



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

WHAT TO DO WHEN A LINE-OF-DUTY-DEATH OCCURS

March 30, 2026

IAFF 4TH DVP ANDREW PANTELIS

Introduction and Opening Remarks



IAFF 4TH DVP ANDREW PANTELIS

Pre-Event Preparations

- Develop a Comprehensive Member Death/LODD Policy
- Member Education – Beneficiary Forms and Estate Planning
- Relationship Management (Chief, Government, Community)
- Research Benefits/Resources (IAFF, Federal, State, and Local)



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What an Affiliate Leader does when receiving “the call”

- Decisions made in the first hour, and the following 24 hours, set the tone for the entire incident
- Establish a Family Liaison early
- Develop an Incident Action Plan (IAP)
- Internal and External Communications Plan



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Funeral Event/Memorial Service Considerations

- Family/Survivor decisions and needs are paramount
- Navigating politics and emotions in the decision process
- Affiliate Leader remarks and presentations
- Affiliate Leader self-care



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Post-Event Considerations

- Independent Investigation – NIOSH, OSHA, outside jurisdiction
- Ensure benefit processing is completed
- LODD Anniversaries – Honoring the fallen vs. perpetuation of trauma
- Take care of our members and their families



PROFESSIONAL FIRE FIGHTERS OF MASSACHUSETTS PRESIDENT, RICH MACKINNON

Pre-event – Working with the Chief, and taking care of our member, we have the resources and means to handle

- [PFFM Funeral Policy and Protocol link](#)
- [IAFF LODD Resources link](#) (IAFF officers only)

Event

- Connect with the family and the funeral director
- Stay with family through the entire event and after the service/ceremony
- Family liaison, hospital liaison (what if they were on the scene?)
- Transfer of fallen member(s)

Post-event



IAFF PEER SUPPORT MASTER INSTRUCTOR MIKE WELLS

Pre-event



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

10 STEPS TO BUILD YOUR PEER SUPPORT PROGRAM



A robust peer support program is an essential component to any comprehensive behavioral health program. The 10 steps outlined below are critical components to the development of your peer support program.

1. OBTAIN NEEDED BUY IN

Identify whose support is needed to make your program a reality. Is it your chief, your battalion chief, union leadership, or CISM team? Identifying your biggest supporters and toughest critics will empower you to mobilize the support you need. Once you've identified the key stakeholders to target, make an informed case on why peer support is needed in your organization. Use peer support training resources and behavioral health guides available at iaff.org/behavioral-health/resource-guides to help make the case.



2. IDENTIFY A PEER SUPPORT TEAM LEADER

Leading a peer support team is a big job, so identifying the right person is critical to your program's success. The team leader should be passionate about peer support and behavioral health issues, reliable, and trusted by others. Solid networking, organization, and communication skills are also a must. Lastly, your team leader should have enough free time to dedicate to the job.



3. RECRUIT YOUR PEER SUPPORT TEAM

Once you've selected a team leader, organize members to serve on your team. Consider using a simple anonymous poll that asks members who they would confide in after a stressful day on the job or when facing a personal crisis. In recruiting your team, aim for a broad demographic makeup that reflects the age, race, gender, rank, and retiree population of your department. Peers should be trustworthy, passionate about helping others, in good standing with your local, and be in stable mental health. See the IAFF guide on Selecting Your Peer Team for more information, which can be found at iaff.org/behavioral-health/resource-guides.



4. DEVELOP YOUR PEER SUPPORT TEAM

Identify which program model will work best for your organization. Peer teams can be based through a local union, department, state/provincial association, or other entity. Each model has advantages or disadvantages that could impact how you pursue any needed funding for your program. Once you have identified a program model, you will need relevant standard operating procedures (SOPs) that identify basic functions and processes for your peer team operations. Contact behavioralhealth@iaff.org for sample peer team SOPs.



5. IDENTIFY A BEHAVIORAL HEALTH CLINICIAN TO PROVIDE OVERSIGHT

Peer support teams should not function without oversight from a trained and licensed mental health clinician. A good clinician will play a variety of critical roles in your peer support program, including ongoing supervision, education, peer screening, SOP review, and help building your network of vetted treatment providers. Your clinician must understand the peer support model, be familiar with fire service culture, and be accessible. See the IAFF guide to Finding the Right Clinician, which can be found at iaff.org/behavioral-health/resource-guides.



6. TRAIN YOUR PEER SUPPORT TEAM

Training your peer team is an ongoing process. A suggested starting point is the two-day IAFF Peer Support Training, which provides introductory education on behavioral health issues in the fire service and teaches fundamental peer support skills. Your behavioral health clinician can also provide periodic education, in addition to training from other reputable behavioral health organizations. Visit iaff.org/peer-support to request the training.



7. DEVELOP A REFERRAL NETWORK

Developing a referral network is a critical step to connect your members to local mental health providers and resources. Start by checking out available resources through your employee assistance program (EAP), as well as behavioral health services covered through your department's health insurance coverage plan. Call, visit, and vet resources in your community, including clinicians, psychiatrists, treatment centers, crisis hotlines, local support groups, and other non-behavioral health resources. Lastly, keep an updated list of the behavioral health resources you have vetted. Consider contacting the IAFF Center of Excellence Outreach team at HELMore@advancedrecovery.com to identify vetted providers in your local area.



