

32. LINE OF DUTY DEATH

32.1 Purpose

This SOG defines the policies and responsibilities to be followed in the event of a line of duty death and can be escalated in the event of multiple deaths or multiple firefighters being seriously injured.

32.2 Policy

The Fire Chief will maintain a sealed personal information packet that can be updated at the firefighters request.

The death of any firefighter of Wall Fire District 3 while on duty or undergoing medical treatment for any injury or disease resulting from such duty, is considered a line of duty death. This also includes the death of a firefighter while traveling in connection with such duty or while engaged in firefighting or EMS activities off duty.

It must be remembered that duty death and serious injury can happen not only on the fire ground, but on highways, at the station or at drills.

Procedures shall be adjusted as needed to fit the situation remembering that all situations require thorough investigating, good documentation, timely notifications, and isolation of both personal and department equipment.

Serious injury to a firefighter shall be addressed in the same proficient manner as the line of duty death in case of grave outcome.

32.3 Incident Commander Responsibilities

In the event of a line of duty death or serious injury the IC shall ensure the following:

- Notify the Fire Chief immediately.
- Notify the President of the Board of Fire Commissioners
- Notify the Monmouth County Fire Marshal's Office
- Notify the Wall Township Police Department
- Notify the Monmouth County Prosecutors Office
- The determination shall be made to call enough mutual aid to remove initial companies from the incident.
- The PIP (personal information packet) shall be located and carry out notification plans.

The Fire Chief will assume the roll of Public information officer unless otherwise delegated.

32.4 Notification of Family

The Fire Chief and Chaplain will begin the notification of next of kin. While at the station the following should be done.

1. Retrieve PIP form from employees file.
2. Formulate plan on how to notify family based on employees wishes.
3. Notify family and assist family to hospital. Assist family with any further notification or needs.
4. Concur with family for release of information to the press.

10/15 JS

EMPLOYEE PERSONAL INFORMATION PACKET

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 individual.)*

COPY OF EXEMPT CERTIFICATE

PERSONAL INFORMATION

First Last Middle Initial

Badge DOB SSN

Blood Type Medications Primary Physician

FAMILY INFORMATION

Spouse: _____ Employer: _____ Phone: _____

Relative: _____ Relationship: _____ Phone: _____

Children Name: _____

NOTIFICATION PREFERENCES

Religious Preference: _____

First To Be Notified: _____

Preferred Notification Made by Whom: _____

Fire Service Funeral: YES NO

Honor Guard: YES NO

FINAL REST

Church: _____

Funeral Home: _____

In Fire Service Uniform: YES NO Other: _____

Special Request for Family or Funeral: _____

Special Request for Members of Service: _____

Flower / Donations: _____

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 _____

What type of burial clothing? Civilian ___ Fire Uniform ___ Military Uniform ___

I would like a eulogy delivered by? If member of service:

PROCESSION

Casket On Apparatus: YES NO

Which Truck: _____