

SUBJECT: TAKING CARE OF OUR OWN
EFFECTIVE: 11/01
REVISED: 11/01

Purpose:

The purpose of this SOG is to outline procedures and responsibilities to be fulfilled in the event of a serious injury or line of duty death to one of our members.

In the event of a line-of-duty death or serious injury the Officer in Charge (OIC) of the scene will insure the following tasks are completed:

1. Increase our response to an appropriate alarm level to handle the incident. Insure further scene safety and chose a proper strategy to match the incident.
2. Notify the Fire Chief.
3. Notify the Commissioner of Public Health and Safety.
4. Contact the Dixon Police Department and assist in securing, isolating, and evidence tagging of all personal protective equipment and equipment used by the affected member.
5. Details of the incident will not be transmitted via the radio or cellular phone.
6. Notify all department members.
7. Secure scene pending investigation by OSFFM, fire and police department.
8. Document any witnesses including their name, address and telephone numbers for investigators.
9. Notify OSFM.
10. Obtain personal information packet from file cabinet in the Chief's office. **This will be done by whatever means necessary if the Fire Chief is not present.**
11. The Fire Chief or his designee will issue all information to the media.

As soon as possible our members will meet back at our fire station and all members will contact their immediate family as soon as possible.

Note: *Personal information packets will be reviewed and revised August of every year.*

DUTY DESIGNATIONS:

Fire Chief will serve as the Family Liaison Officer (FLO)

Chief will designate a Public Information Officer (PIO). All information will be issued by the PIO after clearance by the Fire Chief.

Departmental Readiness Officer: Will insure adequate manpower and equipment are at our station for call-outs.

Notification Officer: If not designated in personal packet, the ranking shift officer will accompany the Fire Chief to notify the family. An ambulance will stage approximately ½ mile from the family's home.

NOTIFICATION OFFICER AND FLO WILL:

1. Notify next of kin using personal information sheet. Notification will take place in person. Notification will take place in dress uniform
2. Assist the family to the hospital if needed.
3. Assist the family with further notifications as needed.
4. Act as a liaison between the family and hospital.
5. Secure a quiet room for the family.
6. Concur with family for the release of information to the press.
(Immediately notify the PIO when approved).
7. Assist the family in anyway possible.
8. Remain at the hospital until the family leaves or needs transportation.
9. Coordinate with the FD or PD to have a sentry at their home for the night. The sentry will be in a marked department vehicle and will shield the family from outsiders and provide any assistance that is necessary.

The Chief will make the official announcement to members of our department and then the media. The verbal announcement will be followed with typed copies for the media and one copy to be posted in our station.

As soon as possible the department will convene to plan all activities. Individual duties will be established to help coordinate responsibilities. The following duties will be assigned:

1. Response and Readiness Officer
2. Funeral and Procession Officer
3. Wake and Uniform Officer
4. Investigation Officer
5. Agency Notification Officer

RESPONSE AND READINESS OFFICER WILL BE RESPONSIBLE FOR:

1. Secure the deceased personal effects from the fire station. Two individuals will complete this task and an inventory list will be completed and forwarded to the Fire Chief.
2. Provide for station and equipment personnel staffing for the duration of the funeral process.
3. Coordinate the Critical Incident Stress Debriefing team.
4. Oversee equipment readiness for funeral details.
 - Ready engine for casket and flowers.
 - Bunting is available from the Blackhawk Firefighters Association and the Illinois Fire Chief's Association.
5. Work with pallbearers in preparation for casket placement and removal.

FUNERAL AND PROCESSION OFFICER WILL BE RESPONSIBLE FOR:

1. Confirm time and place for wake, funeral and cemetery.
2. With a representative from the Illinois Fire Chief's Funeral Committee, meet with the funeral director, minister-handling rites, and visit the cemetery to formulate plans.
3. Coordinate the procession route with local police and identify and assign traffic control measures as needed.
4. Secure 2 aerial ladders for the entrance to the cemetery.
5. Assist the IFCA Funeral Committee in the formulation of staging plans at the Church, funeral home and cemetery for attending emergency service personnel.
6. Secure someone to take pictures and video.

