes |
|--------------------------------------------|----------------------------|-----------------------------|----------------------------------|-------|
| <b>Federal Benefits</b>                    |                            |                             |                                  |       |
| Public Safety Officers' Benefits           |                            |                             |                                  |       |
| Public Safety Officers' Educational Assist |                            |                             |                                  |       |
| COBRA                                      |                            |                             |                                  |       |
| Social Security                            |                            |                             |                                  |       |
| Veterans' Benefits                         |                            |                             |                                  |       |
| <b>State Benefits</b>                      |                            |                             |                                  |       |
| One-time Death Benefit                     |                            |                             |                                  |       |
| Workers' Compensation                      |                            |                             |                                  |       |
| Funeral/Burial Allowance                   |                            |                             |                                  |       |
| Retirement/Pension Plan                    |                            |                             |                                  |       |
| Health Insurance                           |                            |                             |                                  |       |
| Education Benefits for Spouse/Children     |                            |                             |                                  |       |
| <b>Local Government</b>                    |                            |                             |                                  |       |
| Life Insurance                             |                            |                             |                                  |       |
| Retirement/Pension Plan                    |                            |                             |                                  |       |
| Final Paycheck                             |                            |                             |                                  |       |
| Funeral/Burial Allowance                   |                            |                             |                                  |       |
| Health Insurance                           |                            |                             |                                  |       |
| <b>Private Organizations</b>               |                            |                             |                                  |       |
| Education Benefits for Spouse/Children     |                            |                             |                                  |       |
| 100 Club, Bluecoats, etc.                  |                            |                             |                                  |       |
| Fraternal organizations                    |                            |                             |                                  |       |

## Documents Related to Benefits

You will need many documents over the next several months. You may want to note where each one can be found or gather them in one secure place like a locked, fire-safe file or safety deposit box. Some documents will not apply to everyone.

| Document/Information                                                                           | Do I need this? | Do I have this? | Where can I find it? | Where is the info in the Benefits Handbook? |
|------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------|---------------------------------------------|
| <b>Locate the following documents first since they will be necessary to begin the process:</b> |                 |                 |                      |                                             |
| Birth certificate of loved one and children                                                    |                 |                 |                      |                                             |
| Death certificate of loved one<br>(20 certified copies)                                        |                 |                 |                      |                                             |
| Marriage certificate(s)<br>(including prior marriages)                                         |                 |                 |                      |                                             |
| Divorce decree(s), if applicable                                                               |                 |                 |                      |                                             |
| Social Security Number of loved one, spouse,<br>and dependents                                 |                 |                 |                      |                                             |
| Military discharge papers (DD-214)                                                             |                 |                 |                      |                                             |
| Adoption decrees, if applicable                                                                |                 |                 |                      |                                             |
| <b>You should also locate the following:</b>                                                   |                 |                 |                      |                                             |
| Your loved one's will                                                                          |                 |                 |                      |                                             |
| Safe deposit boxes and keys                                                                    |                 |                 |                      |                                             |
| Life insurance policies or certificates                                                        |                 |                 |                      |                                             |
| Real estate deeds (Listed under loan documents)                                                |                 |                 |                      |                                             |
| Information related to stocks, bonds, mutual funds, or other securities                        |                 |                 |                      |                                             |

| <b>Document/Information</b>                                                                                        | <b>Do I need this?</b> | <b>Do I have this?</b> | <b>Where can I find it?</b> | <b>Where is the info in the Benefits Handbook?</b> |
|--------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------|----------------------------------------------------|
| Vehicle titles                                                                                                     |                        |                        |                             |                                                    |
| Checking and savings accounts information, including names, addresses, and phone numbers of financial institutions |                        |                        |                             |                                                    |
| Credit cards issued to your loved one and/or you and your loved one                                                |                        |                        |                             |                                                    |
| Loan documents, such as mortgages and auto loans                                                                   |                        |                        |                             |                                                    |
| Documents related to loans owed to you                                                                             |                        |                        |                             |                                                    |
| List of employers for the past 15 years, including names and contact information                                   |                        |                        |                             |                                                    |
| Retirement documents                                                                                               |                        |                        |                             |                                                    |
| Medical records (especially in cases of cardiovascular death)                                                      |                        |                        |                             |                                                    |
| Names, addresses, phone numbers, birthdates of firefighter's children and stepchildren                             |                        |                        |                             |                                                    |

## **Questions to Ask About Benefits**

***If you are the spouse, remember to ask the following questions about each benefit:***

Final payment:

1. Once the paperwork is done, how soon can I expect to receive or begin receiving this benefit?

Children:

2. Is this benefit based on dependent children?
3. How will my benefit change when my children turn 18 or move away from home?
4. What if they are in college? What if they marry?
5. What are the age limits for children to receive benefits?
6. Are stepchildren eligible to receive benefits?

Remarriage:

7. What happens if I remarry before I receive all the payments?
8. If I remarry, will my children continue to receive their benefits?

Taxes and Financial Considerations:

9. Is this benefit exempt from Federal and/or state income tax?
  1. If so, how can I get this in writing?

Will this benefit be offset or reduce the amount I can receive from other benefit programs?

***If you are the parents and the immediate next of kin, remember to ask the following questions about each benefit:***

Final payment:

1. Once the paperwork is done, how soon can we expect to receive or begin receiving this benefit?

Taxes and Financial Considerations:

2. Is this benefit exempt from Federal and/or state income tax?
  1. If so, how can we get this in writing?
3. Will this benefit be offset or reduce the amount we can receive from other benefit programs?

**See individual benefits sections for specific questions about each benefit.**

## Glossary of Frequently Used Acronyms

|                |                                                                    |                |                                                        |
|----------------|--------------------------------------------------------------------|----------------|--------------------------------------------------------|
| <b>APR</b>     | Annual Percentage Rate                                             | <b>ME</b>      | Medical Examiner                                       |
| <b>ATM</b>     | Automated Teller Machine                                           |                |                                                        |
| <b>BIA</b>     | Bureau of Indian Affairs                                           | <b>NASFM</b>   | National Association of State Fire Marshals            |
| <b>BJA</b>     | Bureau of Justice Assistance                                       | <b>NFFF</b>    | National Fallen Firefighters Foundation                |
| <b>BLM</b>     | Bureau of Land Management                                          | <b>NOK</b>     | Next of Kin                                            |
| <b>CD</b>      | Certificate of Deposit                                             | <b>NPS</b>     | National Park Service                                  |
| <b>CFP</b>     | Certified Financial Planner                                        | <b>NVFC</b>    | National Volunteer Fire Council                        |
| <b>CFR</b>     | Code of Federal Regulations                                        |                |                                                        |
| <b>COBRA</b>   | Consolidated Omnibus Budget Reconciliation Act                     | <b>OJP</b>     | Office of Justice Programs                             |
| <b>COLA</b>    | Cost of Living Allowance                                           | <b>OMB</b>     | Office of Management and Budget                        |
| <b>CSRS</b>    | Civil Service Retirement System                                    | <b>OPM</b>     | Office of Personnel Management                         |
| <b>DOD</b>     | Department of Defense                                              |                |                                                        |
| <b>DOI</b>     | Department of the Interior                                         | <b>PERS</b>    | Public Employees Retirement System                     |
| <b>DOJ</b>     | Department of Justice                                              | <b>PIA</b>     | Primary Insurance Allowance                            |
| <b>DOL</b>     | Department of Labor                                                | <b>PIN</b>     | Personal Identification Number                         |
| <b>EFT</b>     | Electronic Funds Transfer                                          | <b>PL</b>      | Public Law                                             |
| <b>FEMA</b>    | Federal Emergency Management Agency                                | <b>POV</b>     | Privately Owned Vehicle                                |
| <b>FERS</b>    | Federal Employee Retirement System                                 | <b>PSOB</b>    | Public Safety Officers' Benefits                       |
| <b>FY</b>      | Fiscal Year                                                        | <b>PSOEA</b>   | Public Safety Officers' Educational Assistance         |
| <b>IAFC</b>    | International Association of Fire Chiefs                           | <b>Q&amp;A</b> | Question and Answer                                    |
| <b>IAFF</b>    | International Association of Fire Fighters                         | <b>SSA</b>     | Social Security Administration                         |
| <b>ICMA-RC</b> | International County Management Association-Retirement Corporation | <b>SSN</b>     | Social Security Number                                 |
| <b>IRA</b>     | Individual Retirement Account                                      | <b>U.S.C.</b>  | United States Code                                     |
| <b>IRC</b>     | Internal Revenue Code                                              | <b>USDA FS</b> | United States Department of Agriculture-Forest Service |
| <b>IRS</b>     | Internal Revenue Service                                           |                |                                                        |
| <b>LODD</b>    | Line-of-Duty Death                                                 | <b>VA</b>      | Department of Veterans Affairs                         |
|                |                                                                    | <b>WC</b>      | Workers Compensation                                   |
|                |                                                                    | <b>WTA</b>     | Withholding Tax Allowance                              |

