

MARION
COUNTY

FIRE RESCUE



BEHAVIORAL HEALTH ACCESS PROGRAM



WE PROUDLY PROTECT LIFE AND PROPERTY WITH
HONOR, COMPASSION AND RESPECT

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Marion County Fire Rescue Chief, James Banta



“This program is of utmost importance to leadership because we understand the stress of the job. Our number one goal is to ensure that the team has mental health resources ready and available.”

-James Banta

OVERVIEW

This guide represents a comprehensive plan of programs and services available to employees facing a mental health crisis of any scope. It is intended to aid MCFR in maintaining employees' mental and emotional well-being, meet issues as they arise and provide a continuum of care to address various needs.

No one program or service will meet all employees' needs all the time. This is precisely why various services exist and should be utilized accordingly.

Mental health, like physical health, can change over time. Like physical health, issues can be addressed and improved, leading to a return to a stable, healthy condition. However, mental health issues have historically had a stigma associated with them, which has prevented many from seeking help, hindering some from achieving mental wellness. Our first step is addressing the culture, which in the past has encouraged silence perpetuating the stigma.

A key component in changing our wellness culture is our Mental Wellness Standard Operating Guideline. This guideline has been developed by the Chaplaincy and Peer Support Programs over time.

Additionally, Behavioral Health Access Program (BHAP) is the mental wellness component of a greater initiative undertaken by the Health and Safety Committee (HSC). Under the direction of the Health and Safety Officer, the committee manages all aspects of the BHAP program. They are focused on all safety and health initiatives, including cancer prevention, physical fitness, mental wellness, and general overall health. The main goal of the Health and Safety Committee (HSC) is to reduce the risk of injury and exposure to our employees. The HSC provides research on several topics, monitors trends relating to the health and safety, and applies best practices to impact organizational culture.

In this BHAP guide, we have included the Standard Operating Guidelines (SOG) for our Chaplain Program, the Peer Support Team, and our Clinician Response Team (CRT), including the specific requirements of the CRT. Additionally, our Administrative Policy outlining the purpose and scope of our Health and Safety Committee is included with a memo outlining a proposed retiree program.

These documents form building blocks of our BHAP program and resources needed to comprehensively address various mental health needs. Resources are available on one website for our employees to access. With resources in one place, employees can choose what best suits their current situation.

If you have any questions about this plan, please contact Battalion Chief of Health and Wellness, Alex Caban at 352-291-8045.

BHAP STANDARD OPERATING GUIDELINES (SOG)

PURPOSE

This Standard Operating Guideline (SOG) aims to assist all the employees of Marion County Fire Rescue. Behavioral Health Access Program (BHAP) is a comprehensive, integrated, multi-component, systematic approach for firefighter mental health/wellness and crisis intervention. The program's purpose is to provide education, support, assessment, and intervention for emergency service personnel and healthcare providers often exposed to and affected by critical incidents. The National Fallen Firefighters Foundation recognizes BHAP and it is becoming the nation-wide standard of care for first responders. BHAP has proven effective in assessing, providing basic counseling as well as stress crisis intervention. When applying any of the BHAP components, the goal is to assess, educate, and intervene as necessary and return individuals to duty with the tools and support needed to reduce the effects of a critical incident. The benefits of the intervention include a reduction in symptoms of post-traumatic stress, quicker return to normal productive functioning, increased job satisfaction, reduction of worker's compensation claims, reduced absenteeism, increased personal confidence and extended longevity with the organization.

SCOPE

BHAP highlights the various mental health and wellness group initiatives for employees through the HSC, leadership, Critical Incident Stress Management, Peer Support, Family Support, recovery centers, Chaplaincy, Retiree inclusion, Behavioral Health Awareness education, insurance coverage, and through Employee Assistance Programs designed for the first responder's needs in addition to a trained, Clinician Response Team (CRT) personnel. These tools provide a diversified resource pool that may be utilized by employees, first responders and family members alike.

The BHAP team comprises trained and credentialed members of fire rescue and health care professionals in addition to trained, credentialed, and licensed mental health professionals, and qualified clergy members trained in crisis interventions.

Our BHAP programs are intended to be available for any incident that occurs anytime on any day, within two (2) hours after a critical incident has occurred and or when services are requested. In addition, the resources are available 24/7 for emergency reasons and for family members of our first responders.

BHAP Component Definitions

Behavioral Health Awareness Education: Educational components offered to the first responder(s) will cover common mental health issues specific to first responders.

These programs may include awareness of the signs and symptoms of stress and offer varying types of evidence-based resiliency factors and how they can be developed. Leadership level components may also cover the scope of mental wellness-related issues, agency culture, reducing employee stress, policies, identifying employees in crisis, and how to assist those in need.

Adequate Insurance Coverage: Effective insurance policies for first responders include providers with the highest level of service available while limiting any potential impediments to accessing clearly identified first responder-specific resources.

These programs seek out and provide a current and detailed list of culturally aware providers with tangible and validated experience working with first responders and fixed facilities with first responder-specific programs.

Culturally competent Employee Assistance Programs: Employee Assistance Programs will be available to first responders and their families through a process that includes program managers who are knowledgeable in first responder's mental health, and professional and effective treatment options specific to the unique first responder culture and community.

Trained Clinician Response Team (CRT): Interagency team trained through cultural awareness programs. The CRT provides assessment, treatment, and educational services when first responders are experiencing crisis symptoms that may put them at significant risk for mental health issues.

Members assigned to CRT shall be licensed by the state of Florida as a mental health professional. The following are acceptable: Marriage & Family Therapist (MFT), Licensed Mental Health Counselor (LMHC), Licensed Clinical Social Worker (LCSW), Psychologist, and or Psychiatrist.

Evaluated Recovery Centers: Fixed facility centers that provide first responder-specific treatment care programs geared toward successful recovery from but not limited to substance abuse, PTSD, and other co-occurring behavioral health-related issues.

CONFIDENTIALITY

Florida Statute 401.30(4) (e) protects the discussions held during a CISM intervention as being "confidential and privileged communication under section 90.503." Therefore, all information shared during any part of a CISM intervention is held in the strictest confidence.

I. Behavioral Health Access Program (BHAP)

The Department's Health and Safety Chief Officer is responsible for implementing and managing the Behavioral Health Access program. The Fire Chief, or an authorized designee, appoints members to the Mental Health and Wellness Group, who represent a cross section of all department personnel. The department's Health and Safety Chief Officer serves as the chairperson.

Functions of the committee include, but are not limited to:

- A. Providing input/assistance to developing and implementing BHAP program.

- B. Recommending the type and content of critical incident-related programs, workshops, or seminars.
- C. Distributing BHAP-related information to employees.
- D. Providing administrative and technical support needed to implement BHAP activities.
- E. Assisting in recruiting and training of peer support personnel.
- F. Coordinating and following up on requests for Debilitating Critical Incidents (DCI).
- G. Assisting in recruiting and training of CRT personnel
- H. Facility evaluations and site visits

II. BHAP Components

The BHAP program includes pre-incident, on-scene, and post-incident activities, including education, diffusion of emotional reactions and debriefing. The program's purpose is to minimize the impact of stress on employees following major incidents.

BHAP s will incorporate the services of CISM, peer support personnel, and trained professionals, such as Department Chaplains, physicians, psychologists, counselors, or the EAP.

The program is intended to be consistent with the recommendations of the National Fire Protection Association (NFPA) and the Fire Service Joint Labor Management Wellness-Fitness Initiative, developed by the International Association of Fire Fighters (IAFF) and the International Association of Fire Chiefs (IAFC).

A. Activation:

The following are examples of incidents that may initiate service within BHAP:

1. Major disaster or mass casualty incidents
2. Serious injury, death, or suicide of a firefighter, police officer, dispatcher, or another emergency service provider
3. Serious injury or death of a civilian resulting from emergency service operations
4. Death of a child or similar incident involving a profound emotional response
5. Multiple youth fatalities
6. Any incident that attracts unusually heavy media attention
7. Loss of life following an unusual or extremely prolonged expenditure of emotional and physical energy by emergency services personnel
8. Any unusual incident that produces an extreme, immediate, or delayed emotional response
9. Cumulative trauma from multiple incidents
10. Events when the victim(s) is (are) known

11. Any event that may be outlined in medical protocols.

- B. Any time it has been determined that a potential Debilitating Critical Incident (DCI) has occurred and intervention may be needed, a service within Behavioral Health Access Response (BHAP) should be requested. The request may be made directly through peer support personnel, Chaplains, or the BHAP group through a Battalion Chief officer, Division Officer or the Fire Chief's designee. Depending on the type and magnitude of the incident and the services required, the appropriate resources may be activated either during or after a critical incident.
- C. All employees are responsible for recognizing incidents that may need BHAP. Once an incident has been identified as a potential DCI, an appropriate response should be initiated as soon as practicable.
- D. Debriefing may be conducted when appropriate anywhere there is ample space, privacy, and freedom from distractions. Consideration should be given to including responders from other agencies who were involved in the incident, including, but not limited to, communications personnel, law enforcement officers and ambulance personnel.
- E. Any individual employee may request peer support or professional help as needed.

III. BHAP SERVICES:

The following types of services will be offered through the program:

- A. Critical Incident Stress Management (CISM)
- B. Peer and Family Support services and education
- C. Chaplaincy assistance
- D. Clinician Response Team (CRT)
- E. Health and Safety Committee (HSC)
- F. Recovery Centers
- G. Retiree Inclusion
- H. Behavioral Health Awareness Education
- I. Insurance Coverage and Access Portals
- J. Culturally Appropriate EAP Programs
- K. Peer Support Team
- L. Web access to mental health resources

IV. CISM

- A. CISM (Mitchell Model ICISF trained Team)
 - 1. One-on-one services with a qualified BHAP team member
 - 2. Individual support and follow up

- B. Small group defusing.
 - 1. Recommended within the first 12 hours after a critical incident.
 - 2. Best delivered as soon as possible after a critical incident occurs
 - 3. Homogenous groups.
 - 4. Assessment and education with possible referral and follow-up.
- C. Small group debriefing.
 - 1. 12-72 hours post-critical incident occurs.
 - 2. Before demobilization from extended deployment or upon return from an extended deployment
 - 3. Events of significant personal loss (expanded-phaser defusing within 12 hours)
- D. Crisis Management briefing.
 - 1. Appropriate for large incidents, incidents with increased media involvement, respite/rehab centers, and demobilization.
 - 2. Best for large groups or mixed groups.
 - 3. Primary focus on assessment and information.

