



Texas LODD Task Force

www.texasloddtaskforce.com

The First 6 Hours

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Topics Covered

- Who we are
- What we do
- What every department needs to do before an LODD
- The first 6 hours after an LODD



Texas LODD Task Force

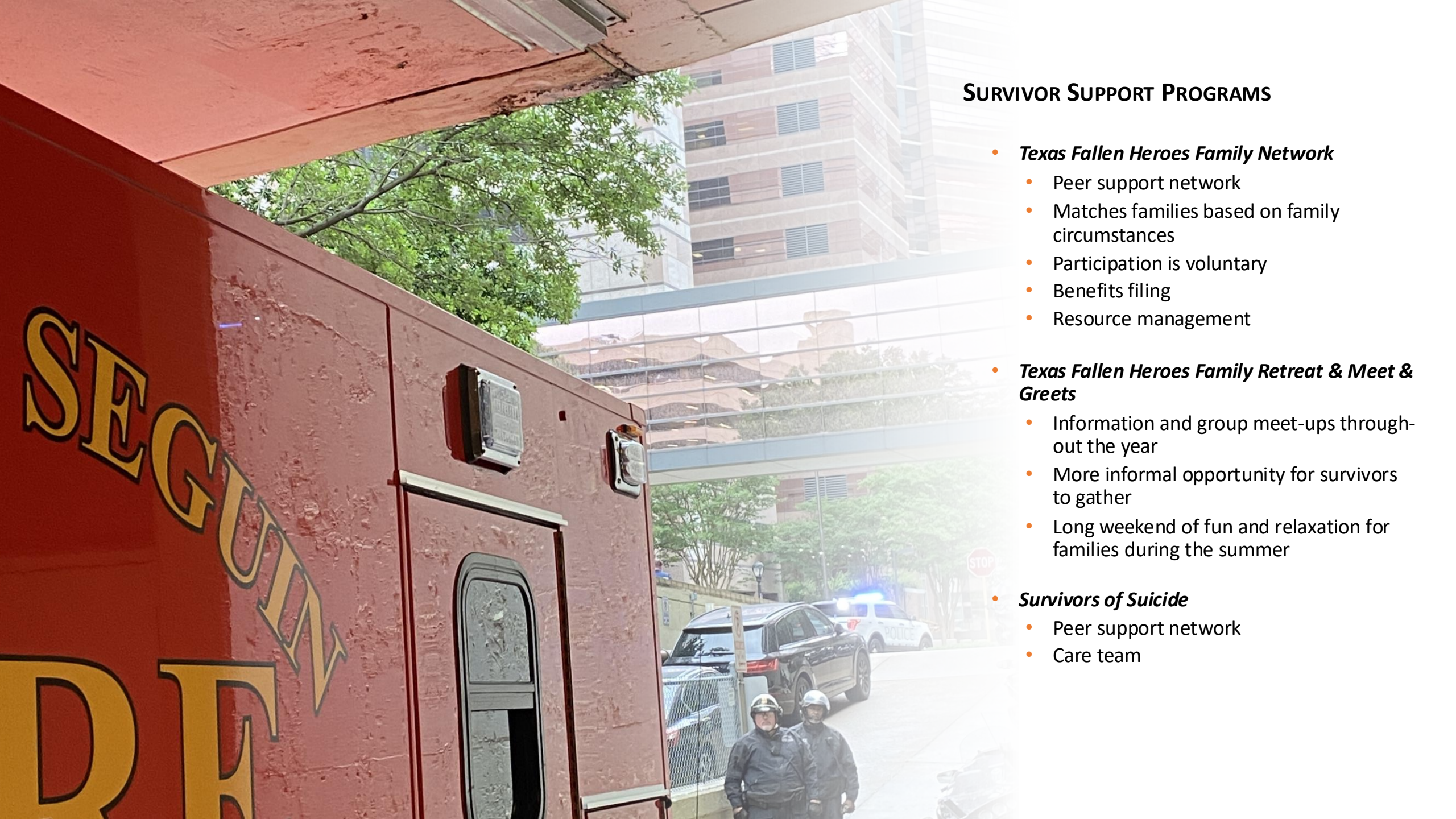
- Created in 1999 to support injured firefighters. Today the organization serves law enforcement, EMS, fire service, search and rescue services, and 911 telecommunicators.
- In 2000 the organization started primarily caring for the departments and families of the fallen. Today we also serve agencies and loved ones impacted by catastrophic injuries, those who have died by cancer or suicide, and those seeking assistance and resources for mental health services.
- First response team in the country and led a panel to develop the program nationally with the NFFF.
- 501(c)(3) non-profit corporation – all funding is received from private donations from caring individuals, organizations, corporations and foundations.