WAKE AND UNIFORM OFFICER WILL BE RESPONSIBLE FOR:

1. Distributing black elastic badge shrouds
2. Secure and install bunting for the station. Bunting can be secured through the IFCA.
3. Coordinate and assign the Honor Guard detail
 - 2 men assigned during all wake hours for 10 to 15 minute intervals.
 - Establish and conduct the fire department "walk through" at the memorial service.

AGENCY NOTIFICATION OFFICER WILL BE RESPONSIBLE FOR CONTACTING THE FOLLOWING:

1. Contact IAFF Local 1943 President and/or Secretary to make proper union notifications.
2. Illinois Department of Labor 312/793-1820 within 8 hours of the incident.
3. Public Safety Officers Benefits Program 202/724-7620
4. Fire Department/City of Dixon Insurance carriers.
5. Illinois Attorney General Death Benefit Program.
6. National Fire Academy/US Fire Administration 301/447-6671.
7. Transmit death and funeral information via LEADS through Lee County PSAP.
8. Office of the State Fire Marshal.
9. Illinois Fire Service Institute.
10. IFCAA Funeral Committee (800-662-0732)

TYPES OF SERVICES:

- Level I Death as a result of a line-of-duty death or job related. This may include an inactive member whose death has stemmed from an injury sustained during active duty. Careers members and volunteers are included.
- Level II Death of an active member, non-job related. Career and volunteers are included.
- Level III Death of an inactive member, non-job related. Retired career members are included.

SUGGESTED OPTIONS:

LEVEL ONE

*American Flag
Bagpipers
Bell Service
Bugler
Badge Shrouds
Color Guards
Crossed Ladders
Eulogy
Fire Engine Caisson
Fire Service Flag
Flower Unit
Honor Guards
Honor Detail
Active Pall Bearers
Station Bunting
Vehicle Bunting
Walk Through

LEVEL TWO

*American Flag

Bell Service

Badge Shrouds

Eulogy
Hearse
Fire Service Flag
Flower Unit
Honor Guards
Honor Detail
Active Pall Bearers

Vehicle Bunting
Walk Through

LEVEL THREE

*American Flag

Bell Service

Badge Shrouds

Hearse
Fire Service Flag

Honor Guards

Active Pall Bearers

Walk Through

*Use only if deceased was a veteran

- Department members are encouraged to notify the Chief of a retiree's death.
- At the conclusion of the funeral service the following announcement will be toned out and read over the radio.

"The members of the _____ fire department wish to thank _____ (rank and name) for (his/her) _____ (# of years of service) to the citizens of _____ (city/township/district). Although you are gone, you will never be forgotten."

The Fire Chief will designate an Investigation Officer to head an Investigation Team as soon as possible. The objective of this team is to thoroughly analyze and document the events leading to the death or serious injury and to make recommendations to prevent a similar occurrence. A final report shall be written and forwarded to the Fire Chief. The Investigation Officer will keep the Fire Chief apprised of the investigations status. All members of our department shall give complete cooperation to the members of the team.

THE INVESTIGATION TEAM WILL BE RESPONSIBLE FOR:

1. Assisting in the gathering and analysis of all physical evidence relating to the event and preserve the chain of evidence.
2. Collect written statements from all department personnel involved.
3. Interview and collect statements from any witnesses to the incident.
4. Gather all call tapes, reports, radio logs, etc. that are pertinent to the investigation.
5. Collect copies of the autopsy report, medical treatment records, injury reports and information related to the incident.
6. Maintaining a liaison with other agencies or teams involved in the investigation of the incident.

