

GENERAL ORDER 208.2

TAKING CARE OF OUR OWN: PRE-INCIDENT PLANNING

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

I. PURPOSE

The fire departments response to a firefighter's death or serious injury will greatly affect how surviving family members, coworkers, and the community cope with the unexpected tragedy. Part of pre-planning for such a tragedy is collecting information on each and every member. In the event such a tragedy happens, this information is vital for a quick and compassionate response to the family, friends, and coworkers. The following form (GO208.3) will help the department be prepared with current data on each employee.

II. POLICY

Beginning next year (2001), Each employee will be required to complete this form as part of his or her performance appraisal. If no changes have occurred during the previous year, the employee will need to sign their PA beside **NO CHANGES TO EMERGENCY CONTACT INFORMATION**. This line will be added to the PA.

III. GETTING STARTED

There are two copies of this form for each employee. Have each employee complete both forms. One copy will be filed at the station in the employees' personnel folder. The other copy will be returned to the general office (Attention: Chief Burke) and be placed in their personnel folder. This form should be returned no later than **September 1st**. There will be no need to complete another form for this years PA's.

GO 208.3 Employee Emergency Contact Information

Taking Care of Our Own

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L. Fincher Jr., Fire Chief

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 department take care of your family and friends.

PERSONAL INFORMATION

Name _____
Last First Middle Employee #

Home Address _____
City State Zip Phone Soc. Sec. #

CONTACT INFORMATION

Please list family or friends you would like the department to contact. List in the order you want them contacted. If needed, provide additional names on a separate sheet of paper. **NOTE: If the contact is a minor child, please indicate the name of the adult to contact.**

1st Name _____ Relationship _____

Home Contact Information:

Address _____
Phone (_____) Pager (_____) Cellphone (_____) _____

Work Information:

Employer _____ Phone (_____) _____
Address _____

Special Circumstances, i.e. health, age, etc. _____

2nd Name _____ Relationship _____

Home Contact Information:

Address _____
Phone (_____) Pager (_____) Cellphone (_____) _____

Work Information:

Employer _____ Phone (_____) _____
Address _____

Special Circumstances, i.e. health, age, etc. _____

LIST NAMES AND DATES OF BIRTH OF ALL YOUR CHILDREN:

Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____

LIST THE DEPARTMENT MEMBER(S) YOU WOULD LIKE TO ACCOMPANY A CHIEF 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 (____) _____ Cellphone (____) _____

Work Information:

Employer _____ Phone (____) _____
Address _____

OPTIONAL INFORMATION

Religious Preference:

Religion _____
Place of Worship _____
Address _____

List any organizations which may provide assistance to your family, fire service, religious, community, etc.

Other Info:

Are you a veteran of U.S. Armed Services? Y N
If yes, are you entitled to a military funeral? Y N
If yes, do you wish to have one? Y N
Do you wish to have a fire service funeral? Y N
Do you have a will? Y N
If yes, where is it located? _____

Please list any insurance policies you have:

<i>Company</i>	<i>Policy Numbers</i>	<i>Location of Policy</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signature _____ Date _____

SOG – 608.0**FUNERAL SERVICES FOR DECEASED MEMBERS**

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

I. Purpose

The Department honors its deceased members, uniformed and civilian, for their years of service and contributions to the Department. As such, the following policy has been devised.

II. Policy**A. Active Member (Uniformed or Civilian)**

1. If applicable, the Battalion Chief of the active member should discuss the funeral arrangements with the family and offer any assistance on behalf of the Department. For a civilian employee, the employee's supervisor should contact the family.
2. Upon request by the family, the following services will be provided by the Department.
 - a. Honor Guard – (See Section II c.2 and 102.1)
 - b. Fire station units along route of funeral procession or at nearby intersections – if procession passes the departed members station, the apparatus should be drawn out on the apron with the lights flashing; members of the station should be at full salute. The member's gear should be laid out in front of the member's of the station.

B. Retired Member (Uniformed or Civilian)

1. The Fire Chief or his/her designee should contact the family of the deceased to discuss funeral arrangements and offer any assistance on the behalf of the Department.
2. Upon request of the family, the following service may be provided by the Department.
 - a. C.F.D. Honor Guard (See 102.1)
 - b. Honor Pallbearers

C. The Funeral

1. In the case of a line-of-duty death, with the family's permission, the left side of the church or sanctuary should be left open for members and other officials. The ushers should seat as follows
 - a. The Chief and Assistant Chiefs of the Department
 - b. Members of the deceased's company
 - c. City officials
 - d. State officials
 - e. Chief officials
 - f. C.F.D. members
2. Honor Guard will post the U. S. Flag and the C.F.D. flag in front of church prior to start of service. Selected Uniformed Members should form an aisle for the family to pass through in the church vestibule. The Honor Guard will perform its standard duty of funeral and casket watch as per their procedure.

