National Fallen Firefighters Foundation
Local Assistance State Team
(LAST) Program

LAST HOT SHEET

NOTIFICATION

- ☐ Assign a two-person team to notify the family in person, before releasing any information.
- ☐ Notify all fire department personnel (on and off duty), including the Chaplain.
- ☐ Notify elected officials and other key people in the community of the death.
- ☐ Notify other Chiefs, County Chiefs, State Chiefs, State Fire Marshal, Mutual Aid Companies and Fire Coordinators.
- ☐ Notify outside agency partners:
  National Fallen Firefighters Foundation LODD Hotline (1-866-736-5868)
  U.S. Department of Justice – Public Safety Officers' Benefits Program Office (AskPSOB@usdoj.gov)
  United States Fire Administration (1-301-447-1846)
- ☐ Notify Federal and State OSHA Representatives

FAMILY SUPPORT

- ☐ Designate a family support team and offer to stay around the clock.
- ☐ Designate a family liaison.
- ☐ Designate a hospital liaison if applicable.
- ☐ Meet with the family and explain the support your fire department can provide and ask if they have any immediate needs. Be prepared to explain why an autopsy may be required.
- ☐ Be prepared to explain why an autopsy may be necessary.
- ☐ Collect the deceased firefighter's personal belongings and prepare to deliver upon the family's request (inventory and document in the presence of a witness). If items are to be held for investigation (uniform, shoes, etc.) explain why to the family.
- ☐ Collect, bag, tag and secure the firefighter's PPE, including SCBA and full turn out ensemble for the investigation team. (See Hot Sheet Addendeum)

DEPARTMENTAL SUPPORT

- ☐ Contact the National Fallen Firefighters Foundation for referrals to the Foundation's 'Chief-to-Chief,' 'IC-to-IC,' Company Officer-to-Company Officer,' and 'Co-Worker-to-Co-Worker' support groups." Each group is comprised of members who have experienced a line of duty death and can offer one-on-one assistance. Call 1-301-447-1365.
- ☐ Arrange Critical Incident debriefing for the department.
- ☐ Arrange peer support (stress first aid) for the department and other affected agencies.

NATIONAL FALLEN FIREFIGHTERS FOUNDATION
2130 Priest Bridge Drive, Suite 5, Crofton, MD 21114
Phone: (410) 721-6212 • Fax: (410) 721-6213

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DEALING WITH THE INCIDENT

- ☐ Determine the type of investigation that needs to be conducted (e.g. homicide, arson, internal inquiry, external board, etc.).
- ☐ Contact the departmental attorney or other legal advisor.

DEALING WITH THE COMMUNITY AND THE MEDIA

- ☐ Prepare a summary of the facts about the deceased firefighter and the incident for public information purposes.
- ☐ Prepare a written statement to be used by the Chief or Public Information Officer when making a press statement.
- ☐ Schedule a media briefing.

FOR ADDITIONAL ASSISTANCE

- ☐ For additional assistance with this incident, contact the Local Assistance State Team (LAST) which can provide the following services:
  - » Benefits document preparation
  - » Funeral & Honor Guard protocols
  - » Chaplain services
  - » Family support network
  - » Behavioral Specialists / Counseling services
  - » Investigation protocols
  - » Federal and Fire Service Organization resources
  - » Legal Advisors – Fire Service lawyers
  - » IAFF, IAFC and NVFC Resources

CONTACT THE NATIONAL PROGRAM COORDINATOR IAN BENNETT AT (540) 820-1255 OR YOUR LOCAL ASSISTANCE STATE TEAM COORDINATOR

State Coordinator:	
E-mail:	
Primary Phone:	**Secondary Phone:**

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If a single or multiple, seriously injured or deceased firefighter(s) are transported to medical facilities for treatment, and you cannot secure the firefighter(s) Personal Protective Equipment (PPE), you need to call the hospital, local fire department, local Law Enforcement or State Fire Marshal to assist with impounding and securing all PPE.

When impounding safety equipment, place equipment into CLEAR, heavy-duty plastic bag(s) and secure the plastic bag with an evidence tag from local Law Enforcement.

IMPOUND ALL SAFETY EQUIPMENT THAT WAS USED BY YOUR FIREFIGHTER(S)

☐ **SCBA – to include mask, straps, regulator, harness, bottle and pack.**	
Location Secured:	
Time Secured:	**Date Secured:**
Person Securing:	

☐ **Turnout/Bunker Coat – to include liner(s) and tools attached.**	
Location Secured:	
Time Secured:	**Date Secured:**
Person Securing:	

☐ **Turnout/Bunker Pants – to include liner(s), boots (leather/rubber), and suspenders.**	
Location Secured:	
Time Secured:	**Date Secured:**
Person Securing:	

LAST HOT SHEET

Safety Equipment Impound Checklist

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Safety Equipment Impound Checklist

☐ Helmet – to include liner(s), strap and shield (bourkes).	
Location Secured:	
Time Secured:	**Date Secured:**
Person Securing:	

☐ Gloves – attempt to secure both gloves.	
Location Secured:	
Time Secured:	**Date Secured:**
Person Securing:	

☐ Specialized Equipment – to include hand, electrical and power tools.	
Location Secured:	
Time Secured:	**Date Secured:**
Person Securing:	

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PLEASE FILL OUT THE CHAIN-OF-CUSTODY PORTION OF THIS CHECKLIST.

LAST HOT SHEET

Safety Equipment Impound Checklist – Chain-of-Custody Record

FIRE OFFICIAL	
Name:	
Department:	
Date:	**Time:**

LAW ENFORCEMENT OFFICER	
Name:	
Department:	
Date:	**Time:**

STATE FIRE MARSHAL	
Name:	
Department:	
Date:	**Time:**

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