FIRST RESPONDER SERVICE PROGRAMS

- ***Funeral/Memorial Preparation***
 - Response Team
 - Chaplaincy Through the Texas Corps of Fire Chaplains
- ***Education***
 - Prepares Departments for Line-of-Duty Death or Serious Injury
 - Pre-incident planning, survivor notification, family and co-worker support and benefits / resources available to families
- ***Texas Honor Guard Society***
 - Support, Networking & Education for honor guard teams
 - Support to State, Regional, and Local Commanders that volunteer for the Task Force
- ***Partner Programs***
 - One on one support for partner organizations after LODD, Injury or suicide occurs
- ***General Services***
 - Response to catastrophic on-duty injury
 - Peer support to the injured
 - Family support
 - Advocacy
 - Resource procurement



SURVIVOR SUPPORT PROGRAMS

- ***Texas Fallen Heroes Family Network***
 - Peer support network
 - Matches families based on family circumstances
 - Participation is voluntary
 - Benefits filing
 - Resource management
- ***Texas Fallen Heroes Family Retreat & Meet & Greet***
 - Information and group meet-ups throughout the year
 - More informal opportunity for survivors to gather
 - Long weekend of fun and relaxation for families during the summer
- ***Survivors of Suicide***
 - Peer support network
 - Care team

Loved Ones

When a family member or loved one of first responder who has died or has been critically injured has found a place in their journey where they feel that they have been given adequate support, have the resources they need, and no longer need guidance, then our job is complete. Sometimes this only takes a few months and sometimes this can take years.







Before an LODD

- Legally established and authorized to provide service to the area.
- Vol dept—at least 2 drills per month, 2 hours in length
- Policy on responding POV to emergencies
- Job Descriptions
- Written Auto & Mutual Aid Agreements



Before an LODD

- Social Media Policy
- Determine how and who will investigate a firefighter fatality.
- Policy on working out and physical training
- Policy on level of honors & Define “On Duty” vs “Line of Duty”
- Decide how to memorialize those who die by suicide
- Confidential Information Packets

Training Exercise

- The officer formally participates as a trainee or trainer in a structured activity within an **official training** (or fitness) **program of the officer's agency** *and*
- The structured activity is required by the agency, officially tested, graded, or timed by the agency, or directly supervised, proctored, or monitored, for example, by a member of the agency in the vicinity of the trainee.

Fitness Program

The **official fitness program** is captured in a **policy, plan, process, or system** to train officers in fitness activities to a particular standard; is **officially sponsored, conducted or authorized** by the agency the officer serves; and is intended to train officers in **specific fitness activities** relevant to the officer's line of duty. Key elements of an official fitness program include:

- Title of Fitness Program
- Statement of Purpose
- Description of Requirements, Goals, Objectives
- Approved Fitness Activities
- Performance Standards
- Evaluation, Supervision, Monitoring Method
- Approving Official
- Effective Date



Hometown Heroes Survivors' Benefits Act*

*For deaths occurring on or after
December 15, 2003*

If a public safety officer dies as a direct and proximate result of a heart attack or stroke, that officer shall be presumed to have died as the direct and proximate result of a personal injury sustained in the line of duty if...

*Dale Long PSQB Improvements Act of 2012



Classifications

- Line of Duty Death—Death occurs as a result of a job related incident.
 - Heart attack or stroke within 24 hours of job related strenuous activity.
- Active Duty—Death occurs when an active responder is off-duty or is not duty related.
- Retiree—Death pertains to a retiree of the department.