MEDICAL INFORMATION FORM

CONFIDENTIAL

Name: _____ DOB: _____

Social Security No: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you have a living will or a Do Not Resuscitate Order? Yes _____ No _____

Where is it located? _____

In the event of my serious injury, this form is to be given to:

Name Address

Relationship Phone

Procedures for Injury:

Doctor Address Phone

Allergies: _____ Medication: _____

Significant Past Medical History: _____

Blood Type: _____ If blood transfusion is necessary, do you

wish to have one? Yes _____ No _____

Do you wish heroic measures to be taken? Yes _____ No _____

Dentist: _____

Organ Donation? Yes _____ No _____ Details: _____

CONFIDENTIAL INFORMATION FORM

Name: _____ DOB: _____

Date of Hire: _____ Employee ID#: _____

Social Security No: _____

Address: _____

Home Phone: _____ Cell Phone: _____

In case of serious injury or death to you, is there anyone you would like to accompany the Department representative when notifications are made?

Name	Address
Relationship	Phone

Is there any information you would like the Fire Department representative to be aware of related to the notification, e.g. health hazards of the person to be notified, remove the person to be notified from others at the location, etc?

Every effort will be made to notify everyone on your notification list face to face, however if distance is a factor, our department will contact an area Fire Department to assist in the notification. List anyone who could assist with notification, including address and phone number.

Parents and In-laws:

Mother's Name		DOB
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Address	Home phone	Cell phone
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Work	Address	Phone
------	---------	-------

Father's Name		DOB
---------------	--	-----

Address	Home phone	Cell phone
---------	------------	------------

Work	Address	Phone
------	---------	-------

Mother-in-law's Name		DOB
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Address	Home phone	Cell phone
---------	------------	------------

Work	Address	Phone
------	---------	-------

Father-in-law's Name		DOB
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Address	Home phone	Cell phone
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Work	Address	Phone
------	---------	-------

Siblings:

1.

Name	Relationship	DOB
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Address	Home phone	Cell phone
---------	------------	------------

School/Work	Address	Phone
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2.

Name	Relationship	DOB
Address	Home phone	Cell phone
School/Work	Address	Phone

3.

Name	Relationship	DOB
Address	Home phone	Cell phone
School/Work	Address	Phone

4.

Name	Relationship	DOB
Address	Home phone	Cell phone
School/Work	Address	Phone

.....

Name of Ex-Spouse		DOB
Address	Home phone	Cell phone
Work	Address	Phone

Contact Ex-spouse Yes ___ No ___
 Contact In-Laws Yes ___ No ___

Other Special People:

1.

Name	Relationship	DOB
Address	Home phone	Cell phone

▪ Are you a military veteran? Yes ___ No ___ Branch of Service _____
Service Number _____ DD 214 Number _____

▪ Do you desire a military funeral? Yes ___ No ___

▪ If a veteran do you desire the American Flag on your casket?
Yes ___ No ___

▪ If not a veteran, do you desire a firefighter flag? Yes ___ No ___

▪ Do you wish to have an open casket during visitation? Yes ___ No ___

▪ Do you wish to have an open casket during the funeral? Yes ___ No ___

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

▪ Do you have a pastor that you would like to officiate your service?
Yes ___ No ___

If so, who?

▪ Do you wish to have another person officiate at the graveside service?
Yes ___ No ___

If yes, who?

▪ If you are a member of a fraternal organization would you like their participation?
Yes ___ No ___

If yes, please name the organization and supply contact information.

▪ Do you desire flowers? Yes ___ No ___

▪ Do you wish flowers to be omitted and money donated to a designated charity or
organization? Yes ___ No ___

- Please list pallbearers:

- I would like a eulogy delivered by: _____

- I would like these songs:

Sung by: _____

- I would like these poems read: _____

Read by:

- I would like these bible verses read: _____

Read by:

- Music at the service:

Played by: _____

Do you have any special requests, wishes, or directions that you would like to be cared for in the event of your serious injury or death? Yes ____ No ____

DETAILS LEAD TO PEACE OF MIND

If your wife/husband or some other person suddenly had to run your affairs, what provisions have you made to be of help to them? Would their experience be panic-stricken confusion taking countless days of needless effort to fully determine your status? If you have not considered this problem-DO SO NOW!