V. Peer and Family Support

- A. First Responders, Employees, and their prospective caregivers, crisis recognition, intervention, and referral to available resources.
- B. Organizational consultation.
- C. Assessment of organizational needs.
- D. Development and recommendation for coordination for the delivery of services.
- E. Re-integration education programs.

VI. Chaplaincy Assistance

- A. Pastoral/spiritual crisis intervention
- B. Grief counseling.

VII. Clinician Response Team (CRT)

- A. Assessment
- B. Evaluation
- C. Educational services
- D. Treatment
- E. Referral and follow up

VIII. Health and Safety Committee

The Health and Safety Committee is designed to bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in the workplace in compliance with FL Statute 633.522

IX. Evaluated Recovery Centers

- A. Facility site evaluations to be conducted by team members of BHAP to determine if facilities meet current needs of first responders.

X. Retiree Inclusion

- A. Retirees shall have access to BHAP services.

XI. Behavioral Health Awareness Education

- A. Education on available and current resources to be housed within the BHAP program shall be routinely provided throughout the year for employees of the department and peer support team members.

XII. Insurance Coverage and Access Portals

- A. Continue to evaluate insurance and co-pays to reduce obstacles to obtaining services related to behavioral health or substance misuse and recovery programs. BHAP Team members shall continue to evaluate trends and work with industry representatives to identify areas where the resources within the BHAP services can be improved.

XIII. Chaplaincy

Chaplaincy remains a significant part of the BHAP program. Refer to chaplaincy policy.

XIV. Web Access

Web access to mental health resources that contains access to the following:

- A. Peer support
- B. Clinicians
- C. Chaplaincy
- D. Programs
- E. Resources

XV. PEER SUPPORT TEAM

Marion County Fire Rescue is committed to preserving the privacy, confidentiality, and dignity of all public safety personnel who experience a Behavioral Health Crisis. MCFR Administration and Peer Support Team Members shall meet the immediate needs of personnel requesting assistance with mental health or substance abuse problems.

- **Roles and Responsibilities of Team Members:**

- A. At the discretion of the Fire Chief or designee and the Professional Firefighters of Marion County President or their designee, employees of MCFR will be

assigned to the Peer Support Team. Peer Support Team Members will report directly to the Peer Support Team Director, reporting to the Health and Safety Chief Officer. They will have the following responsibilities during a Behavioral Health Crisis incident:

1. Be an initial point of contact for an employee in crisis and reach out for assistance.
 2. Process requests for assistance by deciphering what form of assistance is needed.
 3. Inform the Peer Support Team Director of the incident while protecting the privacy of the employee within statutory guidelines
 4. The goal will be to respond in person to the necessary location as the advocate for the employee in need within one hour of receiving the call.
 5. Contact the applicable evaluated resources for proper treatment. (I.e., Detox, rehabilitation, professional mental health intervention, or peer assignment.)
 6. When appropriate, facilitate transportation of the employee to the correct treatment center or pickup location.
 7. When needed, coordinate with the appropriate Human Resources (HR) designee to process FMLA and other pertinent documentation to ensure proper insurance coding and approved leave, if applicable.
 8. Identify the employee's personal needs and wishes for informing family members.
 9. To facilitate positive outcomes, follow up with the employee to ensure their needs have been met throughout their treatment plan.
 10. Follow up with the employee's family to identify any need for assistance and relay those needs to the Peer Support Team Director.
- B. Protect the confidentiality of all employees who seek assistance and treatment through MCFR. Violation of an employee's confidentiality may be subject to discipline up to and including termination.
- **The Peer Support Team Director will report directly to the Health and Safety Chief Officer (HSO) and will have the following responsibilities during a Behavioral Health Crisis incident:**
 - A. Correspond with the Peer Support Team Member(s) assigned to the employee in need during a Behavioral Health Crisis incident or ongoing care case while maintaining the confidentiality of the employee requesting assistance.
 - B. Assist the Peer Support Team Member(s) as necessary.
 - C. For off-duty MCFR personnel, inform the Fire Chief or designee of the Behavioral Health Crisis incident and provide any pertinent updates on the employee's absence and eligibility to report for duty.

- D. For on-duty MCFR personnel, inform the Fire Chief or designee and the on-duty Chief Officer that a Behavioral Health Crisis incident occurred and any pertinent updates on the status of the employee's absence or specific needs. There may be extraordinary circumstances in which it may be in the best interest of the employee to not remain on duty, at which time the Fire Chief or their designee will make a determination.
- E. Maintain an up-to-date, evaluated bank of resources to be referenced by Peer Support Team Members in the event of a Behavioral Health Crisis incident or request from an employee needing assistance.
- F. Provide initial peer support/behavioral health training opportunities, continuing education, and or share upcoming training and hold at minimum quarterly peer support team meetings.

XV. Peer Support Team – Permissions and Limitations

The Peer Support Team member shall not release the following confidential information without the consent of the employee requesting assistance to anyone other than the treatment resource or the appropriate human resources representative assisting with FMLA in order to protect the privacy of the employee who is requesting assistance:

- A. Employee's name
- B. Employee's treatment location
- C. Specific details of the Employee's crisis, i.e. Substance abuse, personal family problems, etc.

(HR will provide the necessary information to Fire Chief or designee. It is not the Peer Support Team member's responsibility to disclose confidential information to Fire Administration.)

The Peer Support Team member is permitted to release the following information to Fire Administration:

- A. Occurrence of a behavioral health crisis incident
- B. On-duty employee's name
- C. Eligibility of an employee to remain on duty
- D. Contact information for the employee's family if the employee allows for family contact.

XVI. BHAP Providers

BHAP providers include mental health professionals (clinicians), Peer Support Team Members, and Chaplaincy.

- A. The duties and responsibilities of mental health professionals include the following:
 - 1. Provide input and advice on all clinical aspects of the BHAP program.
 - 2. Ensure the quality of BHAP services.
 - 3. Offer clinical support and program guidance for the BHAP program to the Health and Safety Committee and peer support personnel.
 - 4. Assist in the selection of new peer support personnel.
 - 5. Guide peer support personnel.
 - 6. Assist in training peer support personnel and with continuing education.
 - 7. Advise on the development of policy and written operational BHAP protocols.

- B. Mental health professionals (clinicians) involved in the BHAP program should have the following qualifications:
 - 1. Be a state of Florida licensed mental health professional. (MFT, LMHC, LCSW, Psychologist, Psychiatrist).
 - 2. 3 years' experience in direct patient treatment post-licensure.
 - 3. Be trained and experienced in a recognized BHAP model.
 - 4. Demonstrate experience in counseling emergency services personnel.
 - 5. Complete a cultural competence Awareness Training Program.
 - 6. Culturally aware to provide maximum assistance.

- C. The duties and responsibilities of peer support team members include the following:
 - 1. Assist and support the BHAP mental health professionals as necessary.
 - 2. Provide support and basic education of available resources to employees and their families when requested.
 - 3. Serve as a BHAP frontline resource to refer the employees in need when appropriate to mental health professionals.
 - 4. Complete training and supervision necessary for the role.
 - 5. Provides mobile crisis intervention services.
 - 6. Responds to emergency calls through calls from the Fire Chief, Chief of Health and Safety (HSO), or their designee,
 - 7. Provides stabilization services, emotional and mental wellness support, and social support for firefighters.
 - 8. Performs intervention and assessment services within their credentialed capabilities for individuals and family members of the Fire Department experiencing a crisis event that requires assistance beyond services typically provided by the Fire Department.
 - 9. Provides emotional support and trained empathetic/active listening for first responders and their families experiencing a crisis event.

10. Advises and seeks to understand employees' immediate needs and assists individuals in identifying appropriate resources for additional assistance to fulfill those needs.
 11. Identifies social and community service agency options and makes appropriate recommendations to individuals in need.
 12. Assist in coordinating referral services using various resources of community agencies, support groups and other community-based resources.
 13. Provides confidential emotional and mental wellness-related support to first responders; can participate in community outreach with approval by the Fire Chief, Chief of Health and Safety (HSO), or designees.
 14. Periodically reviews and updates resources, etc.
 15. Assists and provides input and recommendations of available mental health programs administered. Recommends improvements, and assists in implementing changes and objectives.
 16. Reports concerns directly to HSO or designee
 17. With approval from the Fire Chief, Chief of Health and Safety (HSO), or designee: can act as a liaison between the Fire Department, numerous social service agencies, and community organization boards/ councils. They will analyze needs, listen and respond to specific concerns, identify possible solutions and establish effective working relationships with community representatives.
 18. Performs all work duties and activities in accordance with MCBCC policies and procedures:
 - a) Works safely and reports unsafe activity and conditions immediately. Follows County-wide and Fire Department safety policy and practices and adheres to safety prevention, reporting, and monitoring responsibilities as outlined in city and FD Policies and SOGs.
 19. Serves as an advisor to the Peer Support Team and provides recommendations.
 20. Knowledge, Skills, and Abilities:
 - a) Behavioral health, social services and other community services and resources
 - b) Current Methods and standard practices for crisis intervention and counseling services available
 - c) Effective interviewing and intervention techniques and procedures.
- D. Team Members involved in the BHAP program as peer support personnel should have the following qualities:
1. Good negotiating skills.

2. Ability to communicate effectively.
3. The respect and trust of peers.
4. Ability to maintain confidentiality.
5. Ability to adhere to established limits and criteria.
6. Ability to learn about the psycho-social process.
7. Good listening skills.
8. Good rapport with fellow emergency workers.
9. Sensitivity to the problems of others.
10. Be an emergency service provider or a member of a related service
11. Possess experience and knowledge about the types of incidents and situations to which employees may be exposed.
12. Peer support personnel should receive initial and continuing education and training regarding DCI and BHAP principles and procedures.

XVII. Debriefing

The form of interventions or resources utilized should depend upon how early the intervention is activated and the nature of the incident. The use of one format does not preclude the use of others for the same critical incident.