TX LODD Suggested Services for Funeral Types

OPTION	Line of duty	Active duty	Retiree
American Flag Presentation	X	X	X
Badge Shrouds	X	X	X
Bagpipers/Drum Corps	X	Opt	Single piper
Bell Service	X	X	X
Bugler	X	X	X
Color Guard	X	X	
Crossed Ladders	X		
Eulogies	X	X	X
Fire Engine Caisson	X		
Casket Watch	X	X only during visitation/ funeral	X only during visitation / funeral
Active Member Pallbearers	X	X	X
Station Bunting	X		
Vehicle Bunting	X		
Honor Corridor	X	X	X
Last Alarm	X		
Fly over	X		



Emergency Contact Form

- Confidential Information Packet (CIP)
- Updated annually
- Accessible at all hours
- PSOB Beneficiary designation form

XYZ Fire & Rescue
123 N Main St.
anytown, TX.

Employee Emergency Contact Information Form

Be advised that the data gathered in this employee information form is confidential and will be sealed by you the employee. Access to this confidential information will remain limited to chief fire officers and only be opened in the event of a line of duty fatality. Please fill out as much information as possible to assist your immediate family in locating sensitive documents expeditiously in their time of grief.

Last Name:	First Name:	Middle Name:
Home Address		
City	State	Zip Code
Phone Number		

Contact Information

Please list below any family and or friends in the order you would like the XYZ Fire Department to contact them in the event of a line of duty fatality.

Last Name:	First Name:	Middle Name:
Home Address		
City	State	Zip Code
Phone Number		
Cell Phone/Pager Number		
Name Of Employer		
Work Address		

City	State	Zip Code
Phone Number		
Last Name:	First Name:	Middle Name:
Home Address		
City	State	Zip Code
Phone Number		
Cell Phone/Pager Number		
Name Of Employer		
Work Address		
City	State	Zip Code
Phone Number		
List Names and dates of all your children		
Name:	DOB:	
Name:	DOB:	
Name:	DOB:	
Name:	DOB:	
List the department member(s) you would like to accompany a Chief Fire Officer to assist in the notification of your family and friends:		
Name:		
Name:		
List anyone else you want to help make the notification		
Last Name:	First Name:	Middle Name:
Home Address		

City	State	Zip Code

Phone Number
Cell Phone/Pager Number

Name Of Employer

Work Address

City	State	Zip Code

Optional Information

Religion
Church Official
Place Of Worship

Address

City	State	Zip Code

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 membership in fire service, religious, or community organizations that may provide assistance to your family

Do you have a will?

YES	NO
Where is it located:	

Please list any insurance policies you may have that would benefit your family to assist them with filing

Company	Policy Number	Location Of Policy



Any special requests



Employee Signature

Date

Designation of Beneficiaries Form
for U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

PURPOSE
OF THIS
FORM



WHO RECEIVES PSOB BENEFITS IF A CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. **If no spouse or children, then to the individual(s) designated by the officer in the most recently executed designation of (PSOB) beneficiary on file with the officer's agency at the time of the officer's death. If no PSOB designation, then to the individual(s) designated by the officer on the most recently executed life insurance policy on file with the officer's agency at the time of death.**
5. If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
6. If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children.)

**"Child" is defined as any natural, illegitimate, adopted or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit identified in Step 4 above and would not apply if there is an eligible surviving spouse and/or children. Should you wish to complete this form, it **must be retained with official department records**.

I, _____ (print full name), as a member of _____
(print agency name), hereby designate the following beneficiary(s) for an PSOB benefits that may be paid in the event of my death:

Name	Percent (must total 100)	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Public Safety Officer signature: _____

Date: ____/____/____

Witness signature: _____

Date: ____/____/____

Designation of Beneficiaries Form
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2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. **If no spouse or children, then to the individual(s) designated by the officer in the most recently executed designation of (PSOB) beneficiary on file with the officer's agency at the time of the officer's death. If no PSOB designation, then to the individual(s) designated by the officer on the most recently executed life insurance policy on file with the officer's agency at the time of death.**
5. If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
6. If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children.)