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FUNERAL SERVICES FOR DECEASED MEMBERS

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

3. After the church service, selected Uniformed Members should again form aisle and allow the family and all mourners to pass between the ranks.
4. All other uniformed members should assemble outside facing the church at attention, all under direction of the on-duty Division Chief.
5. After the completion of the graveside service, the flag covering the casket should be folded and presented to the widow/widower or other family recipient by one of the pallbearers (closest friend, company commander, chief officer).

SOG – 608.1**CRITICAL INCIDENT STRESS DEBRIEFING PROGRAM**

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

I. PURPOSE

To provide support and professional intervention after significantly traumatic incidents in order to minimize stress related problems to Fire Department personnel.

II. DISCUSSION

Stress is widely recognized, by mental health professionals and non-professional as having the potential to negatively affect people physiologically and psychologically. The media and professional journals have increased our awareness that stress can have an adverse effect on emergency workers. Physical effects include increased risk for heart attacks, gastric problems, headaches, and sleep disorders. Cognitive effects can be experienced as confusion, flashbacks, and poor memory or concentration. Emotional effects could include depression, anxiety, and emotional outbursts. Most emergency workers have learned and developed coping skills which enable them to adequately handle most situations. However, there are times and incidents which overwhelm the normal coping mechanisms. Critical Incident Stress Management (CISM) is a system which has been developed to assist emergency workers when they have encountered a situation or series of situations which have the potential to create the negative effects of stress. CISM is not psychotherapy; it is a teaching tool that can be pictured as psychological "first aid." Critical Incident Stress debriefings are no longer the primary component of CISM programs. Today, an effective program utilizes an integrated, multi component approach, with the primary focus on defusings and one-on-one interventions. Formal debriefings are used when the personnel have faced a disaster or large scale incident. In an effort to assist the personnel in coping with job related stress, the Charlotte Fire Department uses the Region F Critical Incident Stress Management Team. The regional team consists of Mental Health Practitioners and fire service peers who have been trained in CISM.

III. COMPONENTS OF CRITICAL INCIDENT STRESS MANAGEMENT**A. Formal Debriefing**

A Formal Debriefing is a 7-phase, group discussion based on the model developed by Dr. Jeff Mitchell. It is most effective when conducted within 24 to 72 hours of the incident. The debriefing is a confidential discussion of the involvement, thought, and reactions resulting from the incident; it is not a critique of the operational aspects of the incident. It is designed to mitigate acute symptoms, assess the need for follow-up, and when possible to provide a sense of psychological closure to the incident. Incident Commanders, Chief Officers, and Company Officers have the option of ordering mandatory attendance to a debriefing.

B. Defusings

Defusings are a 3-phase, structured group discussion provided usually within 3-6 hours of the incident. They are less formal than a debriefing, usually lasting no longer than 1 hour. The purpose is to offer information, support, and to allow for initial ventilation of thoughts and feelings.

C. One-On-One Intervention

One-on-one crisis intervention or psychological support is available to any CFD personnel who have been affected by a critical incident. The intervention is conducted by a Mental Health professional. The sessions are confidential and are usually scheduled during the employee's off-duty time. The goal is to mitigate acute symptoms and to assess the need for referrals and follow-up.

SOG – 608.1**CRITICAL INCIDENT STRESS DEBRIEFING PROGRAM**

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

D. On Scene

Regional CISM team members will respond to the scene when requested by the Incident Commander. The team members will serve in an advisory capacity to the IC. They will be available to provide support to the personnel on the scene. The goals are to provide information, to consult, and to assist with stress management.

IV. POLICY**A. Automatic Debriefing**

1. The following incidents would result in an automatic debriefing for the affected companies:
 - a. Death or serious injury of a Firefighter while on duty.
 - b. Mass casualties.
2. Time Frames
 - a. The Deputy Chief, Battalion Chief, or the Company Officer will notify Fire Communication within one half hour after returning to the station.
 - b. Fire Communication will contact the Regional Team. The Regional Team will contact the requesting officer to set up the debriefing.