- A. Common formats for the deployment of resources within the BHAP include:
 1. On-scene debriefing: Peer Support Team Members, Chaplains, or mental health professionals may respond to the scene if requested as observers and advisers to watch for the development of acute reactions. They may offer encouragement and support, check on the well-being of personnel, and allow for individual discussion of feelings and reactions.
 2. Initial defusing: This usually occurs within a few hours of the incident and is generally facilitated by CISM personnel. It is an informal process encouraging open and free expression of feelings without a critique of the incident. The purpose is to stabilize involved employees so they can go home or return to service.
 3. Formal debriefing: Debriefing led by a BHAP program mental health professional and peer support personnel usually takes place 24 to 48 hours after the incident's conclusion. Employees involved in the critical incident are given the opportunity for free expression of feelings. This expression should be met with acceptance, support, and understanding.
 4. Follow-up debriefing: If deemed necessary, follow-up may be facilitated by the BHAP mental health professional and peer support personnel several weeks or months after a critical incident. The main purpose is to resolve any issues or problems that have yet to be initially resolved. The follow-up debriefing may include the entire group or a portion of those originally involved.

- B. Regardless of the type of debriefing, BHAP is not a critique of the department operations at the incident. The BHAP provides a setting where employees can discuss their feelings and reactions to reduce the stress from exposure to critical incidents. Performance issues should not be discussed during the debriefing.
- C. No one has rank during a debriefing process; everyone is equal
- D. Following any intervention, should employees need additional assistance, contact may be made with peer support personnel or a BHAP group member to obtain information regarding a referral.

XVIII. CISM Attendance

- A. Only those involved in the incident and BHAP team members should be present. Employees directly exposed to the traumatic aspects of an incident are strongly encouraged to participate in the defusing/debriefing.
- B. Under special circumstances, the supervising officer may make attendance mandatory. Even if attendance is mandatory, employees should not be obligated to speak or express their feelings during the defusing/debriefing.
- C. During debriefings, Employees should be out of service with radios, pagers, or other distractions turned off.

XIX. Rotation of Personnel

- A. Incident Commanders should minimize employees' exposure at critical incidents by rotating or removing initial responding personnel from the immediate scene and reassigning them to less stressful operations if possible. Employees directly involved in critical incidents should be considered a high priority for immediate reassignment or removal from the scene. Relief from duty may also be considered.
- B. Trained peer support team members may request their supervisor for relief or reassignment during a shift to participate in BHAP activities. The peer support personnel should provide several on-scene services, including on-site evaluation, encouragement, and consultation. They should also be considered an available resource for assignment to rehab, medical or other areas as needed.
- C. Circumstances of a critical incident may result in a recommendation that individuals or companies be taken out of service. A Chief Officer for the division affected is responsible for making the appropriate arrangements.
- D. Under no circumstances is being taken out of service to be construed as critical or negative. Personnel taken out of service are to be viewed as deserving of the same consideration as an injured firefighter.

XX. Confidentiality

- A. The Department considers all interventions within the BHAP Peer Support interactions, regardless of type, strictly confidential. Notes other than those

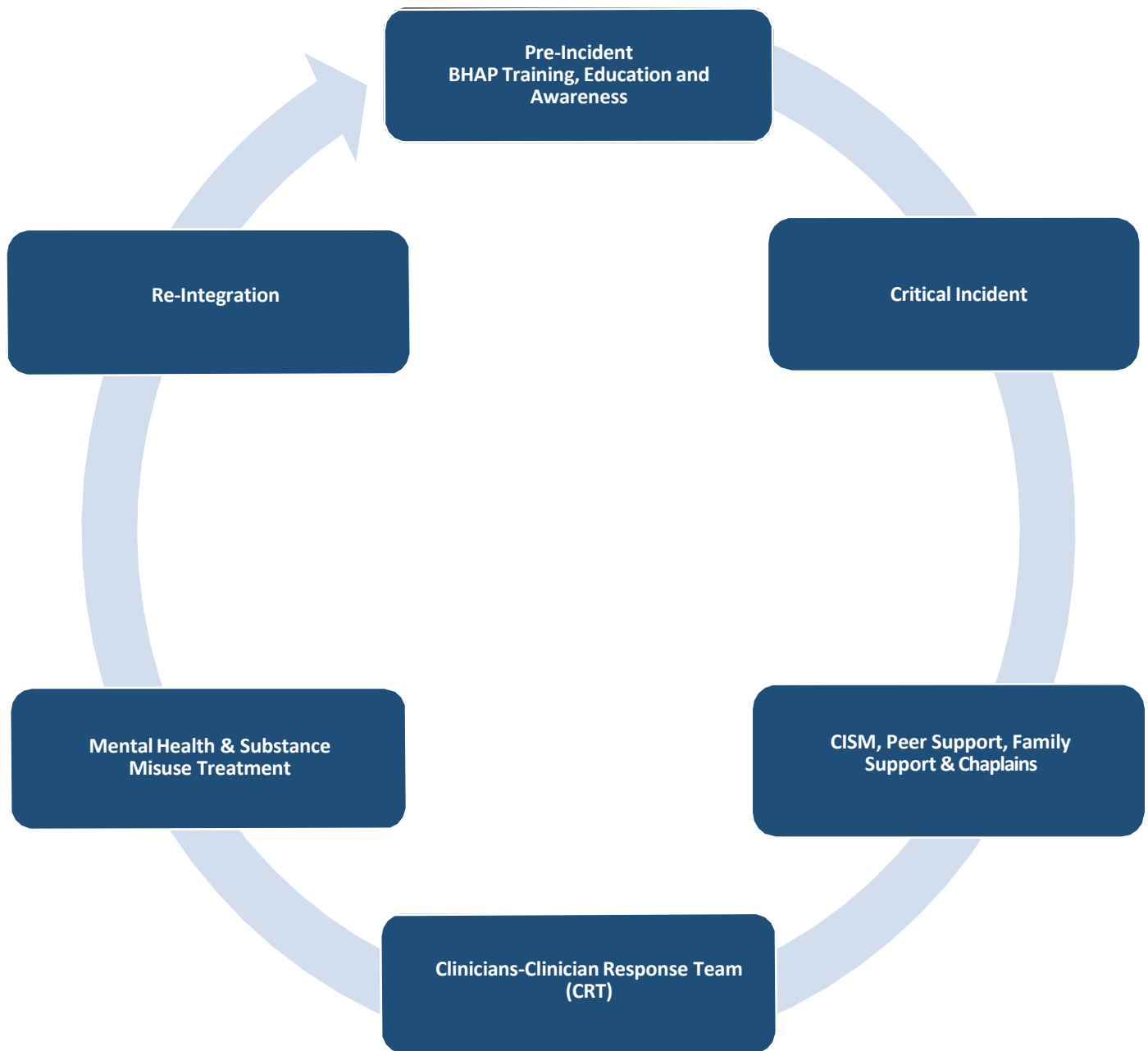
specifically identified in this policy are prohibited. No audio or video recording may be made without the express consent of all participants.

- B. The only exceptions to confidentiality should be when:
 - 1. There is reasonable evidence to assume a risk of harm to the employee or others.
 - 2. If the risk is to another person, that person is identifiable, and there are means to contact the person.
 - 3. Participants divulge information that falls under any applicable state mandatory reporting duties.

XXI. Record-Keeping

- A. Following a DCI intervention, the group chairperson should prepare a summary report and forward it to the BHAP program group for statistical record-keeping. The report should be limited to the following information:
 - 1. Incident date and time
 - 2. Brief description of incident facts
 - 3. Intervention date and location
 - 4. Names of DCI members conducting the intervention
 - 5. Number of participants from each agency involved
- B. Names of participants will not be recorded.

BHAP FLOW SHEET



ADMINISTRATIVE POLICY - CHAPLAINCY PROGRAM

PURPOSE AND SCOPE

This policy establishes the guidelines for Marion County Fire Rescue chaplains to provide counseling or emotional support within the Behavioral Health Access Program (BHAP) to employees of the Department, their families, and members of the public.

POLICY

Marion County Fire Rescue shall ensure that department chaplains are properly appointed, trained, and supervised to carry out their responsibilities. Reasonable efforts shall be made to incorporate chaplains from varying denominations reflective of the community to the best extent possible.

CONFIDENTIALITY

Florida Statute 90.505 – Privilege with respect to communications to clergy. The communication between a member of the clergy and a person is “confidential” if made privately to seek spiritual counsel and advice from the member of the clergy in the usual course of his or her practice or discipline and not intended for further discussions between employees of the Department and all chaplains.

I. Eligibility

Requirements for participation as a chaplain for the Department may include, but are not limited to:

- A. Be of good moral character, temperate, prudent, respectable, hospitable, able to teach, free from addiction to alcohol or other drugs, and free from excessive debt.
- B. Managing his/her household, family, and personal affairs well.
- C. Having a good reputation in the community.
 - 1. If new to the community, must have a good reputation in the community they recently lived in.
- D. Successful completion of an appropriate-level background investigation.
- E. A minimum of five years of successful counseling or ministry experience.
- F. Possessing a valid driver's license.

The Fire Chief may allow exceptions to these eligibility requirements based on organizational and community needs and the individual's qualifications.

II. Recruitment, Selection, and Appointment

- A. Marion County Fire Rescue shall endeavor to recruit and appoint only applicants who meet the high ethical, moral, and professional standards the Department sets.
- B. All applicants must meet and pass the same pre-employment procedures as other civilian department employees before appointment.

III. Recruitment

- A. Chaplains should be recruited as needed, consistent with department policy on equal opportunity and non-discriminatory practices. A primary qualification for participation in the application process should be an interest in and an ability to assist the Department in serving the public. Chaplain candidates are encouraged to participate in ride-a-longs with department employees before and during the selection process.

IV. Selection and Recruitment

A. Chaplain candidates shall successfully complete the following process prior to appointment as a chaplain:

1. Submit the appropriate written application.
2. Include a recommendation from employers or volunteer programs.
3. Interview with the Fire Chief and the chaplain coordinator.
4. Successfully complete an appropriate-level background investigation.
5. Complete an appropriate probationary period as designated by the Fire Chief.

Chaplains are volunteers and serve at the discretion of the Fire Chief. Chaplains shall have no property interest in continued appointment. However, if a chaplain is removed for alleged misconduct, the chaplain will be afforded an opportunity solely to clear his/her name through a liberty interest hearing, which shall be limited to a single appearance before Marion County Fire Rescue or the authorized designee.

V. Identification and Uniforms

- A. As representatives of the Department, chaplains are responsible for presenting a professional image to the community. Chaplains shall dress appropriately for the conditions and performance of their duties. Uniforms and necessary safety equipment or personal protective equipment (PPE) will be provided for each chaplain. Identification symbols worn by chaplains shall be different and distinct from those worn by other employees through the inclusion of "Chaplain" on the uniform and other identifying PPE.
- B. Chaplains will be issued Marion County Fire Rescue identification cards, which must be carried at all times while on duty. The identification cards will be the standard Marion County Fire Rescue identification cards, with the exception that "Chaplain" will be indicated on the cards. Chaplains shall be required to return any issued uniforms, PPE or other department property at the termination of service.