**"Child" is defined as any natural, illegitimate, adopted or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

PURPOSE
OF THIS
FORM



PSOB (Federal benefit)

Benefit: Oct 1, 2024: \$448,575

Coverage:

- Public Safety Officer includes:
 - Law enforcement, including corrections officers
 - Firefighters
 - Members of rescue squads and ambulance crew, EMT/Paramedics, under certain circumstances
 - Chaplains, under certain circumstances
 - Disaster relief workers, under certain circumstances
 - Police, Fire, EMS trainees, under certain circumstances
 - Does not cover contract or private business employees (mostly wildland and for-profit EMS).
- **Line of Duty death**—any action the PSO is authorized or obligated by law, rule, regulation, or condition of employment to perform.
- Symptoms of a **heart attack** or **stroke** within 24 hours of strenuous job-related activity
- **Suicide**
 - PSO was exposed, while on-duty, to one or more traumatic events, as defined by PSOSA.
 - Less than 45 days from exposure: Officer's action was not inconsistent with a psychiatric disorder
 - More than 45 days from exposure: The exposure was a substantial factor in the officer's action.

PSOB (Federal benefit)

Beneficiaries:

- Child is defined as natural, illegitimate, adopted, or posthumous child or stepchild, who at the time of the officer's death is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability
- 100% to Spouse if no children
- 50% to Spouse and 50% divided to children
- No spouse, 100% divided equally to children
- No spouse and no children, to PSOB Designation form or most recently executed life insurance policy
- No spouse, children, PSOB form, life insurance beneficiary, then to surviving parents in equal shares
- If none of the above, then adult children.

ERS (State benefit)

Benefit: Oct 1, 2024: \$591,000.

Coverage:

- Public Safety Officer includes:
 - Law enforcement, including corrections officers, parole officers,
 - Firefighters certified by TCFP, *or volunteer VFD who are not paid, and conduct a minimum of two drills each month, each two hours long.*
 - Members of rescue squads and ambulance crew, EMT/Paramedics, under certain circumstances
 - Chaplains, under certain circumstances
 - Disaster relief workers, under certain circumstances
 - Police, Fire, EMS trainees, under certain circumstances
 - Does not include contractors or private agency employees.
- **Line of Duty death**—any action the PSO is authorized or obligated by law, rule, regulation, or condition of employment to perform.
- Heart Attack or Stroke-*no defined time from authorized activity*
- Cancer—no minimum amount of time employed as firefighter (*workers comp requires 5 years as FF*)

ERS (State benefit)

Beneficiaries:

- The surviving spouse
- If no spouse, equally to the surviving children (regardless of age)
- No spouse or children, equally to the surviving parents
- Minor Children—also a monthly benefit to the caregiver or the PSO's biological or adopted minor child or a minor child listed on the PSO's IRS tax
 - Trust or Letters of Guardianship will have to be established and provided for payment to be processed.

Lots of Paperwork to file for benefits:

- Job Description
- Witness Statements
- Employer sworn statement of facts
- Worker's Comp approval/denial letter
- VFD, notarized statement they conduct minimum of two drills per month of two hours each
- Copy of TCFP Certification
- If cancer, list of all responses FF responded to.
- Incident/Accident Reports
- EMS Transport report
- Police Report
- Heart attack or Stroke—All incidents that PSO responded to in 24 hours prior to symptoms
- Heart Attack or Stroke—3 years of medical records
- Part A PSOB certification form
- Part B PSOB certification form
- Birth Certificate
- Death Certificate
- Autopsy if performed (*not required*)
- Marriage license

- Divorce decrees or death certificate of all previous marriages including references to physical custody of children
- Divorce decrees or death certificate of current spouse's previous marriages including reference to custody of children
- Authorization to release information form
- Declaration of knowledge of surviving children
- Application for payments due a minor child
- Obligations of Guardians
- Direct Deposit form
- Marriage Certificate form
- Copy of tax income transcript, if minor children
- Letter of guardianship or management trust for minor child
- Copies of birth certificates of all children of PSO
- Signed, notarized request for benefits from spouse, adult children, or parents.