## **Sample Contact Sheet**

**Name of Benefit:** \_\_\_\_\_

Type of contact:      In-person      Phone      E-mail      U.S. mail

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Spoke to: \_\_\_\_\_ Employee ID No. \_\_\_\_\_

Phone number/Extension: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Summary of contact: \_\_\_\_\_

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Information/Documents requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next expected contact: \_\_\_\_\_

Follow-up Needed/Notes for next time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: It is a good idea to follow-up conversations with an e-mail to the person you spoke with. The content should summarize the points you discussed. This can help clarify any misunderstandings)

## **Benefits from the Federal Government**

1. PSOB
2. PSOE A
3. COBRA
4. Social Security
5. Veterans Benefits
6. Victims of Crime

A variety of federal benefits are available to survivors of fallen firefighters. However, because of varying criteria, not everyone is eligible to receive them. The information on the following pages can guide you to the places and people who can best make that determination for you.

## **Federal Government Benefits at a Glance**

### ***Public Safety Officers' Benefits (PSOB) Act (42 U.S.C. 3796)*** ***Regulations are found in 28CFR Section 32***

#### ***What does PSOB offer eligible survivors?***

A one-time cash payment for eligible survivors of public safety officers who die in the line of duty

#### ***Who administers the program?***

PSOB is administered by the U.S. Department of Justice, Bureau of Justice Assistance

#### ***What is the amount of the award?***

\$333,604.68 as of October 1, 2013. Amount is adjusted each October, based on the Consumer Price Index.

#### ***Who is eligible to receive PSOB?***

The law dictates who can receive these benefits:

1. Spouse
2. Dependent children and stepchildren (must be under age 18, a full-time student under age 23, or dependent because of a permanent disability)
3. If no eligible spouse or children, the person named on the most recently executed life insurance policy
4. If none of the above, the parent or parents in equal shares

#### ***How do you apply for PSOB?***

1. The department should contact PSOB to initiate a claim
2. There are two forms that must be completed, one by the immediate survivor(s) and one by the department
3. Extensive documentation is required from the department and survivors
4. Autopsy is strongly recommended, especially if there has not been an obvious traumatic injury

#### ***How can I get more information?***

For more detailed and most recent information, visit

[www.ojp.usdoj.gov/BJA/grant/psob/psob\\_main.html](http://www.ojp.usdoj.gov/BJA/grant/psob/psob_main.html) or call 1-888-744-6513.

Also see [www.ojp.usdoj.gov/BJA/grant/psob/psobaddinfo.pdf](http://www.ojp.usdoj.gov/BJA/grant/psob/psobaddinfo.pdf)

### ***What if the claim is not approved?***

PSOB has an appeals process that survivors can use to provide additional documentation or new information that may affect the final ruling.

### ***Questions to Ask***

1. How can I find out about the status of my claim?
  2. If I have financial hardship, can I get an advance payment while I wait for the paperwork to be approved?
    1. If so, how much, and how do I apply for this?
3. How long will it take to receive reimbursement?

If the firefighter was your spouse:

1. Do all my spouse's children receive an equal share?
  1. Does this include stepchildren?

### ***Federal Tax Exemption for Line of Duty Death Annuities***

The Fallen Hero Survivor Benefits Act of 2001 (P.L. 107-15) amended the IRS code to exempt pensions or annuity payments on public safety death benefits to include survivors whose loved one died on or before December 31, 1996. Survivors whose loved one died in the line of duty after December 31, 1996, received this exemption under P.L. 105-34.

### ***Federal Tax code reference***

26CFR 1.104 - Compensation for Injuries or Sickness

## **Federal Government Benefits at a Glance**

### ***Public Safety Officers' Educational Assistance (PSOEA) Program***

#### ***What does PSOEA offer eligible survivors?***

Financial assistance for higher education for spouses and eligible children of public safety officers who die in the line of duty. Survivors must have received PSOB benefits to be eligible for this program.

#### ***Who administers the program?***

PSOEA is administered by the U.S. Department of Justice, Bureau of Justice Assistance

#### ***What is the amount of the award?***

4. Maximum of \$881 per month, as of October 2007. Award will depend upon number of courses and eligible expenses. Amount adjusted each October, based on the Consumer Price Index.
5. All PSOEA awards must, by law, be reduced by the amount of other governmental assistance that a student is eligible to receive. Private scholarship awards do not reduce the PSOEA award amount.

#### ***Who is eligible to receive PSOEA?***

1. Spouse
2. children and step-children under the age of 27

#### ***What expenses may be covered and for how long?***

For full- and part-time students at an eligible institution

1. Tuition and fees
2. Room and board
3. Books and supplies
4. Other expenses consistent with the applicant's educational, professional or vocational objectives
5. Assistance is available for 45 months of full-time education or training, or for a proportional amount of time for a part-time program.
6. Costs may be reimbursable for eligible costs incurred in previous years, also.

#### ***How do you apply for PSOEA?***

- Have PSOB case number or date of award and information on estimated costs

3. Contact PSOE at 1-888-744-6513

***How can I get more information?***

4. For more detailed and most recent information, visit [www.ojp.usdoj.gov/BJA/grant/psob/psob\\_education.html](http://www.ojp.usdoj.gov/BJA/grant/psob/psob_education.html)
5. Download application form from this site.

***Questions to Ask***

6. What other benefits will offset or reduce the amount I or my children can receive from this program?
7. How long will it take to receive reimbursement?
8. What types of education are covered?
9. What are the requirements in terms of GPA and course load?
10. How long can I continue to receive this assistance?

## **Federal Government Benefits at a Glance**

### ***Health Insurance-COBRA***

#### ***What is COBRA?***

A federal law known as COBRA guarantees that the employer of a public safety officer who dies in the line of duty must make the same type of health insurance available to the spouse and dependent children as was provided prior to the death.

#### ***Who is eligible?***

In order for survivors to be eligible, the deceased firefighter and the survivors must have actually been covered under that employee health plan at the time of death.

#### ***How long does this insurance continue?***

Coverage is available for up to 36 month after the death.

#### ***Who pays for this coverage?***

There is no provision in the law for the employer to pay for the health insurance unless state law provides for this. However, in most cases, the survivors must pay for the insurance coverage.

#### ***Who initiates contact about the insurance?***

The employer must notify the health plan administrator within 30 days after the employee's death. The plan administrator then has 14 days to contact the survivor and offer the COBRA coverage.

Upon receiving this information, the survivor has up to 60 days to decide whether or not to buy the COBRA coverage.

#### ***When will the coverage start?***

If a survivor elects COBRA coverage, it will be retroactive to the date that benefits ended because of the death. The first premium payment must be paid within 45 days.

#### ***Will this health insurance offer the same benefits?***

Coverage under COBRA must be identical to the coverage the firefighter had prior to death. However, employers can let survivors drop some incidental benefits to lower premium costs. If the department changes its health plan, survivors will receive the benefits under the new plan.