8. CONDUCT REGULAR OUTREACH

Outreach ensures critical stakeholders know your peer support program exists and how to access it. Start by identifying who needs to know about your program. This list may vary program to program, but will likely include fire fighters, fire chiefs, retirees, family members, your EAP, and local clinicians. Like training, outreach is ongoing. Don't wait until a traumatic event impacts your department to conduct outreach. Conducting informal station visits, distributing written materials, or holding planned information sessions can help your program establish presence and credibility.



9. MAINTAIN YOUR PEER SUPPORT TEAM

Your peer support team needs regular maintenance to keep running smoothly. This might include revising your team protocols, evaluating workload distribution, or simply doing a team morale check. Regularly scheduled peer team meetings are a good time to conduct peer and clinical supervision, share positive outcomes, explore challenges, and exchange referral feedback. Peer team members should be encouraged to practice self-care and consider an annual wellness check with your team's behavioral health clinician or a clinician of their choice.



10. EVALUATE YOUR IMPACT

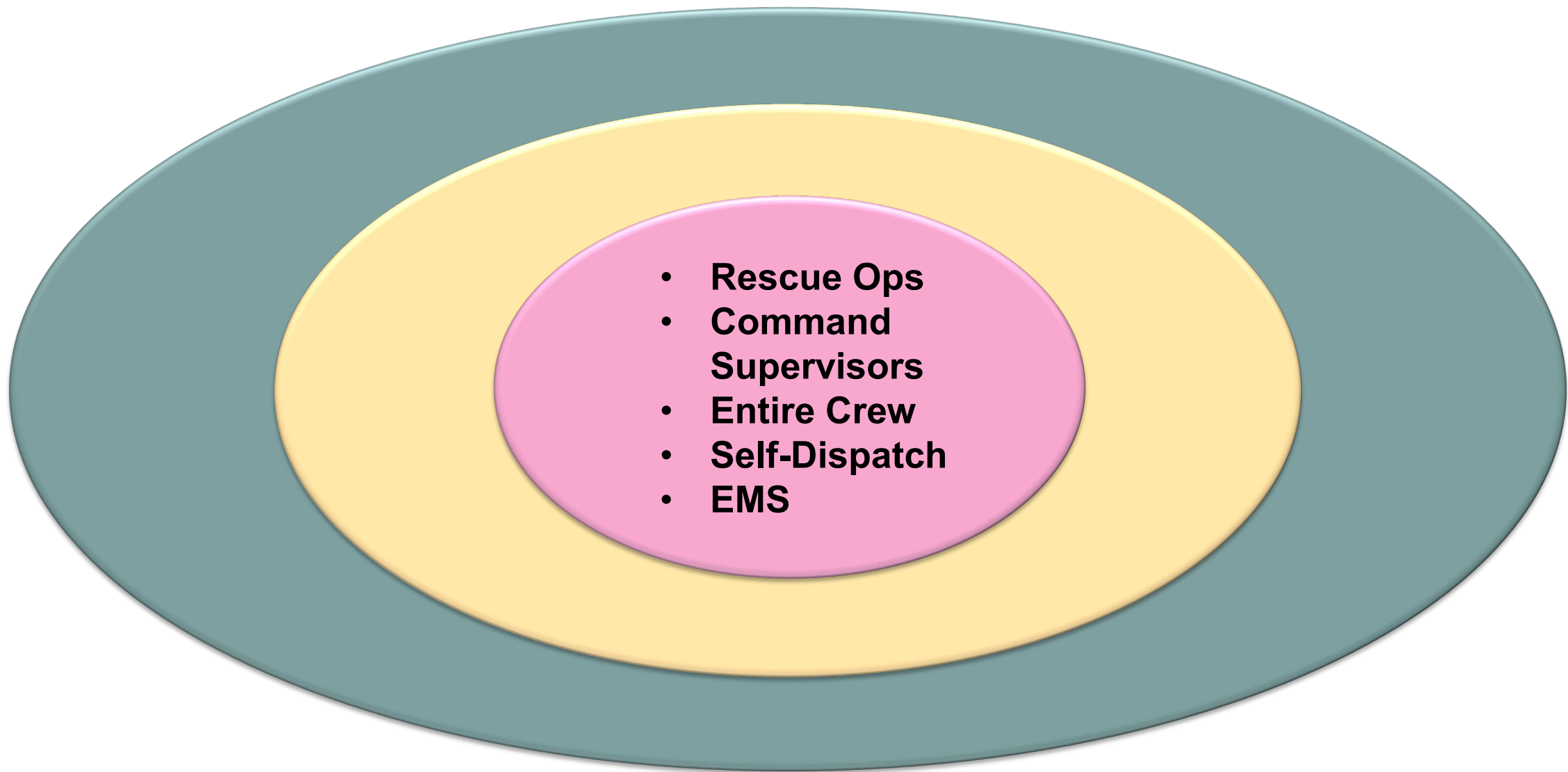
Collecting data helps you understand how your peer support program is working and demonstrates your impact to administration and other stakeholders while preserving confidentiality. An anonymous survey of your organization could identify utilization, satisfaction, and suggestions for program improvement. Quantitative data can be compared to EAP use to demonstrate program value. For those willing to their share experience, peer testimonials are a valuable way to build program buy-in and credibility.

