FRBH NATIONAL STANDARD

FOR

OCCUPATIONAL PSYCHOLOGICAL HAZARD PROTECTION (OPHP)

Version 3.0 | August 2026

Protecting First Responders
by Serving Public Safety Organizations.

Published by:
American Board of First Responder Behavioral Healthcare
An independent nonprofit standards-development organization

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Not yet reviewed under an open multi-stakeholder consensus process.

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FRBH Board of Directors, which formally approved this edition. The National Advisory Council informally reviewed the draft and provided comments and edits prior to approval; see the Standards Development Disclosure for named Council participants and what remains outstanding before this edition reflects a completed open consensus process.

Standards Steward:

American Board of First Responder Behavioral Healthcare (FRBH). FRBH owns, maintains, and publishes this Standard.

Kalim Wigfall before the founding of FRBH. SFR itself, together with its associated instruments, measurement systems, methodologies, and materials, is separately owned by Wigfall Holdings, LLC. Those materials are not part of this Standard and are not required to achieve conformance with it. See Section D.5.

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Provisional Status Notice

This edition of the FRBH National Standard is designated a Provisional Field-Test Edition. It was formally approved by the FRBH Board of Directors following multidisciplinary review and comment by the FRBH National Advisory Council. It is being released to support voluntary implementation, field learning, public comment, and continued standards development.

The Standard has not yet completed FRBH's planned open multi-stakeholder consensus process. During the provisional period, FRBH will use implementation experience, field-validation findings, public comment, stakeholder input, and formal consensus review to inform subsequent revisions. Requirements contained in this edition may therefore be modified before publication of the first Consensus Edition.

Why This Edition Is Published Now

Public safety personnel are exposed to these hazards continuously, and the absence of a completed consensus process is not a reason to withhold a usable organizational framework from organizations that want one today. FRBH's judgment is that publishing an honestly labeled provisional edition, and stating plainly what it does not yet know, serves the field better than withholding the Standard until every developmental step is complete. This edition is published to be tested, not to be relied upon as settled.

What "Provisional" Means in Practice

- Organizations may voluntarily implement and assess conformity with this edition during the provisional period, recognizing that requirements may be revised as the standards-development process continues.
- No conformity assessment or accreditation program operates against this edition. FRBH's current priority is establishing the Standard itself. Organizations implementing this edition determine their own conformity under Chapter 3 by self-assessment.
- Where this edition is superseded, FRBH publishes a summary of what changed and why, so that organizations that adopted early can assess the impact on their existing conformity.
- No labor organization has yet reviewed this edition. FRBH regards this as the most significant limitation of the current development process, and public comment is open from the date of publication at info@frbh.org, in addition to the formal comment period described in Section D.3.

Field Validation

This edition has not yet completed independent field validation. FRBH is pursuing pilot implementation and external evaluation activities intended to assess the feasibility, acceptability, adoption, implementation, and operational performance of the OPHP framework in public safety settings. Findings from these activities will inform future revisions of the Standard. Until those activities are completed and findings are publicly reported, they should not be interpreted as establishing the effectiveness of the Standard.

What This Standard Does

In most trauma-exposed workplaces, psychological hazard is handled by waiting. Resources exist — an employee assistance program, a peer team, a chaplain — and personnel are told they are available. Nothing happens until the exposed person raises their hand.

That model asks the person carrying the exposure to also carry the responsibility for recognizing it and acting on it. It is not how any other foreseeable occupational hazard is managed.

This Standard applies the ordinary logic of occupational safety instead. A qualifying exposure occurs. The organization recognizes it, because it wrote down in advance what counts. The organization acts, because it wrote down in advance what it would do. The person is not required to disclose anything to receive the organization's response, and is protected from adverse action for having been exposed or for participating.

What changes in practice

- The organization documents which exposures trigger a response (Section 2.2), including four categories it may not narrow (Section 2.2.1).
- The criteria are developed with the people they cover, and reviewed with them (Section 2.2(j)).
- The organization documents what happens when one occurs, who is notified, and within what timeframe (Section 2.3).
- The organization coordinates the capabilities it already has, rather than building new ones (Section 2.4).
- Personnel retain the choice of whether to participate (Core Principle 3) and are protected from reprisal either way (Section 2.5.1).
- Leadership reviews whether the system is working, on a fixed schedule (Sections 2.6 through 2.8 and Section 3.6).

What this Standard does not do

It sets no clinical standard, requires no specific program, vendor, or intervention, makes no fitness-for-duty determination, and measures no individual's psychological condition. It measures whether the organization has a process and whether that process runs.

What it costs

Nothing. The Standard is published without charge, may be implemented at no cost to FRBH, and conformity does not depend on purchasing any service from FRBH or from anyone else (Section 3.9).

Foreword

Public safety organizations operate in environments where Occupational Psychological Hazard Exposure (OPHE) is an inherent and foreseeable condition of the profession. Exposure to fatalities, serious injuries, violence, disasters, human suffering, threats to personal safety, and other psychologically hazardous operational experiences cannot always be eliminated without compromising the mission.

Occupational safety is founded on the principle that organizations have a responsibility to protect workers from foreseeable occupational hazards. Rather than waiting for injury to occur, organizations establish governance, accountability, hazard recognition, protective measures, and continual improvement because predictable occupational hazards require predictable organizational protection.

These principles have long guided the management of physical workplace hazards. More recently they have been extended to psychosocial hazards generally, through instruments such as ISO 45003:2021 and Canada's CSA Z1003. What has not been widely codified is their operational application to public safety's predictable occupational psychological hazards — a dedicated national standard against which organizations can establish and demonstrate conformity. The FRBH National Standard applies established occupational safety principles through a nationally consistent organizational framework for protecting personnel from qualifying Occupational Psychological Hazard Exposure (OPHE). It is a public-safety-specific complement to those broader instruments, not a replacement for them.

The Standard establishes nationally consistent organizational expectations for Occupational Psychological Hazard Protection (OPHP) while preserving organizational flexibility in how those expectations are implemented. It recognizes that public safety organizations differ in mission, operational environment, governance structure, workforce, and available resources. Accordingly, the Standard defines what organizations are expected to establish rather than prescribing how those expectations must be achieved.

Central to this Standard is the recognition that not every occupational psychological hazard exposure warrants organizational activation. Public safety personnel routinely encounter difficult and stressful situations as part of their work. Each organization is responsible for establishing documented criteria that identify qualifying OPHE based on its own operational environment.

The Standard does not require organizations to create new workforce protection programs. Instead, it provides a nationally consistent organizational framework through which existing workforce protection capabilities may be organized, coordinated, and continually improved to protect personnel from qualifying Occupational Psychological Hazard Exposure.

This edition is published provisionally, in the interest of transparency about its development stage, while FRBH works toward the open, multi-stakeholder consensus process described in the Standards Development Disclosure.

About the American Board of First Responder Behavioral Healthcare (FRBH)

The American Board of First Responder Behavioral Healthcare (FRBH) is an independent nonprofit standards-development organization working to establish and maintain a National Standard for Occupational Psychological Hazard Protection (OPHP). FRBH's mission is to protect first responders by serving public safety organizations: it works with the organizations that employ public safety personnel, on the obligations those organizations carry, rather than delivering services to individuals. FRBH is a nonprofit corporation organized

under Florida law and is a confirmed 501(c)(3) tax-exempt public charity under IRC Section 509(a)(2), effective May 14, 2025, per IRS determination letter dated November 20, 2025 (EIN 33-1280695). As a Section 990/990-EZ/990-N filer, FRBH's future annual information returns will be publicly available, supporting external financial transparency as the organization matures.

The framework underlying this Standard originated as Sustained Functional Resilience (SFR), developed prior to the founding of FRBH by its founder, Dr. Kalim Wigfall, DBH, and was subsequently developed into Occupational Psychological Hazard Protection (OPHP) through two internal working revisions, described in Annex G, before this first external release. Dr. Wigfall served in the United States Coast Guard and subsequently as Director of the Employee Assistance Program and Deputy Director for Behavioral Health Services at Federal Occupational Health (FOH), a division of the U.S. Department of Health and Human Services (HHS). The multidisciplinary expertise that informed this edition is described in Section D.2, and the intellectual property position behind the framework's development, including FRBH's ownership of this Standard and the separate ownership of SFR, is set out in Section D.5.

FRBH intends to provide implementation support for the National Standard at no charge and on the same terms to all organizations. Implementation questions may be directed to support@frbh.org; institutional inquiries and comments on this Standard to info@frbh.org. FRBH owns, maintains, and publishes this Standard. FRBH does not perform conformity assessment, certification, or accreditation of any organization, does not operate any such program, and does not intend to establish one. Chapter 6 establishes the requirements applicable to any body that would assess conformity with this Standard; FRBH licenses, approves, recognizes, endorses, and lists no such body (see Section 3.9). During the provisional period, FRBH's Board of Directors serves as the standards adoption authority; the Standards Development Disclosure describes FRBH's stated roadmap toward a broader, independently governed consensus process.

Standards Development Disclosure

This section discloses how this Standard was developed and how FRBH intends to develop future editions, because a standard's credibility depends on the openness of the process that produced it.

D.1 Current Development Status (Informative)

This is Version 3.0, the first edition released outside FRBH, preceded by two internal working revisions (see Annex G). It was authored internally by FRBH and adopted by the FRBH Board of Directors. It has not been through an open public comment period, has not been balloted by a multi-stakeholder body with disclosed voting membership, and does not yet reflect documented sign-off from independent representatives of labor, agency management, clinical practice, risk management, or academic occupational-health research.

D.2 Standards Governance (Informative)

FRBH maintains defined separation among standards development, implementation support, fiduciary governance, and advisory functions. The Board of Directors is the fiduciary and governing authority responsible for stewardship of this Standard; the chief executive is not a member of the Board and attends at the Board's invitation. The National Advisory Council is a multidisciplinary, non-voting body supporting development and refinement of this Standard, separated from fiduciary governance. Executive Administration is responsible for institutional operations, implementation support, and publication of this Standard. FRBH publishes the composition of its Board of Directors and National Advisory Council separately from this Standard; current membership is available at www.frbh.org and, as a Section 990 filer, in FRBH's annual information return.