B. Voluntary Debriefing or Defusing

1. The following incidents may result in the need for a debriefing or defusing:
 - a. Death or severe injury to a child.
 - b. Life threatening situations for Firefighters.
 - c. Gross mutilation of patient(s).
 - d. Severe fire injury or fire death.
 - e. Prolonged incidents.
 - f. A series of incidents which have had a cumulative effect on the personnel.
2. Time Frames
 - a. The request for the debriefing or defusing will occur as soon as the Company Officer is aware of the need. Fire Communication will be notified of the request.
 - b. Fire Communication will notify the Regional Team. A member of the Regional Team will contact the requesting officer to determine the best response.

C. One-on-one Intervention

When an individual Firefighter is in need of one-on-one intervention, either the Company officer or the Firefighter can initiate the process by any of the following:

1. Notify Fire Communication to request a response from a member of the Regional Team.
2. Notify Fire Communication to request a response from a Fire Chaplain.
3. Notify Battalion Chief K.V. Helms to request a one-on-one intervention by a Fire Chaplain or a Regional Team member.
4. Notify Fire Chaplain Wayne Detzler (904-4311) to request a response from a chaplain.

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CRITICAL INCIDENT STRESS DEBRIEFING PROGRAM

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

5. Contact the city's Employee Assistance Program (384-7475).

V. STEPS TO INITIATE A DEBRIEFING OR DEFUSING

- A. Notify Fire Communications within 30 minutes of returning to the station.
- B. When appropriate, provide Fire Communications with a brief description of the incident.
- C. The Regional Team member will contact the Company Officer to obtain the following information:
 - 1. What happened?
 - 2. Who was involved?
 - 3. Current status of the personnel?
 - 4. When and where the debriefing or defusing needs to occur.

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FIREFIGHTER LINE OF DUTY DEATH/SERIOUS INJURY

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

- b. If desired, a Chief Officer will provide for transportation of the member's spouse or other immediate family members to the hospital, which is receiving the deceased member. Another member may be designated to remain at the family's home to watch after the children until a sitter is found.
 - c. The Fire Counselor will remain in a supportive and liaison role as a representative of the Charlotte Fire Department and the City of Charlotte. He will be available to work with the family's minister to coordinate the funeral arrangements.
 - d. Information concerning the death or serious injury of a firefighter will not be released to the press until next of kin notification has been completed.
3. Civilian Employee death, Retired Firefighter death or death of immediate member of Firefighter's family
- a. In any of the above cases, the Chief of the Department and the Fire Counselor will determine the response of the Department. The Fire Counselor will minister to the family in any way possible.
- F. In the event of a line of duty death, the P.S.O.B. Coordinator will be responsible for the following:**
- 1. Make certain that all clothing and equipment involved has been impounded.
 - 2. Make certain that all required blood tests (as pertaining to the PSOB program) are obtained from the Medical Authorities.
 - 3. All documentation and filing of claims will be completed within the time constraints established by the Public Safety Officer's Benefit Act.

SOG – 609.1

FIREFIGHTER LINE OF DUTY DEATH/SERIOUS INJURY

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

I. Purpose

Firefighting is one of the most dangerous occupations in the United States today. In spite of careful procedures, safety training and preventive maintenance programs, accidents occur which may result in firefighter injuries and death. In order to prepare for the worst of circumstance, the following procedure has been established.

II. Procedure

- A. Immediately after a determination that a firefighter has been killed or has sustained a serious injury, the officer – in – charge shall have a Battalion Chief notify alarm, using the 800 telephone.**
- B. Alarm shall notify the following:**
 - 1. Chief of the Department
 - 2. Deputy Chiefs of Operations
 - 3. Deputy Chief of Administration
 - 4. Chief of Training
 - 5. Division Chief
 - 6. Fire Investigation
 - 7. Safety Officer
 - 8. Public Safety Officers Benefit Coordinator
- C. All firefighters on the scene will be instructed by the officer – in – charge to write down a detailed account about the incident.**
- D. The officer – in – charge will secure the scene and impound the firefighter’s clothing and any equipment involved.**
- E. Notification of next of kin in the event of:**
 - 1. Firefighter injury
 - a. Whenever possible, the injured firefighter will personally notify his family.
 - b. If the firefighter is unable to notify his family, or upon his request, the Fire Counselor will make the notification under the supervision of a Chief Officer (nearest Battalion Chief, Division Chief, Assistant Chief).
NOTE: Chief Officers not responding to the home should meet the family at the hospital at the first opportunity.
 - c. If the next of kin desires, a Chief Officer will provide transportation for the member’s spouse and immediate family to the Hospital. Another member may be designated to remain at the family’s home to watch after the children until a sitter is available.
 - 2. Firefighter Death
 - a. The Chief of the Department and the Fire Counselor will go to the scene to gather information and will then proceed to the location of the next of kin.