#### ***What if a survivor moves out of the health plan coverage area?***

A survivor will lose benefits since the employer is not required to offer a plan in a different area.

***Who is eligible to receive COBRA?***

11. Spouse
12. Dependent children and stepchildren (must be under age 18, a full-time student under age 23, or dependent because of a permanent disability)

## **Federal Government Benefits at a Glance**

### ***Social Security Benefits (www.ssa.gov)***

#### ***Who is eligible for Social Security?***

Anyone who has worked and paid Social Security taxes has earned benefits for his or her family. The amount of work (quarters) needed to make survivors eligible depends upon the worker's age at death.

#### ***Who administers the program?***

The program is administered by the U. S. Social Security Administration.

#### ***What does Social Security offer eligible survivors?***

- 13. A one-time death benefit of \$255 toward burial expenses
- 14. Monthly survivor's benefits

#### ***Who may be eligible for survivor benefits?***

- 15. Widows and widowers age 60 or older
- 16. Disabled widows and widowers
- 17. Widows and widowers taking care of the firefighter's child who is under age 16 or disabled, and receiving Social Security benefits
- 18. Unmarried children under age 18, or up to age 19 if attending high school full time.
  - 1. Under certain circumstances, stepchildren, grandchildren or adopted children may receive benefits
  - 2. Disabled children of any age who were disabled before age 22
  - 3. Dependent parents age 62 or older
  - 4. Divorced spouses age 60 or older, if the marriage lasted 10 years or longer

#### ***Who administers the program?***

Social Security Administration

#### ***How do you get in touch with Social Security?***

- 5. Call Social Security toll free at 1-800-772-1213, from 7 am to 7pm.
- 6. Call or visit your local Social Security office. The phone number will be in the government section of your local phone book

***What documents will you need to apply?***

7. Your Social Security number and the fallen firefighter's number
8. Your loved one's birth and death certificates
9. Proof of the firefighter's earnings for the last year. (W-2 or self-employment tax return)
10. Your marriage certificate
11. If you are applying for benefits as a spouse or divorced spouse, your divorce decree
12. Your bank account information if you want direct deposit
13. Military discharge (DD-214), if your loved one served in the military

***What if your loved one was already receiving Social Security benefits?***

14. Contact Social Security immediately to report the death
15. If benefits are being paid through direct deposit, notify the financial institution.
16. If benefits are paid by check, do not cash the check and return any checks received after the death to Social Security.

***How can I get more information?***

For more detailed and most recent information, visit [www.ssa.gov](http://www.ssa.gov)  
or call 1-800-772-1213. The TTY number is 1-800-325-0778.

## **Federal Government Benefits at a Glance**

### ***Veterans' Administration Benefits***

#### ***What does the Veterans' Administration benefit include?***

Survivors may be eligible for a lump sum payment of \$300 for burial expenses, an allowance of \$300 toward a burial plot, burial in a national cemetery, a government headstone or marker, and a burial flag.

#### ***Who administers the program?***

The U.S. Department of Veterans' Affairs

#### ***What determines eligibility?***

The firefighter must have been a veteran who received a discharge other than dishonorable. Reservists entitled to retired pay are also eligible to receive a burial flag.

#### ***How do you apply for veterans' benefits?***

Contact the regional Veterans' Administration Office listed in the Federal Government section of the telephone book or call 1-800-827-1000.

You will need the following:

1. Proof of military service (Form DD-214)
2. Service Serial Number
3. Death certificate
4. Marriage license, if applicable
5. Children's birth certificates, if applicable

#### ***How can I get more information?***

For more detailed and most recent information, visit [www.va.gov](http://www.va.gov) or call 1-800-827-1000

## **Federal Benefits at a Glance**

### ***Victims of Crime Act Benefits***

#### ***What is the Victims of Crime program?***

1. The U. S. Department of Justice (DOJ) supports state programs to provide compensation and assistance to victims of federal and state crimes.
2. For firefighters, this would generally include deaths that involved arson, homicide, or other crimes.

#### ***What types of benefits are available to families of firefighters killed in the line of duty?***

3. Each state administers a crime victim compensation program that provides financial assistance.
4. The compensable costs and amounts vary from state to state.

#### ***What costs may be eligible?***

5. Medical costs
6. Funeral and burial costs
7. Mental health counseling

Compensation is only paid when other financial resources, such as private insurance, do not cover the expenses.

#### ***How can I get more information?***

8. Visit the DOJ Web site at <http://www.ovc.gov> for a complete list of all services and contact information on offices throughout the United States and its territories. See [www.nacvcb.org/progdir.html](http://www.nacvcb.org/progdir.html) for a direct link to your state's information.
9. Call toll free at 1-800-851-3420 to order printed resources from DOJ.

## **Benefits from Your State Government**

1. State line-of-duty death benefit (one time or paid in installments)
2. Workers' Compensation
3. Funeral/Burial Allowance
4. Retirement/Pension
5. Health Insurance
6. Educational Assistance for Children
7. Educational Assistance for Spouses

Every state is different! Not all states offer these benefits. Some benefits may be available based on circumstances of death or type of service (career or volunteer). You can view and print a list of your state's benefits online at [www.firehero.org](http://www.firehero.org).

States administer the following programs, so most often you will be addressing these questions to a state employee in the state capital or a regional office. This may not be the case for Worker's Compensation, where you may talk directly to the insurance company.

It is strongly suggested that you know the state tax laws regarding all benefits you receive BEFORE you see an accountant. Not all accountants are knowledgeable of the state laws regarding these benefits.

## **State Government Benefits**

### ***One-time Death Benefit***

Many states provide a one-time benefit to survivors of firefighters and other public safety officers who die in the line of duty. Amounts and criteria for eligibility vary widely from state to state, and some states do not have a one-time death benefit. You can access information about your state at [www.firehero.org](http://www.firehero.org) in the Benefits section.

### ***Questions to Ask***

1. Is this payable as a lump sum or over a set period of years?
  1. Do I get to choose?
  2. Will this benefit offset the amount(s) I can receive from other agencies, such as Workers Compensation?

## **State Government Benefits**

### ***Worker's Compensation***

Survivor benefits may be available from the Worker's Compensation program in the state or locality of the fire department with which your loved one served. The benefits coordinator or fire department representatives should be able to assist you in determining if these benefits will be available.

Generally:

8. Many states provide a set burial allowance
9. Most states pay benefits to children up to age 18, and longer if the child is disabled
10. There may be an offset provision for payments received from Social Security or other benefits
  1. Many states do not continue payments when a spouse remarries. Some offer a set amount as a lump-sum final payment.

Due to the variety of qualifying requirements and the complexity of filing processes, some survivors have told us they sought legal advice and assistance with this benefit.

The U.S. Department of Labor, Office of Worker's Compensation Programs, has information on benefits in each U.S. state and territory available online at:

[www.dol.gov/esa/regs/compliance/owcp/wc.htm](http://www.dol.gov/esa/regs/compliance/owcp/wc.htm)

### ***Questions to Ask***

2. Are there special benefit rates paid for line-of-duty deaths?
3. Is this payable as a lump sum or over a period of years?
  1. If so, do I get to choose?
  2. How long will I receive periodic payments?
1. If your loved one died serving as a volunteer firefighter, be sure to ask how his or her level of compensation will be computed.

## **State Government Benefits**

### ***Funeral/Burial Allowance***

In some states, funeral benefits are available separate from Worker's Compensation; in others, they are part of Worker's Compensation. Because benefits vary so much at the state level, you will need information for your state specifically. A quick place to find information for your state is the NFFF website ([www.firehero.org](http://www.firehero.org)) where you will find a summary of each state's benefits. Of course, you should also seek assistance from the local organizations where your loved one was affiliated.