The First 6 Hours

- Honor the Fallen
- Respect the Family
- Care for the responders





Honor the Fallen

1. Designate someone to stay with the Responder (must have phone)

- Can start arranging for an honor guard.
- Must call you before Responder is moved anywhere. Preferably giving you as much notice as possible.

2. Autopsy may be requested by JP or ME, but not required for benefits

3. Investigation

- Photographs
- Evidence Collection
- Criminal Involvement?

Honor the Fallen

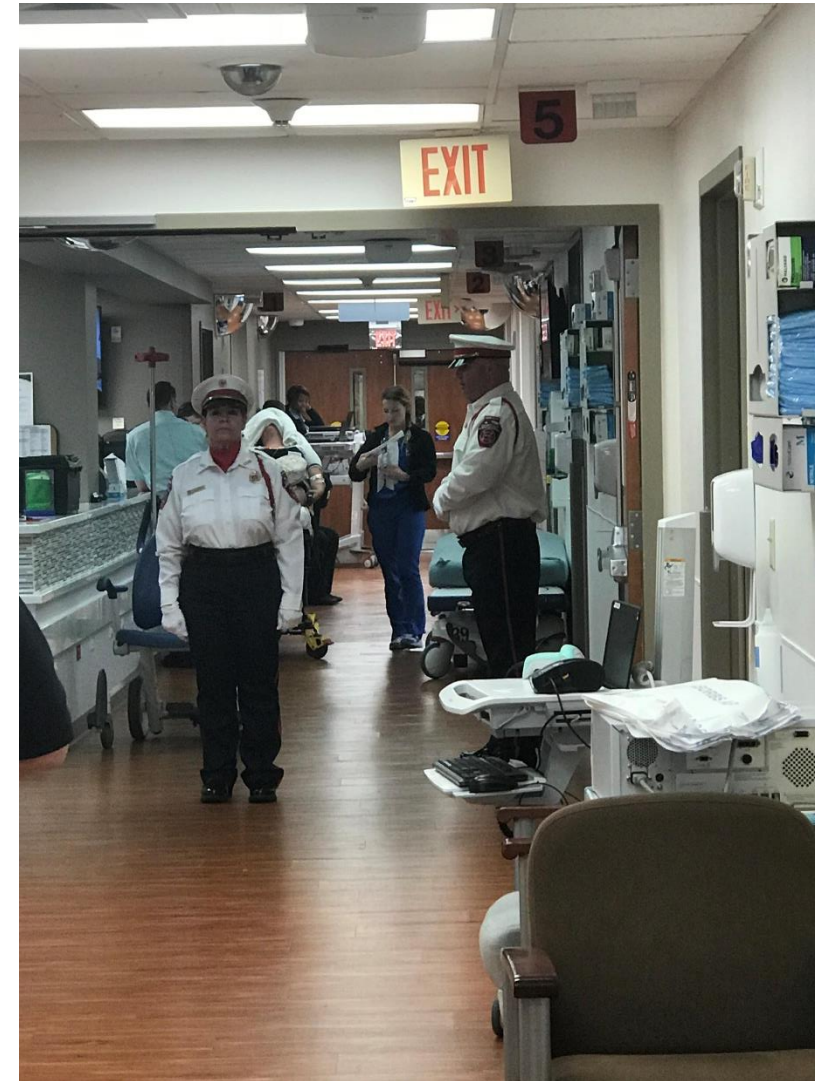
- When removing deceased from the scene:
 - Drape in US Flag
 - Wall of Honor
 - PD escort
 - Transport in department ambulance or hearse?
 - Post honor guard (can be soft watch)



Honor the Fallen

If at the hospital:

- Work with hospital staff to identify a room for family and co-workers.
- If Responder will be transported to another hospital, help arrange for transportation for the family.
- Contact Department in that area to help with assisting the family and department.