FRBH owns, maintains, and publishes this Standard. It does not itself perform conformity assessment, certification, or accreditation of any organization, and does not operate an accreditation program. FRBH publishes, in Chapter 6, the requirements applicable to any body that would assess conformity with this Standard, and licenses, approves, recognizes, and lists no such body — so that the body writing the Standard is neither the body deciding who has met it nor the body deciding who may decide. No entity in which a director, officer, chief executive, or founder of FRBH holds an interest, and no entity under common ownership or control with any of them, may perform such assessment or hold any financial interest in assessment outcomes.

The Board formally approved this edition on July 24, 2026, after the National Advisory Council informally reviewed the draft and provided comments and edits — informal review rather than a formal ballot or documented consensus vote. The participating subject-matter experts were Christopher Brown (occupational safety), Michael Zamperini (industrial and systems engineering), James Small (emergency medical services), Tamara Telles (public health), Keely Heyman (public safety communications), Eric Milstein (corrections), I. David Daniels, Ph.D. (fire service), and Eric Rhodes (law enforcement). Each member's sole institutional role at FRBH is service on the Council.

D.3 Outstanding Consensus Steps (Informative)

The following remain outstanding before this edition reflects a completed open consensus process:

- A documented formal balloting procedure for Council review, with a negative-vote or dissent resolution process.

- A minimum 60-day public comment period with dedicated outreach to labor organizations representing the disciplines within scope — at minimum fire service, law enforcement, emergency medical services, corrections, and public safety telecommunications personnel — given that no labor representative currently sits on the Council. FRBH's documented response to substantive comments, including those it declines to incorporate and why, would be published with it. FRBH intends to conduct this period alongside the field validation described in Annex F, meaning labor input is intended to shape the first consensus-reviewed edition rather than this one.
- Publication of an expanded, evidence-cited basis and rationale supporting specific normative requirements, building upon Annex E.
- Publication of anonymized benchmark information on qualifying OPHE criteria adopted by comparable organizations, giving them a peer reference point without limiting their flexibility under Section 2.2.

D.4 What This Means for Adopters (Informative)

Organizations adopting this edition are adopting a framework approved by FRBH's Board following informal review by eight named subject-matter experts, but not yet balloted or opened to public comment. Until the steps in Section D.3 are substantially complete, organizations should represent conformity as conformity with the FRBH Provisional Field-Test Edition rather than with an FRBH Consensus Edition.

The following wording is offered so that representations remain accurate and consistent across adopting organizations:

> *"[Organization] has implemented, and has determined by self-assessment under Chapter 3 that it conforms with, the FRBH National Standard for Occupational Psychological Hazard Protection, Version 3.0, Provisional Field-Test Edition (2026). No conformity assessment or accreditation program operates against this edition; the determination is the organization's own."*

D.5 Intellectual Property Governance (Informative)

The framework underlying this Standard originated with FRBH's founder, Dr. Kalim Wigfall, DBH, prior to FRBH's formation, under the name Sustained Functional Resilience (SFR), and was subsequently developed into Occupational Psychological Hazard Protection (OPHP).

This Standard, and the OPHP framework as embodied in it, are owned by FRBH, as are the FRBH name, seal, and marks. FRBH holds unrestricted rights to publish, maintain, revise, and administer this Standard, without continuing royalty, license fee, or payment obligation to Wigfall Holdings, LLC or to any other party.

Sustained Functional Resilience (SFR), together with its associated instruments, measurement systems, methodologies, parameter sets, scoring systems, software, curricula, and other proprietary materials, is separately owned by Wigfall Holdings, LLC. Those materials are not part of this Standard, are not owned by FRBH, and are not required to implement or conform with this Standard. Nothing in this Standard requires an organization to obtain, license, or purchase any SFR material.

This Standard is published as a public good, consistent with the founder's stated intent: it is available without charge, and organizations may implement and conform to it without payment to FRBH or to any other party.

Purpose

The purpose of this Standard is to establish nationally consistent organizational expectations for Occupational Psychological Hazard Protection by applying established occupational safety principles to predictable occupational psychological hazards, while this provisional edition remains open to material revision as field validation and consensus review proceed.

The Standard applies established occupational safety principles to occupational psychological hazards by defining the organizational expectations necessary to recognize qualifying OPHE, activate organizational protection, coordinate workforce protection capabilities, and support continuous organizational improvement.

Recognizing the diversity of public safety organizations, the Standard preserves flexibility in how organizations implement these expectations.

Scope

The FRBH National Standard applies to public safety organizations whose personnel encounter Occupational Psychological Hazard Exposure (OPHE) as a foreseeable condition of their work.

This Standard applies to all personnel who encounter OPHE in the course of duty on the organization's behalf, regardless of sworn status, licensure, employment classification, or whether the role is field-based. This includes sworn and non-sworn personnel, full-time and part-time staff, volunteers, and telecommunications and support personnel whose duties expose them to qualifying OPHE.

This edition does not address the families or household members of exposed personnel, or personnel following separation from the organization. Both are under consideration for future editions; see Annex I.

The Standard establishes organizational expectations for Occupational Psychological Hazard Protection (OPHP), including governance, recognition of qualifying OPHE, organizational activation, workforce protection coordination, leadership oversight, documentation, evaluation, continual improvement, and — new in this edition — legal and regulatory interface considerations (Chapter 4), revision and maintenance (Chapter 5), and the requirements applicable to any body that would assess conformity with this Standard (Chapter 6).

The Standard establishes organizational expectations and the basis on which conformity with them is determined. It does not establish, operate, or administer any conformity assessment, certification, or accreditation program, and no such program currently operates against it. Organizations determine their own conformity under Chapter 3. Chapter 6 establishes the requirements applicable to any body that would assess conformity with this Standard; those requirements apply to such a body and not to adopting organizations, and FRBH licenses, approves, recognizes, and lists no such body.

The Standard is organizational in scope. It does not establish standards for clinical care, diagnosis, treatment, fitness-for-duty determinations, employment decisions, or labor relations, and it does not by itself resolve how its documentation requirements interact with applicable confidentiality, disability, or labor law — organizations remain responsible for that legal review, informed by Chapter 4.

Statement of Principle

Occupational safety is founded on a simple principle: foreseeable occupational hazards require systematic organizational protection.

Public safety organizations routinely encounter predictable occupational psychological hazards that cannot always be eliminated without compromising their mission. Predictable occupational psychological hazards require predictable organizational protection — and, during this provisional period, predictable organizational protection frameworks require honest disclosure of their own developmental maturity.

Protection of that kind is a hazard control rather than a response to injury, and the responsibility for initiating it belongs to the organization rather than to the exposed individual.

Why Organizations Adopt This Standard (Informative)

This Standard measures organizational hazard-management process, consistent with how occupational safety frameworks are generally evaluated — it does not measure, and does not claim to measure, clinical or wellbeing outcomes for individual personnel. Adopting organizations should understand the value proposition in those terms:

- **Organizational responsibility for foreseeable hazards:** Public safety organizations operate within legal and organizational frameworks that require attention to foreseeable occupational hazards and workforce safety. Occupational psychological hazards are a foreseeable feature of many trauma-exposed public safety professions. This Standard does not create, define, or determine an organization's legal obligations. Rather, it provides a structured organizational framework for recognizing and managing predictable occupational psychological hazards that may assist organizations in addressing responsibilities arising under applicable occupational safety, employment, workers' compensation, and other law.
- **Addressing the gap between resource availability and organizational activation:** Many public safety organizations have invested substantially in EAPs, wellness programs, peer support, clinical resources, and related workforce supports. These resources are important, but their availability alone does not establish an organizational process for recognizing qualifying occupational exposure and activating appropriate workforce protection. This Standard addresses that organizational gap by establishing exposure-informed activation and coordination processes around existing resources rather than requiring organizations to create entirely new programs (see OPHP.1.4 and Annex C).
- **Normalization:** implementing a structured, governance-embedded response to predictable psychological hazard exposure changes how that exposure is treated organizationally — as an expected occupational condition requiring systematic protection, consistent with how physical hazards are already treated, rather than as an individual matter left to self-disclosure.
- **Risk management and organizational accountability:** Documented qualifying-OPHE criteria, activation procedures, and implementation records provide organizations with a structured means of demonstrating how predictable occupational psychological hazards are recognized and managed. Conformity requires evidence of consistent implementation; the existence of a written policy alone does not demonstrate conformity with this Standard.
- **Workers' compensation interaction:** a number of states have enacted presumption statutes for first-responder post-traumatic stress claims that require documented qualifying occupational exposure. Structured OPHE documentation maintained under Section 2.2 may help document occupational exposure of the kind such statutes address, though the specific evidentiary requirements vary by state and organizations should confirm applicability with counsel (see Chapter 4). Organizations should also recognize the converse. Once documented criteria and activation records exist, the absence of a record

may be raised against a claim, and an organization that fails to activate where its own criteria applied has created that gap itself. This is a further reason to set criteria against actual incident history rather than narrowly (Section 2.2.1), and to treat the request route in Section 2.2(g) as a real pathway rather than a formality.

These are presented as the organizational rationale for adoption, not as guaranteed legal or financial outcomes; their applicability depends on jurisdiction, consistent implementation, and factors outside this Standard's control.

How to Use This Standard

Public safety organizations may use this Standard to establish, evaluate, strengthen, or continuously improve their organizational approach to protecting personnel from qualifying OPHE, with the explicit understanding that this is a provisional edition.

Organizations are responsible for determining how the organizational expectations established by this Standard are implemented, and for independently assessing — with the assistance of legal counsel where appropriate — how those expectations interact with applicable state and federal law (Chapter 4).

Quick-Start Roadmap (Informative)

Chapter 2 defines what organizations must establish; Annex H provides ready-to-use tools for establishing it quickly, without designing a system from a blank page. Most organizations implementing this Standard for the first time will move through it in roughly this order:

- Governance (Section 2.1) — assign a single accountable owner, typically an existing officer rather than a new role. Small and volunteer organizations: see Annex H.3, Track 1.
- Recognition of Qualifying OPHE (Section 2.2) — defining qualifying exposure criteria can be one of the more complex implementation steps. Annex H.1 provides a three-tier starter template that organizations may adapt rather than developing criteria from a blank page.
- Organizational Activation and Coordination (Sections 2.3–2.4) — inventory what you already have (EAP, peer support, chaplain) and formalize existing informal notification practices; see Annex H.4 for a day-by-day 90-day sequence.
- Confidential Access (Section 2.5) — before finalizing anything, take the legal coordination checklist in Annex H.5 to counsel and labor representatives.
- Leadership Oversight, Evaluation, and Continual Improvement (Sections 2.6–2.8) — the review frequencies are fixed in Section 3.6, not left to guesswork.
- Conformity (Section 2.9) — Section 3.7 defines what counts as sufficient evidence, so organizations can self-assess against an objective standard rather than an impression of readiness.

