SUICIDE POSTVENTION RESPONSE

Standard Operating Guideline

A Template for Coordinated, Compassionate, and Operationally Sound Response

Revised June 2026

This template is intended to be adapted to local policy, collective bargaining agreements, legal requirements, and departmental resources.

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Document Orientation and Use

This SOG compiles and integrates the source materials into a single operational document. It uses a formal SOG structure, a time-based response framework, and expanded appendices so the document can function as both policy guidance and a practical response tool.

- Part I establishes purpose, scope, guiding principles, preparation, and team structure.
- Part II organizes response actions by time period: immediate, within 24 hours, 24–72 hours, weeks to months, and continuing actions.
- Part III defines roles, responsibilities, key considerations, and communication expectations.
- Appendices provide detailed checklists, resource lists, scripts, memorial guidance, benefits navigation prompts, evaluation questions, and an officer quick reference.

Implementation Note

• Implementation of stand-alone sections may be appropriate, but full activation should be determined by the Fire Administrator, Fire Chief, or appointed designee.

• The response should be scaled to the incident, the department's size and resources, the family's needs, and the level of impact on the work group or department.

• This SOG should be reviewed in advance with legal counsel, human resources, union leadership where applicable, behavioral health partners, chaplaincy, peer support, and relevant leadership.

1. Purpose

This guideline establishes a department-wide procedure for responding to the suicide of a department member. It promotes a compassionate, coordinated, and clinically informed approach that supports personnel, maintains operational readiness, and aligns with recognized postvention best practices. The SOG reinforces the department's commitment to wellness, dignity, psychological safety, and effective operational leadership.

The purpose of postvention is to provide supportive responses for individuals, family members, work groups, and the department following a death by suicide. Postvention may include leadership messaging, chaplain support, peer support, mental health support, family liaison services, operational adjustments, communication management, memorial planning, and long-term follow-up.

- Ease the trauma and related effects of the loss.
- Prevent adverse grief or complicated grief, defined as feelings of loss that are debilitating and do not improve over time.
- Reduce isolation, misinformation, and unintended harm among survivors, peers, family members, and the broader department.
- Reduce the potential for emotional and suicide contagion among those exposed to the death.
- Support personnel who may be at increased risk after exposure to suicide.
- Promote recovery, resilience, operational stability, and continued connection to support.

2. Scope

This SOG applies to all department members and may be activated after the confirmed or reported suicide death of a current employee, retiree, or other department-affiliated member. It may also be used, in whole or in part, following the suicide death of a spouse, significant other, immediate family member, or other close relation when the death significantly affects department personnel or operations.

The decision to activate this SOG fully or partially rests with the Fire Administrator, Fire Chief, or appointed designee. Each department should adapt this SOG to comply with existing departmental policies, local government requirements, union agreements, confidentiality requirements, and applicable law.

3. Definitions

Postvention: Supportive actions undertaken after a suicide death to facilitate healing, support survivors, maintain operational readiness, reduce contagion risk, and connect affected individuals to resources.

Postvention Support Team (PVST): The multidisciplinary team activated to coordinate the department's response, including leadership, peer support, chaplaincy, clinicians or EAP representatives, family liaison, union representation, honor guard, PIO, and other members as appropriate.

Family Liaison: A designated department representative who serves as the primary point of contact for the family, coordinates assistance, supports communication, and protects the family from unnecessary burden or unwanted exposure.

Suicide Contagion: The process by which exposure to suicide or unsafe messaging about suicide can contribute to increased risk among vulnerable individuals.

Affected Work Group: The station, shift, crew, unit, administrative division, peer network, or other group most directly impacted by the death.

4. Guiding Principles

Compassion and dignity: All actions should be grounded in respect for the deceased, the family, coworkers, and the department.

Family-centered communication: The family's wishes are a primary concern. Notification and support must be handled privately, respectfully, and consistently.

Operational coordination: Postvention is a coordinated response, not an informal series of isolated actions. Clear roles reduce confusion and unintended harm.

Accurate communication and rumor control: Share confirmed, essential information only. Do not share method, graphic detail, speculation, note details, who found the body, or unnecessary location specifics.

Support without coercion: Peer support, chaplaincy, and clinical resources should be available and encouraged. Avoid mandatory psychological debriefing models.

Balance in memorialization: Honor the person's life, service, character, and contributions while avoiding glamorizing, romanticizing, normalizing, or idealizing the suicide event.

Continued connection: Support must extend beyond the first days. Delayed reactions and anniversary periods require planned follow-up.

Continuous improvement: The department should evaluate the response, identify system implications, and update training, policy, and procedures.