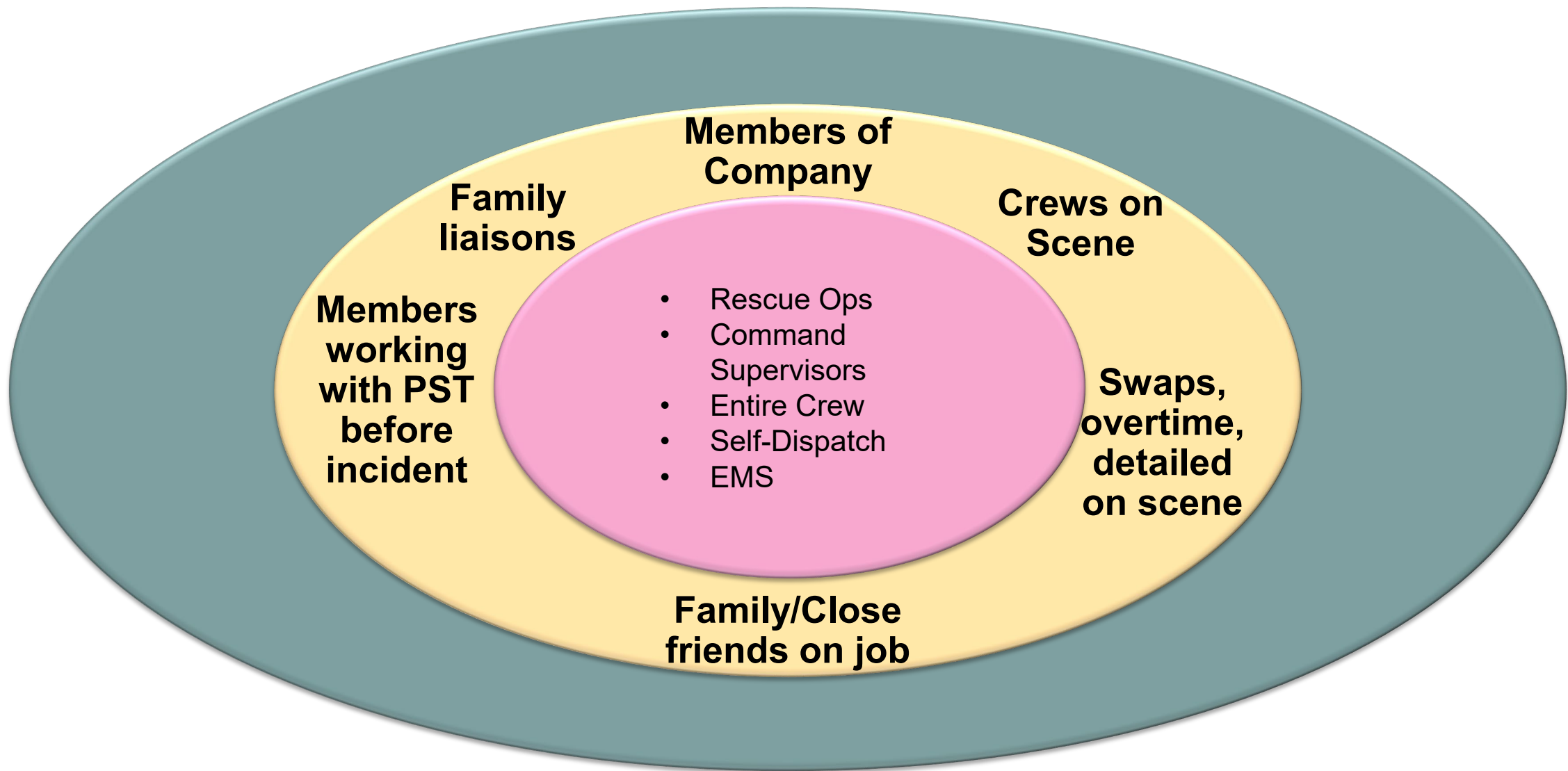


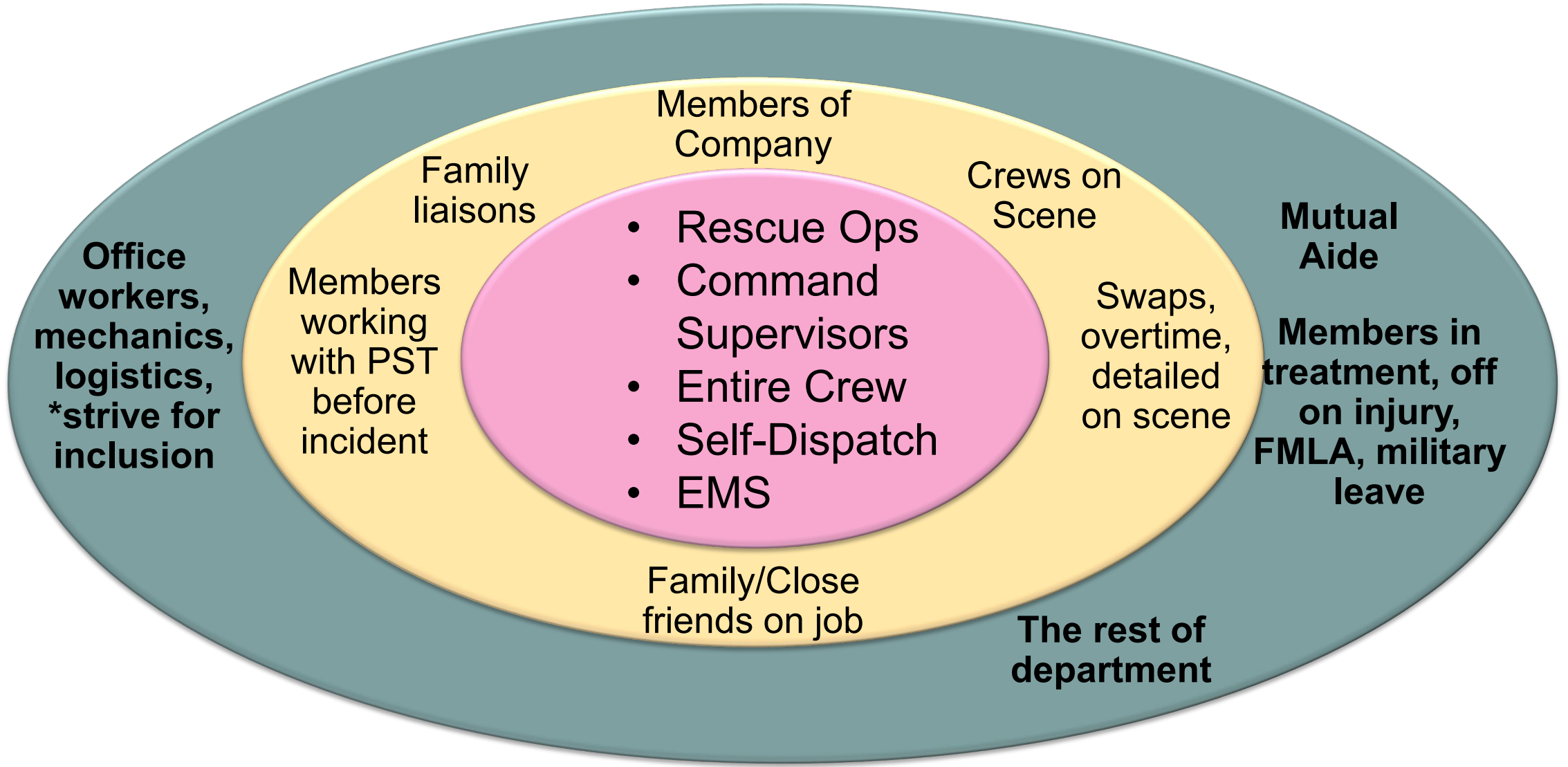
To learn more about IAFF behavioral health resources, visit iaff.org/behavioral-health.

THE LODD EVENT









IAFF HANDOUTS AND RESOURCES

10 STEPS TO BUILD YOUR PEER SUPPORT PROGRAM - A PLANNING GUIDE



Building a peer support program requires systematic planning, leadership and teamwork. Use the grid below to explore critical steps.

PLANNING COMPONENT	CRITICAL QUESTIONS	NEXT STEP & TIMEFRAME
OBTAIN BUY IN	<ul style="list-style-type: none"> Whose support is needed? What resources can we use to help make our case? 	
IDENTIFY A TEAM LEAD	<ul style="list-style-type: none"> What are essential qualities of our peer team lead? Who are some possible team leads in our organization? 	
RECRUIT YOUR TEAM	<ul style="list-style-type: none"> How should we recruit and choose potential peers? What are the criteria to serve on our peer team? 	
DEVELOP YOUR TEAM	<ul style="list-style-type: none"> Which is the best model for our peer team? What components of peer team operations need to be covered in our SOP/OGs? 	
IDENTIFY A BEHAVIORAL HEALTH CLINICIAN	<ul style="list-style-type: none"> How can we identify a team behavioral health clinician? What will be the basic functions of our team behavioral health clinician? 	
TRAIN YOUR TEAM	<ul style="list-style-type: none"> Have all peer team members had an introductory peer support training? What are critical topics to pursue for continuing education and training? 	
DEVELOP A REFERRAL NETWORK	<ul style="list-style-type: none"> What behavioral health resources are available in our department or community? Who is responsible for maintaining a list of vetted providers and resources? 	
CONDUCT REGULAR OUTREACH	<ul style="list-style-type: none"> Who needs to know about our program, in addition to our members? What outreach methods and activities can be used to connect with them? 	