VI. Chaplain Coordinator

- A. The Health and Safety Chief Officer shall serve as the chaplain coordinator.
- B. The chaplain coordinator shall serve as the liaison between the chaplains and the Fire Chief.

- C. The function of the coordinator is to provide a central coordinating point for effective chaplain management within the Department and to direct and assist efforts to jointly provide more productive chaplain services. Chaplains shall report to the chaplain coordinator and/or Incident Commander (IC).
- D. The chaplain coordinator may appoint a senior chaplain or other designee to assist in the coordination of chaplains and their activities.
- E. The responsibilities of the coordinator or the authorized designee include but are not limited to:
 - 1. Recruiting, selecting, and training qualified chaplains.
 - 2. Conducting chaplain meetings.
 - 3. Establishing and maintaining a chaplain callout roster.
 - 4. Maintaining records for each chaplain.
 - 5. Tracking and evaluating the contribution of chaplains.
 - 6. Maintaining a record of chaplain schedules and work hours.
 - 7. Completing and disseminating, as appropriate, all necessary paperwork and information.
 - 8. Planning periodic recognition events.
 - 9. Maintaining a liaison with other agency chaplain coordinators.
- F. An evaluation of the overall use of chaplains will be conducted on an annual basis by the coordinator, and a written report will be provided to the Fire Chief.

VII. Duties and Responsibilities

- A. Chaplains assist the Department, its employees, and the community as needed. Assignments of chaplains will usually be to augment the Health Division and Safety, but chaplains may be assigned to other areas within the Department as needed. Chaplains should be placed only in assignments or programs that are consistent with their knowledge, skills and abilities, and the needs of the Department.
- B. All chaplains will be assigned duties by the chaplain coordinator or the authorized designee or an IC.
- C. Chaplains may not persuade or attempt to recruit employees of the Department or the public into a religious affiliation while representing themselves as chaplains with this department. If there is any question as to the receiving person's intent, chaplains should verify that the person is desirous of spiritual counseling or guidance before engaging in such discussion.

VIII. Compliance

- A. Chaplains are volunteer members of the Department and, except as otherwise specified within this policy, are required to comply with volunteer policies and other applicable policies.

IX. Operational Guidelines

- A. Chaplains will be asked to be available for calls on an as-needed basis.

- B. Chaplains operating at emergency incidents or large-scale department events shall operate within and as part of the Incident Command System (ICS) at all times, including participating in and replying to Personal Accountability Reports (PAR) conducted as part of the incident or event.
- C. At the end of each period of service or response to an incident, the chaplain will complete a chaplain's report and submit it to the Fire Chief and chaplain coordinator or the authorized designee. This report should be limited to operational metrics such as hours and types of services provided and specifically exclude any confidential information, i.e., any identifying information of an employee.
- D. Chaplains shall be permitted to ride with employees during any shift and observe Marion County Fire Rescue operations or training sessions, provided the on-duty Battalion Chief has been notified and is aware of the activity.
- E. Chaplains shall not be evaluators of employees of Marion County Fire Rescue.
- F. In responding to incidents, a chaplain shall never function in a hazardous area or serve as an assistant other than the chaplain's role.
- G. When responding to in-progress calls for service, chaplains will be required to stand by in a secure area until the situation has been deemed safe.
- H. Each chaplain shall have access to current employee rosters, addresses, telephone numbers, duty assignments, and other information that may assist in his/her duties. Such information will be considered confidential, and each chaplain will exercise appropriate security measures to prevent unauthorized access to the data.

X. Assisting Department Employees

- A. The responsibilities of a chaplain related to department employees include, but are not limited to:
 - 1. Assisting in making notifications to families of employees who have been seriously injured or killed and, after notification, responding to the hospital or home of the employee.
 - 2. Visiting sick or injured employees in the hospital or at home.
 - 3. Attending and participating in funerals of active or retired employees when requested.
 - 4. Serving as a resource for employees who are dealing with the public during significant incidents (e.g., accidental death, suicide, suicidal subjects, serious accident, drug and alcohol abuse or a mass casualty incident (MCI)).
- 5. Providing counseling and support for employees and their families.
- 6. Being alert to the needs of employees and their families.

XI. Assisting the Department

- A. The responsibilities of a chaplain related to Marion County Fire Rescue include, but are not limited to:
 - 1. Assisting employees in defusing a conflict or incident when requested.

2. Responding to any significant incident (e.g., natural and accidental death, suicide and attempted suicide, family disturbance, or MCI) in which the IC or supervisor believes the chaplain could assist in accomplishing the mission of the Department.
3. Responding to all major disasters, such as natural disasters, bombing, MCI, and similar critical incidents.
4. Being available, or if possible, on duty during major demonstrations or any public function that requires the presence of a large number of department employees.
5. Attending department functions such as academy graduations, ceremonies, and social events and offering invocations and benedictions, as requested.
6. Participating in in-service training classes.
7. Training others to enhance the effectiveness of the Department.

XII. Assisting the Community

- A. The duties of a chaplain related to the community include, but are not limited to:
 1. Fostering familiarity with the role of fire and Emergency Medical Services (EMS) employees in the community.
 2. Providing an additional link between the community, other chaplain coordinators, and the Department.
 3. Providing a liaison with various civic, business, and religious organizations.
 4. Assisting the community when they request representatives or leaders of various denominations.
 5. Assisting the community in any other function, as needed or requested.
 6. Making referrals in cases where specialized attention is needed or in cases that are beyond the chaplain's ability to assist.

XIII. Chaplain Meetings

- A. Chaplains may be required to attend scheduled meetings. Absences from such meetings should be satisfactorily explained to the chaplain coordinator.

XIV. Privileged Communications

- A. Chaplains shall be familiar with state evidentiary laws and rules pertaining to the limits of the clergy-penitent, psychotherapist-patient, and other potentially applicable privileges and shall inform employees when it appears reasonably likely that the employee is discussing matters that are not subject to privileged communications. In such cases, the chaplain should consider referring the employee to an appropriate counseling resource or available program.
- B. No chaplain shall provide counsel to or receive confidential communications from any Marion County Fire Rescue employee concerning an incident personally witnessed by the chaplain or concerning an incident involving the chaplain.

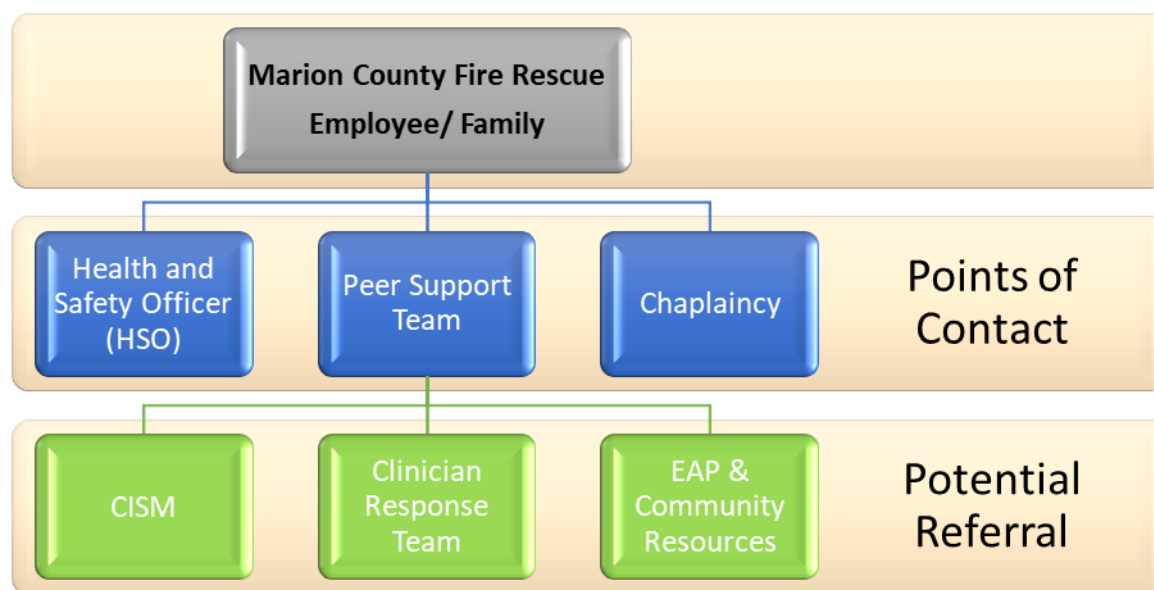
XV. Training

- A. The department may establish a minimum number of training hours and standards for department chaplains. The training, as approved by the Training Chief, may include:
 - 1. Stress management
 - 2. Death notifications
 - 3. Symptoms of post-traumatic stress
 - 4. Burnout for department employees and chaplains
 - 5. Legal liability and confidentiality
 - 6. Ethics
 - 7. Responding to crisis situations
 - 8. The fire and EMS family
 - 9. Substance abuse
 - 10. Employee injury or death
 - 11. Sensitivity and Diversity

ADMINISTRATIVE POLICY - PEER SUPPORT TEAM PROGRAM

Purpose

The Peer Support Program (PSP) is designed to provide education, support, assessment, and intervention to the employees and families of Marion County Fire Rescue (MCFR). Employees are the most valuable resource. This program is a visible means of demonstrating continued commitment to dealing with behavioral health and related problems. Peer Supporters will offer confidential assistance and support to the department with local resources in times of personal need or due to traumatic incidents.



Scope

The Scope of this program is to establish a support program aimed toward recognizing stress reactions and supporting the behavioral health and wellness of MCFR employees. PSP will offer nonprofessional peer support under the guidance of a Clinical Director who is a licensed behavioral health clinician. The program will comprise current and/or retired department employees and spouses who have agreed to make themselves available to any other employee/spouse seeking assistance. This program provides a proven means for MCFR employees to discuss behavioral health and other problems confidentially with someone who understands and cares.

There are Four Legs of Support and Four Pillars to provide a good mental health/wellness model.

- The Four Legs of Support to help with the overall health of first responders are: CISM, Chaplaincy, Employee Assistance Program (EAP), and Peer Support.
- The Four Pillars of overall good health that first responders need to be aware of are: Good Diet, exercise routine, sleep, and some form of stress release.