5. Postvention Support Team Composition

The department shall establish a Postvention Support Team (PVST) in advance. Team membership may vary by department size and resources, but should include the following when available:

- Fire Chief or Fire Administrator/designee
- Shift Command or immediate supervisor
- Postvention Support Team Leader
- Behavioral Health Lead, peer support lead, or EAP liaison
- Chaplain or designated wellness officer
- Family Liaison Officer
- Public Information Officer
- Honor Guard representative
- Union representative
- Human resources or benefits representative
- Department physician or occupational health representative
- Funeral Incident Commander, if applicable
- External peer support, CISM, clinician, or state/national resources as needed

Departments should identify alternates for each critical role. Personnel serving on the PVST should have boundaries, backup support, and access to peer or clinical consultation, as they may also be impacted by the event.

6. Preparation and Pre-Incident Readiness

A death by suicide is an extraordinarily stressful event and can be chaotic. Preparing before an event is critical to reducing confusion, preventing avoidable missteps, and supporting affected personnel and families.

6.1 Leadership Preparation

- Develop authentic relationships with personnel before a crisis occurs. Leaders at all levels should know their members, spend time in the field, and create an environment where people feel valued, respected, and secure.
- Prepare contingency plans with the leadership team and communicate expectations to subordinate leaders before a death or crisis occurs.
- Use situational exercises or tabletop scenarios with leadership, peer support, chaplaincy, PIO, and union representatives.
- Seek consultation from departments that have experienced suicide loss and can share lessons learned.

6.2 Resource Preparation

- Maintain current contact information for clinicians, EAP, chaplains, peer support, CISM resources, treatment centers, community providers, and trusted referral partners.
- Know the capabilities of area departments, state resources, IAFF resources, and other national assets. It is common for personnel in the affected department to be overwhelmed and need external support.
- Develop written and digital resource lists in advance, including crisis numbers, counseling partners, peer support contacts, chaplaincy, EAP, and confidential support guidance.

6.3 Communication Preparation

- Develop internal and external communication plans, including who speaks on behalf of the department.
- Prepare email, text, social media, and press templates. The immediate aftermath of a suicide is the most difficult time to create safe and supportive messages.
- Develop social media expectations for department accounts and individual personnel. Social media moves quickly and cannot always be stopped, so pre-planning is essential.
- Coordinate communication expectations with civilian leadership, commissioners, city council, county administration, human resources, legal counsel, and union leadership.
- See Appendix C

7. Time-Based Response Framework

The response should be organized by time period. Some actions will overlap, and leadership should use judgment based on operational demands, family needs, and the level of impact on members.

Time Period	Primary Priorities	Core Outcome
Immediately / 0–24 hours	Emergency care, scene security, chain of command, family notification, PVST activation, initial crew support, rumor control	Stabilize the incident and protect the family and affected personnel.
Within 24 hours	Department notification, peer/chaplain/clinical support, PIO coordination, senior leadership presence, resources distributed	Provide accurate information and immediate support while maintaining operations.
24–72 hours	Staffing/mutual aid, risk identification, confidential support, ongoing messaging, family logistics, memorial planning	Reduce isolation, connect those most affected, and plan safe remembrance.
Weeks to months	Ongoing outreach, monitoring delayed reactions, family support, remembrance, policy/culture review	Sustain recovery, prevent delayed harm, and support reintegration.
Continuing actions / 1 year+	Anniversaries, training, lessons learned, evaluation, SOG updates	Build institutional learning and strengthen long-term resilience.

8. Immediate Priorities: Event Discovery Through First 24 Hours

8.1 Emergency Care, Scene Security, and Notifications

- Provide emergency care if appropriate.
- Take the affected unit and/or station out of service if needed.
- Notify chain of command, Communications/Dispatch Center, Postvention Support Team Leader, and Fire Chief.
- Secure the scene and notify law enforcement.
- Preserve privacy and confidentiality to the greatest extent possible.
- Begin a documented decision log for major response actions, notifications, and assigned responsibilities.

8.2 Activation of the Postvention Support Team

- The Fire Chief, Fire Administrator, or designee confirms the incident and activates the PVST.
- The PVST Leader notifies all PVST members and establishes an initial coordination call or meeting.
- A single operational lead should track tasks, coordinate team members, and prevent duplication or gaps in support.

8.3 Family Notification (when appropriate)

The next-of-kin notification is one of the most important components of the response and can set the tone for the family's healing and confidence in the fire service. Accidental, delayed, impersonal, or poorly executed notifications can have lasting negative impact.

- Notify the family as quickly as possible, preferably in person, to avoid the family learning of the death from another source.
- Senior leadership should conduct notification with assistance from the PVST, chaplain, peer support, clinician, or other appropriate personnel.
- Consider having an ALS unit staged nearby but not visible, when appropriate.
- Ask whether the department can assist with notifying immediate family members, such as parents, siblings, or children.
- Offer a support system of chaplains, relatives, trusted friends, and peer or clinical supports, with the family's permission.
- Advise the family that the department has a process involving a team who can assist with necessary arrangements.
- Determine whether the department can assist with children who may be away at the time.
- Advise the family of possible media calls and suggest that a trusted friend or family member screen incoming calls.
- Assure the family that their wishes are the department's primary concern and responsibility.
- Remind the family that they do not need to make immediate decisions regarding services, mortuary, wills, or other arrangements. The Family Liaison can assist with immediate needs.