MAINTAIN YOUR TEAM	<ul style="list-style-type: none"> How often and where should peer support team meetings occur? What are the key objectives/agenda for our peer team meeting? 	
EVALUATE YOUR IMPACT	<ul style="list-style-type: none"> How can we demonstrate the effectiveness of our program? What data is currently collected that could help us? 	

2

To learn more about IAFF behavioral health resources, visit iaff.org/behavioral-health.

FIRE FIGHTERS COPING WITH GRIEF



WHAT IS GRIEF?

Grief is a normal response of sorrow, heartache or loss that occurs after losing someone or something important to you. Grief can also occur in the aftermath of a major disaster or other traumatic event.

In these instances, you may or may not have a close relationship with those lost. When a fire fighter dies in the line of duty, crew members can experience feelings of grief.

WHAT SHOULD I EXPECT?

Grief is not considered a psychological disorder, but does involve several emotional, behavioral, and physiological reactions:

- Intense feeling of sadness, emptiness, loss or feeling nothing at all (numb)
- Waves of anger toward God, those involved in the incident, or even the deceased
- Difficulty concentrating, forgetfulness, or slowed thinking
- Muscle weakness or tension, abdominal discomfort, or changes in appetite
- Difficulty sleeping or fatigue
- Desire to withdraw from others or disengage from usual activity
- Questions about the meaning and purpose of life

These reactions are considered normal. Grief can be experienced differently from person to person. While some will find relief in the support of crew and family, others will prefer to be alone. For most, the reactions described above usually subside within a few weeks or months. The individual can accept the loss and function in the new normal. For some, however, grief can linger and transform into complicated grief, which can also be diagnosed as clinical depression.