SOG - 609.1A

LINE OF DUTY DEATH INVESTIGATION

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

Investigation No. _____ Incident No. _____

DECEASED'S INFORMATION

Name _____
Last First Middle

Address _____

City State Zip

Social Security Number _____ Employee Number _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
Last First Middle

Address _____

City State Zip

Phone #s (_____) _____ (_____) _____ (_____) _____
Home Work Cell

PART I - NOTIFICATION CHECKLIST

Date	By	Person or Agency	Representative contacted
_____	_____	1. Next of Kin	_____
_____	_____	2. Medical Examiner	_____
_____	_____	* 3. Fire Marshal	_____
_____	_____	* 4. Fire Dept. Attorney	_____
_____	_____	** 5. N.C. Dept. of Labor (OSHA)	_____
_____	_____	6. Fireman's Pension Fund	_____
_____	_____	7. N.C. Fireman's Association	_____
_____	_____	8. Federal Death Benefit(PSOBP)	_____
_____	_____	***9. Fire Dept. Insurance Carrier (see #17 Workman's Compensation)	_____

The notification checklist is a guide as to who should be contacted. It is recommended the agencies be notified as soon as possible.

SOG – 609.1A

LINE OF DUTY DEATH INVESTIGATION

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

*Optional – (Recommended if applicable)

**Law requires notification within 48 hours of death if 1 is killed or 5 or more are injured.

Traumatic cases (falls, electrocution, burns, etc.) will be investigated. Vehicle wrecks and medical related injuries or death may be investigated at Department of Labor’s option.

***Check with your insurance carrier if other coverage is involved, such as vehicle liability and collision.

PART II – INTITAL INVESTIGATION

Recommended all items be prior to leaving scene or ASAP.

Date	By	Item																								
_____	_____	10. It is very important that a toxicology test and autopsy be performed. Go “on record” by requesting that these services be provided. A. Toxicology Test _____ (Person or Agency) B. Autopsy _____ (Person or Agency)																								
_____	_____	11. Photographs of scene (complete all angles) <table border="0" style="margin-left: 20px;"> <tr> <td>A. Outdoors</td> <td>YES</td> <td>NO</td> <td>NA</td> </tr> <tr> <td>B. Indoors</td> <td>YES</td> <td>NO</td> <td>NA</td> </tr> <tr> <td>C. Steps or steep incliners</td> <td>YES</td> <td>NO</td> <td>NA</td> </tr> <tr> <td>D. Apparatus and Equipment</td> <td>YES</td> <td>NO</td> <td>NA</td> </tr> <tr> <td>E. Mechanism of injury</td> <td>YES</td> <td>NO</td> <td>NA</td> </tr> <tr> <td>F. Skid marks, road conditions, View obstructions etc. (If wreck involved)</td> <td>YES</td> <td>NO</td> <td>NA</td> </tr> </table>	A. Outdoors	YES	NO	NA	B. Indoors	YES	NO	NA	C. Steps or steep incliners	YES	NO	NA	D. Apparatus and Equipment	YES	NO	NA	E. Mechanism of injury	YES	NO	NA	F. Skid marks, road conditions, View obstructions etc. (If wreck involved)	YES	NO	NA
A. Outdoors	YES	NO	NA																							
B. Indoors	YES	NO	NA																							
C. Steps or steep incliners	YES	NO	NA																							
D. Apparatus and Equipment	YES	NO	NA																							
E. Mechanism of injury	YES	NO	NA																							
F. Skid marks, road conditions, View obstructions etc. (If wreck involved)	YES	NO	NA																							
_____	_____	12. Sketch of Area (8 ½ x 11) <ul style="list-style-type: none"> A. Location of F. D. B. Location of Fire/call scene C. Location of water point D. Location of death scene E. Other pertinent information 																								
Note: All distances should be recorded to the nearest 1/10-mile by odometer showing routes traveled by deceased.																										
_____	_____	13. Sketch of Death Scene (8 ½ x 11) <ul style="list-style-type: none"> A. Location of driveways, roads, buildings, trees. B. Location of driveways, Position of apparatus. C. Position of men and equipment. D. Position of deceased. F. Position of other “Landmarks” or pertinent data. 																								