8.4 Public Safety Officers' Benefits and Required Actions

- Review Public Safety Officers' Benefits and any line-of-duty death information to determine whether specific actions must occur, such as autopsy, toxicology, blood work, or other documentation.
- If applicable, advise the family that an autopsy may be required to qualify for certain death benefits.

- Notify county, state, and federal agencies if a line-of-duty death is suspected or if notification is required by policy or law.
- Notify appropriate union representatives.
- Consult legal counsel, human resources, risk management, workers' compensation, and benefits staff before making definitive statements about eligibility or benefits.

8.5 Department Notification

Following family notification, the department should notify personnel using coordinated, accurate, and respectful messaging. In-person notification is preferred for the affected station, shift, or work group, especially where close relationships exist.

- Notify shift members and close coworkers first, in person when possible and with peer support available.
- Make the initial announcement with a balance of "need to know" and rumor control.
- Have PVST members present for support to potentially distressed personnel.
- Avoid mandatory psychological debriefing models. Support should be available, encouraged, and voluntary.
- State only confirmed, essential facts. With family permission, the fact that the death was a suicide or reported suicide may be stated clearly to limit rumors, but must be done respectfully and without detail.
- Do not mention method, specific location, who found the person, whether a note was left, or why the person may have died by suicide.
- Provide a phone number, helpline, peer support contact, or other help-seeking pathway with the announcement.
- Follow the initial in-person notification with a written email or department message restating the themes of support, privacy, respect, and available resources.

8.6 Immediate Crew and Work Group Support

- Provide a private meeting for the immediate crew or affected work group.
- Have peer support, chaplain, clinician, EAP, or other resources available.
- Consider allowing members to leave work, modify duty, or adjust schedules as necessary.
- Make reasonable efforts to contact affected personnel who are off duty.
- Identify those who were close to the deceased, present at the scene, involved in the response, or experiencing current stressors.
- Begin informal triage to ensure those most affected are connected promptly to peer support, chaplaincy, clinical support, or other appropriate resources.

9. Short-Term Priorities: Within 24 Hours

9.1 Support Resource Deployment

- Deploy peer support, chaplain, and behavioral health resources to the affected station or work group and, if appropriate, to all stations.
- Distribute written and digital resources including crisis numbers, local counseling partners, EAP information, peer support contacts, and confidential support guidance.
- Normalize emotional responses and permit time to grieve. Emphasize that no one is expected to simply carry on as usual.
- Initiate department-wide check-ins over the first 72 hours.

- Request assistance from surrounding peer support teams, CISM, chaplains, clinicians, state resources, or national organizations if internal capacity is strained.

9.2 Communication and Rumor Control

- Designate one point of contact, preferably the Fire Chief, Deputy Chief, Fire Administrator, or PIO, to verify facts and disseminate information.
- Share only confirmed, essential information.
- Respond quickly to speculation and emphasize accurate, respectful communication.
- Coordinate internal and external messaging so that family, department members, union leadership, and civilian leadership receive consistent information.
- No employee should speak to the media or post online about the event unless authorized.
- Department social media content must adhere to applicable department policy and safe suicide communication practices.
- Use respectful, non-stigmatizing language. Preferred terms include “died by suicide” or “lost their life to suicide.”

9.3 Civilian, Union, and External Leadership Notification

- Notify local civilian leadership, such as commissioners, city council, county administration, or other appropriate officials, as soon as possible after family notification.
- Notify union leadership according to department protocol.
- Provide standardized talking points to ensure messaging is aligned and consistent.
- Advise leadership to avoid speculation, graphic details, method, or statements that unintentionally assign blame.

9.4 Public Information Officer and External Messaging

- Designate a single PIO for public statements.
- Keep statements respectful and factual.
- Protect the family’s privacy.
- Avoid glamorizing, sensationalizing, or detailing the method of death.
- Provide resources to the public as appropriate, such as 988, 211, and Crisis Text Line.
- Coordinate with the family regarding timing and content of any public statement when possible.
- See Appendix C

Safe Public Discussion Themes

• Express sadness at the fire service’s loss and acknowledge the grief of survivors.

• Emphasize that suicide is preventable and help is available.

• State that the department wants personnel to seek assistance when distressed, including those affected by the loss.

• Encourage personnel to be attuned to those who may be grieving or having a difficult time, especially those close to the deceased.

• Provide a brief reminder of warning signs and support resources.

• Make clear distinctions between the person's life, service, and positive qualities and the act of suicide itself.

10. Intermediate Priorities: 24–72 Hours

10.1 Operational Stability

- Modify staffing and request mutual aid if necessary to ensure continuity of operations.
- Assess whether the affected station, unit, or shift requires temporary relief, schedule modification, or additional leadership support.
- Balance operational readiness with the emotional wellness and safety of affected personnel.
- Ensure supervisors understand that immediate performance changes may reflect acute grief or stress responses.