#### ***Questions to Ask***

1. If my loved one isn't covered under Workers Compensation, can we still get this benefit?
2. What is the maximum amount?
  1. What does it cover?
  2. Does the payment go to the eligible survivor or to the funeral home/cemetery?

## **State Government Benefits**

### ***Retirement/Pension***

The states vary widely both in the amount and for whom benefits are available. Some states provide retirement/pension benefits for both career and volunteer firefighters. Others provide benefits only for career personnel. As with other state benefits, you should seek information at the local level or you may read the summary information on the NFFF website ([www.firehero.org](http://www.firehero.org)) and then proceed to the sources referenced on that website.

#### ***Questions to Ask***

3. Is this benefit available as a lump sum or in periodic payments?
4. If I am the spouse and already receive my own retirement benefit, am I eligible to receive my loved one's benefit, also? Do any offsets apply?
5. Are my children eligible to receive any portion of the proceeds?

## **State Government Benefits**

### ***Health Benefits***

Some states provide health care, but many do not. You will find summary information for your state on the NFFF website, but you should also ask the department where your loved one was affiliated for specific health benefits information.

#### ***Questions to Ask***

6. Will I be eligible for health care benefits? Some states provide health care, but most of the time this will be a local benefit question.
7. If not, will I be eligible under the COBRA provision that allows me to continue coverage for up to 36 months?

#### ***For career firefighters:***

1. Will the department/state continue to pay its share?
2. Will my children be covered also? Up to what age?
3. If I move out of state, how will this affect my health benefits coverage?

NOTE: If you have problems or questions regarding life insurance, health care insurance, or worker's compensation that you have not been able to resolve, you can contact your state's Insurance Commissioner's Office for assistance.

## **State Government Benefits**

### ***Educational Assistance***

Many states offer educational benefits to children and/or spouses of fallen firefighters. The amount of assistance varies from state-to-state. A summary of information for your state's benefits can be found on the NFFF Web site. For more specific information, contact the office of your state's Department of Education.

#### ***Questions to Ask***

8. Who is covered besides me?
9. Are there age limitations for children?
10. What are the requirements in terms of GPA and course load?
11. Is there a limit on how long I can wait to take advantage of this benefit?
12. Do I lose the benefit if I move out of state?
13. What exactly is covered under this benefit?
  1. In-state and out-of-state schools?
  2. Public and private schools?
  3. Full- and part-time study?
  4. Certifications, such as EMT or computer specialties?
  5. Undergraduate and graduate study?

## **Benefits from Local Government/Departments**

1. Life Insurance
2. Retirement
3. Final Paycheck
4. Sick pay
5. Coverage of hospital/emergency transport costs
6. Health Insurance
7. Funeral/Burial Allowance

Often the department will assign someone to provide information on these benefits. If not, here are the types of things to ask. Some may only pertain to career firefighters. For questions to ask on health insurance, please refer to the section under State Benefits.

### ***Questions to Ask***

1. Is there a department life insurance policy?
2. Will the final check include vacation, sick leave, etc.?
3. When can I expect to receive the final check?

## **Benefits from Private Organizations**

- 8. Hundred Clubs, etc.
- 9. Educational Assistance/Scholarships
- 10. Union Benefits

If your firefighter belonged to any organizations, such as a union or fraternal group, there may be additional benefits available. Some communities and states also have private organizations that will provide immediate assistance to the family.

### ***Questions to Ask***

- 1. If a “fund” is established, is it properly set up so that the proceeds are not taxable at any level? Can I get this in writing for future reference?

## **Benefits from Private Organizations**

### ***Scholarships/Education Assistance***

In addition to Federal, state, and local benefits, there are several other sources of assistance to help cover secondary education costs. As with all benefits, each has its own set of criteria for eligibility.

#### **National Fallen Firefighters Foundation**

[www.firehero.org](http://www.firehero.org)

The National Fallen Firefighters Foundation offers financial assistance for post-secondary education and training to spouses, children, and stepchildren of firefighters honored at the National Fallen Firefighters Memorial. Children and stepchildren must be under age 30 and have been under age 22 at the time of the firefighter's death.

Survivors who apply for the Foundation's Sarbanes Scholarship Program will also be considered for several partner programs. You only need to submit the Foundation scholarship application and materials to be considered for the partner programs.

More information and downloadable application materials can be found in the Benefits section of the Foundation's Web site.

#### **W. H. "Howie" McClennan Scholarship**

#### **International Association of Fire Fighters**

<http://www.iaff.org/et/scholarships/mcclennan.html>

This program makes annual scholarship awards available to children of firefighters who died in the line of duty. The applicant's parent must have been a member in good standing of the International Association of Fire Fighters at the time of death.

Please see the Web site or contact the IAFF directly for more information

## **Personal Benefits**

11. Life insurance policies other than those carried by a department or union
12. Benefits associated with employment outside the fire service
13. Small life insurance policies offered in conjunction with bank accounts or credit card accounts.

This guide focuses on benefits that are directly related to the death of a firefighter in the line of duty. For specific information on other benefits, contact banks, credit card companies and other agencies directly.

### ***Questions to Ask***

1. Are there exclusionary clauses in any of these policies that disqualify law enforcement or fire service personnel who die in the line of duty?

## **Additional Resources**

There are many resources that can provide you with additional information on benefits and financial matters. The following organizations and Web sites might be useful to you:

### **AARP**

(888) OUR-AARP (888-687-2277)

[www.aarp.org/families/grief\\_loss](http://www.aarp.org/families/grief_loss)

This is a good source for checklists and reminders about details that need to be handled after the death of a loved one. The information is written for the average person, not someone who is well versed in finances and benefits information. You don't have to be a member to access the information through the Web site, and much of the information applies to people of all ages. You can view and download the information online or order printed publications.

[www.USA.gov](http://www.USA.gov)

This is a central point for locating and contacting agencies within the Federal government as well as those within your state. You can also find contact information for the Congressional representatives from your state. In addition, there are links for many agencies, topics, and publications available from the government.

[www.familiesUSA.org](http://www.familiesUSA.org)

This website is sponsored by a consumer group that keeps track of state rules on health coverage.

[www.smartaboutmoney.org](http://www.smartaboutmoney.org)

[www.federalreserveeducation.org/pfed](http://www.federalreserveeducation.org/pfed)

[www.finra.org/investor](http://www.finra.org/investor) information

[www.jumpstart.org/links.cfm](http://www.jumpstart.org/links.cfm)

[www.schoolwork.org](http://www.schoolwork.org)

[www.choosetosave.org](http://www.choosetosave.org)

These websites have articles on life insurance, student loans and loan consolidation, retirement, IRAs, and many other financial issues. They also have links to additional websites on similar topics. There is considerable information that would be useful in teaching children and teenagers about personal finances and using credit wisely.

<http://knowhow2go.org>

This website provides information on preparing for college and is geared to middle school through high school students. It includes links to specific state information as well as other useful resource links.

*Rev 3/20/08*

APPENDIX N: FLORIDA PROFESSIONAL FIREFIGHTERS LODD CRITERIA INFORMATION PACKET –  
JULY 2025



# **FLORIDA PROFESSIONAL FIREFIGHTERS**

**LODD Criteria - Information Packet  
July 2025**

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343 West Madison Street

Tallahassee, Florida

32301 Phone: (850) 224-7333 | Fax: (850) 222-1751 | E-mail: [fpf@fpfp.org](mailto:fpf@fpfp.org) | Website:

<http://www.fpp.org> *Affiliated with:* INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS



# **CURRENT FLORIDA MEMORIAL WALL DOCUMENT**

**Florida Joint Council of Fire & Emergency  
Services – April 2021**



Florida Joint Council of Fire & Emergency  
Services 221 Pinewood Drive – Tallahassee, FL  
32303

Florida Joint Council of Fire and Emergency Services  
Firefighter Line-of-Duty Death Memorial Selection  
Process

*Ratified April 16, 2021*

### **Purpose**

The purpose of this Florida Joint Council of Fire and Emergency Services (Joint Council) policy is to develop a process, review standard and selection criteria, for those members of Florida's Fire Service who have reportedly died in the line of duty for inclusion on the Florida Fallen Firefighter Memorial(s).

