



# Fire Chiefs' Association of Broward County

## Standard Operating Guidelines

**Number: 102**

**Issue Date: 6/06/2005**

**Revision Date: 9/29/2020**

**Total Pages: 13**

**Subject: Memorial Service for a Firefighter and Fallen Public Safety Officer Transfer Case**

**Issued FCABC Board: Downey, McNamara, Turpel, Sayles**

### **I. Purpose:**

The purpose of this guideline is to ensure proper management as it relates to assistance, and guidance with regard to delegated responsibilities in the event of the death of a firefighter in the tri-county area. Our first and foremost intention is to support the members of the affected family (making sure we are identifying and meeting their needs to the extent possible) and pay proper tribute to the fallen while following the traditions of the fire service.

### **II. Intent:**

To ensure that the Fire Department offers assistance to the deceased member's family by:

- A. Determining the family's wish as it relates to the fire department's assistance and/or participation in the Memorial Service.
- B. Identify the levels of service (Honors) available to the family for the memorial ceremony.

### **III. General Information:**

- A. The Federation of Fire Chaplains has established a thorough guide titled "Chaplains Manual for Fire Department Funerals". This 78-page document identifies and describes the processes for performing a fire service funeral. This guide is extremely extensive and will ensure that the intent of this policy is carried out with utmost dignity and delivery perfection.

The Fire Chiefs' Association of Broward County (FCABC) recommends the exclusive use of this manual. Based on these guidelines, the President of the FCABC will provide guidance and notification to all agencies on the level of honors for the fallen firefighter. The manual is located via: <https://www.firehero.org/wp-content/uploads/2014/05/chaplainsmanual.pdf>

### **Fallen Public Safety Officer Transfer Case:**

### **VII. Introduction:**

In an effort to establish a standard procedure for transporting the remains of a deceased active member of fire rescue or an active law enforcement officer as a result of a Line of Duty Death (LODD), or Non-Line of Duty Death, the following policy is supported and adopted by the FCABC.

### **VIII. Overview:**

The following policy was developed by the Mutual Aid & Communications Committee of the FCABC and the Broward County Medical Examiner's Office. The policy is intended to provide a guideline for each fire rescue and law enforcement agency in Broward County the means to request a Fallen Public Safety Officer Transfer Case for safe transportation of the fallen Public Safety Officer from the incident scene or hospital to the Medical Examiner's Office or Funeral Home, utilizing a rescue truck.

### **IX. Procedure:**

#### **I. Storage and location of Transfer Cases**

The FCABC has purchased three Galvanized Steel Fallen Public Safety Officer Transfer Cases, two of which are stored at the Broward Sheriff Fire Rescue (BSOFR) Logistics Warehouse, located at 2308 B Southwest 42<sup>nd</sup> Street, Dania Beach, FL 33312. The other case is located at the Broward Medical Examiners Office, located at 5301 SW 31st Ave, Fort Lauderdale, FL 33312. Each case is stored with six (6) pair of white uniform ceremonial gloves, along with an American Flag for draping over the case during transport.

#### **II. Procedure for Requesting Transfer Cases(s)**

1. In the event of a Line of Duty Death or Non-Line of Duty Death, the AHJ or their designee will make contact with the Broward Sheriff's Office Regional Communication Central Duty Officer by calling 954-476-4730, to activate the "LODD ALERT". The following information will need to be provided: Agency Name, Contact Person, Contact Telephone Number, Number of Cases requested, and Location where the Transfer Case(s) are required.
2. Contact the Broward Medical Examiner's Office investigator by calling 954-357-5245 to advise of the request.
3. Once a "LODD ALERT" is received, a member of the BSOFR Logistics Staff will make contact with the requesting agency to work out all of the specifics for receiving of the Transfer Case(s).

#### **III. Procedure for Transporting LODD Public Safety Officer(s)**

1. If the receiving location is at the incident scene, a residence, or a hospital, and the death falls under FS 406.11, the Medical Examiner **must** be on scene and complete with their investigation or at the discretion of the Medical Examiner Investigator prior to the removal of the Public Safety Officer.
  - a. The Fallen Public Safety Officers remains will be placed in a zippered body bag, sealed, and then placed in the Transfer Case by the Medical Examiner staff for transport to the Medical Examiner's Office in the assigned rescue truck.
2. Once the Public Safety Officer's remains have been placed inside the LODD Transfer case, the American Flag that was delivered with the case will be draped over the case and secured with the supplied flag cord.
3. A minimum of six (6) pall bearers are needed to safely handle the Transfer Case. It is **recommended** that all pall bearers be wearing white uniform ceremonial gloves while handling the Transfer Case with the remains of the Public Safety Officer to maintain the proper dignity and respect.
4. The Transfer Case is meant to be transported in the back of a rescue truck, on top of the stretcher, whether a manual or auto-load type.
5. Once an agency has completed using the Transfer Case(s), arrangements need to be made with BSOFR Logistics to return them to storage. Contact can be made by calling, 954-327-8715.