10.2 Identification of Higher-Risk Individuals

Exposure to a suicide death can increase risk for some personnel, particularly those with close relationships or current stressors. The department should identify and support potentially vulnerable individuals without labeling, shaming, or breaching confidentiality.

- Close friends, partners, and crew members.
- Members who responded to the scene or were present when the body was found.
- Members who had recent conflict, discipline, or difficult interactions with the deceased.
- Personnel experiencing recent personal stressors, relationship strain, legal or financial stress, grief, substance misuse, or known behavioral health concerns.
- Personnel expressing guilt, anger, shame, hopelessness, or responsibility.
- Probationary firefighters and newer members, who may be more vulnerable during postvention and should be actively included in wellness outreach.
- Retirees, former crew members, and previous station or work group members who may have been close to the deceased.

The PVST should develop a "family tree" within the department, meaning the network of people most connected to the member who died. This may include current station and shift, previous stations, specialty teams, training academy peers, union members, close supervisors, and informal peer groups. Establishing this list helps connect those who may be most affected with support.

10.3 Clinical, Peer, Chaplain, and EAP Support

- Provide several days of on-site peer assistance when appropriate.
- Encourage voluntary discussions and informal check-ins.
- Avoid mandatory psychological debriefing.
- Bring in clinicians experienced with first responders when possible.
- Offer confidential one-on-one support opportunities.
- Share information about EAP, occupationally competent clinicians, peer support, chaplaincy, crisis lines, and other resources.

- Leave business cards, handouts, self-assessment tools, and resource information at affected stations or work areas.
- Ensure there is a clear process for connecting members to clinical treatment if self-assessments, check-ins, or supervisor observations suggest a behavioral health concern.

10.4 Family Support

- Continue support through the assigned Family Liaison.
- Assist with immediate practical needs such as meals, transportation, childcare, or coordination with trusted supporters.
- Help the family understand what department team members may contact them and why.
- Protect the family from unwanted media exposure.
- Provide benefit navigation support, but avoid making promises about benefits until eligibility is confirmed.
- Maintain appropriate boundaries so the Family Liaison is not overwhelmed or placed in the position of providing clinical care.
- See Section 15-16

10.5 Funeral and Memorial Planning

Funerals and memorials are important opportunities to support grief and connection. They can also carry risk if the suicide is glamorized or if the death is presented as a noble, inevitable, or understandable response to distress. Planning should balance honoring the member's life and service with safe messaging.

- See Appendix D

11. Long-Term Response: Weeks to Months

11.1 Continued Check-Ins and Outreach

- Match one or more peer supporters to the affected firehouse, shift, station, or work group.
- During the first week, peer supporters should check in regularly and attempt to connect with as many affected members as possible.
- Over the next several months, peer supporters may visit weekly or every two weeks based on need and department capacity.
- Supervisors should monitor members while respecting privacy and avoiding intrusive questioning.
- Clinical symptoms may emerge weeks or months after the death, with a critical period often occurring between 2 and 4 months.

11.2 Delayed Reactions and Support-First Response

Postvention should recognize that behavioral changes may reflect grief, trauma exposure, or difficulty coping. When possible and appropriate, respond with support first and discipline only when needed for safety, policy, or operational reasons.

- Positive drug screens, aggression, alcohol misuse, self-medicating behaviors, poor work performance, withdrawal, or conflict may indicate difficulty coping with the loss.
- Supervisors should consult PVST, behavioral health, EAP, human resources, and leadership to identify supportive options.
- Members may request modified duty, shift adjustments, or confidential leave following the event.

- Confidentiality should be protected according to policy and law.

11.3 Common Reactions to Prepare For

A wide range of emotional, behavioral, and cognitive reactions may occur after a suicide death. These reactions should be anticipated and normalized, while ensuring that support and referral pathways are available.

- Anger, shame, frustration, lack of understanding, guilt, grief, sadness, numbness, anxiety, or confusion.
- Belief that suicide is a sign of weakness, which should be addressed with accurate, compassionate, and strengths-based messaging.
- Self-medicating behaviors or increased substance use.
- Withdrawal from crew, family, or usual routines.
- Difficulty sleeping, concentrating, or returning to normal performance.

11.4 Continued Family Support

- Maintain connection through the Family Liaison as appropriate and based on family wishes.
- Continue to provide information about benefits, department processes, ceremonies, and resources.
- Refer non-beneficiaries such as extended family members, fiancé(e)s, boyfriends/girlfriends, or other close supports to community-based services or discuss options with behavioral health consultants.
- Maintain boundaries and ensure the Family Liaison has support and backup.
- Document follow-up services provided to the family.

11.5 Concluding the Formal Postvention Process

- After several weeks, or as determined by the department, the PVST Leader may recommend phasing out the formal postvention response.
- Meet with affected employees and, where appropriate, family members to provide a closing discussion and confirm resources remain available.
- Reinforce that grief after suicide may take longer to process and that support remains available at any time.
- If desired by the station, work group, or family, plan periodic or monthly check-ins between 6 months and 1 year.