Annex H.4 provides an illustrative 90-day implementation sequence for organizations beginning implementation with an identified accountable owner and existing workforce protection capabilities. Actual implementation timelines will vary based on organizational size, governance, operational environment, workforce structure, labor requirements, available resources, and existing organizational capabilities.

Chapter 1 — Foundational Concepts

OPHP.1.1 Occupational Safety Principles

Occupational safety is founded on the principle that organizations have a responsibility to protect workers from foreseeable occupational hazards. This responsibility is fulfilled by establishing governance, organizational accountability, hazard recognition, protective measures, evaluation, and continual improvement designed to prevent or reduce harm arising from the work itself.

Public safety organizations routinely encounter predictable occupational psychological hazards as an inherent condition of their mission. Historically, these hazards have been addressed primarily through behavioral health services, wellness initiatives, Employee Assistance Programs, peer support, chaplaincy, and other workforce support capabilities. While these resources remain essential, the operational application of occupational safety principles specifically to predictable occupational psychological hazards in public safety has not been widely codified.

Occupational Psychological Hazard Protection (OPHP) applies established occupational safety principles to predictable occupational psychological hazards by establishing nationally consistent organizational expectations for governance, organizational recognition, activation, coordination, leadership oversight, evaluation, and continual improvement.

OPHP.1.1.1 Position in the Hierarchy of Controls

Occupational safety ranks control measures by how far they depend on the individual worker. Elimination and substitution remove the hazard. Engineering controls separate people from it. Administrative controls change how work is organized so that the hazard is managed by the system. Personal protective equipment, the lowest tier, depends on the exposed person using it correctly at the moment of exposure. Higher controls are preferred because they fail less often and fail less severely.

Applied to predictable occupational psychological hazards in public safety, the hierarchy resolves as follows.

- Elimination and substitution are largely unavailable. The exposure is the mission. An organization that does not respond to fatal incidents, violence, or disaster is not performing its function.
- Engineering controls are limited but real. Assignment practice, call rotation, staffing levels, workload distribution, and the concentration of particular incident types on particular personnel can be influenced, and organizations should do so where operationally possible.
- Administrative controls are the level at which OPHP principally operates. The organization determines in advance which exposures qualify, what it will do, who is notified, and within what period — and then does it. The control is the organizational process, not the individual response to it.
- Measures that depend on the individual — awareness campaigns, warning-sign recognition, gatekeeper training, and self-referral to available resources — sit at the lowest tier. They are the functional equivalent of personal protective equipment: useful, often necessary, and dependent on the exposed person or a colleague recognizing a condition and acting correctly at the moment it matters.

Ranking these measures at the lowest tier is not a judgment of their worth. Personal protective equipment is mandatory, funded, and protective of life in the programs that rely on it; the hierarchy ranks controls by how far they depend on the exposed person acting correctly at the moment of exposure, not by how much they

matter. Awareness efforts, peer support, employee assistance programs, suicide prevention initiatives, and resilience training are important, and this Standard relies on them as part of the workforce protection capabilities an organization coordinates under Section 2.4. What distinguishes them from organizational hazard controls is that they do not operate unless an exposed person or a colleague initiates them.

This Standard claims the administrative control level and claims no more than that. It does not eliminate the hazard, and conformity should not be represented as having done so. Its position is that a foreseeable occupational hazard presently managed almost entirely at the lowest tier of the hierarchy can be managed at a higher one, and that established occupational safety practice indicates it should be.

The structure is not novel. Two long-established occupational safety programs are built the same way. In hearing conservation, a defined action level triggers mandatory organizational monitoring and response without the worker reporting any hearing loss. In bloodborne pathogen exposure protocols, a defined exposure incident triggers organizational action before any harm is present and regardless of how the exposed worker feels. In both, the trigger is the exposure, and the duty falls on the employer.

One further feature of those programs is carried over deliberately. Hearing conservation contains two separate functions: exposure monitoring, which is not a medical activity, and audiometric surveillance, which is. This Standard is built on the first. It does not establish medical surveillance, and nothing in it requires, authorizes, or supports the clinical evaluation of an individual.

OPHP.1.1.2 Hazard Control Distinguished from Injury Response

Organizational responses to psychological hazard in public safety have been predominantly injury-response measures. They engage after harm has occurred or is suspected, and they are usually engaged by the affected person. Employee assistance programs, clinical referral, behavioral health benefits, and support requested after an incident are all of this kind. They are necessary, and this Standard neither displaces nor diminishes them.

Hazard control operates earlier and on a different trigger. It engages on the occurrence of a defined exposure rather than on the appearance of a symptom, a request, or a diagnosis. It requires no determination that anyone has been harmed, because it makes no such determination.

This is also the distinction between a workforce wellness function and an occupational safety function. A wellness function makes resources available and measures their availability and uptake. A safety function identifies a foreseeable hazard, defines the exposure that triggers a duty, discharges that duty on a documented basis, records what it did, and reviews whether the system performed. OPHP is the second. It belongs within the organization's safety system, is governed as safety is governed, and is evaluated as safety is evaluated — not as a benefit, a program offering, or a service.

The practical consequence is a different set of questions. A wellness function asks how many people used the service. A safety function asks how many qualifying exposures occurred, in how many of them the organization did what it had said it would do, and how quickly. The second question can be answered from organizational records without reference to any individual's condition, which is why this Standard asks it.

OPHP.1.1.3 Allocation of Responsibility

Under an injury-response model, the operative responsibility rests with the exposed individual: to recognize their own condition, to judge it serious enough to act on, to know what is available, and to ask for it. That

allocation is not applied to other foreseeable occupational hazards, and there is no principled basis for applying it to this one.

A further consequence follows where statutory presumptions apply. Where a psychological injury is presumed to be work-related whenever a claim is made, the benefit available to the individual does not diminish with delay, while the professional cost of disclosure — to assignment, to advancement, and in some roles to continued eligibility for the position — is incurred at the moment of disclosure. An allocation that leaves initiation to the individual therefore sets the incentive against early recognition, which is the point at which organizational action is most likely to be useful. Placing the responsibility to initiate on the organization removes that calculation from the individual entirely.

Under this Standard the responsibility to act is the organization's, and it arises upon recognition of a qualifying exposure rather than upon request. It is not discharged by the existence of workforce protection capabilities, by publicizing them, or by encouraging their use. It is discharged by recognizing an exposure the organization has itself defined in advance and doing what the organization has documented it will do.

Autonomy over participation is not the same as responsibility for initiation. Personnel retain full autonomy over whether to participate in anything offered (Core Principle 3) and are protected from adverse organizational action whether they participate or not (Section 2.5.1). This Standard moves the responsibility for initiation to the organization and leaves the choice with the individual.

Nothing in this Standard restricts personnel from seeking support on their own initiative, and organizations should preserve and publicize routes for them to do so. Section 2.2(g) requires that an affected individual be able to request activation. The point of this Standard is that the organization's duty does not wait for that request.

OPHP.1.1.4 The Functions of a Hazard Control

Established occupational safety logic addresses a recognized hazard through four functions: identify the hazard, evaluate the exposure, control the risk, and document the action. This Standard applies that logic to occupational psychological hazards.

Hearing conservation performs all four, and so do bloodborne pathogen exposure protocols — the same two programs identified in Section OPHP.1.1.1. The functions do not change with the hazard; the exposure and the control do.

This Standard is organized on those four functions. Section 2.2 provides for identifying the hazard in advance. Sections 2.2 and 2.2.1 establish the criteria against which an exposure is evaluated. Section 2.3 provides the control. Sections 2.3 and 3.7, together with Annex A, provide for documenting the action.

The four functions also describe what an existing workforce protection capability does and does not do. Employee assistance programs, peer support teams, chaplaincy, and awareness or resilience training perform the control function, and perform it with expertise this Standard neither replaces nor duplicates. They were not designed to identify the hazard in advance, to evaluate an exposure against criteria set beforehand, or to document what followed. A hazard the organization does not identify cannot be controlled by the organization, and an action that is not documented cannot be demonstrated. Section 2.4 coordinates those capabilities; this Standard supplies the three functions around them.

An instrument that performs all four functions for this hazard would meet the same structural expectation, whether or not it is this Standard.

OPHP.1.2 Occupational Psychological Hazard Protection (OPHP)

Occupational Psychological Hazard Protection (OPHP) is a framework for applying established occupational safety principles to the systematic management of exposure to occupational events, incidents, or operational experiences encountered in the course of duty that present a foreseeable potential for psychological impact.

OPHP is organizational in scope. It does not establish standards for clinical care, diagnosis, treatment, fitness-for-duty determinations, employment decisions, labor relations, or professional behavioral health practice.

The objective of OPHP is to strengthen workforce protection, organizational readiness, operational continuity, and long-term workforce sustainability by ensuring that qualifying OPHE is managed through consistent, governance-based organizational processes founded upon established occupational safety principles.

OPHP.1.3 Occupational Psychological Hazard Exposure (OPHE)

Occupational Psychological Hazard Exposure (OPHE) is exposure to occupational events, incidents, or operational experiences encountered in the course of duty that present a foreseeable potential for psychological impact. OPHE describes occupational exposure to the hazard; it does not describe psychological injury, diagnosis, impairment, or an individual's response to that exposure.

Organizations establish documented qualifying OPHE criteria identifying which occupational psychological hazard exposures warrant organizational activation under this Standard, reflecting the organization's mission, operational environment, foreseeable occupational psychological hazards, workforce, and organizational responsibilities. The normative expectation giving effect to this is established in Section 2.2, and the minimum floor it must incorporate in Section 2.2.1.