The following information is provided to both help you plan your affairs and to assist your survivors when you die.

ACTIONS FOR SURVIVORS

Some of the following information is based upon the assumption that the officer is survived by a spouse. Some of the information can only apply if property is in joint tenancy or joint accounts.

Survivors should:

1. Discontinue use of joint checking accounts and credit cards. Open a new checking account and obtain new credit card accounts.
2. File insurance and other benefit claims as soon as possible. Insurance policies should be duplicated and given to the attorney before applying.
3. Obtain several newspapers (if articles appear on the death). Some insurance companies and other benefit opportunities will require them. Out-of-state friends may request them.
4. Contact lending institutions about all outstanding debts, contracts and/or loans. Insurance to pay the remaining debt may have been a requirement of the loan or may have been an option taken.
5. Check all affiliations of the deceased (professional, service business, fraternal, etc.). Membership in some organizations may provide insurance coverage. One local bank offers cards that entitle the holder to some special bank privileges (check guarantee card, overdraft payment, etc.). Cardholders may also be eligible (automatically) for a paid life insurance policy.
6. Have your attorney carefully review previous (cancelled) life insurance policies. Some benefits may still be available.
7. Most insurance companies and other benefit availabilities required certified supporting documents. These documents carry either a raised seal or an official stamp/seal. They can be obtained from the County Recorder's Office of the county in which the event occurred.

Be Prepared:

1. Have prepared and/or maintained a current will. Standard attorney fees range from \$50.00 and up to have a will prepared. A very inexpensive and worthwhile investment, especially in cases where both parents die, leaving dependent children.
2. Maintain all of your insurance and important papers in one central location. Make sure the location is known to at least two persons.

3. Make certain you have all of your insurance policies. Some insurance companies require your beneficiary to submit the policy with the claim. If the policy has been lost or misplaced, contact the insurance company now and submit a notice of lost policy. It may take six to eight weeks of delay for your beneficiary.
4. Consider registering all property (house, cars, etc.) and banking accounts in joint tenancy (Bob and Mary Smith). This procedure allows (normally) and later easy transfer to the second party.
5. Since delays in payments of death claims are normally experienced you should have readily accessible a sum of money equivalent to at least two months net salary. Banking institutions or savings and loans may be willing to loan money on insurance policies if this recommended procedure cannot be followed. Some insurance companies are also willing to advance part of the insurance claim immediately.
6. Make sure your current insurance policies and other potential benefit plans carry the names of the beneficiaries you want to receive these benefits.
7. Obtain three certified copies of birth, marriage and divorce certificates and keep them with other Important papers. Many insurance companies and other agencies or organizations providing benefits may require them and it will be easier and quicker if they have already been obtained.
8. Complete the following checklist for those items that pertain to your case, and as you do so make certain that each of your beneficiary designations are up to date. (Keep this completed form in a location know to your family). Your family and loved ones will be eternally will be eternally grateful that you have been considerate enough to complete this information. You should review and revise (as necessary) this information on a regular basis.

IMPORTANT FACTS THAT YOUR FAMILY SHOULD KNOW

This form provides space for you to fill in the location of personal documents, insurance policies, banks, lawyers, agents, brokers, etc. It will help you to keep your affairs in order for the benefit of you and your family.

INSURANCE INFORMATION:

Name of Life Insurance Company(s) Policy No. Amount of Insurance

Beneficiary _____

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address _____

Name of Health/hospitalization Insurance Company(s) Policy No.

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address _____

Name of Accident Insurance Company(s) Policy No.

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address _____

Name of Automobile Insurance Company(s)

Policy No.

Liability Amount? _____ Collision Amount? _____

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address _____

Disability (Income Protection) Policy

Policy No.