Confidentiality

Confidentiality is the cornerstone of any peer support program. When successfully implemented, the peer support program provides employees an opportunity to discuss problems in a non-judgmental way. The effectiveness of this program relies heavily on the integrity of the PSP members and the reputation they maintain. Peer Supporters shall not discuss information obtained while acting in a peer support capacity with anyone other than the Mental Health Professional or his/her designee for the purpose of mental health support unless required by law. Peer Supporters shall not share information with other employees, family members, friends, supervisors or management, or the general public. If at any time a Peer Supporter(s) is notified of a possible breach of confidentiality, a review process will begin by the PSP. In line with this principle, **no notes are to be taken during or after a peer support session with identifying information.**

- A general principle for peer supporters to follow is to inform the person, prior to discussion, what the limitations and exceptions are regarding the information revealed (a standard statement will be provided to all Peer Supporter(s)).

Communication between Peer Supporter(s) and employees is considered confidential except for matters that qualify as a mandatory reporter; Threats, crimes, suspected abuse, or immediate danger to self or others.

- If an individual is identified to pose an immediate threat to themselves or others, the Peer Supporter(s) will arrange immediate intervention as appropriate, up to and including requesting law enforcement intervention.

All Peer Supporters are required to complete and sign Confidentiality Waivers.

ROLES AND RESPONSIBILITIES

Peer Support Program Coordinators (PSP Coordinator) – a minimum of three Peer Supporters that continue to seek current and advanced mental health behavior training. Shall have overall responsibility for the management and implementation of the Peer Support Program. PSP Coordinators will assist in leading the team and work together on all projects with a concentration in the following areas:

- Administration of the team.
- Training of the team members as well as outreach education.
- Clinician Liaison; vetting, meeting, and establishing connections with clinicians.

PSP Coordinators' responsibilities will encompass, but not be limited to, the following:

- Oversee the administration of the Peer Support Program.
- Will ensure that Peer Supporters adhere to the Program's confidentiality policies.
- Oversee the use of funds and accountability of the Peer Support Program provided by Grants, Professional Firefighters of Marion County, Marion County Firefighters Benevolence Fund, Fire Rescue Support, and the respective treasurers.
- Submit budget requests to PSP champions for financial support, where applicable.

- Represent the Peer Support Program before the members of Professional Firefighters of Marion County and Fire Department Administration.
- Provide reports to the PSP champions with regard to the functioning and monetary accounts of the Peer Support Program, if requested.
- Assist in the selection, approval, and retention of Peer Supporters.
- Establish relationships with local, regional, state, and national clinician providers that coordinate with our employees considering the insurance network.
- When needed, coordinate with the appropriate Human Resources (HR) and/or Fire Chief designee to process FMLA and other pertinent documentation to ensure proper approval, if applicable.
- Engage in and/or oversee outreach station visits to all Marion County Fire Rescue employees and stations on all shifts on a rotating basis. These visits involve providing education on behavioral health topics, answering questions about the program, and accessing resources. These outreach visits may be the most critical factor in overcoming stigma so employees feel safe requesting assistance.
- Organize visits to locations that employees or their families may utilize when applicable.
- Establish quality assurance and review all assistance provided to better the Peer Support Program in the future.
- Coordination and scheduling of periodic training to keep Peer Supporters up to date on current subjects related to behavioral health issues for firefighters and their families.
- Responsible for maintaining records of the PSP to include minutes of regular and/or special meetings.
- Maintain any records of Peer Supporter activity and training as well as call logs for each month.
- Comply with PSP Specialist responsibilities.

Peer Support Program Specialists (PSP Specialists) – may come from all ranks/ positions within the Fire Department. Provides emotional and logistical support and assistance to employees in times of stress or crisis.

- Convey trust, anonymity, and confidentiality within policy guidelines to employees seeking assistance from the Peer Support Program.
- Accept the responsibility of keeping confidential any and all information an employee shares. However, PSP Specialists should be aware of their limitations and contact a PSP Coordinator for assistance. This is not a violation of confidentiality.
- PSP Specialists must sign a confidentiality waiver stating that if confidentiality is broken, the Peer Supporter will be removed from the program.
- Assist the employee by coordinating with those close to the employee; consulting with other PSP Specialists, behavioral health professionals, and/or the Clinical Director for guidance; and referring the employee to professional assistance when necessary and permitted.
- PSP Specialists are to attempt to establish contact with and aid those referred or self-referred employees within 24 hours of initial contact.
- When appropriate, facilitate transportation of the employee to the correct treatment center or pickup location.

- Engage in all necessary follow up as per the action plan developed with the employee.
- Maintain contact with the PSP Coordinators and attend at least three (3) quarterly meetings annually.
- PSP Specialists shall maintain a minimum of 8 Continuing Education Units (CEUs)'s per year to remain active with the PSP. The year shall be concurrent with MCFR's fiscal year.
- PSP Specialists must log at least eighty (80) hours of peer-support-related activities annually. These hours may include meetings, continuing education, employee contacts, call-outs, or any other activity germane to their mission as PSP specialists. Failure to satisfy eighty (80) hours of activities will result in a removal meeting with the PSP Coordinators.
- PSP Specialists must agree to be contacted and, if necessary and practical, respond at any hour while on call. However, PSP Specialists shall never self-deploy.
- Any response of on-duty PSP Specialists must be coordinated with and approved at the Battalion Chief level or higher.
- The PSP Specialist is not exempt from federal, state, or local laws or from the rules and regulations of Marion County Fire Rescue.
- Notify a PSP Coordinator in writing should the Peer Supporter voluntarily withdraw from program participation.
- Promptly notify a PSP Coordinator should a conflict arise that requires professional consultation.

Peer Support Program Trainee (PSP Trainee) – Upon acceptance into the Peer Support Program the Peer Supporter will start as a PSP Trainee. PSP Trainee is essentially a probationary period to ensure the Peer Supporter has the appropriate temperament, experience, and training before stepping into a PSP Specialist role. The following objectives need to be met prior to becoming a PSP Specialist:

- Successful completion of the required training.
- A total of 30 employee contact hours with a PSP Specialist.
- Approval from all PSP Coordinators.

Peer Supporter - A generic term defined as any person that is part of the Peer Support Program, i.e., PSP Coordinator, PSP Specialist, PSP Trainee, PSP Retiree, and PSP Spouse.

Peer Support Program Retiree (PSP Retiree) – A retired fire department employee that has been trained as a PSP Specialist who wants to be available as a Peer Supporter for the program.

Peer Support Program Spouse (PSP Spouse) – A spouse of a current or retired fire department employee that has been trained as a PSP Specialist who wants to be available as a Peer Supporter for the program to assist with resources for other spouses that are in need.

MCFR Department Employee (Employee/Member) – defined as an employee, spouse, or family member currently employed or retired from the department receiving or potentially receiving access to the Peer Support Program resources.

TRAINING AND EDUCATION

Team coordinators will be responsible for ongoing in-service education of Peer Supporters. All team members shall take part in mandatory training and obtain a minimum of 8 hours of continuing education annually on behavioral health.

Required training prior to acceptance:

- IAFF Online Behavioral Health Awareness (2 Hours)
- Psychological First Aid (6 Hours) via the National Child Traumatic Stress Network
- Stress First Aid (1 Hour) via the National Fallen Firefighters Foundation
- Counseling on Access to Lethal Means (2 Hours) via the Suicide Prevention Resource Center

Required training taken within the first year of team acceptance:

- Qualified Peer Support Training

Additional classes preferred for continuing education:

- Dominance, Inducement, Submission, and Compliance (DISC) Personality Profile
- ICISF CISM Training Individual and Group Intervention
- IAFF Online Safety Planning Intervention for Suicide Prevention
- IAFF Online Disaster Response Peer Support
- IAFF Resiliency Training
- IAFF 16-Hour Peer Support Training
- Struggle Well by Bouldercrest
- University of Central Florida's REACT program
- Additional training requested or mandated by Program Coordinator

PROGRAM FUNDAMENTALS

Peer support is an intervention that leverages shared experience to foster trust, decrease stigma and create a sustainable forum for seeking help and sharing information about support resources and positive coping strategies.

Confidentiality is the absolute foundation for the success of the Peer Support Program. Any breach of confidentiality, whether actual or perceived, can cause irreparable harm to the success of the PSP. The process of discipline is not to be taken lightly within this program.

After the Peer Supporter(s) expresses how important confidentiality is for the individual's contact interaction, the Peer Supporter will conduct him/herself with the following fundamental core elements expressed as **P.E.E.R.S.** by Sylvio *Gravel* (National Peer Support Leader and Author).

Professional - keywords often used for professionals are educational background, experience, a track record of performance, trust (trustworthiness), credibility, character, and the characteristics of a person. Each workplace must have its own definition, including some essentials for education and training. However, being a professional is far more than having a credential or attending a course.

Other factors in being professional are leadership and influence. Both entail the ability to instill a spirit of confidence but are based on more than a title and educational background.

Encourage - Those who become peer supporters will understand the difference between praise and encouragement. To encourage means to instill courage, which will require more than words. It also requires initiative and action, as well as availability and acceptance without judgment or the need by the peer supporter to fix the situation and give platitudes and advice only. Moving forward takes effort, energy, courage, and confidence; thus, a peer supporter must be willing to encourage, get into the boat, and row rather than stand on the shore and shout, "Row harder."

Empathetic - The number one quality exhibited by all good leaders, which enables others to follow their leadership, is empathy—which is about the other, not oneself. Empathy is simply an understanding and sharing of another's situation, feelings, and motives. Whether one calls this empathy or compassion, it is not pity. It is the Peer Supporters' ability and willingness to connect with the person and their story or situation.

Relational - A Peer Supporter is a role model for maintaining and strengthening healthy relationships and has the people skills to forge genuine relationships with others, especially when an individual is in crisis. The ability of the Peer Supporter to form a trusted relationship is the most important factor for the employee seeking help.

The Peer Supporter must be willing to communicate on more than a fact, or cliché, level to enable a person to speak at more intense levels. In supporting persons or in establishing rapport, an effective Peer Supporter must be able to function comfortably at deeper levels of feelings, transparency, and vulnerability.

Service - Finally, Peer Supporters must have a reputation of being able and willing to do what is necessary or best for the person being supported. Their availability is not tied to their work schedule but to their accessibility to others. They will make themselves available as needed, within the limits of a healing work-life balance.