OPHP.1.4 Relationship to Existing Occupational Safety Frameworks

This Standard extends established occupational safety principles to a domain — public safety — for which no dedicated, profession-specific U.S. standard currently exists against which an organization can establish and demonstrate conformity. It is intended to complement, not supersede, existing broader frameworks addressing psychosocial risk generally:

- ISO 45003:2021, "Occupational health and safety management — Psychological health and safety at work," provides international guidelines for managing psychosocial risk within occupational health and safety management systems generally, without profession-specific requirements for public safety.
- NIOSH's Total Worker Health approach addresses work organization and job design as sources of occupational risk, functioning as research-informed guidance rather than a standard against which organizational conformity is determined.
- CSA Z1003, Canada's National Standard for Psychological Health and Safety in the Workplace, defines organizational factors relevant to psychological health broadly, without a public-safety-specific exposure framework.

In the United States, employer obligations in this area arise primarily through the OSHA General Duty Clause, applicable state law (such as workplace violence prevention statutes), workers' compensation, and employment litigation, rather than through a dedicated federal psychosocial-hazard rule.

A fuller discussion of this Standard's basis and its relationship to the frameworks above, including its relationship to U.S. public safety consensus standards and accreditation programs, appears in Annex E.

OPHP.1.5 Core Principles

1. Predictable Occupational Psychological Hazards Require Organizational Protection

Public safety organizations routinely encounter predictable occupational psychological hazards as an inherent condition of their mission. When occupational psychological hazards are foreseeable, organizations have a responsibility to establish systematic organizational protections appropriate to their operational environment.

2. Organizational Responsibility Begins with Qualifying Exposure

Occupational Psychological Hazard Protection is initiated through the recognition of qualifying OPHE, not through the identification of psychological symptoms, diagnosis, or individual disclosure.

2A. The Duty to Act Is Organizational

Responsibility for initiating organizational protection rests with the organization and arises upon recognition of qualifying OPHE. It is not discharged by the availability of workforce protection capabilities, and it is not transferred to personnel by informing them that those capabilities exist. Personnel retain autonomy over whether to participate; they do not carry responsibility for initiating the organization’s response. The normative expectations giving effect to this principle are established in Sections 2.2 and 2.3.

3. Organizational Protection Preserves Workforce Autonomy

Activation of OPHP establishes an organizational responsibility to make workforce protection capabilities available. Except where otherwise required by law or by an applicable collective bargaining agreement, personnel retain autonomy regarding participation in available services and resources.

3A. Recognition and Participation Are Protected from Reprisal

Consistent with established occupational safety practice — including the requirement in comparable frameworks that organizations protect workers from reprisal for reporting hazards — recognition of qualifying OPHE and participation in workforce protection capabilities are protected from adverse organizational action. This principle protects the safety-recognition and support-seeking behavior this Standard is designed to encourage. The normative expectation giving effect to it is established in Section 2.5.1.

4. Governance Provides Accountability

Effective OPHP requires clearly defined governance, leadership accountability, documented organizational processes, defined responsibilities, oversight, and continual evaluation.

5. Existing Workforce Protection Capabilities Are Strengthened Through Coordination

OPHP complements existing workforce protection capabilities rather than prescribing specific program models.

6. Organizational Learning Strengthens Protection

Organizations should routinely evaluate implementation, identify opportunities for improvement, incorporate operational learning, and strengthen OPHP through continual improvement.

7. Flexibility Supports Consistent National Expectations

This Standard establishes nationally consistent organizational expectations while preserving flexibility in implementation.

8. Developmental Transparency Supports Legitimate Adoption

Because this edition is provisional, FRBH discloses the developmental status of the Standard, the intellectual property and governance structure behind it, the status of field validation activity, and the questions it has not yet resolved, so that adopting organizations can make an informed decision about adoption and can accurately represent their conformity to third parties. Effect is given to this principle by the Standards Development Disclosure, Annex F, and Annex I, and by FRBH's obligations as steward under Chapter 5.

OPHP.1.6 Definitions

Activation Exercise

A documented tabletop or simulated exercise of an organization's activation procedures under Section 2.3, conducted under Section 2.3.1 to verify those procedures function as documented in the absence of a genuine qualifying OPHE activation.

Affected Personnel

The personnel an organization identifies as having experienced a qualifying OPHE for the purpose of organizational activation under Section 2.3. The organization determines who is included. Depending on the incident, this may extend beyond personnel physically present at a scene to include telecommunications personnel who handled the incident, personnel who responded in a supporting or secondary role, and other personnel exposed in the course of duty.

Adverse Organizational Action

Discipline, demotion, reassignment, denial of promotion or specialized assignment, alteration of duty status, or any comparable employment consequence.

Accreditation Body

A body that accredits conformity assessment bodies against international standards for conformity assessment. FRBH is not an accreditation body, does not accredit any body, and does not recognize accreditation bodies.

Assessment Body

A body that assesses, certifies, accredits, or otherwise determines or attests to an organization’s conformity with this Standard, or that represents itself as doing so. Requirements applicable to an assessment body are established in Chapter 6. No assessment body is licensed, approved, recognized, or listed by FRBH.

Conformity Assessment Scheme

The documented rules, procedures, and management by which a party other than the adopting organization would determine whether that organization meets the requirements of this Standard. This Standard

establishes, in Chapter 6, the requirements applicable to any body operating such a scheme. It does not establish a scheme, operate one, or authorize any party to operate one, and no scheme currently operates.

Continual Improvement

An ongoing organizational process used to evaluate, strengthen, and improve OPHP through organizational learning, operational experience, and periodic review.

National Advisory Council

The multidisciplinary, non-voting body of named subject-matter experts that reviews and contributes to this Standard, as described in D.2.

Occupational Psychological Hazard Exposure (OPHE)

Exposure to occupational events, incidents, or operational experiences encountered in the course of duty that present a foreseeable potential for psychological impact.

Occupational Psychological Hazard Protection (OPHP)

The systematic organizational application of established occupational safety principles to predictable OPHE through governance, documented organizational processes, workforce protection coordination, and continual improvement.

Organizational Activation

The implementation of the organization's established OPHP processes following recognition of qualifying OPHE. Organizational activation is an action taken by the organization. It imposes no requirement on affected personnel: automatic organizational action does not mean mandatory employee participation, and participation in workforce protection capabilities remains voluntary under Core Principle 3 and Section 2.5.1 except where otherwise required by law or by an applicable collective bargaining agreement.

Public Safety Organization

An organization whose personnel provide emergency response, law enforcement, fire and rescue, emergency medical, corrections, public safety communications, or emergency management services. Where a single entity operates multiple such disciplines, it may implement this Standard as one organization or discipline by discipline, provided the scope of its implementation is documented.

Qualifying OPHE Criteria

The documented organizational principles and operational criteria used to determine which OPHE warrants organizational activation under this Standard.

Self-Assessment

The organization's own determination of its conformity with this Standard under Chapter 3, based on objective evidence it creates and retains. Self-assessment is the only method of determining conformity available under this edition.

Workforce Protection Capabilities

The organizational resources, services, programs, personnel, and processes available to support OPHP following qualifying OPHE.

Normative requirements are contained in Chapter 2; in those conformity provisions of Chapter 3 that establish mandatory requirements for review frequency, objective evidence, conformity determination, nonconformity, and corrective action; in Chapter 5, which establishes binding obligations of FRBH as steward of this Standard rather than of adopting organizations; and in Chapter 6, which establishes requirements applicable to any body that would assess conformity with this Standard rather than to adopting organizations. All other provisions of this Standard are informative unless expressly designated otherwise.

Chapter 2 — Organizational Expectations

This chapter establishes the core organizational expectations for OPHP. Sections 3.6–3.8 define the review frequency, evidence sufficiency, and nonconformity classification that make each "shall" statement below objectively auditable rather than a matter of assessor discretion. Where this chapter uses "periodically," the specific interval is fixed in Section 3.6, not left open-ended.

2.1 Governance

Organizational Expectation (Normative)

The organization shall establish, implement, maintain, and periodically review governance for OPHP. The governance framework shall:

a) assign executive accountability;

b) define organizational authority;

c) establish implementation responsibilities;

d) establish oversight responsibilities;

e) identify responsibility for organizational evaluation;

f) support continual improvement;

g) provide for re-designation of the accountable executive without undue delay where that role becomes vacant; and

h) be periodically reviewed.

Implementation Guidance (Informative)

Governance establishes organizational accountability for OPHP. Governance may be integrated within existing occupational safety, occupational health, workforce wellness, behavioral health, risk management, or other organizational governance structures. Small or volunteer organizations: see Annex H.3, Track 1, for combining this role with an existing officer position. Paragraph (g) exists because the governance review interval in Section 3.6(a) runs to 24 months, and without it an accountable-owner vacancy could persist for most of a review cycle while the organization remained technically conformant.

Examples of Evidence of Conformity (Informative)

- Governance policy
- Executive designation, and any re-designation following a vacancy
- Organizational chart
- Governance committee charter
- Governance review documentation

2.2 Recognition of Qualifying OPHE

Organizational Expectation (Normative)

The organization shall establish documented qualifying OPHE criteria. The documented criteria shall:

a) identify foreseeable occupational psychological hazards associated with the organization's mission;

b) define qualifying exposure events, exposure patterns, or cumulative exposure conditions;

c) incorporate, at minimum, the floor set of qualifying single-event triggers established in Section 2.2.1, without narrowing them;

d) establish organizational activation criteria;

e) reflect the organization's operational environment;

f) identify organizational responsibilities following activation;

g) include a documented means by which organizational activation may be requested, including by the affected individual, where the criteria in this section are not met, and without requiring justification tied to diagnosis or symptoms;

h) be communicated to personnel;

i) be periodically reviewed;

j) be developed and periodically reviewed with documented consultation of personnel who encounter the hazards addressed and, where personnel are represented, of their designated representatives; and

k) either include at least one criterion based on cumulative or repeated exposure, expressed as a threshold the organization can verify from data it already maintains, or document the absence of such a criterion as a known limitation together with a target date for addressing it.

Implementation Guidance (Informative)

Organizations determine which occupational psychological hazards warrant organizational activation based upon their operational environment and documented qualifying OPHE criteria, subject to the floor established in Section 2.2.1. Annex H.1 provides a ready-to-use three-tier model (objective single-event triggers, count-based cumulative-exposure proxies, and a discretionary safety net) that satisfies this section without requiring criteria to be drafted from scratch; the Tier 3 discretionary route in Annex H.1 is one way of satisfying paragraph (g). Paragraph (j) applies to OPHE criteria the worker consultation and participation requirement found in comparable occupational safety management-system standards — for example, ISO 45001 Clause 5.4, which requires consulting non-managerial workers in hazard identification and risk assessment specifically. Personnel closest to the hazard are best positioned to identify what actually warrants organizational activation, and criteria developed without them are more likely to be both wrong and resented. Consultation does not require agreement and does not transfer responsibility for the criteria away from the organization. What it requires is that the people the criteria cover have an opportunity to comment before adoption and at each periodic review, and that the opportunity is documented.