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LINE OF DUTY DEATH INVESTIGATION

CHARLOTTE FIRE DEPARTMENT

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L.L.Fincher Jr., Fire Chief

PART III FOLLOW-UP INVESTIGATION

Date	By	Items
_____	_____	17. File N.C. Industrial Commission "Workman's Compensation" form 19 This report must be filed within 5 days from the time of injury and/or death.
_____	_____	18. All items worn by deceased should be weighed. Total weight of clothing: _____ Boots _____ Helmet _____ Bunker Coat _____ Bunker Pants _____ SCBA _____ Other (Specify) _____
_____	_____	19. Equipment used by deceased:

A. Lines Handled

Function	Size	Wt.	Changed	Dist.	Ht.	Time Used
First: _____ Attack, Exposure, etc.	_____	_____	Yes No	_____	_____	_____
Second: _____	_____	_____	Yes No	_____	_____	_____
Third: _____	_____	_____	Yes No	_____	_____	_____

B. Ladders or other heavy equipment:

Item	Size	Weight	Distance Carried
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. If deceased drove a vehicle:

1. Distance driven _____
2. Type and size of vehicle _____
3. Weight of vehicle _____
4. Condition of road(s) _____
5. Route (see #12) _____

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LINE OF DUTY DEATH INVESTIGATION

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

Date **By** **Items**

- _____ _____ 20. Note weather conditions at scene:
 - A. Temperature _____
 - B. Relative Humidity _____
 - C. Wind Direction _____
 - D. Wind Speed _____

- _____ _____ 21. If deceased received medical attention, obtain names of personnel and agency providing this service. Obtain interviews. (see #14 (b)).

PART IV SUPPORT DATA

- _____ _____ 22. Copy of Fire Department incident report(s)
- _____ _____ 23. Copy of N.C. Industrial Commission "form 19"
- _____ _____ 24. Copy of N.C. Department of Motor Vehicles Accident Report (if applicable)
- _____ _____ 25. Copy of "Run Card" from Communications Center (if applicable - show times.)
- _____ _____ 26. Cassette recording of radio traffic pertaining to call (if applicable)
- _____ _____ 27. Copy of National Weather Service Local weather conditions at time of death.
- _____ _____ 28. Copy of EMS trip ticket (if applicable)
- _____ _____ 29. Letter of request for copy of autopsy:

Address: Office of Chief Medical Examiner
 Chapel Hill, N.C. 27514

Provide: Name of Deceased
 Date of Death
 County of Death

- _____ _____ 30. Copy of autopsy
- _____ _____ 31. Raised seal, certified copies of deceased birth certificate

_____ County

_____ Book

_____ Page

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LINE OF DUTY DEATH INVESTIGATION

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

Date	By	Items						
_____	_____	32. Raised seal, certified copies of deceased death certificate						
		<table border="1"> <tr> <td data-bbox="659 577 1047 619">_____</td> <td data-bbox="1047 577 1242 619">_____</td> <td data-bbox="1242 577 1445 619">_____</td> </tr> <tr> <td data-bbox="755 577 836 619">County</td> <td data-bbox="1063 577 1144 619">Book</td> <td data-bbox="1307 577 1372 619">Page</td> </tr> </table>	_____	_____	_____	County	Book	Page
_____	_____	_____						
County	Book	Page						
		Address: Register of Deeds Office (County)						
_____	_____	33. Documentation of deceased, training records from fire department training records.						

Note: Expect requests for additional information. Also expect to accumulate additional documents and correspondence as the agencies notified begin to process claims and conduct their investigative verifications.

It is strongly recommended that an accurate file be kept on both data received and data released by the fire department. (This is one of several important areas where the advice and services of a fire department attorney is recommended.)

SOG – 609.1D

FAMILY NOTIFICATION OUTLINE

CHARLOTTE FIRE DEPARTMENT

Approved:

L.L.Fincher Jr., Fire Chief

I. FAMILY NOTIFICATION OUTLINE

A. Basic Information

1. Name of Member
2. Home Address
3. Spouse's Name
4. Number of children
5. Location of structure where injury occurred
6. Extent of Injury

B. Family Notification

1. Notified By
2. Accompanied By
3. Provisions made for Transportation of Family
4. Provisions made for Sitters at the Home
5. Additional Help Offered to Family
6. Name of Family's Clergy
7. Phone Number of Clergy
8. Family Notification Confirmed to Alarm

NOTE: The Battalion Chief must notify Fire Alarm when personal notification is complete. Press notices disclosing the member's name may be released only by the Fire Chief, Assistant Fire Chief or his Designee, and may only be made after personal notification has been made.