### **Responsibilities**

**Division of State Fire Marshal Bureau of Firefighter Standards and Training (BFST) –** BFST will prepare a list of fallen firefighters for consideration of their names being placed on the memorials. The listing will include information concerning the request such as, date of demise, circumstances of the death, federal memorial standing and other available information.

**Joint Council –** The Joint Council has taken on the responsibility of maintaining the Florida Fallen Firefighter Memorial(s); at the State Fire College in Ocala and Fallen Firefighter Memorial Monument at the State Capitol in Tallahassee. An important part of this responsibility is to make recommendations to Florida's Chief Financial Officer/State Fire Marshal regarding who will be placed on the memorials. Therefore, it is important and necessary to develop guidelines on how those recommendations evolve. The Joint Council will review ALL submitted request for inclusion, at least once a year, and will render a decision prior to the Annual Fallen Firefighters Memorial Service.

\* Acceptance for inclusion on the Memorials in no way impacts decisions made by local, state, and federal officials regarding the award of other line-of-duty death benefits.

### **Selection Consideration Criteria/Guidelines**

**National Fallen Firefighters Memorial -** Line-of-duty fatalities include any injury or illness sustained while on-duty that proves fatal. The term "on-duty" refers to being involved in operations at the scene of an emergency, whether it is a fire or non-fire incident; responding to or returning from an incident; performing other officially assigned duties such as training, maintenance, public education, inspection, investigations, court testimony, fundraising; and being on-call, under orders, or on standby duty except at the individual's home or place of business. An individual who experiences a heart attack or other fatal injury at home while he or

she prepares to respond to an emergency is considered on-duty when the response begins. A firefighter that becomes ill while performing fire department duties and suffers a heart attack shortly after arriving home or at another location may be considered on-duty since the inception of the heart attack occurred while the firefighter was on-duty.

**Background:** On December 15, 2003, the President of the United States signed into law the Hometown Heroes Survivors Benefit Act of 2003. After being signed by the President, the Act became Public Law 108-182. The law presumes that a heart attack or stroke are in the line of duty if the firefighter was engaged in non-routine stressful or strenuous physical activity while on-duty and the firefighter became ill while on-duty or within 24 hours after engaging in such activity.

The inclusion criteria for this study have been impacted by this change in the law. Previous to December 15, 2003, firefighters that became ill as the result of a heart attack or stroke after going off-duty needed to register some complaint of not feeling well while still on-duty in order to be included in this study. For firefighter fatalities after December 15, 2003, firefighters will be included in this study if they become ill as the result of a heart attack or stroke within 24-hours of a training activity or emergency response. Firefighters that become ill after going off-duty where the activities while on-duty were limited to tasks that did not involve physical or mental stress will not be included in this study.

A fatality may be caused directly by an accidental or intentional injury in either emergency or non-emergency circumstances, or it may be attributed to an occupationally related fatal illness. A common example of a fatal illness incurred on-duty is a heart attack. Fatalities attributed to occupational illnesses would also include a communicable disease contracted while on-duty that proved fatal when the disease could be attributed to a documented occupational exposure.

Firefighter fatalities are included in this report even when death is considerably delayed after the original incident. When the incident and the death occur in different years, the analysis counts the fatality as having occurred in the year in which the incident took place.

**State of Florida, Recognized Deaths Caused by a Presumptive Illness** – Before July 1, 2019 it was difficult to identify fatalities that resulted from cancer, which can develop over long periods of time and may be related to occupational exposure to hazardous materials or toxic products of combustion.

**Background:** On July 1, 2019, section 112.1816, Florida Statutes, the Firefighters; Cancer Diagnosis law was enacted. Based on this law, firefighters who meet the new criteria may be submitted for possible inclusion on the memorial, regardless of the date they died.

**Criteria** - The criteria for inclusion are listed in section 112.1816 (1 and 2), Florida Statutes and includes:

1. Career firefighters employed for at least 5 continuous years
2. Has not used tobacco products for at least the preceding 5 years
3. Deaths occurring up to 10 years post fire service employment

The specific qualifying types of cancer and definitions for "Firefighter", "Volunteer Firefighter" and "Employer" is below. The cancer law (s. 112.1816, F.S.) as written does not specifically include volunteer firefighters and cancer-related deaths prior to July 1, 2019. However, the Joint Council desires to include deaths that would have been eligible to receive benefits under

Chapter 112.1816, but were excluded because the firefighter was a volunteer. The Joint Council also desires to include deaths attributable to a cancer diagnosis that occurred prior to the enactment of the law, and would have complied with the provisions of the law had it been in place at the time of the illness.

112.1816 Firefighters; cancer diagnosis. -

1. As used in this section, the term:

1. "Cancer" includes:

1. Bladder cancer. 2. Brain cancer. 3. Breast cancer. 4. Cervical cancer. 5. Colon cancer. 6. Esophageal cancer. 7. Invasive skin cancer. 8. Kidney cancer. 9. Large intestinal cancer. 10. Lung cancer. 11. Malignant melanoma. 12. Mesothelioma. 13. Multiple myeloma. 14. Non-Hodgkin's lymphoma. 15. Oral cavity and pharynx cancer. 16. Ovarian cancer. 17. Prostate cancer. 18. Rectal cancer. 19. Stomach cancer. 20. Testicular cancer. 21. Thyroid cancer

2. "Employer" has the same meaning as 112.191, F.S. ("Employer" means a state board, commission, department, division, bureau, or agency, or a county, municipality, or other political subdivision of the state. (s. 112.191, F.S.)

3. "Firefighter" means an individual employed as a full-time firefighter within the fire department or public safety department of an employer whose primary responsibilities are the prevention and extinguishing of fires; the protection of life and property; and the enforcement of municipal, county, and state fire prevention codes and laws pertaining to the prevention and control of fires.

4. "Volunteer firefighter" means an individual who holds a current and valid Volunteer Firefighter Certificate of Completion issued by the division under s. 633.408. (s. 633.102(35), F.S.).

To apply for inclusion under the Cancer Diagnosis law, the *REQUEST FOR INCLUSION-CANCER, Florida Fallen Firefighter Memorial* form must be completed in its entirety, with required attachments as detailed on the form, and submitted to the BFST. The form must also be reviewed and signed by the current Fire Chief of the department/agency of the deceased member.

**PTSD and the Fire Service:** Firefighters are more likely to develop Post Traumatic Stress Disorder (PTSD) compared to the general population due to their exposure to significant traumatic incidents incurred in the line of duty. The Trauma Stress Continuum spans the career of the firefighter and for some, the traumatic events can leave a heavy emotional shadow that is hard to overcome.

The fire service has worked collaboratively to create a law to care for first responders suffering from PTSD. October 1, 2018, the Florida legislature enacted Workers' Compensation Benefits for First Responders in section 112.1815 (5 and 6), Florida Statutes.

To further address this issue, the fire service vows to remove the previous barriers of the stigma that is associated with seeking mental health in the fire service. New training and education components have been developed for firefighters to recognize PTSD, to provide access to professional mental health professionals, and peer support counseling.

To recognize the struggle with PTSD in the fire service, a marker will be added to the

Florida Fallen Firefighter Memorials to acknowledge the loss of lives gone too soon due to the tragic events regarding firefighter mental health. After consultation with mental health professionals, it was determined that the marker should be devoid of specific names, departments or incidents. The Florida Joint Council of Fire and Emergency Services and the staff of the Florida State Fire Marshal made this decision after reviewing research in the field of PTSD and in consideration of what may be a sensitive issue for the family.