Paragraph (g) exists because objective criteria, however carefully drafted, will not anticipate every circumstance; the route it requires must be usable by the affected person directly, not only by a supervisor on that person's behalf. Paragraph (h) exists because personnel who do not know what qualifies cannot use the route required by paragraph (g). That route addresses circumstances the documented criteria do not reach; it is not a mechanism for raising that the organization failed to act on criteria that were met. Whether the Standard should provide such a mechanism is an open question stated in Annex I, Q5.

Examples of Evidence of Conformity (Informative)

- Written qualifying OPHE criteria
- Activation matrix
- Standard operating procedures

- Leadership approval documentation
- Dated workforce communication distributing the criteria
- Periodic review records

2.2.1 Minimum Floor Criteria (Normative)

Organizational Expectation (Normative)

An organization's qualifying OPHE criteria under Section 2.2 shall include, at minimum, organizational activation for the following categories of single-event exposure, adapted to the organization's mission. An organization may adopt broader or additional criteria; it shall not adopt criteria narrower than this floor.

Any numeric threshold used to operationalize a minimum-floor category shall be reasonable, documented, and supported by the organization's mission, operational environment, foreseeable exposure profile, and available incident history. A threshold that materially limits activation without a documented operational basis shall constitute objective evidence of nonconformity with this section under Section 3.8.

a) any line-of-duty death;

b) any mass casualty incident, with the specific casualty threshold defined by the organization based on its operational environment;

c) any pediatric fatality encountered in the course of duty; and

d) any incident resulting in serious injury or death to organizational personnel.

Implementation Guidance (Informative)

This floor exists because a purely self-defined-criteria model, without a minimum, would allow an organization to set criteria narrow enough to rarely or never activate while remaining technically conformant. The floor addresses this directly: it establishes a small set of categories that are common across public safety disciplines, severe enough that organizational activation is unambiguously warranted, and infrequent enough that requiring activation for them does not create administrative burden. This floor corresponds directly to the Tier 1 objective single-event triggers in Annex H.1; an organization that adopts the Annex H.1 Tier 1 model satisfies this section without additional drafting. The floor does not limit an organization's ability to define a broader or more sensitive set of criteria, including the cumulative-exposure criteria addressed in Annex H.1, Tier 2, which remain organization-defined above this floor. Whether cumulative exposure should carry a minimum floor of its own is an open question stated in Annex I.

2.3 Organizational Activation

Organizational Expectation (Normative)

The organization shall establish documented organizational activation procedures following recognition of qualifying OPHE. Activation procedures shall:

a) identify who is responsible for recognizing that qualifying OPHE has occurred, and the point at which that recognition occurs;

b) define organizational notification procedures;

c) assign implementation responsibilities;

d) establish workforce protection coordination;

e) define documentation requirements;

f) identify leadership notification requirements;

g) define the timeframe within which notification and coordination occur following recognition of qualifying OPHE;

h) provide that affected personnel are informed of the workforce protection capabilities available to them, how to access them, and that participation is voluntary except where otherwise required by law or by an applicable collective bargaining agreement; and

i) establish procedures for concluding organizational activation.

The organization shall implement these procedures as documented when qualifying OPHE is recognized.

Implementation Guidance (Informative)

Organizational activation establishes the organization's responsibility to coordinate OPHP following qualifying OPHE. Activation does not require mandatory participation in workforce protection capabilities except where otherwise required by law or by an applicable collective bargaining agreement. See Annex H.4 for a day-by-day sequence for standing this up.

Paragraph (a) exists because the rest of this section runs from the moment of recognition, and an organization that has not decided who recognizes, or at what point, has no reliable start. Where recognition is attached to a document produced well after the incident — an end-of-shift report, for example — the interval between exposure and coordination may be long even though the organization meets its own stated timeframe.

Paragraph (g) requires the organization to set its own timeframe rather than prescribing one, because appropriate intervals vary by discipline, staffing model, and incident type. Whether a fixed outer limit should replace the organization-defined timeframe in a future edition is an open question stated in Annex I. Paragraph (h) establishes the minimum content of activation: an organization that recognizes a qualifying exposure and coordinates capabilities without the affected personnel learning what is available to them has not completed activation. That the communication must also state that participation is voluntary is deliberate. A notice that the organization has activated OPHP following an exposure is readily heard as a direction to attend something; stating what is available, how to access it, and that the choice belongs to the individual forecloses that reading at the point where it would otherwise form. Who counts as affected personnel is determined by the organization; the definition in OPHP.1.6 describes the categories commonly overlooked, including telecommunications and supporting personnel who were exposed without being present at a scene.

Examples of Evidence of Conformity (Informative)

- Activation procedures, including the documented timeframe
- Notification workflow
- Documentation forms
- Incident management procedures
- Communication provided to affected personnel following activation

2.3.1 Activation Exercise (Normative)

Organizational Expectation (Normative)

Because qualifying OPHE may occur infrequently, the organization shall conduct and document a tabletop or simulated exercise of its activation procedures under Section 2.3 at intervals not exceeding 24 months. The exercise shall test notification, coordination, and documentation steps as though a qualifying OPHE had occurred, and shall be documented with the date, participants, and any resulting corrective action.

Implementation Guidance (Informative)

This requirement exists because an organization's activation procedures may otherwise go untested for extended periods if no qualifying OPHE occurs, leaving both the organization and any assessor unable to verify the procedures actually function as documented. This is comparable to how emergency and business-continuity plans in other domains are tested through periodic exercises rather than solely through real activations. Where a genuine qualifying OPHE activation occurred within the preceding 24 months, that activation's documented record may substitute for the exercise for that cycle.

Examples of Evidence of Conformity (Informative)

- Exercise scenario and after-action documentation
- Participant list and date
- Corrective action items identified and tracked

2.4 Workforce Protection Coordination

Organizational Expectation (Normative)

The organization shall establish documented processes for coordinating workforce protection capabilities. Coordination processes shall:

a) identify available workforce protection capabilities;

b) establish organizational coordination responsibilities;

c) define referral pathways where applicable;

d) support continuity of workforce protection;

e) preserve workforce autonomy regarding participation except where otherwise required by law or by an applicable collective bargaining agreement;

f) support coordination among appropriate organizational stakeholders; and

g) be periodically reviewed.

Implementation Guidance (Informative)

OPHP coordinates existing workforce protection capabilities. This Standard does not prescribe specific workforce protection programs, staffing models, vendors, or service delivery methods. Annex H.3 describes using mutual-aid or regional resources to satisfy this section where standalone capability is not practical.

Paragraph (g) exists because a capability inventory degrades without maintenance: contracts lapse, team members leave, and memoranda of understanding expire. The review interval is fixed in Section 3.6(g).

Examples of Evidence of Conformity (Informative)

- Coordination procedures

- Resource directory
- Referral pathways
- Memoranda of understanding
- Coordination protocols
- Records of the periodic inventory review

2.5 Confidential Access

Organizational Expectation (Normative)

The organization shall maintain confidential pathways through which personnel may access available workforce protection capabilities. Confidential access processes shall:

a) protect confidentiality consistent with applicable laws and organizational policy;

b) communicate available confidential resources;

c) define limitations to confidentiality where required; and

d) support voluntary access.

Implementation Guidance (Informative)

Confidential access supports workforce confidence while recognizing applicable legal, ethical, and organizational requirements. See Chapter 4 for the legal frameworks most likely to bear on this section, and Annex H.5 for a short checklist to bring directly to counsel and labor representatives.

Examples of Evidence of Conformity (Informative)

- Confidentiality policy
- Privacy procedures
- Workforce communications
- Resource information

2.5.1 Protection from Reprisal (Normative)

Organizational Expectation (Normative)

The organization shall not subject personnel to adverse organizational action on the basis of being identified as having experienced qualifying OPHE, or on the basis of their voluntary participation, non-participation, or degree of participation in workforce protection capabilities coordinated under this Standard. The organization shall:

a) state this protection in a documented organizational policy;

b) communicate that protection to personnel; and

c) not maintain information identifying an individual's qualifying OPHE or their participation in workforce protection capabilities in that person's personnel file or performance evaluation records, except where retention in those records is required by law.

Implementation Guidance (Informative)

This expectation applies to OPHP the reprisal protection that comparable occupational safety frameworks extend to workers who report hazards. Nothing in this section limits fitness-for-duty determinations, disciplinary processes, or employment decisions made on grounds independent of OPHE recognition or participation, all of which are outside this Standard's scope. Where an organization relies on independent grounds, it should be able to identify those grounds from records created before the OPHE recognition or participation at issue. This section does not establish, and should not be read to establish, a general employment-law standard, which remains governed by applicable law and any collective bargaining agreement. Nothing in this Standard waives, limits, or substitutes for any right, remedy, or procedure available to personnel under applicable law or a collective bargaining agreement, and an organization's adoption of this Standard does not alter those rights. Annex H.6 addresses why this protection is central to workforce trust in activation.

Examples of Evidence of Conformity (Informative)

- Policy language stating the protection
- Dated workforce communication distributing it
- Documentation of where activation information is recorded and retained, showing that it is not held in personnel or performance evaluation records

2.6 Leadership Oversight

Organizational Expectation (Normative)

The organization shall establish leadership oversight processes for OPHP. Leadership oversight shall include:

a) monitoring implementation;

b) reviewing organizational activation activities;

c) assessing implementation effectiveness;

d) identifying implementation barriers;

e) initiating corrective actions where appropriate; and

f) periodically reviewing overall organizational performance.

Implementation Guidance (Informative)

Leadership oversight demonstrates executive accountability for OPHP and supports effective governance. Section 3.6 fixes the minimum review frequency for this section; Annex H.3, Track 1 describes a streamlined method for conducting and documenting the required leadership oversight review in small and volunteer organizations without altering the required frequency.

