FRBH OVERVIEW

Protecting **First Responders by** ***Serving*** **Public Safety Organizations.**

The American Board of First Responder Behavioral Healthcare

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An independent nonprofit standards-development organization

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OCCUPATIONAL PSYCHOLOGICAL HAZARD PROTECTION

A practical approach to protecting public safety personnel from a known job hazard

The idea is simple: If the exposure is predictable, the protection should be too.

Police officers, firefighters, EMS personnel, dispatchers, corrections professionals, and other public safety personnel routinely encounter events that can create significant psychological exposure.

Organizations have invested heavily in resources to help — EAP, peer support, behavioral health, chaplaincy, critical incident programs, wellness initiatives, and others.

OPHP does not replace those programs. It supplies the organizational structure around them.

THE GAP

Many existing systems depend on the individual recognizing that something is wrong and taking the first step:

> **Something happens → Employee experiences difficulty → Employee asks for help → Resources respond**

That is an important safety net, but it is still primarily a **response posture**.

Occupational Psychological Hazard Protection (OPHP) adds a **readiness posture**:

> **Known exposure occurs → Organization recognizes it → Protection activates → Employee chooses whether to participate**

WHAT DOES OPHP ACTUALLY DO?

OPHP applies established occupational safety logic to occupational psychological hazards:

- **Identify the hazard — decide in advance which events count.**
- **Evaluate the exposure — decide who confirms one happened, and when.**
- **Control the risk — decide what is offered, by whom, and how quickly.**
- **Document the action — keep a record of the event and the response.**

Noise, chemicals, and bloodborne pathogens are all handled this way. Nothing here is new except the hazard. EAP, peer support, behavioral health providers, and chaplains perform the third function, with expertise OPHP neither replaces nor duplicates. They were never designed to perform the other three. OPHP supplies those.

WHAT THIS REQUIRES OF AN ORGANIZATION

No new staff. No new vendor. No new contract. The resources are already in place. Three of the four functions are documentation, so most of the work is writing down decisions the organization is already making case by case, under pressure, after the call.

The rest is naming who is responsible and reviewing it the way any other safety program is reviewed.

A SAFETY FUNCTION, NOT A WELLNESS PROGRAM

OPHP does **not** replace existing programs, diagnose employees, mandate treatment, or require personnel to participate in services.

This is not a wellness expenditure. It is a hazard control.

Wellness programs are discretionary by design. They are offered, funded when budget allows, and used at the individual's initiative. Occupational safety works differently. A known hazard carries documented criteria, assigned responsibility, training, records, and leadership review — and it is funded, governed, and audited on that basis.

OPHP places predictable psychological exposure in the second system rather than the first. That is the change it asks an organization to make.

WHY THIS MATTERS WHERE PRESUMPTION LAWS EXIST

More than twenty states have enacted some form of PTSD presumption for first responder personnel, and others have removed the physical-injury requirement for psychological claims. Coverage, eligible personnel, and qualifying criteria vary from state to state.

That recognition addresses what happens after an injury. It does not tell an organization what to do before one.

Recognizing hearing loss as compensable is not a hearing conservation program.

Those four functions are the familiar response to any known hazard. For this one, the control exists. The other three generally do not.

FROM RESPONSE TO READINESS

TRADITIONAL APPROACH

> **"Help is available if you need it."**

OPHP APPROACH

> **"We know this exposure occurred. Our organizational response is already defined and activates because the exposure occurred — without requiring you to ask for help. Participation remains your choice."**

WHO IS FRBH?

The **American Board of First Responder Behavioral Healthcare (FRBH)** is an independent nonprofit standards-development organization. It publishes the FRBH National Standard for Occupational Psychological Hazard Protection (FRBH-OPHP-003), currently issued as a Provisional Field-Test Edition.

FRBH exists to help public safety organizations build consistent protection around predictable occupational psychological exposure.

The Standard. Implementation guidance. Tools. Technical assistance.

AVAILABLE AT NO COST.

The Standard, its supporting publications, and general technical assistance through the FRBH National Technical Assistance Center are free to any organization. FRBH does not assess, certify, or accredit organizations, and does not provide consulting services.

There is nothing to purchase. Comments on the Standard are welcome at info@frbh.org.

Predictable exposure deserves predictable protection.

FRBH | Occupational Psychological Hazard Protection (OPHP)