**IV. Notification:**

It is recommended the Fire Chief or designee of the organization make the death notification. The Fire Chief or designee will also make the determination of mourning bands to be worn or not and for how long for their respective agency. Based on the Chaplains Manual for Fire Department Funerals, the President of the FCABC will provide guidance and notification to all agencies on the level of honors for the fallen firefighter.

**V. Special Considerations:**

Many members of the emergency services may have served or may currently serve in the military or may be part of an organization or group that may want to participate in the services. If this is the case, and the family wishes to allow this, we need to pay attention to the tradition of a military service or the request of the other organizations. Coordination of these groups needs to be done early in the planning stage with the family present.

Please note that military protocol calls for all active duty and veterans of the armed services upon the time of death will be provided a cotton 5 x 9 ½ United States flag to be presented to the family. The flag may be draped over the casket with the stars across the left shoulder. Nothing is to be placed on top the flag. Only active duty and veterans of the armed services or line of duty are to receive this honor.

For active duty and veterans of the armed services United States flags will be provided by the Veterans Administration (the funeral homes will have details on how to contact them).

**VI. Firefighter Last Wish Form Attachment 1:**

As a preparatory measure the fire department request that every member of our organization fill out a “Last Wish Form”. The intent of this form is to relieve family members from making decisions during this very stressful time. The fire department, in conjunction with the Union and Benevolent Representatives, will assist the member’s family to achieve everything within our power to fulfill the request as stated in the last wish form. If no form is on file we will contact the member’s family to the best of our ability to assist with whatever we can.

During the entire process the fire department, Union and Benevolent Representatives will keep the family in the forefront of planning and decision making. Before any plan is implemented, the deceased member’s family will have the final say regarding any or all elements of the services. A liaison will be assigned to the family 24/7.

## **Attachment 1**

# **FIREFIGHTER'S LAST WISH**

Being prepared for the unexpected is a way of life for firefighters. The hazardous environment we enter each and every day brings great rewards, but it also brings danger. No one expects to be injured or killed in the line of duty, but it does happen.

The purpose of having our personnel complete this form is similar to that of a lawyer encouraging all families have a written will. Information you provide regarding your final wishes will greatly alleviate the burden on your family and it should serve to ease your own mind in that you know your wishes are in writing and on file. It is just one more way to "be prepared."

The information you provide will be used only in the event of your serious injury or death in the line of duty. Please take the time to discuss your wishes with your loved ones and fill this form out completely and accurately. The data will help the department take care of your family.

This confidential form will be completed and/or updated annually, sealed by you, and then retained in a locked file in the administrative offices. The envelope will not be released or made available to anyone except in the event of death or serious injury, and only on order of the Fire Chief or designee.

**Personal Information**

**Name:** \_\_\_\_\_  
*First Middle Last*

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Hire:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Employee ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*(Street Address)*

**City/Town:** \_\_\_\_\_      **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ ( ) - \_\_\_\_\_      **Alternate Phone:** \_\_\_\_\_ ( ) - \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_  
*(City/Town) (State)*

\_\_\_\_\_      \_\_\_\_\_  
*(County) (Country)*

**Marital Status:**       Married \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_       Never Married       Widowed  
*(Date)*       Domestic Partner       Divorced





**Children – Information on all of your children**

	NAME	Date of Birth	Name of School or Employer	Lives with Member?	Contact # (if doesn't reside with member)
1					
2					
3					
4					
5					
6					