Examples of Evidence of Conformity (Informative)

- Executive reports
- Meeting minutes
- Performance reviews
- Corrective action documentation

2.7 Organizational Evaluation

Organizational Expectation (Normative)

The organization shall periodically evaluate OPHP. Evaluation shall include:

a) assessment of implementation effectiveness;

b) review of organizational activation trends;

c) identification of implementation strengths;

d) identification of opportunities for improvement;

e) documentation of evaluation findings; and

f) communication of evaluation results to appropriate leadership.

Implementation Guidance (Informative)

Evaluation enables organizations to determine whether OPHP is functioning as intended within their operational environment.

Examples of Evidence of Conformity (Informative)

- Annual evaluation reports
- Trend analyses
- Performance indicators
- After-action reviews
- Organizational assessments

2.8 Continual Improvement

Organizational Expectation (Normative)

The organization shall establish and maintain a continual improvement process for OPHP. The continual improvement process shall:

a) review evaluation findings;

b) incorporate organizational learning;

c) update organizational processes where appropriate;

d) strengthen workforce protection capabilities;

e) document improvement activities; and

f) periodically evaluate the effectiveness of implemented improvements.

Implementation Guidance (Informative)

Continual improvement strengthens OPHP through organizational learning, operational experience, and evaluation.

Examples of Evidence of Conformity (Informative)

- Improvement plans
- Policy revisions
- Lessons learned documentation
- Training updates

- Organizational improvement records

2.9 Conformity

Organizational Expectation (Normative)

Conformity shall be determined based on objective evidence that the organizational expectations have been implemented. The organization shall periodically conduct and document a self-assessment of its conformity with the organizational expectations established in this chapter, reaching a determination at the expectation level in accordance with Section 3.8.1.

Implementation Guidance (Informative)

Conformity does not require specific organizational structures, staffing models, workforce protection programs, vendors, clinical services, or operational procedures. Organizations retain flexibility in implementation provided the organizational expectations established by this Standard are satisfied.

Chapter 3 — Conformity

This chapter makes conformity objectively measurable and auditable rather than a matter of subjective judgment. Sections 3.1–3.5 establish general conformity principles; Sections 3.6–3.8 define review frequency, evidence sufficiency, and the determination of conformity and nonconformity. This chapter states what an organization must do and must be able to show, and an organization may determine and maintain its own conformity using this chapter alone. It does not establish or administer any conformity assessment or accreditation program. Section 3.9 states how any future independent assessment would relate to this Standard, and Chapter 6 establishes the requirements applicable to any body that would perform one.

3.1 General

Conformity demonstrates that an organization has established, implemented, maintained, and continually improved the organizational expectations contained in this Standard. Conformity is independent of organizational size, governance structure, workforce composition, available resources, or operational environment.

An organization newly implementing this Standard conforms when it can produce sufficient objective evidence that each organizational expectation has been established and implemented. Evidence of a completed review cycle is required only once the applicable interval in Section 3.6 has elapsed; an organization within its first cycle is not nonconforming for the absence of a review that is not yet due. Where no qualifying OPHE has occurred, the activation exercise required by Section 2.3.1 provides the evidence that activation procedures function as documented. An organization that has established every expectation but has not yet completed a first cycle should record that fact in its self-assessment rather than deferring the self-assessment.

3.2 Organizational Flexibility

Organizations shall determine the organizational structures, workforce protection capabilities, staffing models, operational procedures, and implementation methods necessary to satisfy the organizational expectations established by this Standard. Nothing in this Standard shall be interpreted as requiring specific workforce protection programs, vendors, clinical services, staffing configurations, or organizational structures.

3.3 Objective Evidence

Organizations shall maintain objective evidence demonstrating implementation of the organizational expectations established in this Standard.

3.4 Organizational Evaluation

Organizations shall periodically evaluate implementation of OPHP. Evaluation findings shall be used to identify opportunities for improvement and support continual organizational improvement.

3.5 Continual Conformity

Organizations shall maintain conformity through ongoing governance, organizational implementation, leadership oversight, organizational evaluation, and continual improvement.

3.6 Defined Review and Activity Frequency

Chapter 2 uses "periodically" to describe the review and evaluation activities required under Sections 2.1, 2.2, 2.4, 2.6, 2.7, 2.8, and 2.9. For an expectation to be objectively auditable, "periodically" is defined as follows unless the organization's documented policy specifies a shorter interval:

a) Governance review (2.1): at intervals not exceeding 24 months.

b) Qualifying OPHE criteria review (2.2): at intervals not exceeding 12 months, and following any organizational activation that reveals the criteria did not capture a foreseeable exposure.

c) Leadership oversight review (2.6): at intervals not exceeding 6 months.

d) Organizational evaluation (2.7): at intervals not exceeding 12 months.

e) Continual improvement effectiveness review (2.8): at intervals not exceeding 12 months.

f) Continual conformity self-assessment (2.9): at intervals not exceeding 12 months.

g) Workforce protection capability inventory and coordination review (2.4): at intervals not exceeding 12 months.

An organization that has not conducted a required review within the defined interval is nonconforming with the corresponding organizational expectation as of the date the interval lapses, regardless of whether the underlying program continues to operate.

3.7 Objective Evidence Sufficiency and Retention

Evidence offered to demonstrate conformity with Chapter 2 is sufficient only if it is:

a) Dated, or otherwise attributable to a specific, ascertainable point in time;

b) Attributable to a specific, identifiable organizational role or individual with documented authority to create or approve it;

c) Consistent with the organization's other conformity records for the same period (for example, a governance policy dated after the most recent governance review it is offered to support is insufficient without explanation); and

d) Retained and available for inspection for not less than three years, or for the two most recently completed cycles of the Section 3.6 review interval applicable to the organizational expectation the evidence is offered to support, whichever is longer. Where an organizational expectation specifies its own interval rather than relying on Section 3.6, that interval governs for the purpose of this paragraph. Where a single record supports more than one expectation, the longest applicable interval governs.

Illustrative examples listed in Annex A are examples of evidence types, not a statement that any single example, by itself and without regard to the criteria above, is automatically sufficient. An organization conducting its self-assessment — or, in future, an independent assessor — may find a listed evidence type insufficient in a specific case (for example, an undated policy, or a governance chart with no corroborating designation of authority) and may find evidence not listed in Annex A sufficient where it meets (a) through (d).

3.8 Conformity Determination and Nonconformity Classification

3.8.1 Determination at the Organizational-Expectation Level

An organization conforms to a given organizational expectation (Sections 2.1 through 2.9) when it can produce sufficient objective evidence, as defined in Section 3.7, addressing every subordinate "shall" item within that expectation. Conformity is determined by what the organization implemented. Whether affected personnel participated in workforce protection capabilities coordinated following activation is not evidence of conformity or of nonconformity with any organizational expectation; an organization that recognized qualifying OPHE, activated as documented, and informed affected personnel of the capabilities available to them has satisfied Section 2.3 regardless of whether any individual chose to participate.

3.8.2 Nonconformity Classification

a) Major Nonconformity: a required element of an organizational expectation is entirely absent; sufficient evidence cannot be produced for a required element; or a pattern of minor nonconformities indicates the organizational expectation is not functioning as a system. A major nonconformity in any single organizational expectation precludes a determination of overall conformity with this Standard until resolved.

b) Minor Nonconformity: a required element exists but is incomplete, is inconsistently applied, or has fallen out of compliance with the applicable review frequency under Section 3.6.

3.8.3 Corrective Action and Overall Determination

An organization that identifies a major nonconformity, whether through its own self-assessment under Section 3.6(f) or otherwise, shall document a corrective action plan and shall resolve the nonconformity within a defined period recorded in that plan. An organization that identifies a minor nonconformity shall document a corrective action plan and track it to closure.

An organization's overall conformity with this Standard is achieved when it has no unresolved major nonconformities and has documented corrective action plans for any minor nonconformities identified.

Notification periods, resolution deadlines, and consequences applicable to nonconformities identified by a third party during an independent assessment are not established by this Standard. If independent assessment becomes available, such provisions would be established by the assessment body itself, subject to the requirements of Chapter 6. This Standard does not establish them and FRBH does not.

3.9 Relationship to Future Independent Conformity Assessment

No conformity assessment, certification, or accreditation program operates against this Standard. Conformity is determined by the adopting organization itself under Sections 3.1 through 3.8. The commitments below are stated here because they govern how this Standard may and may not be used, and because they are structural rather than aspirational.

Self-determined conformity is sufficient. An organization may implement this Standard, determine its own conformity by self-assessment under Sections 3.1 through 3.8, and represent that conformity, without any third-party involvement. Nothing in this Standard shall be interpreted as requiring participation in any assessment or accreditation program. Conformity with this Standard is not contingent on any assessment determination, on any fee, or on the purchase of any consulting, readiness, training, or advisory service from FRBH or from any other party.

FRBH does not assess. FRBH owns, maintains, and publishes this Standard. FRBH does not perform conformity assessment, certification, or accreditation of any organization, does not operate an assessment or

accreditation program, and does not intend to establish one. The body that writes the requirements is structurally separated from any body that would judge whether they have been met.

Any future assessment will be independent. Chapter 6 establishes the requirements applicable to any body that would assess conformity with this Standard. FRBH does not license, approve, recognize, endorse, or list any such body, and maintains no register of them. No assessment activity has commenced. The commitments below are stated here because they govern the use of this Standard; they are given effect as requirements in Chapter 6:

a) No entity in which a director, officer, chief executive, or founder of FRBH holds an interest, and no entity under common ownership or control with any of them, may perform conformity assessment against this Standard or hold any financial interest in assessment outcomes.

b) Individuals conducting conformity assessments will be required to be independent of the organization assessed, including the absence of any paid readiness, consulting, training, or advisory relationship with that organization within a defined preceding period.

c) The requirements against which an organization is assessed will be the published requirements of this Standard, and no requirement applied in an assessment may exceed or differ from them.

d) Assessment fees, where charged by an assessment body, will be required to be unrelated to assessment volume, revenue, or determination outcomes.

e) The requirements applicable to an assessment body — impartiality, independence, competence, scope and conduct of assessment, evidence, confidentiality, representation of outcomes, and complaints and appeals — are established in Chapter 6 of this Standard. An assessment body is expected to be accredited by a recognized accreditation body against the applicable international standard for conformity assessment, as provided in Section 6.3. The internal procedures by which a body meets those requirements are its own and are not established by this Standard.

f) FRBH will not provide readiness, consulting, training, or advisory services to organizations seeking or holding a determination against this Standard. General implementation guidance made available at no charge, on the same terms to every organization, and without regard to whether an organization is seeking or holds a determination, is not such a service.