12. Continuing Actions: Months to One Year and Beyond

12.1 Anniversaries and Milestones

- Anniversaries and milestones, including 1 month, 6 months, and 1 year, may be periods of increased risk or emotional activation.
- Prepare for milestone dates in advance and ensure incoming leadership is briefed if assignments change before a milestone.
- Promote healthy behaviors, peer support, and connection during these periods.
- Any anniversary recognition should be thoughtful, optional, and safe, avoiding glorification or reliving the death.
- Unless customary to include the entire unit, those most affected, including family members, may conduct anniversary-related remembrance privately.

12.2 Training, Culture, and Prevention

- Review or implement annual training in suicide awareness and prevention.
- Provide peer support skills training and ongoing support for peer supporters.
- Educate personnel on stress, trauma, grief, substance use, and pathways to confidential help.
- Strengthen behavioral health access programs, EAP pathways, peer support processes, and clinician referral networks.
- Promote a culture that normalizes help-seeking, early support, and mental health conversations.

12.3 Evaluation and Institutional Learning

Evaluation should be used to strengthen systems, not assign blame. The department should review the response, identify policy and training implications, and update the SOG as needed.

- Document lessons learned.
- Update SOG/SOPs for future postvention responses.
- Evaluate communication, leadership response, family support, peer support, clinical support, operational continuity, and follow-up.
- Assess whether system implications require policy, staffing, training, or program changes.
- Provide feedback to helping agencies about the quality and timeliness of support so future responses can improve.
- See Appendix E

13. Roles and Responsibilities

Fire Administrator / Fire Chief / Designee

- Activate the PVST and oversee the response.
- Arrange to meet with the immediate family to express the department's sorrow and offer assistance.
- Determine who will accompany leadership for family notification.
- Consider staging an ALS unit nearby, out of view, if appropriate.
- Ask whether the department can notify other immediate family members.
- Advise the family of available support systems and the department's process for assistance.
- Protect the family from unwanted media exposure.
- Review PSOB/line-of-duty benefit considerations and required actions.
- Notify appropriate county, state, federal, civilian, and union leadership as needed.
- Ensure department notification occurs after family notification.
- Increase senior leadership presence in affected work areas when appropriate, initially fairly intensive and decreasing over approximately 30 days or as appropriate.

Postvention Support Team Leader

- Coordinate the overall postvention response.
- Notify and convene PVST members.
- Track assignments, decisions, and follow-up needs.
- Coordinate support to stations, affected work groups, family liaison, and leadership.
- Consult with behavioral health, peer support, chaplaincy, union leadership, and external resources.
- Lead after-action review and SOG updates.

Family Liaison Officer

- Serve as the primary department point of contact for the family.
- Maintain consistent, respectful communication with the family.
- Assist with logistics, immediate needs, benefits contacts, funeral coordination, and department processes.
- Set clear boundaries and delegate tasks when appropriate to avoid becoming overwhelmed.
- Maintain appropriate professional boundaries and refer clinical needs to qualified providers.
- Coordinate with leadership so all personnel supporting the family have the latest information.

Peer Support / Chaplain / Behavioral Health / EAP

- Provide support to affected personnel and work groups.
- Assist with informal triage to identify those most affected.
- Offer voluntary individual or group support and referral pathways.
- Support leadership in safe messaging, grief normalization, and resource distribution.
- Provide consultation regarding memorial planning and contagion risk.
- Ensure support is available for peer supporters, chaplains, and clinicians involved in the response.

Public Information Officer

- Coordinate all public statements.
- Protect family privacy and avoid method details, speculation, or sensationalism.
- Provide resource information as appropriate.
- Coordinate with leadership, family liaison, legal counsel, and civilian leadership.
- Monitor media and social media concerns and advise leadership.

Honor Guard Commander / Funeral IC

- Be notified as part of PVST activation.
- Coordinate ceremonial components when appropriate and consistent with family wishes.
- If applicable, mobilize Honor Guard or Pipes and Drums to the hospital, incident scene, medical examiner's office, or funeral events.
- Consult PVST and behavioral health supports to ensure memorial practices honor the person's life without glamorizing the suicide event.

Union Representative

- Coordinate with leadership and PVST to support members.
- Assist with communication, benefits awareness, and member needs.
- Support a consistent message regarding care, confidentiality, and help-seeking.

Company Officers / Supervisors

- Communicate accurately and respectfully with personnel.
- Address speculation quickly.
- Monitor crew members and report concerns through appropriate channels.
- Encourage connection to peer support, chaplaincy, EAP, or clinical care.
- Model healthy grief and help-seeking.

14. Key Considerations

Support: Provide practical assistance to affected personnel and family members. Link affected individuals to support resources. Consult clinicians, peer support, CISM, chaplaincy, and others to identify effective support methods. Provide local and national resources and crisis hotlines, including EAP.

Legislation and Policy: Address local, state, and federal workplace notification and reporting requirements. Consult legal counsel about privacy, confidentiality, workplace safety, occupational health and safety, potential coroner or medical examiner processes, and benefit-related requirements.