Below are some key differences between grief and complicated grief.

GRIEF	COMPLICATED GRIEF
Waves of emotion come and go	Sadness, anger or despair are daily and persistent
Despite desire to withdraw, individual responds positively to social support	Individual is unable to feel comfort from social support
Individual has good days and bad days	Individual has mostly bad days, daily functioning is consistently impaired
Sporadic thoughts of death are tied to a desire to reunite with deceased, or a general curiosity about death	Recurring thoughts of death are tied to feeling worthless, undervalued, or unable to cope

IF YOU NEED SUPPORT:

HOW FIRE FIGHTERS MAY COPE DIFFERENTLY

While grief is a universal human reaction, for fire fighters and paramedics, some aspects of the grieving process are influenced by the unique aspects of job. When a fire fighter or paramedic dies in the line of duty, crew members may still be responsible for clearing the scene, carrying out usual protocol, notifying family members, and other required duties.

While funerals and memorial services offer a rare moment to pause and truly honor the loss, many fire fighters and paramedics are back to work the same or next day.

Regardless of their grief or emotional state, fire fighters on shift are expected to function at full capacity, make immediate critical decisions, and protect the community at large. While work provides an important sense of structure, routine and normalcy that help facilitate the grieving process, work can also be used to avoid emotion, which can complicate the grieving process.

HOW TO TAKE CARE OF YOURSELF

Most fire fighters and paramedics function extremely well under pressure and the fast-paced nature of the job. For many, the hardest part is coping with the down time after a shift has ended or the memorial services conclude. Coping with grief may challenge you to act the opposite way you feel. Examples include:

- Talk about the deceased when you are ready
- Instead of trying to avoid feeling, allow waves of emotions to come and go
- Try to follow a daily routine, even when you are off duty
- Get at least 20 minutes of physical activity every day
- Eat a balanced diet and hydrate often
- Despite the urge to withdraw, allow yourself to be around others
- Avoid using food, alcohol or other substances to manage your emotions

BEWARE OF SURVIVOR'S GUILT

Fire fighters and paramedics have a calling to serve others, and protect their community and each other. When a line-of-duty death occurs, those brothers and sisters directly or indirectly involved with an incident may experience survivor's guilt. This occurs when an individual feels a sense of guilt that they survived the traumatic incident when the deceased did not. Feelings that the survivor should have done more to prevent the loss may also be triggered. When an individual or department faces a tragic loss, it's important to acknowledge these feelings with others. Talking to someone is necessary to express emotion and can also help reality test irrational assumptions or beliefs. Reach out to a trusted friend, chaplain, peer support team, or your EAP. Survivor's guilt is a normal response to an unnatural loss. Talking about it helps.

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iaff.org • @IAFFOfficial



POST-TRAUMATIC STRESS, ACUTE STRESS DISORDER & POST-TRAUMATIC STRESS DISORDER: WHAT'S THE DIFFERENCE?

With increased awareness of post-traumatic stress in the fire service, it's important to know what post-traumatic stress is and what it is not. Post-traumatic stress (PTS) is a normal reaction to any event that threatens violence or the loss of life. You may personally experience the event, see the event happen to someone else, or have direct exposure to aversive details of the event in its aftermath.

WHAT IS POST-TRAUMATIC STRESS?

Post-traumatic stress is the experience of **one or more** symptoms listed below for any period of time following a traumatic event. Symptoms are classified in categories B-E:

B: Reliving the event (intrusion)

- Intrusive memories or thoughts
- Distressing dreams
- Dissociative reactions (flashbacks)
- Intense psychological or physical distress when exposed to related cues

C: Avoiding things that remind you of the event (avoidance)

- Avoidance of people, places and things that remind you of the event
- Avoidance of feelings or thoughts associated with the event

D: Negative emotions and thoughts (altered mood and cognition)

- Persistent exaggerated negative beliefs about self, others or the world
- Self-blame caused by distorted beliefs about the cause of the event
- Sustained negative emotional state (horror, anger, guilt, etc.)
- Inability to experience positive emotions
- Difficulty recalling parts of the event
- Loss of interest in usual activity
- Feeling detached from others

E: Feeling on edge (arousal and reactivity)

- Irritability or verbal outburst to others or objects
- Reckless self-destructive behavior
- Hypervigilance (constantly scanning environment to detect threats)
- Exaggerated startle response
- Poor concentration
- Sleep disturbance

At some point in their career, most fire fighters and paramedics will experience post-traumatic stress. Symptoms usually subside within a few days or weeks and do not significantly impair daily functioning. Post-traumatic stress is NOT recognized as a mental health disorder and often requires no treatment intervention.



WHAT IS ACUTE STRESS DISORDER?

Acute stress disorder is the experience of **nine or more** symptoms of post-traumatic stress in any category. Symptoms persist for at least **three days but less than a month** AND cause **significant daily impairment**. This means it is very difficult for the individual to function at work, at home or with others. ASD is considered a mental health disorder and some individuals with ASD will go on to develop post-traumatic stress disorder (PTSD).

WHAT IS POST-TRAUMATIC STRESS DISORDER?

Post-traumatic stress disorder occurs when an individual experiences symptoms in **all four categories** of post-traumatic stress (listed in left column: intrusion, avoidance, altered mood/cognition, and arousal/reactivity). Additionally, symptoms persist **longer than one month** AND cause **significant daily impairment**. PTSD is not a normal reaction to a traumatic event and is considered a mental health disorder that warrants treatment.