A note on terminology. This Standard uses "accreditation" in the sense conventional to U.S. public safety, where accrediting bodies assess and recognize agencies directly. Under formal conformity-assessment vocabulary (ISO/IEC 17000), the same activity is termed certification, with accreditation reserved for recognition of the conformity assessment body itself. Any future scheme built on this Standard is intended to follow conformity-assessment principles consistent with ISO/IEC 17021-1 for management system certification bodies. FRBH does not hold, and does not claim, accreditation from any accreditation body.

Chapter 4 — Legal and Regulatory Interface (Informative)

This chapter is informative and does not constitute legal advice. Organizations should consult qualified legal counsel licensed in their jurisdiction before implementing this Standard, particularly with respect to documentation, confidentiality, and labor-relations implications.

This Standard's organizational expectations intersect with several distinct areas of law that vary significantly by jurisdiction. This chapter identifies those areas so that adopting organizations know where to direct legal review; it does not resolve them.

4.1 State Peer Support and Critical Incident Confidentiality Statutes

Many, but not all, states have enacted statutory confidentiality protections for peer support or critical incident stress management communications. These protections vary in scope, in which professions and programs they cover, and in what exceptions apply. Organizations should confirm how their state's statute (if any) applies to workforce protection capabilities coordinated under Sections 2.4 and 2.5 of this Standard.

4.2 HIPAA and 42 CFR Part 2

Where workforce protection coordination under this Standard involves referral to or coordination with clinical behavioral health or substance use treatment providers, organizations should confirm whether HIPAA and, where substance use disorder treatment is involved, 42 CFR Part 2 apply to records or communications generated in that coordination, and should structure documentation practices under Section 2.3 accordingly.

4.3 Documentation, Disability Law, and Workers' Compensation

Documentation created to demonstrate conformity with this Standard includes qualifying OPHE criteria records and activation records under Sections 2.2 and 2.3. Organizations should evaluate whether those records could become relevant in an ADA reasonable-accommodation process, a workers' compensation claim, or related litigation. Documentation and retention practices should be designed with that possibility in mind.

4.4 Collective Bargaining Interaction

Where personnel are covered by a collective bargaining agreement, organizations should confirm whether existing EAP, peer support, CISM, or related provisions in that agreement address matters this Standard also addresses (for example, confidential access under Section 2.5), and should coordinate implementation with labor representatives to avoid unintended conflict with existing agreements. Nothing in this Standard displaces or substitutes for an existing grievance or dispute-resolution procedure. Where an organization does not activate in accordance with its own documented criteria, whether that failure is reachable under an existing procedure is determined by the applicable agreement and by law, not by this Standard.

4.5 Access to OPHE Records

Qualifying OPHE criteria records and organizational activation records maintained under Sections 2.2 and 2.3 document real incidents and, implicitly, the personnel who responded to them. Access to these records should be controlled by the organization's records manager or an equivalent agency-designated records custodian, consistent with the organization's existing records management and confidentiality policies and

applicable state public records law. This is distinct from the conformity-evidence retention requirement in Section 3.7, which governs how long objective evidence is retained to demonstrate conformity with this Standard; organizations should apply their own records-management policy, informed by legal counsel, to determine retention and access for the underlying incident records themselves.

A tiered documentation structure is a recognized method for reducing public-records disclosure risk while still satisfying Section 3.7's evidence requirements. Conformity evidence, and any log maintained for conformity or future assessment purposes, should record activation by category, date, and disposition only — for example, "Tier 1 activation, [date], resources coordinated" — without incident-identifying detail or personnel names. Incident-specific detail, to the extent an organization's operational systems already generate it, remains within those existing systems under the organization's existing access controls, separate from the conformity documentation described above.

Organizations should confirm with legal counsel whether this or any other structure is sufficient to address applicable state public records law, including the risk that a sufficiently specific records request could allow identification by inference even from de-identified entries in a small organization.

Chapter 5 — Revision and Maintenance

5.1 Review Cycle

During the provisional period, FRBH reviews this Standard as implementation experience, field-validation findings, and public comment accumulate, rather than on a fixed calendar. Following completion of the process described in the Standards Development Disclosure and publication of the first fully consensus-reviewed edition, FRBH intends to move to a review cycle consistent with common management-system standard practice (commonly three to five years), as established through FRBH's standards-governance process once the formal consensus and balloting procedures described in the Standards Development Disclosure are established.

5.2 Change Transparency

FRBH shall publish a summary of substantive changes accompanying each new edition or amendment, including the rationale for each substantive change, so that organizations that have adopted a prior edition can assess the impact on their existing conformity.

5.3 Version Designation

This edition is designated Version 3.0. Its provisional status is indicated by the "Provisional Field-Test Edition" designation on the cover and in Publication Information, rather than by a version-number suffix. Subsequent provisional revisions made before the process in the Standards Development Disclosure is substantially complete shall be issued as minor version increments (e.g., 3.1, 3.2) retaining the provisional status designation. The first edition to complete that process shall be designated Version 4.0 and shall carry a status designation of "Consensus Edition" in place of "Provisional Field-Test Edition."

5.4 Availability of Superseded Editions

Consistent with common practice among standards developing organizations, a superseded edition of this Standard shall remain available upon request for a transition period following the publication of its replacement, clearly marked as superseded and not current. This allows organizations mid-implementation under a prior edition to complete their transition on a known timeline rather than losing access to the edition they were implementing against. FRBH shall specify the length of this transition period in the publication announcing each new edition.

5.5 Continuity of the Standard

If FRBH ceases to maintain this Standard, FRBH shall make the then-current edition available on terms permitting continued use by adopting organizations, and shall seek to transfer stewardship to another organization capable of maintaining it. Organizations that have adopted this Standard are not dependent on FRBH's continued operation to maintain their own internal processes.

Chapter 6 — Requirements for Conformity Assessment Bodies

This chapter establishes requirements applicable to any body that undertakes to assess an organization's conformity with this Standard. It is normative as to those bodies. It establishes no requirement applicable to an adopting organization.

No organization is required to undergo assessment by anyone. Conformity is determined by the adopting organization itself under Chapter 3, and self-assessment is sufficient for every purpose of this Standard. This chapter exists because the requirements against which an organization might one day be judged should be public, fixed in advance, and set by the body that wrote the Standard rather than by whoever offers to do the judging.

Publishing these requirements is standards development. It is not the operation of an assessment or accreditation program, and it confers standing on no one.

6.1 Application

6.1.1 This chapter applies to any body that assesses, certifies, accredits, or otherwise determines or attests to an organization's conformity with this Standard, and to any body that represents itself as doing so. Such a body is referred to in this chapter as an assessment body.

6.1.2 This chapter does not apply to an organization's self-assessment under Chapter 3, to an internal audit function of the adopting organization, or to a party that assists an organization with implementation and makes no conformity determination.

6.1.3 No assessment body operates against this Standard as at the date of this edition.

6.2 Role of FRBH

6.2.1 FRBH writes and maintains this Standard and the requirements in this chapter. FRBH does not assess, certify, or accredit any organization, does not operate an assessment or accreditation program, and does not intend to establish one.

6.2.2 FRBH does not license, approve, recognize, endorse, register, or list any assessment body, and maintains no directory of assessment bodies. Meeting the requirements of this chapter confers no approval by FRBH, and no assessment body shall state or imply otherwise.

6.2.3 The distinction preserved by 6.2.1 and 6.2.2 is between setting requirements and selecting who may meet them. FRBH sets requirements; it selects no one. This is ordinary standards practice. A safety standard may specify what a measuring instrument must do without its developer approving particular manufacturers, and an international standard may specify what a certification body must be without its developer certifying anyone.

6.3 Accreditation of the Assessment Body

6.3.1 An assessment body should be accredited by an accreditation body that is a signatory to the relevant international multilateral recognition arrangements, against the international standard applicable to the activity it performs — ISO/IEC 17021-1 where the activity is management system certification, or ISO/IEC 17065 where it is properly characterized as certification of a process. Accreditation against an established

international standard by an established accreditation body is the mechanism by which competence and impartiality are independently examined.

6.3.2 An assessment body that is not so accredited shall state that fact in every determination it issues and in every public description of the service, and shall not use the term “accredited” in connection with that service.

6.3.3 FRBH is not an accreditation body. It does not accredit assessment bodies and does not recognize accreditation bodies. Accreditation is a matter between an assessment body and the accreditation body it engages.

6.4 Impartiality and Independence

6.4.1 An assessment body shall be impartial, and shall identify, document, and manage risks to its impartiality on a continuing basis.

6.4.2 No entity in which a director, officer, chief executive, or founder of FRBH holds an interest, and no entity under common ownership or control with any of them, shall perform conformity assessment against this Standard or hold any financial interest in assessment outcomes. This restriction continues to apply to any person who has held such a position, whether or not they continue to hold it.

6.4.3 An assessment body shall not assess an organization to which it, or an entity under common ownership or control with it, has provided paid readiness, gap analysis, implementation, consulting, training, or advisory services within the two years preceding the assessment, and shall not provide such services to an organization while a determination it has issued to that organization remains in effect.

6.4.4 Fees shall not be contingent on the outcome of a determination, and no individual participating in an assessment or in a determination shall receive compensation contingent on that outcome.

6.4.5 An assessment body shall not require, recommend, or condition any determination upon the purchase or use of a particular instrument, product, platform, curriculum, or service, whether its own or another party’s. Conformity with this Standard is achievable without purchasing anything from anyone, and an assessment practice that makes it otherwise is not an assessment against this Standard.

6.5 Competence

6.5.1 An assessment body shall define, document, and apply competence requirements for personnel who perform assessments and for personnel who make determinations, and shall retain records demonstrating that each individual meets them.

6.5.2 Those requirements shall address, at minimum: occupational safety and health management system principles; the content of this Standard, including which of its provisions are normative; the evidence and nonconformity provisions of Sections 3.7 and 3.8; and operational familiarity with the public safety discipline being assessed.

6.5.3 Assessment personnel shall not perform clinical evaluation, shall hold no clinical role with respect to the assessed organization’s personnel, and shall not make or contribute to fitness-for-duty determinations. A clinical credential neither qualifies nor disqualifies an individual to conduct an assessment; it confers no assessment competence under this Standard.