Name of Insurance company and address _____

Are you a disabled Vet? _____ ID# _____ % Disability _____

Name of Household Insurance Company(s)

Policy No.

Where do you keep the policy papers? _____

Insurance agent's or organization's name and address _____

Fire Amount _____ Theft Amount _____ Comp. Amount _____

Where do you keep your insurance papers? _____

Insurance agent's or organization's name and address _____

SOCIAL SECURITY INFORMATION

What is your Social Security Number? _____

Where is the card kept? _____

What proof of age do you have? _____

Where is it located? _____

BANK ACCOUNT INFORMATION

Checking Accounts Yes ____ No ____

Bank	Account Name (s)	Account No.
------	------------------	-------------

_____	_____	_____
_____	_____	_____

Who are the signatories?

Where are the bank books and cancelled checks kept? _____

Savings Account Yes ____ No ____

Bank	Account Name (s)	Account No.
------	------------------	-------------

_____	_____	_____
_____	_____	_____

Savings/Loan Accounts Yes ____ No ____

Savings/Loan Name	Account Name(s)	Account No.
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_____	_____	_____
_____	_____	_____

Where are the Savings and Loan books kept? _____

Credit Union Accounts Yes ____ No ____

Credit Union Name

Account No.

Where are the credit union account books/records kept? _____

STOCKS AND BONDS

Do you have stocks and bonds? Yes ____ No ____

Where do you keep your stocks and bonds? _____

Are purchase slips attached (for income tax info.)? Yes ____ No ____

Type	Name on Bond	Amount	Beneficiary
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Broker's name and address

REAL ESTATE INFORMATION

Do you own your home? Yes ____ No ____

Is there a mortgage on your home? Yes ____ No ____

In whose name is title to the home? _____

Who holds the mortgage on the home? _____

When are the principal and interest due on the mortgage? _____

Where are deeds, mortgages, survey, and title papers kept? _____

AUTOMOBILES

Car/License No. Registered to Payment Amount/Due Date

Where are title and registration papers kept? _____

SAFETY DEPOSIT BOX

Do you have a safety deposit box? Yes _____ No _____

Where Whose name(s) is it in?

Who has the keys/combinations to the box(es) kept? _____

WHO OWES YOU AND WHOM DO YOU OWE?

Do you owe anyone money? Yes _____ No _____

Are your loans secured? Yes _____ No _____

Name	Address	Amount
------	---------	--------

Does anyone owe you money? Yes _____ No _____

Name	Address	Amount
------	---------	--------

Where are copies of notes, loan agreements, receipts?

CREDIT CARDS – CHARGE PLATES

Name of Card

Account No.

WILL

Have you made a proper Will? Yes ____ No ____

What is its date? _____

Where is this Will kept? _____

Who should be consulted? _____

Who is the Executor? _____

ATTORNEY

Name

Address

Phone

Do you know the status of your family credit rating? _____

What is your retirement/pension program(s)? _____

IRA? _____

Deferred Comp? _____

Annuity Program? _____

Social Security? _____

Other? _____

Where are tax return records kept? _____

Are there any lawsuits you are involved in either as plaintiff or defendant?

Yes ____ No ____

Who is the attorney handling these actions? _____

PERSONAL SITUATION

What would you like done with insurance settlement money received?

Would you care if home and/or property were sold? Yes ____ No ____

What type of continued relationship with your family would you like to see other members of your immediate family keep?

Do you have special personal effects that you would like to go to specific people?

What would you like done with general personal effects? _____

What type of feelings do you have about the use or non-use of life support systems, if necessary?

How do you feel about your spouse remarrying? _____

What kind of provisions should be made with your "estate" in the event your spouse remarries?

Do you have special wishes for your children? Special dreams?

i.e. College

Gifts

Promises

Weddings

Other

What about books, medals, photographs?

How would you like these handled? _____

Do you have any other personal requests or information that you wish to state?