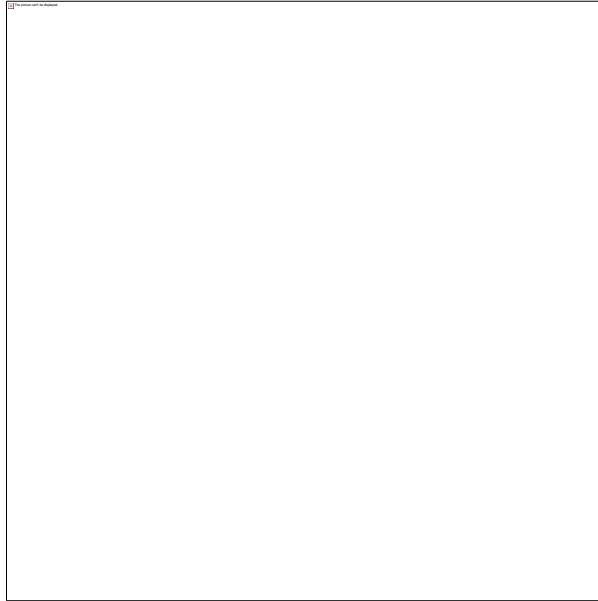
### **Selection Process**

The Chair of the Joint Council will appoint a Memorial Review Committee to investigate all requests for inclusion. The committee will conduct a preliminary review of each request and submit its findings and recommendation to the Joint Council for a final binding vote.

In keeping with the National Fallen Firefighter Memorial guidelines, specific cases will be **excluded from consideration** for inclusion on the Florida Fallen Firefighter Memorials:

1. Deaths attributed to suicide.
2. Deaths attributed to alcohol or controlled substance abuse.
3. Deaths resulting from the firefighter acting in a grossly negligent manner at the time of his/her death.

Once approved the family will be notified and the name of the deceased will be added to each memorial. These individuals' names will be recognized and dedicated at the next Annual Fallen Firefighter Memorial Service.



# **PUBLIC SAFETY OFFICER SUPPORT ACT OF 2022- FAQ**

**The Public Safety Officers' Benefits (PSOB)  
Office at the Bureau of Justice Assistance,  
Office of Justice Programs, U.S. Department  
of Justice**

# FAQs



JayLazarin/iStock

## PUBLIC SAFETY OFFICER SUPPORT ACT OF 2022 (PSOSA)

The Public Safety Officers' Benefits (PSOB) Office at the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, is honored to review the more than 1,200 claims submitted each year by survivors and injured officers for death, disability, and education benefits. The answers to Frequently Asked Questions (FAQs), below are intended to share practical information regarding the PSOB Program in an informal manner and should not be understood to substitute for the pertinent law. The PSOB Act and its implementing regulations, which provide the actual eligibility criteria, may be found at: [Law & Regulations | Bureau of Justice Assistance \(ojp.gov\)](https://www.ojp.gov/law/regulations).

### What is the Public Safety Officers' Benefits (PSOB) Act?

Enacted in 1976, the PSOB Act authorizes the payment of death benefits to certain eligible survivors of public safety officers who are fatally injured in the line of duty, disability benefits to public safety officers catastrophically injured

in the line of duty, and education benefits to the eligible spouses and children of those fatally or catastrophically injured officers.

### Who is a public safety officer?

The PSOB Act defines a "public safety officer" as including:

1. Law enforcement officers, including Corrections Officers
2. Firefighters
3. Members of Rescue Squads and Ambulance Crew, including Paramedics and EMTs, under certain circumstances
4. Chaplains, under certain circumstances
5. Disaster Relief Workers, under certain circumstances
6. Certain Department of Energy Employees and Contractors, under certain circumstances
7. Trainee Law enforcement Officers, Trainee Firefighters, and Trainee Rescue Squad or Ambulance Crew Members, under certain circumstances



**BJA**  
Bureau of Justice Assistance  
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February 2023  
<https://bja.ojp.gov>

# The Public Safety Officer Support Act of 2022

## What is the Public Safety Officer Support Act of 2022 (PSOSA)?

Signed into law by the President on August 16, 2022, this latest amendment to the PSOB Act includes as a “personal injury sustained in the line of duty” Post-Traumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD), and Trauma and Stress related Disorders (T/SD) where exposure to certain traumatic events while on-duty is a substantial factor in the disorder. The amendment also allows for the payment of death and disability benefits under certain circumstances where, following exposure to certain traumatic events while on duty, a public safety officer dies by suicide or is totally and permanently disabled as a result of the exposure or an attempt to die by suicide.

## Who may file a claim under PSOSA for deaths or injuries related to suicide or a suicide attempt?

Generally speaking, a survivor or injured officer may be eligible for death or disability benefits based on the public safety officer’s death by suicide, or attempt to die by suicide, if the action intended to bring about the officer’s death occurred **on or after January 1, 2019**.

As the law makes these provisions retroactive to January 1, 2019, the PSOB Program will extend the filing times for claims or applications for benefits, so that claimants seeking death benefits in suicide cases or disability benefits for exposure-related or attempted-suicide related injuries are given the same amount of time to file an application as if the exposure or attempted suicide occurred on the date of PSOSA’s enactment on August 16, 2022.

## Who may file a claim under PSOSA for PTSD, ASD, or other T/SD?

Generally speaking, an individual may be eligible for disability benefits based on personal injury resulting from PTSD, ASD, or other T/SD in any of the following circumstances:

8. A timely PSOB application or claim for benefits was filed and is now pending with the PSOB Office (or was pending there on or after August 16, 2022).
9. A previously denied claim for benefits is now on appeal to a Hearing Officer or the Director of the Bureau of Justice Assistance (or was on appeal there on or after August 16, 2022).
10. A new and timely application or claim for benefits is filed on or after August 16, 2022.

## By when does someone need to submit an application or claim for disability benefits, if a public safety officer has PTSD from an on-duty exposure to a traumatic event?

In general, applications or claims that are based on PTSD, ASD, or other T/SD resulting from an on-duty exposure to a traumatic event must be filed **before the later of** (1) August 16, 2025, which is three years from the date PSOSA was signed; (2) three years from the date of exposure to the traumatic event; or (3) one year from the date of a final determination of eligibility for, or denial of, disability benefits payable by or on behalf of the officer’s public agency, such as workers’ compensation or disability retirement. These timeframes reflect the application of PSOB regulatory filing timeframes to PSOSA’s provisions.

## What is required to qualify for death benefits based on an officer’s death by suicide, or attempt to die by suicide, under PSOSA?

The amendment creates slightly different procedures for officers who die by suicide or attempt to die by suicide *within* 45 days of exposure to a traumatic event and those who die by suicide or attempt to die by suicide *more than* 45 days after exposure to a traumatic event.

### Within 45 Days of Exposure to One or More Traumatic Events

Where the time between an officer’s on-duty exposure to a traumatic event and an action taken by the officer intended to cause the officer’s death is **45 days or less**, PSOSA requires evidence of **all** of the following—

danger or threat to the life of, or of

1. The public safety officer was exposed, while on-duty, to one or more traumatic events, as defined by PSOSA;
2. The officer took an action intended to cause the officer's death;
3. The officer's action was the direct and proximate cause of the officer's death or permanent and total disability; and
4. The officer's action was not inconsistent with a

psychiatric disorder.

### **More Than 45 Days From Exposure to One or More Traumatic Events**

Where the time between a public safety officer's on-duty exposure to a traumatic event and an action taken by the officer intended to cause the officer's death **is more than 45 days**, PSOSA requires evidence of **all** the following—

5. The public safety officer was exposed, while on-duty, to one or more traumatic events, as defined by PSOSA;
6. The officer took an action that was intended to cause the officer's death;
7. The officer's action was the direct and proximate cause of the death or permanent and total disability; and
8. The exposure was a substantial factor in the officer's action.

In claims for disability benefits based on an attempt to die by suicide, the evidence must also show that the disability is both permanent and total, as those terms are defined in the PSOB Act and regulations.