A Peer Supporter will not engage in counseling but refer to appropriate counselors or clinicians.

Counseling – involves a professional therapeutic relationship wherein a specially trained or licensed clinician endeavors to help another person to understand and solve past or current issues and difficulties. Counseling also provides a wide variety of mental health services and support for individuals, families, and caregivers in a specialized area of treatment (e.g., addictions, bereavement, educational, pastoral care, etc.).

A key consideration with any employee we helps is to offer resources and allow that individual to make the decisions regarding the type of assistance they desire. Whatever plan is developed must ultimately be the employee's plan and not what the Peer Supporter(s) thinks is the best idea.

ACTIVATION

Anyone can initiate and request contact from the Peer Support Program, including MCFR employees, current or retired spouses, and other concerned loved ones. There are many scenarios for which Peer supporters may be needed. If you, as an employee, perceive that there is a need for peer support, then there probably is, in fact, a need. It is better to reach out to the PSP when it may not be needed than to avoid contacting PSP when a problem exists. Err on the side of caution.

Contact should be requested through the PSP contact line or a current Peer Supporter. The PSP contact line phone number is 352-462-WELL (9355). This information will be made available through email, websites, Vector Solutions Bulletin Board, and postings at each station.

The employee can be on-duty or off-duty when a request for activation is made. The chain of command notification or approval is not needed or required. Supervisors may request the services of a Peer Supporter following a critical incident or identify when support may be necessary.

After gathering the necessary information from an activation contact, the PSP Coordinator will decide whom to send and will provide the requestor's contact information to the responding Peer Supporter(s). If a specific Peer Supporter is requested, both MCFR and the PSP should make every attempt to facilitate the request if the Peer Supporter is on-duty.

If an employee contacts a Peer Supporter directly, the Peer Supporter will report his or her needs to a PSP Coordinator. Under no circumstances shall a Peer Supporter ever self-deploy on duty. Because of staffing concerns, any on-duty response by a Peer Supporter requires the approval of a Battalion Chief or higher, which a PSP Coordinator or the Health and Safety Officer can facilitate.

PROGRAMS OPERATIONS GUIDELINES

Third-Party Activation Contact Requests – When a supervisor, co-worker, and/or a family member contact the Peer Support Program for assistance, the following information should be obtained:

- What are the events surrounding the identified need for PSP.
- With particularity, what has the third party noticed about changes in the employees:
 - Attitude
 - Behavior
 - Thinking
- Does the third party have an impression of how the employee will respond to PSP involvement?
- Can the Peer Supporter(s) use the third party's name when the employee is talked to about the concerns?

If assistance has been requested at an MCFR facility, the Peer Supporter(s) should visit the station and offer assistance most confidentially and appropriately to protect the integrity of the process. Peer Supporter(s) cannot relieve employees from their assigned duty or remove personnel from service. All requests for such action should be directed to the appropriate Chief Officer by a PSP Coordinator.

Self-Activation Contact Requests – When an employee or family member makes contact for assistance for themselves, the following information needs to be obtained.

- Employee's name and contact number, imperative for call taking.
- Ask the employee the nature of their call and determine if they have a high-risk concern, i.e., suicide, self-harm, substance abuse, violence, homicide, harm to a child, and/or abuse.
- If the employee discloses a high-risk concern, ask for their location and write it down (i.e., street number, address, and zip code). A location may not be necessary; use your discretion.
 - If the employee asks why, explain that *it is policy and procedure to take a location of an employee prior to continuing the call.*
 - If they ask why you need the address, explain that *it is for their safety, as conversations can become emotional*, and ask if they are in danger or experiencing an emergency.
 - If there is no emergency, refer them to a counseling professional. Provide the referral immediately.
 - Remind them that they need to go to the nearest emergency facility or call 9-1-1 if they are in danger, experiencing an emergency, or may be unsafe. As a caring gesture, ask them to call you back and provide an update.
 - Or, if the employee refuses to provide the address and/or seems to be in crisis, tell them that you are concerned and that you will call 9-1-1 and provide the name and number of the employee to 9-1-1.
 - Try asking for a location again as a caring gesture. Use empathy and compassion. You are welcome to encourage the employee to engage in the PSP because, after all, they did call.
 - If 9-1-1 is called. Stay on the phone with the employee until 9-1-1 has provided the next intervention.
- If they are in crisis, ask if they are alone. If they are not alone, ask who is near/with them.
 - Ask to speak to that person. Give them your contact information and take their contact information.
- If they are in crisis/danger and they are alone, if you can use an additional line to call 9-1-1, do it.
- Provide follow-up calls to the employee at 24, 48, and 72 hours - or until the employee is reached.
- If the employee discloses a high-risk concern and provides an address, proceed to provide Peer Support services. Start by explaining confidentiality limits due to the high-risk content - you will disclose the discussion to referrals as needed.
- If the conversation becomes too complex at any time, notify the employee of the need to be referred.
- If the Peer does not disclose a high-risk concern, proceed to provide Peer Support services.

Peer Supporters are not authorized by the Peer Support Program to take themselves off shift. Let the employee contacting you know you are on shift and subject to calls. If the individual contacting is in crisis, give them the Peer Support Contact phone number as back-up and contact a PSP Coordinator to get an off-duty Peer Supporter(s) to that individual in need.

EMPLOYEE CONTACT

Currently (September 2023), the Peer Support Program will not be utilized to respond to incident scenes. Peer Supporter(s) interaction with employees will be at the station or individual level.

Peer support is only sometimes formal. Checking on employees can be in the form of text, phone calls, or showing up the next day after a shift and having a “coffee talk.” Once contact is made between a Peer, the supporter (s) and an employee will determine together how they would like to converse further.

Interaction with an employee by the Peer Supporter shall use the SAFER-R Model.

S - Stabilize the situation, and reduce stressors.

A - Acknowledge crisis: 1) Inquiry into facts, and 2) reactions to events.

F - Facilitate normalization through discussion, problem-solving, and developing a plan.

E - Encourage adaptive coping.

R - Recovery is evident or

R - Referral according to need.

When contacting an employee interested in assistance from PSP, it is essential that we address confidentiality early in the discussion. We need to let the individual know that communications with us will be held in confidence unless:

- The person is a danger to themselves or others.
- Peer Supporter suspects child abuse.
- Peer Supporter is mandated to report the issue under law.
- The individual gives consent for divulgence.

In situations where a Peer Supporter(s) determines a referral to a Clinician is warranted, contact should be made as soon as possible, and an appropriate referral should be made to a health professional and/or chaplaincy program. Peer Supporter(s) will be able to guide individuals through the process of EAP and the use of insurance coverage if an employee chooses not to utilize the peer support program. They may still use EAP and other means to seek behavioral health help.

IF THERE IS A THREAT OF HARM TO SELF OR OTHERS, CALL 911

All peer supporters will have access to clinician contact information readily available on their persons.

SPECIAL CONSIDERATIONS

- If an employee is experiencing an immediate behavioral health crisis while on shift-and the scene of a 911 call, the incident commander or fire officer should be notified of the immediate need for Peer Support. The incident commander or fire officer can reassign the firefighter to a different task or get additional resources to the scene to release that person from the scene. Contact should be made to the PSP contact # for this event. If circumstances do not allow for the employee to be released from the scene, it is policy to assign an employee to act as a Peer Support Program Liaison to assist the firefighter experiencing a behavioral crisis as soon as practical. The liaison does not need to have any special training or be a part of the PSP. This liaison will only need to be present and assist the individual in crisis with assigned scene tasks.
- If an employee is experiencing an immediate behavioral crisis while on shift but not on the scene of a 911 call. The PSP Coordinator or PSP Contact phone should be contacted, and the employee's chain of command will be informed to request that the unit be "Out of Service." No other information will need to be provided to the Chief Officer. If the employee experiencing a behavioral health crisis needs to leave for the rest of the shift, the Division Chief will be notified for approval.

Proper Referral Protocol

- Remember that you are not a clinician. Leave counseling up to the clinicians. You are a bridge between the firehouse and the professional.
- If a situation arises that you are not sure how to handle, call the PSP Coordinator(s) or clinical overseer immediately.
- Know the resource clinicians, including their skills and areas of expertise.
- Use discretion when discussing personal information.

Placing Employee Off-duty

- If a Peer Supporter(s) feels an employee should be placed off-duty, they must contact the PSP Coordinator(s).
- The PSP Coordinator(s) will contact the Fire Chief or Designee and request up to 3 shifts (shift workers) or 40 hours (day workers) of sick leave for the employee. It is the understanding between MCFR and PSP that only the employee and the request will be discussed – no other information will be requested or provided.
- At the conclusion of the time off, MCFR will make a determination whether the employee will continue on FMLA leave (to continue treatment for an off-duty related issue) or Workman's Comp leave (for a job-related issue).
- The Peer Supporter(s) will discuss these options with the employee and assist them with their needs. The Peer Supporter(s) will discuss with outside parties only with the consent of the employee.

Feedback about Clinicians

- Peer Supporter(s) will follow up with employees who were referred to resource clinicians. The Peer Supporter(s) should ask the employee how effective the clinician was. It is optional for the employee to answer. This will allow the PSP to determine the effectiveness of our outside resources.

Station/Location Visits

- Peers will do station visits upon agreed-upon dates/times through discussion with station officers/office staff.
- A call ahead to the station officer of the visit will occur if not able to be placed on the SitRep.
- No more than three Peer Supporters per visit; the Ideal number is considered two.
- Peer Supporter(s) will inform PSP Coordinator(s) of the station(s) visited via email.
- Peer Supporter(s) may contact the PSP Coordinator(s) as needed.
- Peer Supporter(s) will inform the PSP Coordinator(s) of other employee contacts through the PSP Contact form without providing specific information (name, assignment, demographics, etc.)

Routine Visits

- Identify areas where the Peer Support Team can assist.
- Update employees on new programs and how to access them.
- Draw out the current concerns of the group.
- Help them specify problems.
- If no problems can be identified, then don't persist. Stay 10-15 minutes at most.

Requested Visits

When notified of a situation where we can be of assistance:

- Ascertain the problem or situation before the visit.
- Plan strategy before arrival with PSP Coordinator(s).
- Contact the Firehouse/Location to schedule the visit.
- Check with other Peer Supporter(s) who may have a prior history with the station.
- Open up dialogue according to the plan established by the Peer Supporter(s).
- Stay focused but be flexible if necessary.
- Assess problems and ensure employees have resources and information to address the issue.
- Ascertain if a follow-up visit is necessary and inform the PSP Coordinator(s).

