GLENDALE FIRE DEPARTMENT GENERAL ORDERS		Number:	
		111.01	
Section:	Effective Date:	Revision Date:	
Internal Customer Service			
Subject:			
Line of Duty Death or Injury (Rough Draft)	Page 1 of 3		

Purpose

It is the goal of the Glendale Fire Department to be prepared for handling a Line of Duty Death or Injury Event for the purpose of assisting our personnel and their families. By using the following approach our organization will be more aware and capable to assist with the difficulties surrounding a Line of Duty Injury or Line of Duty Death.

Policy

All personnel shall complete and update their emergency information data sheet yearly in concurrence with their employee evaluation. The Glendale Fire Department will utilize the Fire Department Action Plan for Line of Duty Injury or Death Logistics Empathy and Nurturing for Fire Department Families (F.A.L.E.N. F.F.) ICS structure to insure that all necessary events are completed for a Line of Duty Death or Line of Duty Injury.

Employee Responsibility

All Fire Department members must complete an emergency information data sheet and update annually with performance appraisals, or as necessary with informational changes, to insure that accurate information is current.

Supervisor Responsibility

All supervisors must insure that employees have completed and updated an emergency data sheet.

Fire Department Administration/Labor Management Responsibility

Through cooperative effort Branch Officers and Union Representatives will utilize the F.A.L.L.E.N. F.F. ICS to complete all responsibilities in a timely and complete manner.

Incident Command (Fireground) Responsibility

The Incident Commander on-scene of a Line of Duty Death shall make notification to the Phoenix Regional Dispatch Center to activate the F.A.L.L.E.N. F.F. ICS. The Incident Commander on-scene of a firefighter injury or death shall make notification to the Incident Command contact personnel of the F.A.L.L.E.N. F.F. System to facilitate activation of the ICS as they deem necessary.

Incident Command (F.A.L.L.E.N. F.F.) Responsibility

The Incident Commanders of the F.A.L.L.E.N. F.F. ICS will oversee all activities of the branches and coordinate additional resources as necessary to accomplish completion of all necessary tasks.

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Critical Incident Stress Management (CISM) Branch Responsibility

The CISM Branch will coordinate all necessary functions involving Critical Incident Stress Management in accordance with the F.A.L.L.E.N. F.F. ICS. The CISM Branch may extend additional services as they deem appropriate.

Investigation Branch Responsibility

The Investigation Branch will coordinate all necessary functions involving the investigation surrounding a Line of Duty Injury or Death in accordance with the F.A.L.L.E.N. F.F. ICS. These responsibilities may include coordination of outside agencies as necessary.

Funeral Branch Responsibility

The Funeral Branch will coordinate all necessary functions involving all funeral events in accordance with the F.A.L.E.N. F.F. ICS. Coordination with police department agencies, fire department agencies, clergy, and mortuary services/cemeteries will be necessary.

Notification Branch Responsibility

The Notification Branch will coordinate all necessary functions involving notification of the family, fire department personnel, media (with the PIO Branch), and other outside agencies in accordance with the F.A.L.E.N. F.F. ICS.

Public Information Officer (PIO) Branch Responsibility

The PIO Branch Officer will coordinate all necessary functions involving release of information to the media surrounding a Line of Duty Injury or Death. The PIO Branch should coordinate the timing and nature of information release with the Family Liaison Branch, CISM Branch, Investigation Branch, Incident Command, and Firechief before notification of the media.

Hospital Branch Responsibility

The Hospital Branch will coordinate all necessary functions involving a hospital staff liaison and logistics sector for the acquisition of accommodations for the family, fire department members and police officers, and the PIO Officer. They will also coordinate acquisition of all necessary supplies for the family.

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Financial Branch Responsibility

The Financial Branch will coordinate all necessary functions involving the coordination of benefits and donations concerning the family of a Line of Duty Injury or Death. The Financial Branch will also be responsible to coordinate all necessary functions involving the fire department expenses surrounding the event.