Rumors: Manage rumors through timely, accurate, respectful, and careful communication. This is especially important if personnel witnessed the death or were involved in finding the decedent.

Vulnerable Individuals: Personnel with current life stressors or who were directly involved may be more vulnerable. Ensure they are aware of resources, check in regularly, and monitor service usage and well-being when appropriate.

Grief: Grief is individualized and complex. Normalize a wide range of emotions, provide guidance on healthy coping, check in more often than usual, and model healthy grieving.

Perceptions: Personnel and families may perceive that a suicide death is handled differently than other deaths. Leadership should be mindful of this and focus on communication, healing, and fairness.

Restoration: Allow personnel space to grieve while helping the work group return to stability and productivity. Leaders must attend to their own self-care and the well-being of their teams.

Balance: Memorials following suicide require sensitivity. Balance honoring a firefighter's life with avoiding memorialization of the suicide event itself.

Leadership: Competent, compassionate leadership through crisis increases trust and department cohesion.

Milestones and Anniversaries: Prepare for anniversaries and other milestones. If leadership changes before a milestone, incoming leadership should be briefed.

Honor: Honoring the individual's life and contributions can facilitate healing. Activities should follow safe memorialization practices and avoid glamorizing the death.

Resilience: Consult PVST and EAP regarding steps to strengthen resilience, help-seeking, and suicide prevention.

Feedback: Ensure helping agencies receive feedback about quality and timeliness of support so future postvention responses improve.

Evaluation: Evaluate training, education, policy, communications, family relationship, support flow, and organizational learning needs.

15. Working with Families

15.1 Overview

Following a suicide, the department's interaction with the family is one of the most critical components of the response. These interactions shape trust, influence long-term relationships, and impact both the family's experience and the department's culture.

15.2 Key Principles

- Lead with compassion, presence, and consistency
- Prioritize the family's wishes, pace, and preferences
- Assign a single point of contact (Family Liaison)
- Maintain privacy and dignity at all times
- Recognize that needs will evolve over time

15.3 Practical Tips for Working with Families

DO

- Communicate in person whenever possible, especially early on
- Use clear, simple language, avoiding jargon
- Allow space for silence, emotion, and repeated questions
- Offer support in manageable steps, not all at once
- Check in regularly without being intrusive
- Coordinate internally to ensure consistent messaging
- Respect cultural, spiritual, and family-specific preferences
- Support immediate needs such as meals, logistics, and childcare
- Support longer-term needs such as benefits and memorial decisions

DO NOT

- Overwhelm the family with information or decisions
- Provide unconfirmed or speculative details
- Make promises that cannot be guaranteed
- Assume what the family needs or wants
- Disappear after the initial response period
- Allow multiple department members to contact the family independently

15.4 Role of the Family Liaison

The Family Liaison should:

- Serve as the primary and consistent point of contact
- Coordinate all department communication with the family
- Assist with benefits navigation, memorial planning, and logistical needs
- Act as a buffer from media and external pressures
- Maintain appropriate professional boundaries

16. Family-Related Challenges and Considerations

Working with families after a suicide can present unique and complex challenges. Preparing for these realities helps prevent unintentional harm and supports a more effective response.

16.1 Common Challenges

1. **Emotional Complexity**
   - Families may experience grief, anger, confusion, and guilt
   - Reactions may shift rapidly or seem contradictory
2. **Stigma and Privacy Concerns**
   - Some families may not want the cause of death disclosed
   - Some families may struggle with how the death is discussed publicly
   - Departments must balance transparency and respect for privacy
3. **Misinformation and Rumors**
   - Families may hear conflicting information
   - Social media can amplify inaccuracies
   - This requires clear, consistent communication
4. **Expectations of the Department**
   - Families may expect immediate answers, ongoing involvement, or specific forms of recognition
   - These expectations may not always align with policy or feasibility
5. **Memorial and Honor Considerations**
   - Families may request honors similar to line-of-duty deaths
   - Departments must balance honoring the individual with avoiding practices that may increase suicide risk
6. **Long-Term Engagement**
   - Needs do not end after the funeral
   - Families may seek continued connection or prefer distance
   - This requires flexibility and respect

16.2 Response Strategies

- Set clear, compassionate expectations early
- Use one coordinated communication pathway
- Reinforce respect, support, and transparency within limits
- Seek guidance when needed from legal, behavioral health, and leadership partners

17. Self-Care for the Postvention Team and Supporting Personnel

17.1 Overview

Supporting a department and family after a suicide places significant emotional, cognitive, and operational demands on those involved in the response. Members of the Postvention Support Team, leadership, peer supporters, chaplains, clinicians, Family Liaison, and others may be exposed to intense grief, repeated storytelling, and high expectations. Without intentional support, these individuals may experience cumulative stress, role strain, compassion fatigue, or burnout.