Notifications

Family Notification

- Notification team—You, chaplain, Family Liaison

Agency Notification

- Your Boss
- Your department members
- SFMO (FF Fatality) 1-512-676-6780
- TX LODD Taskforce 1-832-757-1499

Public

- Area departments
- The public

Notifications

In Person

- Always do notification in person, not by phone.
- If out of the area, arrange for authorities in that area to make the notification in person.
- Use the CIP to determine who to notify. Usually the spouse and parents are first priority.



Notifications

In Pairs

- Have at least two people to make the notification. This will help you to help them.
- Use the CIP to determine who else in the department they would like to make the notification (if it can be done in a timely manner). It is helpful to have a chaplain or a friend of the family along with the notification.
- Before you arrive, decide who will speak and what the person will say.



Notifications

In Time and with Certainty

- Before making notification, call your delegated person and confirm the identify and location of the Responder again.
- You have to notify them before social media does.
- Gather as much information about the incident before making notification. They will have questions. Who, What, When, Where, How (disregard why it happened).

Notifications

Use plain language

- Clearly identify yourself and be in uniform or present identification, then ask to come in.
- Notification should take place in a private setting.
- If you don't know the family member, make sure you are talking to the right person.
- Begin with "I have very bad news", or "I'm so sorry to have to tell you this"
- Use the words "died" and "dead" rather than terms such as "passed away" so the message is absolutely clear. Speak slowly. Get to the point quickly.
- Calmly answer the survivors questions. It is fine to say "I don't know" if you don't.
- Use his or her name when referring to the Responder, rather than saying "the body"

Notifications

Be Compassionate

- Allow survivors to express their emotions. Do not try to talk them out of their grief.
- Accept your own emotions. It's okay if you cry during notification, but stay calm.
- Never leave immediately after making a notification. Offer to help the survivor call friends or family members. Do not leave before someone else arrives.
- Do not take the Responder's personal items with you to make the notification. If they ask, tell them they will receive them later. Most survivors will need some time before they feel able to deal with these items.