Family Liaison Branch Responsibility

The Family Liaison Branch will coordinate all necessary functions involving the coordination of the family's necessities or wishes. The Family Liaison Branch will be the direct link between all other branches, including the Incident Commander, and the family.

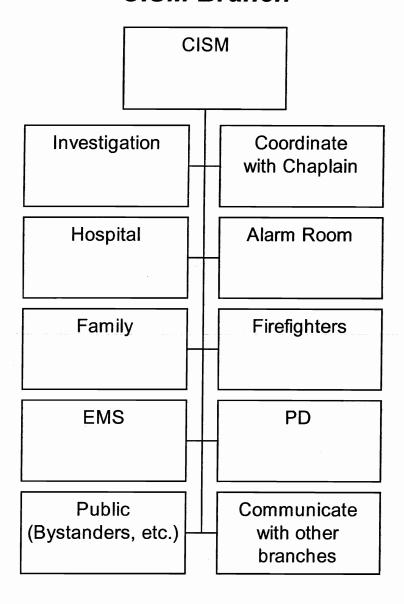
Procedures

The Incident Commander on-scene of a Line of Duty Death will contact the Phoenix Regional Dispatch Center, which will then activate the F.A.L.L.E.N. F.F. ICS via group page. After the initial group page the Incident Commander of the F.A.L.L.E.N. F.F. System can have additional information sent via pager to each branch concerning a time and meeting place for initial briefing concerning the Line of Duty event. In the event of a Line of Duty Injury the Incident Commanders on-scene will contact the Incident Commander of the F.A.L.L.E.N. F.F. ICS who will then activate the system as they deem necessary. Once activated, the individual branches will provide progress reports to the F.A.L.L.E.N. F.F. Incident Commander. All branches including the Incident Commanders will verify accomplishment of tasks via Line of Duty checklists. A copy of the F.A.L.L.E.N. F.F. ICS manual including copies of investigation manuals will be located at the Responder's Office inside Station 157.