17.2 Key Considerations

- Exposure to others' grief and trauma can lead to secondary traumatic stress
- Individuals in support roles may minimize their own needs while prioritizing others

- Role strain may occur when balancing operational responsibilities with emotional support
- Expectations from personnel, family members, and leadership can be high and, at times, competing
- Postvention team members may also be personally affected by the death

17.3 Practical Self-Care Strategies

DO

- Rotate responsibilities when possible to reduce prolonged exposure
- Encourage PVST members to take breaks and step away when needed
- Utilize peer support, chaplaincy, or clinical consultation for PVST members
- Maintain regular check-ins within the PVST to assess workload and well-being
- Set realistic expectations regarding availability and response capacity
- Support boundaries between professional responsibilities and personal time

DO NOT

- Assume those in support roles are unaffected by the event
- Allow a single individual to carry the majority of family or personnel support
- Overextend key personnel without relief or backup
- Ignore signs of fatigue, irritability, withdrawal, or emotional distress in team members

17.4 Leadership Responsibilities

Leadership should:

- Monitor the well-being of those implementing the response
- Normalize help-seeking among PVST members and leadership
- Ensure backup personnel are available for critical roles
- Reinforce that stepping back when needed is appropriate and supported
- Conduct a brief internal check-in after the most acute phase of the response to identify support needs among the support team

Appendix A: Full Operational Checklist

This checklist is designed to assist leaders in guiding the response to suicide deaths and suicide attempts. It augments local policy and supports leader judgment. It does not address every possible contingency.

Immediate Priorities (Immediately Following Event Discovery)

- Provide emergency care if appropriate.
- Take affected unit and/or station out of service.
- Notify chain of command, Communications/Dispatch Center, Postvention Support Team Leader, and Fire Chief.
- Secure the scene and notify law enforcement.
- Arrange to notify family. Senior leadership should notify in person if possible, with assistance from the PVST.
- Offer assistance from the department.
- Identify department representative to act as liaison to the family.
- Document initial actions and assignments.

Short-Term Priorities (Within 24 Hours)

- PVST Leader notifies all PVST members.
- Notify peer support team, clinician, chaplain, and EAP as appropriate.
- Review PSOB/line-of-duty death information and determine if any specific actions must occur, such as autopsy or blood work.
- Consult with PVST and PIO to prepare announcement to department and coworkers.
- Provide support to immediate crew, including a private meeting if appropriate.
- Have support resources available and consider allowing members to leave work or modify duty schedules as necessary.
- Notify staff starting with shift members and close coworkers, in person when possible.
- Notify department personnel through a coordinated message that acknowledges the death, avoids describing the method, and emphasizes support resources.
- Ensure civilian leadership and union leadership are informed.
- Designate one point of contact to verify facts and disseminate information.
- Share only confirmed, essential information.
- Draft external messaging through a single PIO.
- Provide resources such as 988, 211, Crisis Text Line, EAP, peer support, 2nd Alarm Project, UCF RESTORES, and local supports.
- Whether communicating internally or externally, avoid method details, specific location, who found the body, whether a note was left, or why the member may have died by suicide.

Intermediate Priorities (24–72 Hours)

- Modify staffing and request mutual aid if necessary.
- Request assistance from surrounding peer support, CISM, chaplains, or clinicians as necessary.
- Provide several days of on-site peer assistance when appropriate.
- Encourage voluntary discussions; avoid mandatory debriefs.
- Bring in first responder–competent clinicians and offer confidential one-on-one sessions.

- Identify higher-risk individuals including close friends, scene responders, those present at discovery, and personnel with recent stressors or guilt.
- Continue internal messaging reinforcing that suicide is complex and not the fault of coworkers.
- Provide information about visitation, memorial services, and resources.
- Continue family support including immediate financial needs, practical needs, and benefits navigation.
- Follow up the work center announcement with an email to the affected community restating support themes.
- Increase senior leadership presence in the work area initially and taper over approximately 30 days as appropriate.
- Begin memorial planning with the family, mental health consultation, chaplaincy, peer support, mentors, chain of command, and leaders with postvention experience.

Long-Term Priorities (Weeks to Months)

- Continue check-ins on members.
- Supervisors monitor their members while respecting privacy.
- Provide increased peer support interactions.
- Allow members to grieve and watch for delayed reactions.
- Match peer supporters to affected firehouse or work group.
- Maintain follow-up over months; consider weekly or biweekly outreach based on need.
- Arrange for remembrance in ways that support connection and avoid contagion risk.
- Review policies and culture, including workload, staffing, behavioral health programs, access to care, and barriers to help-seeking.
- Use referrals to PVST assets for grieving coworkers.
- Refer non-beneficiaries who are struggling to community-based services or consult mental health/medical authorities.
- Prevent imitation suicides by avoiding memorial practices that may produce adulation of the suicide event.

Continuing Actions

- Plan for anniversaries, including 1 month, 6 months, and 1 year.
- Acknowledge anniversaries through careful internal messaging when appropriate.
- Review or implement annual training in suicide awareness and prevention, peer support skills, and stress/trauma education.
- Document lessons learned.
- Update SOG/SOPs for future responses.
- Maintain a culture that normalizes mental health conversations and help-seeking.

