

FRBH OVERVIEW

Protecting First Responders by Serving Public Safety Organizations.



The American Board of First Responder Behavioral Healthcare

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American Board of First Responder Behavioral Healthcare

An independent nonprofit standards-development organization

1314 E. Las Olas Blvd, Suite 2046, Fort Lauderdale, Florida 33301
www.frbh.org | info@frbh.org

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OCCUPATIONAL PSYCHOLOGICAL HAZARD PROTECTION

A practical approach to protecting public safety personnel after a known job exposure

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 process that puts them to work after an exposure.

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**:

Qualifying exposure occurs → Organization recognizes it → Protection activates → Employee chooses whether to participate

WHAT DOES OPHP ACTUALLY DO?

OPHP answers one question: **an exposure occurred — what protection should the organization provide to the worker?**

The organization decides in advance, and writes down:

- **Which events count** — including four it may not leave out: line-of-duty deaths, mass casualty incidents, pediatric fatalities, and serious injury or death to personnel.
- **Who recognizes that one happened, and when.**
- **What is offered, by whom, and how quickly** — and that the worker is told participation is voluntary.
- **How personnel are protected from reprisal**, whether or not they participate.
- **What is recorded, and how leadership reviews it.**

EAP, peer support, behavioral health providers, and chaplains provide the support, with expertise OPHP neither replaces nor duplicates. OPHP supplies the organizational process that makes sure that support is offered every time a qualifying exposure occurs, without waiting for the worker to ask.

WHAT THIS REQUIRES OF AN ORGANIZATION

No new staff. No new vendor. No new contract. The resources are already in place. 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. It does not assess hazards or the design of work, and it does not claim to prevent PTSD.

This is not a wellness expenditure. It is a safety responsibility.

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 exposure carries documented criteria, assigned responsibility, training, records, and leadership review — and it is funded, governed, and audited on that basis.

OPHP places the organization's response to 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 when a qualifying exposure occurs.

Paying a claim after an infection is not a post-exposure protocol. Bloodborne pathogen programs act the moment a needlestick happens, before anyone knows whether harm occurred. OPHP applies that same logic to psychological exposure.

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 Version 3.1, a Provisional Field-Test Edition.

FRBH exists to help public safety organizations protect their personnel after 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.