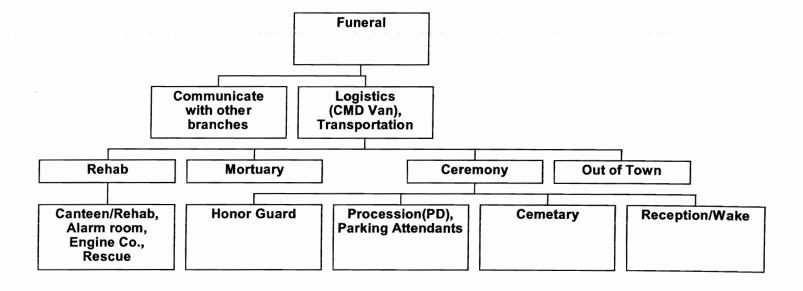
F.A.L.L.E.N. F.F. BRANCH DIAGRAM

	IC
CISM	Investigation
Funeral	Notification
PIO	Hospital
Financial	Family Liaison

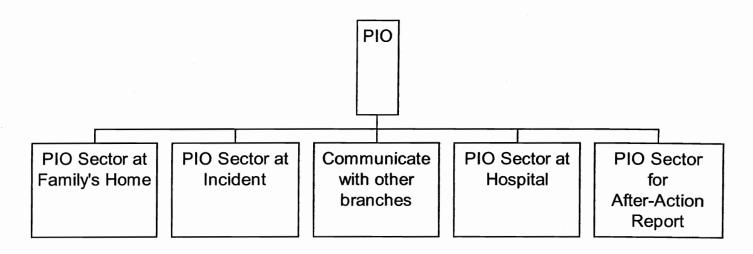
CISM Branch



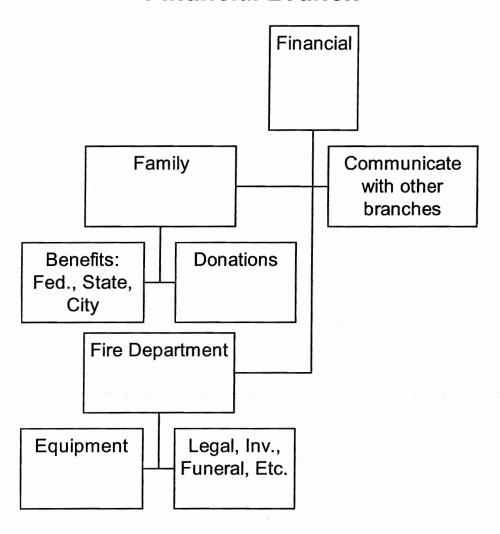
Funeral Branch



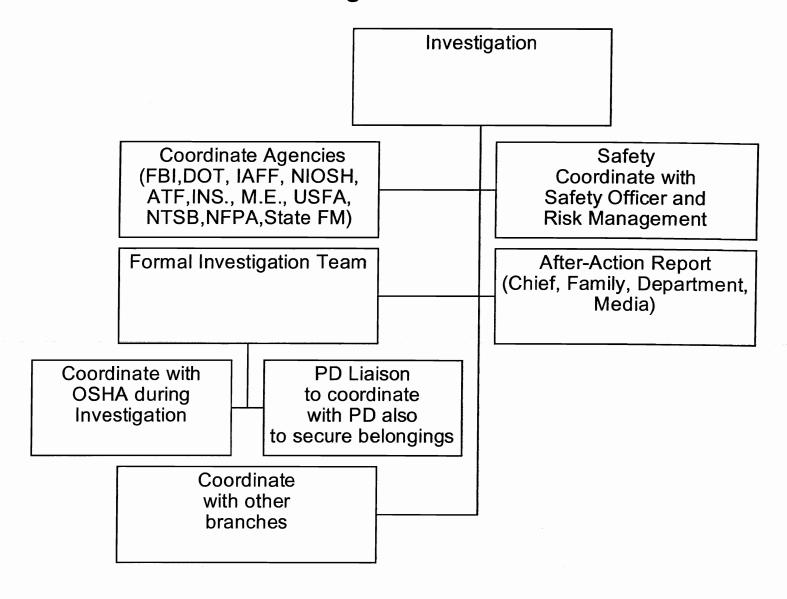
PIO Branch



Financial Branch



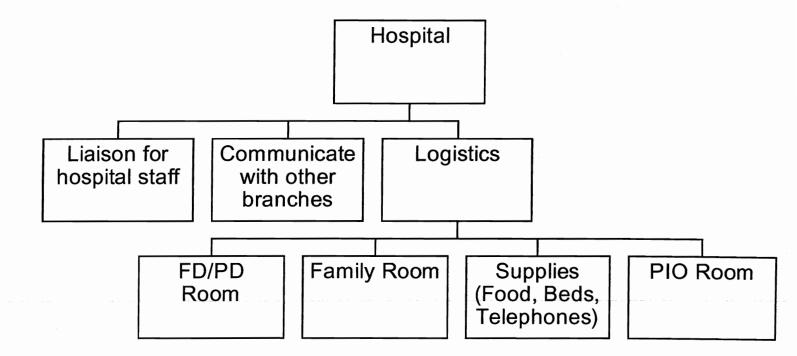
Investigation Branch



Notification Branch

Notification Family with Agencies (State Fm, IAFF, Public Safety Officer Benefit, National Fallen Firefighter Memorial, PD) Family Liaison (FD Car, Uniform, FC) (As needed) Media with PIO Communicate with other branches (Assist Investigation Branch) Relief for IC/ISO of incident, On-Duty/Off-Duty personnel (Via pagers, automated phone Activation of reserve apparatus/ system with CB #/contact person) mutual aid for coverage

Hospital Branch



Family Liaison Branch

Out of Town Family
(Assist with travel,
lodging,
transportation)

Daily needs
(House care, daycare
food, bills, etc.)