Traumatic Events

- Peer Supporter(s) should visit stations during the aftermath of a traumatic event, including:

o LODD	o Critical injury of an employee
o Suicide of employee	o Dead or Severely injured children
o Mass – Casualty Event	o Acts of Terrorism

IF THERE IS A THREAT OF HARM TO SELF OR OTHERS, CALL 911

REFERRAL

While meeting with an employee, the Peer Supporter(s) may need to refer the individual for additional assistance.

Potential sources for referral include but are not limited to, Professional Firefighters of Marion County, Marion County's Employee Assistance Program (EAP), Marion County Firefighter Benevolence Fund, and the Marion County Fire Rescue Department Chaplaincy Program.

Proper Referral Protocol

- Remember that you are not a clinician. Leave counseling up to the clinicians. You are a bridge between the station and the employee.
- If a situation arises that you are not sure how to handle, call the PSP Coordinator(s) or clinical overseer immediately.
- Know the resource clinicians, including their skills and areas of expertise.
- Use discretion when discussing personal information.

Referrals are established to assist employees in dealing with problems resulting from domestic, financial, health, addictions, other personal problems, or job-related difficulties and to enable the employee to recognize and resolve the unfavorable reactions to that emotion or stress.

In situations where a Peer Supporter determines a referral to a Clinician is warranted, contact should be made as soon as possible and an appropriate referral made.

A list will be maintained and updated at least every six months for health care professionals for Peer Supporter(s) to be available to employees when needed.

The PSP goal will be to build a network of professionals to assist with many needs. Should an employee be in crisis, the Peer Supporter(s) will accompany the employee to a behavioral receiving facility. DO NOT leave the employee to go on his/her own.

Referral Possibilities

- A. New Directions EAP
- B. Outpatient Program
- C. Intensive Outpatient Programming (IOP)
- D. Residential Treatment Facility
- E. Outpatient detox services
- F. Self-Help/Community Group
- G. BHAP Resources

TEAM MEMBER APPOINTMENT GUIDELINES

The Peer Support Program is committed to ensuring that every employee has the resources to succeed. Periodically PSP Coordinators will initiate an online survey to department employees to identify brothers and sisters they would reach out to in times of need. PSP will accept MCFR employees to be Peer Supporters if they meet the following criteria:

- Have the respect of other MCFR employees.
- Be empathetic and possess sufficient interpersonal and communication skills.
- Commit to maintain confidentiality within the guidelines provided by PSP.
- Be a minimum of 25 years old.
- Minimum of 5 years as a first responder or veteran, and a current/retired employee of MCFR.
- Meet or exceed training and education requirements to participate in the PSP.
- Commit to continued education on mental health topics.
- Willing to make contact with employees while off duty.
- Not on disciplinary probation with MCFR.

Both the Fire Chief, or designee, and the Union President from the Professional Firefighters of Marion County, or designee, will be a part of the Acceptance and appointment to the Peer Support Program.

Upon acceptance and appointment to the Peer Support Program, it is agreed that a Peer Supporter will attend at least three (3) quarterly meetings, logging at least eighty (80) hours of peer-support-related activities annually and fulfilling all requirements described.

COMPENSATION – CURRENTLY UNDER REVISION

PSP Specialists shall receive compensation equal to that of a Peer Fitness Trainer to be paid quarterly in (20) hour increments to equal eighty (80) hours annually. Compensation will be paid in the last paycheck of October, January, April, and July.

PROGRAM REMOVAL

Involuntary removal from PSP will occur if a Peer Supporter is determined to have:

- Violated the confidentiality agreement.
- Showed non-compliance with participating in a minimum of eighty (80) hours of peer support-related activities annually.

- Not maintained 8 CEUs annually.
- Acted in violation of law, PSP policy, or placed on disciplinary probation with MCFR.
- Acted in a manner that undermines the credibility or foundational ethical principles of the Peer Support Program.

DISCIPLINARY INVESTIGATIONS GUIDELINES

The Peer Support Program is not an alternative to discipline. A Peer Supporter will not intervene in the disciplinary process, even at an employee's request. PSP is not designed and is not intended to be a participant in MCFR disciplinary proceedings. However, it is understood there is a possibility a Peer Supporter may nevertheless find him or herself assisting an employee who has become the subject of a disciplinary proceeding. The following things should be followed:

- During the disciplinary investigation, the peer supporter shall be guided by the confidentiality policy of the Peer Support Program and liaise with the PSP coordinators and/or professional standards, where required.
- The Peer Supporter should not volunteer any information received in confidence, however, supporters may not hamper or impede the actual investigation, nor may they attempt to shelter the employee from the department's investigation. The Peer Supporter's main goal during disciplinary situations should be one of support and assistance to the employee.
- The Peer Supporter will not divulge confidential information unless it meets mandatory reporting standards and is pertinent to the disciplinary investigation. Fire Department staff members conducting the investigation shall respect the confidential conversations between Peer Supporters and employees and shall gather all evidence from sources independent of these confidential communications.

PEER SUPPORT TEAM CONFIDENTIALITY AGREEMENT



Peer Support Program - Confidentiality Agreement



Trust & Integrity

As a Peer Supporter, you occupy a coveted role in and beyond the workplace. Your actions have the potential to enhance the general emotional health and well-being of our brothers and sisters. Collectively, the actions of our Peer Support Program will impact how likely employees and their families will approach us during challenging times. While no one Peer Supporter will appeal to or reach all employees of the Marion County Fire Rescue employees, families, and retirees, it is our hope that any and all employees will approach one of us in times of need. In order for this to occur, each of us has an important standard to uphold.

Confidentiality Statement

Confidentiality refers to the maintenance of privacy between individuals. Upholding confidentiality is a necessary condition to create a safe and supportive environment for any employee asking for our assistance.

I will keep information shared to me as a Peer Support member confidential, including personal stories, sensitive information, or any other information that is not public knowledge. I will ensure the security of all information and records be kept in secure locations. When discussing situations amongst other peer support team members, I will eliminate identifying demographics of people involved.

All Peer Supporters will take reasonable steps to maintain and protect all mediums of confidentiality, except when maintaining confidential information conflicts with Mandatory Reporting Laws. These limitations should be expressed/disclosed to employees during communication sessions.

Communication between the Peer Supporter and the MCFR employee is considered confidential except for matters which involve the following:

- Mandatory Reporting (danger to self, danger to others, suspected or factual child, spouse, or elderly abuse, and domestic violence);
- cases in which state or federal law require divulgence;
- where divulgence is consented to by the employee;
- referral to another Peer Supporter;
- communication necessary through the Peer Support team chain of command;
- referral to a mental/behavioral health provider;
- necessary information solely provided by a PSP Coordinator to MCFR Administration, such as name of employee and need for time off.

I have read and understand the terms of this confidentiality agreement, and I agree to abide by them. I understand a breach could result in disciplinary action, and may result in termination from the team. I understand the importance of confidentiality in maintaining the trust of my colleagues and the integrity of the MCFR Peer Support Team.

Print Name

Signature

Date



CLINICIAN RESPONSE TEAM (CRT)

The Clinician Response Team is an important part of BHAP that takes time to develop. Clinicians should participate in a comprehensive training and awareness program to increase their knowledge and understanding of first responder issues. The following Job Bulletin describes the kind of clinicians we should seek and their service requirements. Over time, those who are the most dedicated and best fit with our program will become our core team and develop trusted relationships with many of our employees seeking their services. Our clinicians participate in regular ride times each quarter and spend time in our stations with the crews.

Additionally, they each complete a task book over the course of each year, which is then evaluated to determine their ability to demonstrate their understanding of the protocols and the required tasks of a BHAP provider. The Task Book follows the Job Bulletin in this guide.

POSITION LISTING FOR MCFR VOLUNTEER CLINICIAN – CLINICIAN RESPONSE TEAM 2023

Description

Under close direction from the Chief of Health and Safety (HSO), Serve as a volunteer with a team of clinicians and perform highly responsible and confidential clinical work involving crisis intervention, counseling, and emotional and psychological support for Firefighters, dispatchers, Fire Department employees, and EMT/Paramedic students riding with MCFR. Performs intervention and assessment services for individuals and families. Serve in an advisor role to members of the Peer Support Team. Provide recommendations and any concerns to the Fire Chief or the Chief of Health and Safety (HSO).

Examples of Duties:

- Provides mobile crisis intervention services. Responds to emergency calls through calls by the Fire Chief, HSO, or their designee, and provides stabilization services and emotional and psychological support for Fire Department employees and their families.
- Performs intervention and assessment services for individuals and family members of the Fire Department experiencing a crisis event that requires assistance beyond services typically provided by the Fire Department. The crisis may result from a fire, domestic violence, sexual assault, medical emergencies, substance use or misuse, mental health emergencies, grief and loss, self-inflicted injuries, elder care issues, child abuse, neglect, exploitation, etc.
- Provides emotional support and empathetic/active listening for first responders and their families experiencing a crisis event.
- Counsels, advises, and seeks to understand employees' immediate needs and assists individuals in identifying appropriate resources for additional assistance to fulfill those needs.
- Identifies social and community service agency options and makes appropriate recommendations to individuals.
- Assist in Coordinating referral services using various resources of community agencies, support groups, and other community-based resources.

- Provides confidential emotional and psychological support to first responders.
- Can participate in community outreach with approval by the Fire Department.
- Periodically reviews, updates, resources, etc.
- Assists and provides input and recommendations for mental health programs administered. Recommends improvements and assists in implementing changes and objectives.
- Reports concerns directly to the Fire Chief, HSO, or designee.
- Can act as a liaison between the FD, numerous social service agencies, and community organization boards/ councils to analyze needs, listen and respond to specific concerns, identify possible solutions, and establish effective working relationships with community representatives with department approval.
- Performs all work duties and activities per MCBOCC policies and procedures:
- Works in a safe manner and reports unsafe activity and conditions. Follows County-wide and Fire department safety policy and practices and adheres to safety prevention, reporting, and monitoring responsibilities as outlined in County and FD Policies and SOGs.
- Serves as an advisor to the Peer Support Team and provides recommendations.