### **What is a “traumatic event” under PSOSA?**

A “traumatic event” is defined in the new law as follows—

1. a homicide, suicide, or the violent or gruesome death of another individual (including such a death resulting from a mass casualty event, mass fatality event, or mass shooting);
2. a harrowing circumstance posing an extraordinary and significant

serious bodily harm to, any individual (including such a circumstance as a mass casualty event, mass fatality event, or mass shooting); or

3. an act of criminal sexual violence committed against any individual.

The terms “mass casualty event,” “mass shooting,” and “mass fatality event” are further defined in the law.

## What does “not inconsistent with a psychiatric disorder” mean in PSOSA?

This phrase “not inconsistent with a psychiatric disorder” appears in the following provision:

[T]ook an action within 45 days of the end of exposure, while on duty, to a traumatic event, which action was intended to bring about the officer’s death and directly and proximately resulted in such officer’s death or permanent and total disability, **if such action was not inconsistent with a psychiatric disorder.**

If the circumstances surrounding the action are later

determined to be consistent with the existence of a psychiatric disorder, the action was “not inconsistent with a psychiatric disorder,” even if there was no previous diagnosis of a psychiatric disorder.

## What is required for an injured public safety officer’s post-traumatic stress disorder (PTSD), acute stress disorder (ASD), or trauma and stress related disorders (T/SD) to be presumed to be a “line of duty injury” under PSOSA?

To establish a presumption that a public safety officer’s PTSD, ASD, or other T/SD is a “line of duty injury” for PSOB purposes, the law requires evidence of **all** the following—

4. The public safety officer suffers from PTSD, ASD, or other T/SD;
5. The public safety officer was exposed, while on-duty, to one or more traumatic events, as defined in PSOSA, and

1. The public safety officer's on-duty exposure to a traumatic event was a substantial factor in the officer's PTSD, ASD, or other T/SD.

did.

Once a presumptive "line of duty injury" is established under this new provision of the PSOB Act as amended by PSOSA, the provisions of the Act are applied to determine if the officer is eligible for disability benefits.

## **How is a public safety officer's "exposure" determined under PSOSA?**

A public safety officer is "exposed" to a traumatic event if the officer, while on duty—

1. directly experiences or witnesses a traumatic event; or
2. is subjected, in an intense way, to aversive consequences of a traumatic event (including a public safety officer collecting human remains).

The PSOB Office will determine whether a public safety officer had qualifying exposure to a traumatic event based on documents (such as incident reports, witness or agency statements, and medical records provided by the claimant and the officer's agency or department) describing the circumstances of the traumatic event and how the public safety officer witnessed, experienced, or was subjected to it.

## **What is a "substantial factor"?**

Under current PSOB regulations, "substantial factor" is defined as:

Substantial factor—A factor substantially brings about a death, injury, disability, wound, [or] condition . . . if—

1. The factor alone was sufficient to have caused the death, injury, disability, wound, [or] condition . . . ; or
2. No other factor (or combination of factors) contributed to the death, injury, disability, wound, condition, cardiac-event, heart attack, or stroke to so great a degree as it

A factor is the “substantial factor” in a public safety officer’s condition if the factor is either the greatest contributor in causing the officer’s condition or is equal to any other factor or combination of factors.

### **What if the officer had other life issues, like marital or financial issues—are those considered under PSOSA?**

Public safety officers often face difficult events as they protect and serve their communities, and their families witness firsthand the impact of their profession on their home lives. Where the time between a public safety officer’s on-duty exposure to a traumatic event and an action taken by the officer intended to cause the officer’s death is **more than 45 days**, PSOSA requires evidence, among other things, that the officer’s exposure, while on-duty, to a traumatic event(s), was a **substantial factor** in the officer’s action to bring about death.

The PSOB Office will review all the claim documents provided to determine whether it is more likely than not

that the officer’s on-duty exposure to a traumatic event was a substantial factor in the officer’s action intended to bring about death. If the information suggests that the greatest contributing factor to the suicide-related action may have been something other than the officer’s exposure to the traumatic event, the PSOB Office will request clarification regarding the other factors to make a determination according to the PSOB law and regulations.

### **If other state or local benefits are approved, will PSOB automatically approve a PSOSA claim?**

No. Receipt of benefits from other programs do not determine eligibility for PSOB benefits. Survivors and injured officers must apply for PSOB benefits through the online portal at <https://bja.ojp.gov/program/psob>. Visit the Benefits page (<https://bja.ojp.gov/program/psob/benefits>) or watch the [short tutorial video](#) on how to file for PSOB Benefits. Denial of state or local benefits does not constitute ineligibility for PSOB benefits.

## **If the PSOB benefit is approved, will other state or local benefits be automatically approved?**

No. State and local benefits programs have their own legal requirements for eligibility. Approval of PSOB benefits does not necessarily constitute eligibility for state or local benefits.

## **If the PSOB death benefit is approved, will the fallen officer's name automatically be added to "The Wall" in Washington, DC?**

No. The National Law Enforcement Officers Memorial Fund (NLEOMF), a nonprofit organization that is independent of the federal government, built and maintains the memorial in Washington. NLEOMF has its own application and review process. Visit [www.nleomf.org](http://www.nleomf.org) for details.

## **Does PSOSA cover retired first responders?**

The PSOB Act, amended by PSOSA, covers injuries sustained by individuals who, at the time of injury, are "public safety officers" as defined in the PSOB Act and regulations. PSOSA requires, among other things, that a deceased or disabled public safety officer's exposure to a traumatic event have occurred while the officer was on duty. If a public safety officer retires after such an on-duty exposure, and all the eligibility requirements are met, a death or catastrophic disability resulting from suicide or attempt to die by suicide—on or after January 1, 2019—could be covered under the new law.

## **What if the agency does not wish to file its part of the PSOB claim for a death by suicide?**

There have been times when public safety agencies have indicated that they do not wish to assist with filing a PSOB claim, whether for a death by suicide or any other injury, as they do not believe that the public safety officer died "in the line of duty." An agency's refusal to assist does not prevent the survivor or injured officer from filing an application or claim for PSOB benefits. Once an application or claim is filed, the PSOB Program will work with the claimant and agency to obtain relevant information to make a determination. If necessary, the PSOB Program may use its authority to issue a subpoena to obtain existing information from the agency.

## **ABOUT BJA**

BJA helps America's state, local, and tribal jurisdictions reduce and prevent crime, lower recidivism, and promote a fair and safe criminal justice system. BJA provides a wide range of resources—including grants, funding, and training and technical assistance—to law enforcement, courts and corrections agencies, treatment providers, reentry practitioners, justice information sharing professionals, and community-based partners to address chronic and emerging criminal justice challenges nationwide. To learn more about BJA, visit [bja.ojp.gov](http://bja.ojp.gov) or follow us on Facebook ([www.facebook.com/DOJBJA](https://www.facebook.com/DOJBJA)) and Twitter ([@DOJBJA](https://twitter.com/DOJBJA)). BJA is a component of the Department of Justice's Office of Justice Programs.



# **NFFF MEMORIAL WALL CRITERIA**

**National Fallen Firefighters Foundation  
Emmitsburg, Maryland**

**- As of July, 2025**

# **Criteria for Inclusion on the National Fallen Firefighters Memorial**

## **Emmitsburg, Maryland**

### **As of July, 2025**

In 1997, the National Fallen Firefighters Foundation sponsored a meeting of the leaders of the major fire service organizations to ask for their assistance with formulating new line-of-duty death criteria to determine eligibility for inclusion on the National Fallen Firefighters Memorial.

Present at this meeting were representatives from: National Volunteer Fire Council (NVFC), United States Fire Administration (USFA), International Association of Fire Chiefs (IAFC), International Association of Fire Fighters (IAFF), National Association of State Fire Marshals (NASFM), National Fire Protection Association (NFPA), and the Federal Emergency Management Agency (FEMA).