Locate/secure
family liaison
(can be Liaison Branch
member or crew member)

Communicate
with other
branches

Denartment Member	
Department Wiember.	
CISM for Family (Coordi	inate with Family Liaison)
Contact Person:	
Comments:	
CISM for FD Staff	
Contact Person:	
Contact Person:	
Contact Person:	
Contact Person:	
Contact Person:	
Contact Person:	el
Contact Person: Comments: CISM for EMS Personn	el

CISM for Hospital Staff (Coordinate with Hospital Branch)

Contact Person:	
Comments:	
CISM for PD	
Contact Person:	
Contact Ferson.	
Comments:	
	<u> </u>
CISM for Alarm Room	
G P	
Contact Person:	
Comments:	

Coordinate with Chaplain (C810, C138)

Comments:		
CISM for Public (Bystanders at scen	e, etc)	
ontact Person:		
omments:		
ISM for Investigation Branch		
CISM for Investigation Branch ontact Person:		
CISM for Investigation Branch ontact Person:		 ,
CISM for Investigation Branch ontact Person: omments:		 ,
CISM for Investigation Branch ontact Person:		 ,
CISM for Investigation Branch ontact Person:		,
ontact Person:	Date:	,

	Time:
Department Member:	
Coordinate Ceremon	ies with Family and Honor Guard
Visitation	
Funeral	
Comments:	
Out-of-town Personn	el Assistance
	Contact Person:
Transportation	
Transportation Lodging	Contact Person:

Visitation

Location, siz	ze Contact Pers	on:
Map	Contact Pers	on:
Send inform	ation to Notification ar	nd PIO Branches
Somments:		
Offinents		
uneral (CMD)	Van to coordinate)	
Chui	rch/Mortuary (location	n, size) Contact Person:
	Parking attendants	Contact Person:
	Map	Contact Person:
	Send information to	Notification and PIO Branches
Ceme	etery (location, size)	Contact Person:
	Map	Contact Person:
	-	Notification and PIO Branches
	Alarm Room for Las	et Call Contact Person:
Proc	ession	
		act Person:
		ntact Person:
		ct Person:
	_	n Contact Person:
	-	Notification and PIO Branches

Rehab Sector

	Rehab Van	Contact Dorson	
		Contact Person	
		S Standby Contact Person	
	Rescue for EMS S	standby Contact Person	
C			
Comme	ents:		
-			
ception/W		Contact Person:	
	Vake (location, size)	Contact Person:	
1	Vake (location, size) Food	Contact Person:	
1	Vake (location, size) Food Family transportation	Contact Person:Contact Person:	
1	Vake (location, size) Food	Contact Person:Contact Person:	
]	Vake (location, size) Food Family transportation	Contact Person: Contact Person: Contact Person: ication and PIO Branches	

Termination of Funeral Branch	Date:	Time:
Comments:		

epartment Member:	
Compared modes and compared atta	
Contact media and control sto	ory release
Comments:	
PIO Sector at Incident	
110 Sector at Incident	
Comments:	
·	
PIO Sector at Hospital (Coordin	nate with Family)
210 20001 ut 1202 p (cootum	with I taking)
Comments	<u> </u>
Comments.	
PIO Sector at Family's Home	
•	
Comments:	

PIO Sector for After-Action Report *** Coordinate with Chief, Family, and Investigation Branch *** Comments: Termination of PIO Branch Date: Time: Comments:

Date:		Time:
Fire Department Me	mber:	
Benefit Co	ordination	
20		
Feder	ral	
	PSOB	Contact Person:
	Scholarships (childre	en/spouse)
	Social Security	Contact Person:
	Victims Assistance I	Program Contact Person:
	Veteran's benefits	Contact Person:
Comm	nents:	
-		
-		
-		

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Burial allowance
Death benefits
Education benefits (children/spouse)
Tax benefit
Victim's Assistance Program
Workman's Compensation