**If you are divorced, and want your ex-spouse(s) to be notified, please provide the necessary information:**

	NAME	Contact #	Address
1			
2			

**Other Place of Employment**

Contact:  Yes  No

Business: \_\_\_\_\_

Address \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_



## General Information

ITEM	YES	NO	COMMENT
Veteran? Location of Military Discharge Papers (DD214) _____	<input type="checkbox"/>	<input type="checkbox"/>	Branch: _____ Serial Number# _____
Entitled to a military funeral?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you request a military funeral?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you attend a local church/synagogue?  Cleric: _____  Comment: _____	<input type="checkbox"/>	<input type="checkbox"/>	Denomination: _____ Affiliation Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____
Is someone else making arrangements for your funeral different from your spouse/significant other?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____
Would you like your pastor/cleric to be contacted?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you like your personal pastor/cleric to officiate the service?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you like your personal pastor/cleric assist in the officiating of the service?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you like the department's chaplain to officiate the service?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you wish to have another person officiate at the graveside service?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____

## General Information – continued

ITEM	YES	NO	COMMENT
Member of a Fraternal Organization? Name: _____ If yes, is their participation requested?	<input type="checkbox"/>	<input type="checkbox"/>	Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____
Burial Preference?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a pre-paid burial/internment arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	With Whom: _____
Cremation Preference?	<input type="checkbox"/>	<input type="checkbox"/>	
Preference for whom to receive the ashes?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
If cremation, is there a preference for disposition of the ashes?	<input type="checkbox"/>	<input type="checkbox"/>	Home: <input type="checkbox"/> Cemetery: <input type="checkbox"/> Scattering: <input type="checkbox"/>
Is there a cemetery preference? Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____
Has a cemetery plot been purchased?	<input type="checkbox"/>	<input type="checkbox"/>	Plot Number: _____
Is there a funeral home preference?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____
Do you request a fire department funeral?	<input type="checkbox"/>	<input type="checkbox"/>	
Open casket?	<input type="checkbox"/>	<input type="checkbox"/>	
If open, type of clothing?	<input type="checkbox"/>	<input type="checkbox"/>	Uniform: <input type="checkbox"/> Civilian: <input type="checkbox"/>
Name of person to deliver the eulogy.	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____
Do you want the Honor Guard to be pallbearers? COMMENTS: _____	<input type="checkbox"/>	<input type="checkbox"/>	If No – Please list preferences for pallbearers: • _____ • _____ • _____ • _____
Do you desire flowers?	<input type="checkbox"/>	<input type="checkbox"/>	
Wedding band stays on?	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses stay on?	<input type="checkbox"/>	<input type="checkbox"/>	
Earrings or other misc. jewelry stays on?	<input type="checkbox"/>	<input type="checkbox"/>	

## General Information – continued

ITEM	YES	NO	COMMENT
<p>Are flowers to be omitted in lieu of a favorite charity, agency, or organization (s)?</p> <p>Name: _____</p> <p>Name: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Address: _____            City: _____ State: _____            Zip: _____            Phone #: _____</p> <p>Address: _____            City: _____ State: _____            Zip: _____            Phone #: _____</p>
<p>Do you desire the American Flag on your casket? (If Entitled)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Do you have a favorite song?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Name: _____</p>
<p>Do you have a favorite poem?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Name: _____</p>
<p>Do you have a favorite reading?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Reading: _____</p>
<p>Do you have a favorite Bible Verse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Verse: _____</p>
<p>Do you have a Will?</p> <p>Date of Will? _____/_____/_____</p> <p>Location of Will:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Executor/Executrix: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone #: _____</p>
<p>Do you have an attorney?</p> <p>Name: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone #: _____</p>
<p>Does someone hold Power of Attorney for you?</p>			<p>Name and Contact #</p>
<p>Do you have a physician?</p>			<p>Name and Contact #</p>
<p>In the event you are unable to communicate after a serious injury, do you want extraordinary efforts used or continued to prolong your life?</p>			<p>You should consider a living will with your directions.</p>
<p>Do you wish a life-prolonging decision left to a family member? Have you discussed this with your loved one?</p>			<p>Specify the family member and the relationship:</p>
<p>Do you have a life insurance policy?</p>			<p>Which company, or where are the documents located?</p>
<p>Where are your important documents kept?</p>			



**Family Liaison Officer (s) (FLO)**

<p><b>POSITION</b></p>	<p><b>NAME</b> (Please list two people to act as a FLO)</p>
<p>Family Liaison Officer (s) (FLO) (To share responsibilities if needed)</p>	<p>Primary: _____ Secondary: _____</p>
<p>Notification Officer (s)</p> <p>Do you wish to have anyone else accompany one of the Notification Officers?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Name: _____ Phone #: _____</p>	<p>Personnel designated to advise your spouse/significant other/family of death:</p> <p>_____</p>