Notifications

Be Compassionate

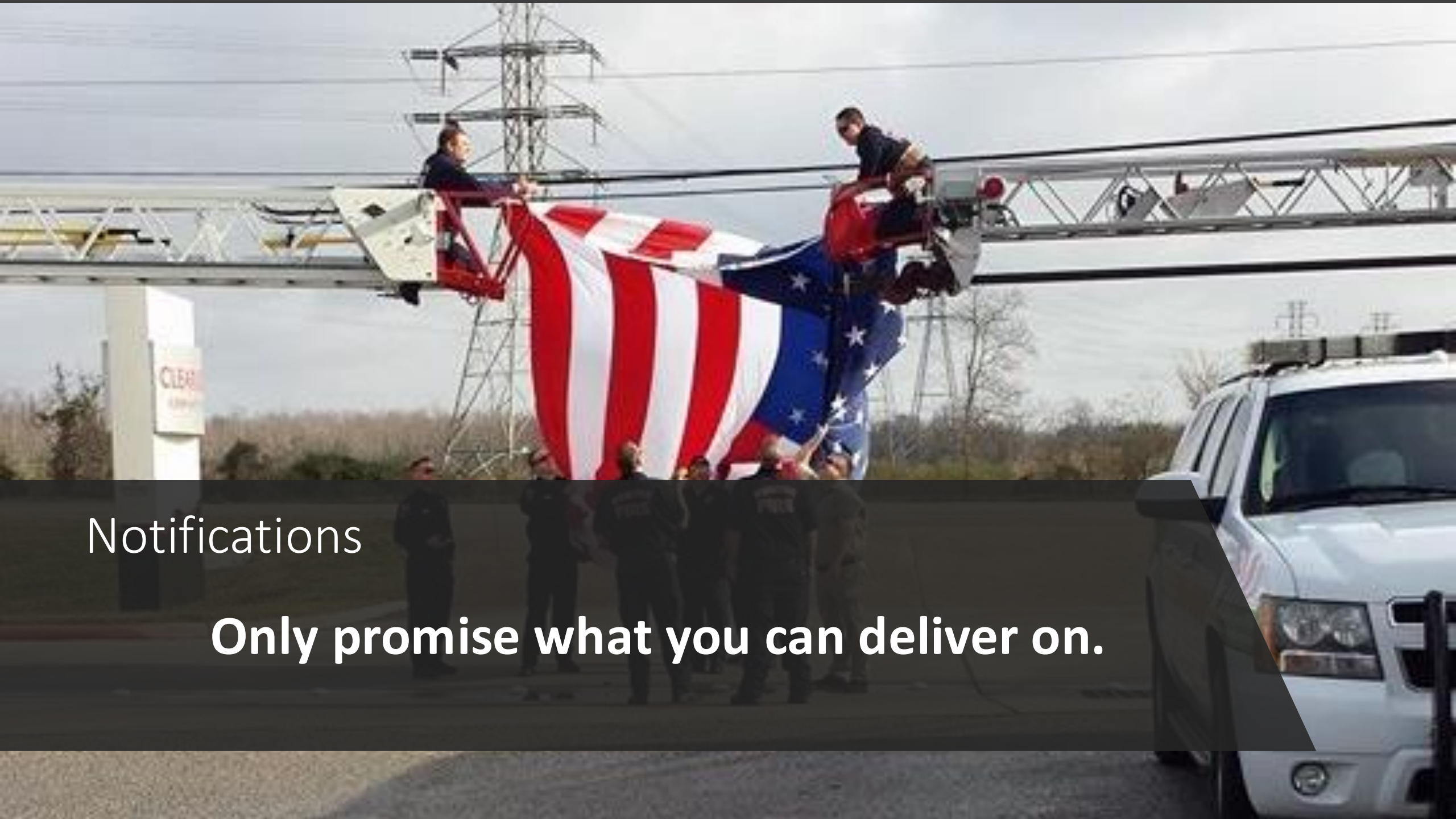
- Provide the survivor the opportunity to see the deceased Responder, even if the body is badly disfigured. Offer to transport the family to where the Responder is, and help prepare them for what they will see.
- Before leaving, write down important information, including the names and phone numbers of department personnel who will work with the family.
- Have the FLO stay with the family, unless the family declines.





Notifications

- Now is not the time to discuss funeral planning.
 - But if they ask, answer questions.
- Be respectful of the family wishes and requests.
- Be prepared to explain the need for autopsy or why you can or can't commit to certain requests.



Notifications

Only promise what you can deliver on.



Notifications

- Department members (by phone, and then hold department meeting prior to news conference)
- On duty dept. members should contact their families to reassure them it is not them.
- Elected Officials, board members, area fire departments, key community leaders
- The public—press release, news conference



Press Release

- Do not give any personal identifying information to the media (name, station or unit), even if on-scene, until confirmation that the family has been notified.
- Do not release the name and ask them to not release it until a certain time, you may be live at the time you are talking with the media.
- Written release should include basic information about the incident, and information about when and where the press conference will be held.



Complications to Notifications

- Multiple LODDs
- LODD & Injuries
- Family lives long distance away
 - Will you drive?
 - Call other area department to notify?
- Family Dynamics (too many to list)



Care for the Responders

- CISM, Chaplaincy, counseling, Peer Support, EAP
- Taking units Out of Service
 - Relief crews
 - Affected crew



Scenarios

- Responder
 - Designate someone to stay w/ Responder
 - Can coordinate honors
 - Autopsy
- Investigation
- Notification:--You, chaplain, FLO
- Care for the responders:
 - Unit out of service, relief crews
 - CISM/Chaplain, EAP



Scenarios

- Responder killed from auto accident while responding to 9-1-1 emergency call.

Scenarios

- 2 Responders are injured at an auto accident. One is seriously injured and being flown to distant trauma center, the other was transported to a local hospital and pronounced dead.





Scenarios

- You receive a phone call that the crew just responded to Responder's residence, where he had been complaining of chest pain and is now dead.



Scenarios

- Your crew calls you and tells you he just responded to Responder's residence, where the responder died from suicide.



CONTACT US

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