Pension

Comments:	 	
·		
	 <u> </u>	

City

Insurance
Education benefit (children/spouse)
EAP
Medical insurance
Disability insurance

Final pay

Comments:	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

Non-profit

Education Benefits (Children/spouse)

Booster Club, Health and Welfare

Comme	nts:	
onati	ons	
	3ank:	Account:
*	***(Forward to PIO for medical communications)	ia release)***
ommer	nts:	

Fire Department

	Equipment			
	Legal			
	Investigation			
	Funeral assistance			
Comn	nents:	_		
		_		
	<u> </u>			
		_		.
	The second secon			
Term	ination of Financial Branc	h	Date:	Time:
Comm	ents:			
	· · · · · · · · · · · · · · · · · · ·			

Glendale Fire Department F.A.L.L.E.N. F.F. Investigation Branch Tactical Worksheet

		Time:
epartm	ent Member:	
Coor	dinate Agencies	
	FBI – (602) 279-5511	Contact Person:
	DOT – (202) 366-4000	Contact Person:
	IAFF – (202) 737-8484	Contact Person:
	NIOSH - (202) 401-0721	Contact Person:
	ATF – (602) 640-2938 / 640	-2829 Contact Person:
	ME – (602) 506-1138	Contact Person:
	USFA – (800) 238-3358	Contact Person:
	NTSB – (202) 314-6000	Contact Person:
	NFPA – (617) 770-3000	Contact Person:
	STATE FM – (602) 255-496	4 Contact Person:
	OSHA – (800) 321-8742	Contact Person:
Comm	nents:	
Coor	dinate with Safety and F	tisk Management
	ents:	

Glendale Fire Department F.A.L.L.E.N. F.F. Investigation Branch Tactical Worksheet

Formal Investigation Team

C	oordinate with OSHA during investigation
P]	D liaison to coordinate with PD and to secure belongings
C	ontact:
Commen	ts:
After-A	ction Report
Re	eviewed by Chief
Re	eviewed by Family (after CISM)
Re	eviewed by Department
Re	eleased to Media
Re	eleased to NFPA, USFA
Comment	rs:

Glendale Fire Department F.A.L.L.E.N. F.F. Investigation Branch Tactical Worksheet

Termination of Investigation Branch	Date:	Time:
Comments:		

Glendale Fire Department F.A.L.L.E.N. F.F. Notification Branch Tactical Worksheet

	Liaison
Comments:	
Notify Media with PIO	
Commonto	
Comments:	
Notify Agencies	
Notify Agencies State FM (602) 255-4964	Contact Person:
Notify Agencies State FM (602) 255-4964 IAFF (202) 366-4000	Contact Person: Contact Person:

Glendale Fire Department F.A.L.L.E.N. F.F. Notification Branch Tactical Worksheet

Notify On-duty Personnel (Via Alarm Room/Pagers)

Contact Person:				
Comments:				
Notify Off-Duty	Personnel (Via Phone w	rith Callbac	k Number)
Contact Person:				
Comments:				
Assist Investiga	tion Branch	with Agency	Notificatio	n
Comments:				

Glendale Fire Department F.A.L.L.E.N. F.F. Notification Branch Tactical Worksheet

Update Personnel with Information (Status, Funeral, etc...)

Contact Person:______

Comments:_____

Termination of Notification Branch Date:_____ Time:____

Comments:_____

Date:	Time:
ire Department Me	ember:
Hospital S	staff Liaison
Comments:_	
Logistics	
*** A	dinate with Nursing House Supervisor All rooms need telephone access *** Ifter securing rooms leave location for FD/PD and PIO Rooms with information Desk to direct personnel ***
	Family Room (With shower as necessary)
	FD/PD Room PIO Room
Comments:_	

Supplies		
Food		
Beds		
Telephones		
Clothes		
Toiletries		
Comments:		
Termination of Hospital Branch	Date:	Time:
Comments:		