TRAUMATIC STRESS REACTIONS: KEY DIFFERENCES

POST-TRAUMATIC STRESS	ACUTE STRESS DISORDER	POST-TRAUMATIC STRESS DISORDER
<ul style="list-style-type: none"> Any duration Minimally impaired daily functioning One or more symptom in any area 	<ul style="list-style-type: none"> Lasts three days to one month Impaired daily functioning Nine or more symptoms in any area 	<ul style="list-style-type: none"> Lasts one month or longer Impaired daily functioning Symptoms in all areas: <ul style="list-style-type: none"> Intrusion (at least 1 symptom) Avoidance (at least 1 symptom) Altered mood and cognition (at least 2 symptoms) Arousal and reactivity (at least 2 symptoms)

Is it time to get help?

IAFF Center of Excellence for Behavioral Health Treatment and Recovery
iaffrecoverycenter.com
 (855) 900-8437
 Edgewood Health Network (EHN)
ehc.canada.com/iaff
 (888)-301-7876

To learn more about IAFF behavioral health resources, visit iaff.org/behavioral-health.

Last updated: April 2024

<https://www.iaff.org/behavioral-health/#resource-guides>



POST-FUNERAL


2/4/6 weeks post funeral

- Immediate check-in
- Investigation
- Have a plan for remembrance ceremonies
- Peer support team/resilience training



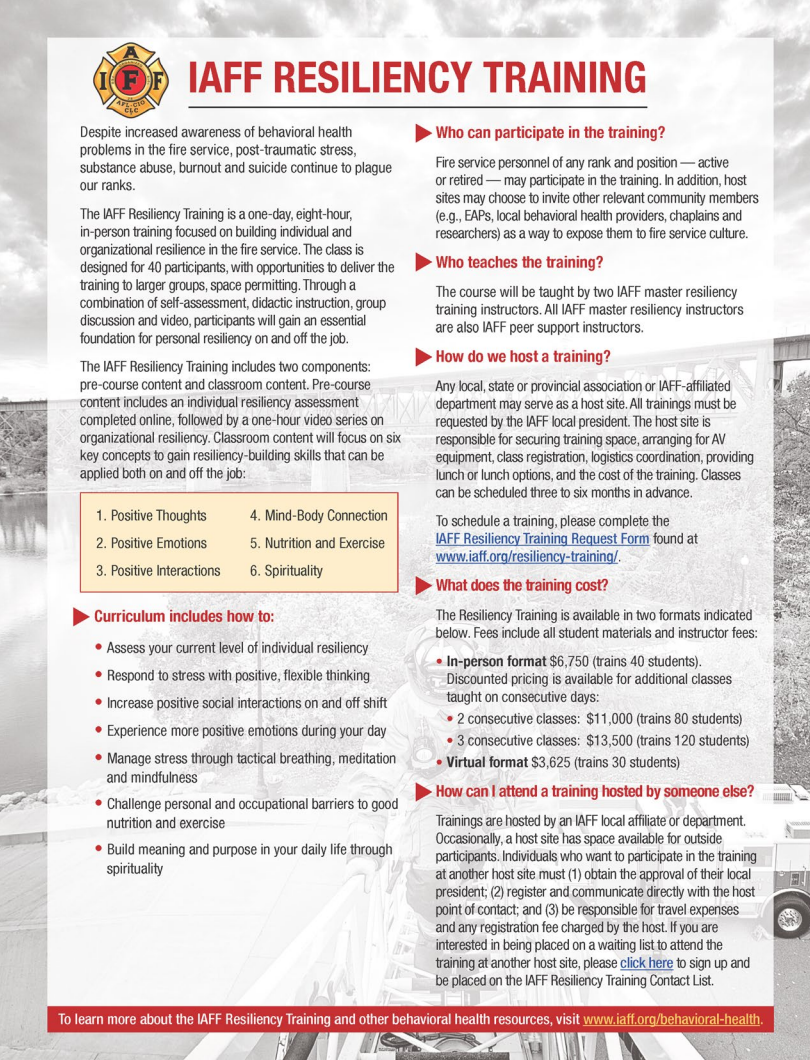
POST FUNERAL

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS



PEER SUPPORT TRAINING

Student Manual



IAFF RESILIENCY TRAINING

Despite increased awareness of behavioral health problems in the fire service, post-traumatic stress, substance abuse, burnout and suicide continue to plague our ranks.

The IAFF Resiliency Training is a one-day, eight-hour, in-person training focused on building individual and organizational resilience in the fire service. The class is designed for 40 participants, with opportunities to deliver the training to larger groups, space permitting. Through a combination of self-assessment, didactic instruction, group discussion and video, participants will gain an essential foundation for personal resiliency on and off the job.

The IAFF Resiliency Training includes two components: pre-course content and classroom content. Pre-course content includes an individual resiliency assessment completed online, followed by a one-hour video series on organizational resiliency. Classroom content will focus on six key concepts to gain resiliency-building skills that can be applied both on and off the job:

1. Positive Thoughts	4. Mind-Body Connection
2. Positive Emotions	5. Nutrition and Exercise
3. Positive Interactions	6. Spirituality

► **Curriculum includes how to:**

- Assess your current level of individual resiliency
- Respond to stress with positive, flexible thinking
- Increase positive social interactions on and off shift
- Experience more positive emotions during your day
- Manage stress through tactical breathing, meditation and mindfulness
- Challenge personal and occupational barriers to good nutrition and exercise
- Build meaning and purpose in your daily life through spirituality

► **Who can participate in the training?**

Fire service personnel of any rank and position — active or retired — may participate in the training. In addition, host sites may choose to invite other relevant community members (e.g., EAPs, local behavioral health providers, chaplains and researchers) as a way to expose them to fire service culture.