### **Meeting participants unanimously agreed that inclusion on the National Fallen Firefighters Memorial as a line-of-duty death shall be determined by the following standards:**

1. For the purpose of this Memorial the term “firefighter” means an individual whose official duties include fire suppression, fire investigation, or fire police activities, and who is actively employed on a full-time, part-time, volunteer, or contract basis by a local county, state or federal agency, including as a chaplain or candidate officer, with or without compensation, to provide primary fire protection for an organized jurisdiction having authority. This definition also includes seasonal and full-time employees of USDA Forest Service, Bureau of Land Management, the Bureau of Fish and Wildlife, the National Park Service, and the US

Department of Energy and state wildland agencies; contract fire suppression personnel and pilots working under the official auspices of one of the above; prison inmates serving on fire crews; civilian firefighters working at military installations; and privately employed firefighters including trained members of industrial or institutional fire brigades.

In 2010, the Foundation expanded the definition of firefighter to include active duty, enlisted, and officer United States Air Force, Army, Coast Guard, Navy, and Marine Corps military personnel assigned to fire stations who die performing emergency services in accordance with their position description. The two exclusions from this policy are: (1) personnel who die fighting fire on board Navy ships where all sailors are considered firefighters, and (2) personnel who die from direct enemy action or attack.

2. “Line of duty” means any activity or action which a firefighter is obligated or authorized by statute, rule, regulation, condition of employment or service, official mutual-aid agreement, or other law, or for which he or she is compensated to perform under the auspices of the fire service protection agency he or she serves, and that such agency legally recognizes that the activity or action to have been obligated or authorized at the time performed.

**Additionally, they agreed that the following criteria will be applied when evaluating the circumstances of each death for inclusion on the National Memorial:**

1. Deaths meeting the Department of Justice's Public Safety Officers' Benefits (PSOB) program guidelines for a favorable determination. (See PSOB site for current information.)
2. Deaths directly resulting from cancer, that are defined as meeting the criteria of the decedent's home state occupational exposure presumption laws. (Note: Applies to only to such deaths occurring on or after January 1, 2018.)

In certain cases, the Foundation will abstain from rendering a decision regarding eligibility for inclusion on the National Memorial until the Public Safety Officers' Benefits (PSOB) program makes its determination.

**Such cases are:**

3. Deaths where the decedent is under the age of 18.
4. Deaths that occur while the firefighter was engaged in a non-emergency fire department duty,  
i.e. – station or apparatus maintenance, special-event standby assignments, parades, community service details, fundraising events, etc.
5. Deaths that occur during the firefighter's commute to/from their assignment.
6. Deaths due to suicide.
7. Deaths due to COVID-19.
8. Deaths due to infectious diseases (including viral, bacterial, parasitic or fungal).
9. Deaths due to presumptive causes other than cancer.
10. Deaths where there is a report of alcohol or controlled substance involvement.

**Specific cases will be excluded from consideration for inclusion on the National Memorial, such as:**

11. Deaths attributed to alcohol or controlled substance abuse.
12. Deaths resulting from the firefighter acting in a grossly negligent manner at the time of his/her death.

If a claim for death benefits has been filed with the PSOB Office, the Foundation will hold the case in a "Pending" status until the PSOB renders its decision. If the Department of Justice determines the firefighter's death was line-of-duty based on their guidelines, the Foundation will rule the death eligible for inclusion on the National Memorial. If the Department of Justice determines the firefighter's death does not meet their criteria for payment of death benefits, the Foundation will rule the death ineligible for inclusion on the National Memorial, except for firefighter cancer-related fatalities determined by the State to be a line-of-duty-death. If no claim for PSOB benefits is filed within one year of the firefighter's death, the Foundation will close out the file as "Not Eligible" for inclusion on the National Memorial.

## Review and Approval Process

Names added to the National Memorial wall each Spring represent those line-of-duty deaths approved as eligible for inclusion from the previous calendar year (January 1st-December 31st). All required documentation for cases in the previous year must be received by December 31st to be considered for inclusion that year. After all documentation is gathered, Foundation staff prepares an initial case determination for review by the Chief Executive Officer. The Chief Executive Officer then reviews each case and makes the final determination of eligibility for inclusion. Appeals of the Chief Executive Officer's decision are reviewed by the Foundation's Board of Directors. Any previous year cases approved after December 31st will be honored the following year, i.e. – a 2023 fatality approved in March 2024 will be honored in 2025.

The criteria used for including a firefighter's name on the National Fallen Firefighters Memorial are separate and distinct from the line-of-duty death criteria used by other agencies, entities, or programs to establish line-of-duty death status for other national, state, and local memorials or benefit payments. In 2014, the National Fallen Firefighters Foundation reconvened the organizations that set the 1997 LODD Criteria and asked them to examine the relevance of the existing criteria. These organizations reaffirmed the criteria as written and acknowledged that the Foundation may need to expand the criteria at a future date. In addition, the Board of Directors and the Foundation's Chief Executive Officer may deviate from this set criteria based upon a case-by-case review of the information that is provided covering known facts of the line-of-duty death case.

Acceptance for inclusion on the National Fallen Firefighters Memorial in no way impacts decisions made by the federal government regarding the awarding of PSOB benefits. For more information about PSOB, its guidelines, and instructions for filing a claim, visit [www.psob.gov](http://www.psob.gov) or call 1-888-744-6513.

## Documentation

In all cases, documentation must be provided showing a direct link from a single emergency incident, or training activity, to the firefighter's injury and subsequent death. Examples of documentation that can be submitted are:

13. department incident or run reports,
14. newspaper articles,
15. notarized witness statements,
16. hospital records,
17. physician reports,
18. and disability records.

For deaths resulting from a heart attack or stroke, documentation must be provided showing the firefighter's participation in an official emergency response or mandated physical training activities within the designated time frame (24 hours) before the onset of the cardiovascular event. If the injury or cardiovascular event results in long-term disability or hospitalization, documentation will also be required indicating the individual did not return to full-duty status as a firefighter prior to his or her death.



# **IAFF LODD MEMORIAL WALL CRITERIA**

**International Association of Fire Fighters  
(IAFF)  
- As of July, 2025**



Line-of-Duty Death (LODD) Resources

## Report a Line-of-Duty Death (LODD)

Report an LODD



All line-of-duty death submissions must be reported by December 31. The IAFF Fallen Fire Fighter Memorial ceremony is held in September of each year and will honor those who died or were reported during the previous year ending on December 31.

**Before you report a line-of duty death**, make sure you have the information below. Once you click the Submit button, you cannot make any changes.

### Required Information

\*If not on hand at the time of submission, this information must be supplied ASAP so that we can make every effort to have the medal delivered in time for the funeral.

## How to Report an LODD

When you click the button below to begin the process, a roster of your local will appear at the bottom of the screen.

Click **Report Death** next to the member's name. Choose **Report a Line-of-Duty Death** from the options

After successful submission of the LODD, you will receive a confirmation email displaying a record of the information you provided. You will also have the opportunity to print the details of your submitted record. The LODD record will be viewable in the LODD database only after being approved. Email [lodd@iaff.org](mailto:lodd@iaff.org) or call (202) 824-8639 for additional questions.

### LODD Definition

Any death of an IAFF member where the deceased member's family would be eligible for a line-of-duty death benefit under the regulations of the U.S. Public Safety Officers' Benefits/Canadian Memorial Grant program.

Any death of an IAFF member that has been determined to be a line-of-duty death by his or her local union, fire department or employer.

Any death of an IAFF member where the member died of an injury or illness incurred while engaged in emergency or non-emergency duties on the job or as a result of the job.

Any death of IAFF member clinically diagnosed that the cause





of death was job-related, post- traumatic stress disorder (PTSD).

Other cases where a local president makes a formal request to the General President, who will evaluate the circumstances surrounding the death of the IAFF member and make a determination based on the facts. Such cases could include the death of an IAFF member resulting from an injury or illness incurred while performing fire fighting or emergency medical duties as a "Good Samaritan" while off duty or other similar circumstances.