Tasks

- 12 hours of station visits and ride along per quarter
- Quarterly CRT meetings
- Attend department functions
- Participate in department Mental Health Training
- Available for crisis support
- Serve as an advisor for the Peer Support Team

Qualifications:

- Licensed in the state psychologist, MFT, LMHC, LCSW, Psychiatrist
- 3 years' experience in direct patient treatment post-licensure
- Completion of Clinician Awareness
- Training Completion of background check
- Successfully Pass panel interview

Supplemental Information:

Work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as office or meeting and training rooms, e.g., use of safe workplace practices with office equipment, avoidance of trips and falls, and observance of fire and building safety regulations, and traffic signals when driving.

MCFR VOLUNTEER CLINICIAN – CLINICIAN RESPONSE TEAM SUPPLEMENTAL QUESTIONNAIRE

1. To be considered for this position, you must provide pro-bono services or be a Florida Blue Provider. Are you a Florida Blue Provider?

☐ Yes ☐ No

2. Please list all other insurances you accept.

3. Please list all licenses and qualifications related to mental health.

4. To be considered for the position, you must be able to meet the minimum commitment of volunteering 12 hours of station visits and ride-a-longs per quarter. Are you able to meet this commitment?

☐ Yes ☐ No

5. To be considered for this position, you must present immunization documentation for hepatitis B, HIV, and tuberculosis testing. Can you comply with this requirement?

☐ Yes ☐ No

6. To be considered for this position, you must undergo a criminal background investigation, a pre-hire 10-Panel Drug Screen, and sign an MCFR Affiliation Agreement. Are you willing to comply with this requirement?

☐ Yes ☐ No

7. While volunteering for the Marion County Fire Rescue, you must abide by the established Fire Department Code of Conduct and follow all standard operating procedures, rules, regulations, and City administrative policies. Failure to do so may result in immediate release from the program. Are you willing to comply with this requirement?

☐ Yes ☐ No

* All Questions required to be considered.

CLINICIAN RESPONSE TEAM

ANNUAL PERFORMANCE OBJECTIVES TASK BOOK

Scope:

This task book lists the annual requirements of Clinician Response Team members. These requirements shall include all information, activities, and skills the CRT member will be responsible for throughout each 12 months.

Objective:

To evaluate the CRT member's comprehension of procedures within the chain of command, clinical involvement in public safety and/or various city divisions, and performance as a mental health clinical expert and advisor.

References:

Behavioral Health Access Program (BHAP)

2023 Clinician Response Team Listing description, duties, and tasks.

CRT Annual Task Book

The CRT member shall complete the required objectives and tasks as directed and to the best of their ability. Though some tasks are performed quarterly, these requirements are accumulative goals to be reached over 12 months, and the CRT member's comprehension, involvement, and performance are to be evaluated annually.

Tasks specific to first-year CRT members:

Complete a cultural competence curriculum and post curriculum requirements

(Example Course: Florida Firefighters Safety & Health Collaborative Clinician Awareness Program)

☐ Yes ☐ No

Demonstrate the process of activating the BHAP

☐ Yes ☐ No

Demonstrate general understanding of the chain of command

☐ Yes ☐ No

Demonstrate understanding of protocols and exceptions to the chain of command as a CRT member while in the role of a BHAP provider.

☐ Yes ☐ No

Demonstrate comprehension of the required tasks of a BHAP provider. (Assessment, evaluation, educational services, treatment, referral and follow-up.)

☐ Yes ☐ No

Evaluator Notes:

ANNUAL OBJECTIVES AND REQUIREMENTS OF ALL CRT MEMBERS:

Maintain a license in a minimum of one of the following: Marriage/Family Therapist, Licensed Mental Health Counselor, Licensed Clinical Social Worker, Psychologist, and Psychiatrist

☐ Yes ☐ No

Meet minimum ride-along/station visit requirements (12 hours quarterly)

☐ Yes ☐ No

Participate in MCFR/MCBOCC events and mental health seminars

☐ Yes ☐ No

Attend quarterly meetings (Health and Safety Committee, Peer Team, CRT)

☐ Yes ☐ No

Deliver department or County-wide mental health training

☐ Yes ☐ No

Assist in the development of continuing education for peer team members

☐ Yes ☐ No

Assist in reviewing/updating resources (rehab site visits, clinician lists)

☐ Yes ☐ No

Assist during a crisis involving an employee or family member. (fire, domestic violence, sexual assault, medical emergency, substance use/misuse, mental health emergency, grief/loss, self-inflicted injuries, elder care issues, child abuse, neglect, exploitation, etc.)

☐ Yes ☐ No

Serve as advisor for the peer support team

☐ Yes ☐ No

Evaluator Notes:

ADMINISTRATIVE POLICY - HEALTH AND SAFETY COMMITTEE

PURPOSE

To provide safe working conditions and protect the welfare of the Marion County Fire Rescue employees.

SCOPE

This Administrative Policy (AP) applies to all Marion County Fire Rescue employees.

PROCEDURES

I. Committee Board

A. The Safety Committee may consist of eleven (11) members:

1. Committee Chair – Health and Safety Officer (HSO)
2. Deputy Chief of Emergency Medical Services (EMS) or Designee
3. Professional Firefighters of Marion County President or designee
4. Three (3) members, one (1) from each shift and one (1) member from the Community Risk Reduction Division
5. Battalion Chief from Operations Division
6. Administrative Secretary
7. Chief Officer from the Training Division
8. Representative from Risk Management

II. Committee Responsibilities:

- A. Review fire department injuries and close calls to determine how the department can improve work practices.
- B. Review Administrative Policies, Standard Operating Guidelines, and training practices involving health and safety hazards.
- C. To seek, evaluate, and recommend improved protective devices and equipment for personnel to the Fire Chief or his/her designee.
- D. To strive constantly to develop practices and procedures to improve the health and safety of employees and the work environment.
- E. To develop a comprehensive health and safety program under the direction of the Fire Chief and his/her designee.
- F. Research health and safety suggestions submitted by employees.
- G. Publish minutes from each meeting and necessary reports.
- H. Maintain accurate records of actions taken by the Safety Committee

III. Safety Committee Communications

- A. Publish minutes from each meeting and necessary reports.
- B. Maintain accurate records of actions taken by the Safety Committee
- C. Any employee wishing to request either a report or requesting action by the Safety Committee shall do the following:
 - 1. Written or email request addressed to the Fire Department Health and Safety Officer.
 - 2. Employees will receive a receipt of the request.
 - 3. The official request will be brought forward to the committee for consideration.
- D. Posting of Minutes
 - 1. Each meeting shall be audio recorded for accuracy of minutes.
 - 2. The administrative secretary position will transcribe meeting minutes.
 - a) Following the transcription of minutes, the Health and Safety Officer and/or Committee Chair shall conduct a review before publication.
 - 3. The minutes for each Safety Committee Meeting shall be emailed within forty-five (45) days from the date of each meeting.
 - 4. Copies of all minutes shall be maintained on a designated Safety Committee Fire Department computer drive.

IV. Committee Voting

- A. Anytime the committee wishes to conduct a vote, they shall have a quorum of at least six (6) members present. Voting may be used for the following, however, is not limited to such:
 - 1. Passing of minutes
 - 2. Direction of focus
 - 3. Project Adoption
 - 4. Policy recommendations
 - 5. Health and Safety Recommendations

RETIREE PROGRAM

Overview:

Marion County Fire Rescue, the Professional Firefighters of Marion County, and the Marion County Firefighter Benevolence Fund recognize the importance of developing a retiree program to maintain the brotherhood/sisterhood by supporting the health and welfare of our retired Fire family. The health and wellness of our Fire Department Family remains the highest priority for this organization while as an active employee and well into retirement.

The goal would be to launch a program with several components; here are just a few examples.

- Quarterly lunches with the Fire Chief
- Annual Trip
- Fire Department Events
- Newsletter & Emails
- Firefighter Cancer Initiatives
- Appropriate recognition for LODD Funerals
- Training Resources
- Peer Support
- Resource & Support Staff
- Notification and Involvement in FD functions
- Retiree Coordinator position
- Health and Wellness center
- Access to annual Lifescan physicals
- Maintain certification
- Current members of the benevolent, both civilian and Firefighters, will support the launch of this program within the current benevolent fee structure. Retired families are asked to contribute 25 dollars annually to support this initiative. Letters of interest to our retirees have already been sent out with positive feedback and interest.

The Why

Employment provides:

- Fire station as a social environment
- Feeling of brotherhood, belonging, purpose

Retirement provides:

- Loss of information, loss of routine
- Loss of connection
- Depression, isolation

Retiree Program Purpose

- Maintain the brotherhood by supporting the health and welfare of our Firefighters and the community we fought so hard to protect.
- Process to support the retiree and their family
- Maintain a non-political position

Launch

- Initial launch can be informal – breakfast or lunch gatherings
- Due to the increase in the future number of retirees, recognized need to develop a formal program

Activities

- Quarterly Lunches
- Annual Trip
- Firefighter Cancer Initiative – Retired FF Health Survey with
- Annual Fire Department Events & Activities

Support

- Liaison with the Department so members of LODD still received appropriate recognition and honor at funerals
- Maintain a list of retirees who have died
- Notify state agencies, FPF, etc.
- Training Resource Hurricane Preparation for infirmed retirees
- Maintain certification for retirees
- Access to Health and wellness center
- Access to Lifescan
- Resource to Department – Honor Guard, Safety & Health Program/Peer Support,
- Developed Retiree Information Packet – critical transition Information
- Liaison link to the Department to meet the needs of retirees (badges, uniforms, patches, etc.)
- Rep position to voice concerns of retirees, benefits to Union

Take Away Points

Building a process to keep retirees connected provides:

- means to maintain past relationships
- sense of belonging
- united voice to concerns/maintain benefits
- support retirees in need
- Resource pool for the Department

Fire Department Responsibilities

- Support Retirement program in partnership with the benevolence fund
- Quarterly meetings--Lunch with the Chief
- Funding to support Lunches
- Uniforms, Retiree Rockers, etc.
- Active email for Retiree Liaison within the county email system.

Our Health and Safety programs continue to grow and evolve as we encounter the changes that we all face on a day-to-day basis.

For more information, please reach out to us at Alex.Caban@marionfl.org .



International Critical Incident Stress Foundation, Inc.
HELPING SAVE THE HEROES



FOR QUESTIONS ON THIS GUIDE, PLEASE CONTACT
BATTALION CHIEF ALEX CABAN OF HEALTH AND
WELLNESS FOR MARION COUNTY AT 352-291-8045