► **Who teaches the training?**

The course will be taught by two IAFF master resiliency training instructors. All IAFF master resiliency instructors are also IAFF peer support instructors.

► **How do we host a training?**

Any local, state or provincial association or IAFF-affiliated department may serve as a host site. All trainings must be requested by the IAFF local president. The host site is responsible for securing training space, arranging for AV equipment, class registration, logistics coordination, providing lunch or lunch options, and the cost of the training. Classes can be scheduled three to six months in advance.

To schedule a training, please complete the [IAFF Resiliency Training Request Form](http://www.iaff.org/resiliency-training/) found at www.iaff.org/resiliency-training/.

► **What does the training cost?**

The Resiliency Training is available in two formats indicated below. Fees include all student materials and instructor fees:

- **In-person format** \$6,750 (trains 40 students). Discounted pricing is available for additional classes taught on consecutive days:
 - 2 consecutive classes: \$11,000 (trains 80 students)
 - 3 consecutive classes: \$13,500 (trains 120 students)
- **Virtual format** \$3,625 (trains 30 students)

► **How can I attend a training hosted by someone else?**

Trainings are hosted by an IAFF local affiliate or department. Occasionally, a host site has space available for outside participants. Individuals who want to participate in the training at another host site must (1) obtain the approval of their local president; (2) register and communicate directly with the host point of contact; and (3) be responsible for travel expenses and any registration fee charged by the host. If you are interested in being placed on a waiting list to attend the training at another host site, please [click here](#) to sign up and be placed on the IAFF Resiliency Training Contact List.

To learn more about the IAFF Resiliency Training and other behavioral health resources, visit www.iaff.org/behavioral-health.

IAFF BEHAVIORAL HEALTH RESOURCES

Resources Available at iaff.org/behavioral-health

On-Demand Trainings



Clinician On-Demand Course



Peer Support Training



Resiliency Training



Anger Management Training



IAFF Center of Excellence



EHN



IAFF Online Recovery Meetings



BH Presumption Laws



IAFF BH Handout PDFs



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

IAFF.ORG 23



AGP FOR CONFERENCE AND EVENT PLANNING AND LOGISTICS, ERIN LYNCH

Most Important

- Family Support

What does the “Event” look like?

- Venue
- Honor Guard participation

Who is paying for it?

- Municipality, Local, Family
- Fundraising opportunities and platforms
- Tax deductible vs. non-tax deductible



DEPUTY DIRECTOR FOR HEALTH AND SAFETY OPERATIONAL SERVICES, GRADY VALENCIS

Pre-event

- Knowing your departments and Local's capabilities
- Partnering with other locals for support during the event
- Direct contact with family liaisons preferred
- Requesting NIOSH NIOSHFireTrauma@cdc.gov or NIOSHFireMedical@cdc.gov and contact DVP to assist



DEPUTY DIRECTOR FOR HEALTH AND SAFETY OPERATIONAL SERVICES, GRADY VALENCIS

Event


- Collaboration with Incident Management Teams/NFFFF LAST
- Affect on local community – hospital access during procession?

Post-event

- Reinforce that the IAFF HQ team is here to support its members, always



SAMPLE INFORMATION POLICY



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Scope (agency): _____

Fire Department: _____ Local: _____

Policy Contact Person: _____

Table of Contents

1. Contents of a Policy
2. Definition
3. Resources
4. Procedures

1. Contents of a Policy
Employee Personal Information File is to be utilized in fulfilling the last wishes of an employee in the tragic event of a line-of-duty death (LODD).

2. Definition
A Personal Information File is a document making others aware of the deceased employee's funeral wishes and any other legal papers that the family needs to know of.

3. Resources
A secure storage system that is accessible by a chief officer 24/7.

4. Procedures
Every employee will fill out a Personal Information File, and update and review when there is a life change.

Approved: _____

Last reviewed on: _____



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

PERSONAL INFORMATION FILE

The information provided in this file will only be used in the event of your serious injury or death in the line of duty. This information will help the fire department take care of your family and friends. Please answer the questions completely and accurately.

Last Name	First Name	Middle Name

Home Address

City	State	Zip

Phone Number	Alternate Phone Number

CONTACT INFORMATION

Please list family and/or friends you would like the department to contact in the event of a serious injury or death. In the order you want them contacted. If needed, provide additional names on the back of this sheet.


Contact #1 – Name

Relationship

Home Contact Information
Address: _____
Phone: _____

Work Contact Information
Name of Employer: _____
Address: _____
Phone: _____

Special Circumstances – health conditions, need for interpreter, etc.



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Contact #2 – Name

Relationship

Home Contact Information
Address: _____
Phone: _____

Work Contact Information
Name of Employer: _____
Address: _____
Phone: _____


Special Circumstances – health conditions, need for interpreter, etc.