Appendix B: Resource List and Customizable Support Directory

Departments should customize this resource list with local contacts, hours, and eligibility requirements. Resources should be distributed in both written and digital formats.

Immediate Crisis and Support Resources

- 988 Suicide & Crisis Lifeline: Call or text 988
- Crisis Text Line: Text HOME to 741741
- 211 Resource Hotline
- 911 if there is immediate danger

Fire Service and Behavioral Health Resources

- Department Peer Support Team: _____
- Department Chaplain: _____
- Employee Assistance Program: _____
- Local first responder–competent clinicians: _____
- UCF RESTORES: UCFRestores.com

Family and Benefits Resources

- Payroll section / Clerk and Comptroller
- Risk Management
- Florida Retirement System: 866-446-9377
- Public Safety Officers' Benefits: 888-744-6513
- IAFF Member Services
- Deferred Compensation / 457 plans
- Department Benevolent Fund
- Private insurance claims such as AFLAC, USAA, or other carriers

Appendix C: Communication Templates and Scripts

All communication should be adapted to the specific incident, reviewed by leadership and the PIO (when available), and coordinated with the family when possible. Messaging should prioritize accuracy, respect, and support while avoiding method details, speculation, or graphic information.

C.1 Initial Internal Notification

DO	DO NOT
Communicate in person whenever possible	Do not share method details
Share confirmed information only	Do not speculate
Acknowledge the loss respectfully	Do not minimize impact
Make support resources visible	Do not rush communication
Allow flexibility for personnel	Do not leave members without support

C.2 Department-Wide Message

DO	DO NOT
Use clear and consistent language	Do not include method details
Acknowledge impact on department	Do not sensationalize
Reinforce privacy expectations	Do not assign blame
Highlight support resources	Do not allow conflicting messages
Coordinate through PIO	Do not overload with detail

C.3 Follow-Up Communication

DO	DO NOT
Reinforce ongoing support	Do not assume recovery is complete
Normalize varied reactions	Do not stop communication early
Encourage peer check-ins	Do not ignore delayed reactions
Maintain ongoing communication	Do not minimize continued impact
Use steady supportive tone	

C.4 Family Notification

DO	DO NOT
Lead with compassion	Do not rush
Communicate in person	Do not speculate
Assign Family Liaison	Do not use impersonal language
Respect family wishes	Do not overpromise
Allow space for emotion	Do not overwhelm with logistics

C.5 External / Media

DO	DO NOT
Use designated PIO	Do not release sensitive details
Keep statements brief and factual	Do not share method, location specifics, note details, images, or speculation.
Use respectful language such as “died by suicide.	Do not post before family notification is confirmed.
Emphasize privacy	Do not speculate
Include help resources when appropriate.	Do not allow unauthorized communication
Ensure consistency	Do not react impulsively
Focus on the person’s life and service, not the manner of death.	

Appendix D: Funeral and Memorial Planning Guidance

See: **State of Florida Contingency Plan for Notifications and Services Member Serious Injury or Death**

Published xx/xx/xxxx, available at:

Appendix E: Evaluation and After-Action Review Tool

Evaluation should be completed after the formal postvention response has stabilized and again after longer-term follow-up. It should be used for organizational learning and system improvement.

- Was the death related to any system implications?
- Is there an area of practice that needs improvement?
- What lessons were learned?
- What are the policy implications?
- What further education is required?
- What staff perceptions, needs, or health concerns should be assessed?
- How effective was the management response?
- How effective were communications?
- What system or policy follow-up is needed?
- How effective was the relationship with the family?
- How well did information flow to and from all parties?
- What are the mechanisms of evaluation, and will input be anonymous?
- Who can provide input?
- Who is responsible for preparing the evaluation, conducting it, reviewing information, debriefing leadership, and ensuring follow-up?
- How long should supports remain in place?
- What level of ongoing support is needed?

Appendix F: One-Page Officer Quick Reference

Time	Officer Priorities	Do Not
Immediate	Ensure emergency care, remove unit if needed, notify chain of command, secure scene, activate PVST, protect privacy.	Do not speculate, share details, post online, or allow unsupported crew to remain isolated.
Within 24 hours	Support family notification, notify affected crew in person if possible, deploy peer/chaplain/clinical support, provide resources.	Do not describe method, specific location, who found the body, notes, or reasons.
24–72 hours	Identify close peers and vulnerable members, maintain staffing, continue messaging, support family, begin safe memorial planning.	Do not require psychological debriefing or create memorials that glamorize the death.
Weeks to months	Continue check-ins, monitor delayed reactions, support return to stability, maintain family liaison, document lessons.	Do not assume everyone is “back to normal” after services are over.
Ongoing	Prepare for anniversaries, update training, evaluate response, revise SOG, strengthen prevention systems.	Do not lose institutional memory or miss milestone risk periods.

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