F.A.L.L.E.N. F.F. Family Liaison Branch Tactical Worksheet

Date:		-	7	Гіте:	
Fire D	Department Membe	::			
	Family Liaison	n <u> </u>			
	Comments:				
	Contact Out-o	f-town Family			
	W-14				
		-	_		
	-		<u> </u>		

F.A.L.L.E.N. F.F. Family Liaison Branch Tactical Worksheet

Assist with travel, lodging, and transportation

Contact:	<u>:</u> _
	T1
	Travel
	Lodging
	Transportation
Comments:_	
Family Da	nily Needs (Child Care, House Keeping, Groceries, Bills, etc)
Contact:	<u> </u>
Comments:_	
	
·	

F.A.L.L.E.N. F.F. Family Liaison Branch Tactical Worksheet

Termination of Family Liaison Branch	Date:	Time:
Comments:		

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Home Address		
City	State	Zip
Phone Number (s)		Employee Number
()	()	

CONTACT INFORMATION

Family or friends that you would like the department to contact. Please list names in the order you would like them to be contacted. Please attach additional sheets as necessary. NOTE: If the contact is a minor, please indicate the name of the adult to contact.

Name	
Relationship	
Home Contact Information	
Address:	
Phone: ()	
Work Contact Information	
Name of Employer:	
Address:	
Phone: ()	
Special Circumstances (i.e. health, age, etc)	

Name	
Relationship	
Home Contact Information	
Address:	
Phone: ()	
Work Contact Information	
Name of Employer:	
Address:	
Phone: ()	
Special Circumstances (i.e. health, age, etc)	
Name	
Time	
Relationship	
Actuation 5 in 5	
Home Contact Information	
Address:	
Phone: ()	
Work Contact Information	
Name of Employer:	
Address:	
Phone: ()	i
Special Circumstances (i.e. health, age, etc)	
Special Circumstances (i.e. nearth, age, etc.)	
Names and Jakes of Lindle for all of many skildness	
Names and dates of birth for all of your children.	
Name:	DOB:

CONTROL OF THE PROPERTY OF THE

List the department member(s) you would like to accompany the	
Name:	
Name:	
Name:	
List anyone else you would like to help make the notification. (i.	e., your minister, priest,
etc)	
Name:	
Relationship:	
Home Contact Information:	
Address:	
Phone: ()	
Work Contact Information:	
Name of Employer:	
1 2	
Address:	
Address: Phone: ()	
Address: Phone: () OPTIONAL INFORMATION	
Address: Phone: ()	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this info	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this info	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this info	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this info	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this information Religious Preference Religion: Place of Worship:	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this information Religious Preference Religion: Place of Worship:	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this information Religious Preference Religion: Place of Worship:	ormation.
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this information Religious Preference Religion: Place of Worship:	ormation. Yes
Address: Phone: () OPTIONAL INFORMATION Make sure someone close to you knows this info Religious Preference Religion: Place of Worship: Address:	

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE

Please list your membership in fire service, religious, or provide Assistance to your family:	r community orga	nizations that may
Do you have a will?	Yes	No
If yes, where is it located?		
Please list any insurance policies you have: Company Policy Number		Location of Policy
Special Requests		
Employe Constant		Deta
Employee Signature		Date

<<Back





New Mission for Firefighter's Widow

December 19, 2003

By Roswell Encina

Bartlett, TN - The widow of a firefighter killed while battling the Family Dollar store fire last summer is turning her tragedy into a blessing for other families.

Donna Kirk, the widow of Lt. Trent Kirk, wants to begin a support group for the families left behind by firefighters killed in the line of duty. "If we can reduce the amount of hurt, that a person goes through, during that time, just to ease their pain," says Kirk.

Lt. Trent Kirk and Private Charles Zachary died while putting out the fire on North Watkins in Frayser on Father's Day. The manager of the Family Dollar has been arrested and charged for setting the store on fire.

Donna Kirk also wants to start a website dedicated to fallen firefighters and their families.



WORLDNOW

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