List names and dates of birth of all your children

Name:	M/F:	DOB:

List the department member(s) you would like to accompany a chief officer to make the notification and act as the Family Liaison

Name: _____
Name: _____



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

List anyone else you want to help make the notification (e.g., your minister)

Name: _____ Relationship: _____

Home Contact Information
Address: _____
Phone: _____

Work Contact Information
Name of Employer: _____
Address: _____
Phone: _____

MILITARY

Are you a veteran of the U.S. Armed Forces? Yes No

If yes, list the branch: _____

If entitled to a military funeral, do you wish to have one? Yes No

Where is your DD 214 located? _____

FUNERAL

Do you wish to have a fire service funeral? Yes No

Religious preference, if any? _____

Would you like to be buried or cremated? _____

Would you prefer to be buried in uniform? Yes No

Are there any personal belongings you would like to be buried with?

Any additional requests or comments regarding your funeral?



DEPUTY DIRECTOR FOR HEALTH AND SAFETY OPERATIONAL SERVICES, GRADY VALENCIS

- The Local's PIO and Department PIO – united message
- Unique cases – LODD/murder
- Separate locals
 - Combined services
 - Wall engraving
- Over promising
- Facebook devolving



NIOSH FFFIPP PRIORITIZATION GUIDELINES

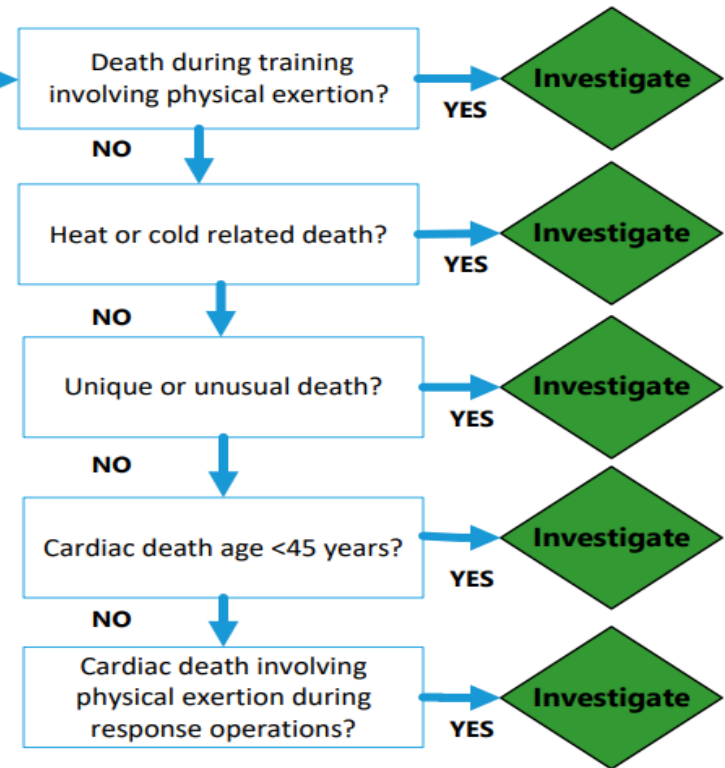


Fire Fighter Fatality Investigation and Prevention Program Prioritization Guidelines - 2022

TRAUMA TEAM



MEDICAL TEAM



*** Multiple traumatic fatalities and/or multiple injury events will always be considered for priority.**

Notes:

- Personnel and financial resources limit the number of investigations.
- All cases that fall under investigate may not be investigated.
- Prioritizations may change depending upon fatality data.
- Trauma investigations are contingent on receiving a formal request and cooperation from the involved department and union.
- Medical investigators reach out to the department once a case is selected and request their participation. Family participation is optional.



IAFF LODD WEBSITE RESOURCES

<https://www.iaff.org/lodd/>

<https://www.iaff.org/pdhg/>

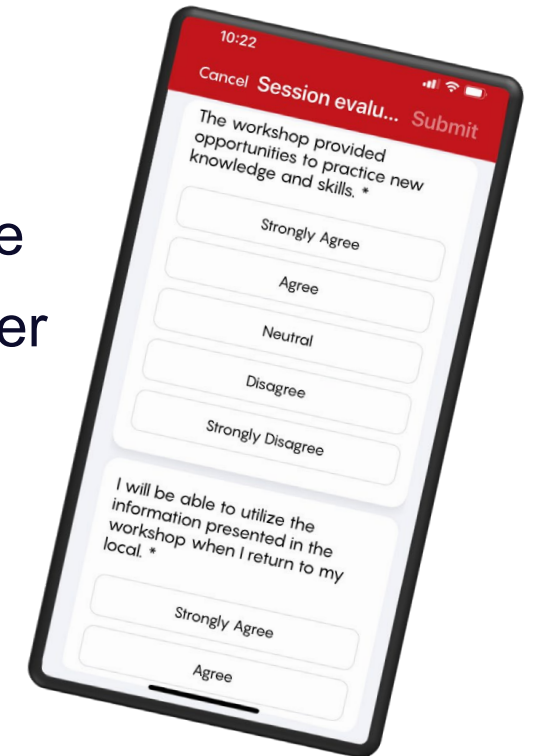




THANK YOU!
ANY QUESTIONS?

EVALUATION AND WIN AN IPAD!

- **Submit your workshop and overall evaluations to be automatically entered in two drawings for a new iPad!**
- **Complete your evaluations using the IAFF app:**
 1. Download the IAFF app and sign in with your iaff.org username
 2. Tap the 2026 Strive for Excellence Summit event image to enter the event's dashboard
 3. Tap "Sessions" and tap on the workshops you attended
 4. Tap "Evaluation" and complete the evaluation
 5. Tap "Submit"



For the event's overall evaluation, follow steps 1 and 2, then tap "Event Evaluation" located in the event's Dashboard.