6.5.4 The decision to grant, maintain, suspend, or withdraw a determination shall be made by one or more persons who did not perform the assessment on which it is based.

6.6 Scope and Conduct of Assessment

6.6.1 An assessment shall be conducted against the published requirements of this Standard and against no others. An assessment body shall not add requirements, and shall not apply an interpretation that has the effect of adding one. Where a provision is ambiguous, the assessment body shall record how it resolved the ambiguity and should submit the question to FRBH. FRBH has not established a formal interpretation procedure; until it does, a question submitted to FRBH is received as a comment on the Standard under Section I.4 and is not an authoritative interpretation of it.

6.6.2 An assessment shall determine whether the organization has established the processes required by Chapter 2 and whether those processes operate as documented. It shall not evaluate the psychological condition, health, or job performance of any individual, and shall not assess clinical quality or the outcome of any intervention.

6.6.3 An assessment body shall not require an organization to narrow or to broaden its qualifying OPHE criteria beyond what Sections 2.2 and 2.2.1 require. Criteria that incorporate the Section 2.2.1 minimum floor without narrowing it, and that are documented, applied, and reviewed as Section 2.2 requires, satisfy this Standard whatever their content otherwise. Organizational flexibility under Section 3.2 is a provision of this Standard and is not an assessment body's to withdraw.

6.6.4 A determination shall state the edition of this Standard against which the assessment was conducted, the documented scope of the organization's implementation, the period covered, and the evidence examined.

6.6.5 Determinations shall be time-limited and subject to periodic reassessment at an interval the assessment body defines and publishes.

6.7 Evidence and Determination

6.7.1 An assessment body shall apply the evidence sufficiency criteria in Section 3.7 and the nonconformity classification and corrective action provisions in Section 3.8. It shall apply neither a stricter nor a looser classification than those sections establish.

6.7.2 An assessment body shall record, for each requirement assessed, the evidence examined and the basis for its conclusion.

6.7.3 Where a determination is denied, suspended, or withdrawn, the assessment body shall identify the specific provisions found nonconforming.

6.8 Confidentiality and Personnel Information

6.8.1 An assessment body shall not require, request, receive, or retain information identifying which individual personnel experienced a qualifying OPHE, were the subject of an activation, or participated in any workforce protection capability. Conformity with this Standard is demonstrable from de-identified and aggregate records, and Section 2.5.1(c) restricts where such information may be held in any event.

6.8.2 An assessment body shall not require an organization to produce information protected under an applicable peer support or critical incident confidentiality statute, under HIPAA or 42 CFR Part 2, or under an applicable collective bargaining agreement.

6.8.3 An assessment body shall treat information obtained in the course of an assessment as confidential, and shall not use it for any purpose other than the assessment — including marketing, benchmarking supplied to third parties, or solicitation — except with the documented consent of the organization or where disclosure is required by law.

6.9 Representation of Assessment Outcomes

6.9.1 A statement of a determination shall identify the assessment body making it, the edition of this Standard, the scope, and the period of validity, and shall not be worded in a manner that implies a determination by FRBH.

6.9.2 No assessment body, and no assessed organization, shall state or imply that FRBH has assessed, approved, endorsed, licensed, recognized, or accredited the assessment body, the organization, or the determination.

6.9.3 Use of the FRBH name, seal, and marks is governed by FRBH's published trademark terms. Nothing in this chapter grants any right to use them.

6.9.4 An assessment body shall maintain a documented procedure for requiring correction of a misleading representation by an organization it has assessed, and for withdrawing the determination where the misrepresentation is not corrected.

6.10 Complaints and Appeals

6.10.1 An assessment body shall establish and publish a procedure for complaints and for appeals against its determinations, decided by persons who were not involved in the determination under appeal.

6.10.2 An assessment body shall retain records of complaints, appeals, and their resolution, and shall make summary information about them available on request.

6.10.3 Complaints concerning an assessment body are directed to that body and, where it is accredited, to its accreditation body. FRBH does not adjudicate determinations, hear appeals from them, or supervise assessment bodies, and has no authority to reverse a determination.

6.11 Status and Limits of This Chapter

6.11.1 This chapter is normative as to assessment bodies. An adopting organization's conformity under Chapter 3 is not affected by it, and no organization is disadvantaged under this Standard by the absence of any assessment.

6.11.2 FRBH has no mechanism to enforce this chapter against an assessment body, and does not represent that it does. The function of the chapter is to fix in advance, and in public, what is required — so that an organization considering assessment, an accreditation body evaluating an assessment body, and a purchaser of assessment services can each measure a body against a published reference rather than against that body's account of itself.

6.11.3 This chapter is published before any assessment activity exists, and deliberately so. Requirements written after a market has formed are written under pressure from the parties they govern.

References (Informative)

The documents below are referred to in this Standard. None is a normative reference: conformity with this Standard does not require conformity with any of them, and none needs to be held or purchased in order to implement this Standard. Editions and designations change; organizations should confirm the current version of any document they intend to rely on.

Standards and guidance

- ISO 45001, Occupational health and safety management systems — Requirements with guidance for use. International Organization for Standardization.
- ISO 45003, Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks. International Organization for Standardization.
- ISO/IEC 17000, Conformity assessment — Vocabulary and general principles.
- ISO/IEC 17021-1, Conformity assessment — Requirements for bodies providing audit and certification of management systems, Part 1: Requirements.
- CSA Z1003, Psychological Health and Safety in the Workplace — Prevention, promotion, and guidance to staged implementation. CSA Group.
- NIOSH Total Worker Health. National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.
- NFPA emergency responder health and safety standards. National Fire Protection Association. NFPA has consolidated several documents in this area; organizations should confirm the currently applicable designation.
- Accreditation programs referenced in Annex E.6: Commission on Accreditation for Law Enforcement Agencies (CALEA); Commission on Fire Accreditation International (CFAI/CPSE); Commission on Accreditation of Ambulance Services (CAAS); American Correctional Association (ACA).

Law and regulation

- Occupational Safety and Health Act of 1970, General Duty Clause, 29 U.S.C. § 654(a)(1).
- Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. Parts 160 and 164.
- Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2.
- Americans with Disabilities Act of 1990, as amended, 42 U.S.C. § 12101 et seq.
- State peer support and critical incident stress management confidentiality statutes, and state first-responder post-traumatic stress presumption statutes, which vary by jurisdiction (see Chapter 4).

Annex A (Informative) — Examples of Evidence of Conformity

This annex provides illustrative, non-exhaustive examples of objective evidence organizations may use to demonstrate conformity with the organizational expectations established in Chapter 2. Organizations may demonstrate conformity using any objective evidence appropriate to their governance structure, operational environment, workforce, and organizational processes.

Using This Annex

Nothing in this annex is mandatory. Listing an evidence type here does not make it sufficient, and omitting one does not make it inadequate. Section 3.7 governs: evidence is sufficient only if it is dated, attributable to a role or individual with documented authority, consistent with the organization's other records for the same period, and retained for the required period. A document that does not meet those four criteria does not become sufficient because it appears in this annex.

For each expectation below, the "should show" items describe what an assessor — or the organization itself, self-assessing — is looking for. Evidence that shows the process operated is stronger than evidence that shows the process exists.

Section 2.1 — Governance

Evidence types: governance policy or charter naming OPHP; written executive designation of the accountable owner; organizational chart showing where OPHP accountability sits; committee charter where a committee is used; minutes or memoranda recording the periodic governance review.

Evidence should show: a named accountable executive and the date of designation, and a re-designation record where the role has changed hands; the authority that designation carries; who is responsible for implementation, oversight, and evaluation, distinguished from one another; and that a governance review occurred within the interval in Section 3.6(a).

Section 2.2 — Recognition of Qualifying OPHE (and 2.2.1 Minimum Floor)

Evidence types: the written qualifying OPHE criteria document; activation matrix or trigger table; standard operating procedure incorporating the criteria; dated leadership approval; the workforce communication distributing the criteria; documentation of the route by which activation may be requested outside the criteria; records of the periodic criteria review; documentation of consultation with personnel and, where applicable, labor representatives.

Evidence should show: that the criteria address each element (a) through (k) of Section 2.2; that all four minimum-floor categories in Section 2.2.1 appear and are not narrowed; that any numeric threshold used to operationalize a floor category — a mass-casualty count, for example — is accompanied by the documented operational basis Section 2.2.1 requires; that personnel were informed of the criteria, with a date; that a route exists for requesting activation where the criteria are not met; that the criteria were reviewed within the interval in Section 3.6(b), including any review triggered by an activation that revealed a gap; that the consultation required by 2.2(j) occurred and is documented; and that the criteria either include a cumulative-exposure criterion or record its absence with a target date under 2.2(k).

Section 2.3 — Organizational Activation

Evidence types: written activation procedure, including the documented recognition point and timeframe; notification workflow or call-down sequence; documentation forms or templates; the communication provided to affected personnel; integration points with existing incident-management or dispatch procedures; the de-identified activation log described in Section 4.5.

Evidence should show: who is responsible for recognizing a qualifying OPHE and at what point recognition occurs; who is notified, by whom, and within what timeframe; that the timeframe is stated rather than left open; how the organization determines who counts as affected personnel; who is responsible for each step; that affected personnel are told what is available, how to reach it, and that participation is voluntary; what is documented and where it is retained; who has authority to conclude an activation and on what basis; and, where activations have occurred, that the procedure was followed as written.

Section 2.3.1 — Activation Exercise

Evidence types: exercise scenario or injects; after-action report; participant list with roles; date of exercise; corrective action items with owners and closure status. Alternatively, the documented record of a genuine activation occurring within the preceding 24 months.

Evidence should show: that notification, coordination, and documentation steps were each exercised, not merely discussed; the date, placing the exercise within the 24-month interval; and that identified corrective actions were tracked rather than only noted.

Section 2.4 — Workforce Protection Coordination

Evidence types: coordination procedure; current inventory or directory of available capabilities with contacts; referral pathway documentation; memoranda of understanding with mutual-aid, regional, or county partners; EAP or vendor contracts; coordination protocols with peer support, chaplaincy, or clinical providers; records of the periodic inventory review.

Evidence should show: what capabilities are actually available and reachable, not merely contracted; who coordinates them and how; how continuity is maintained beyond the initial contact; that participation is voluntary except where law or an applicable collective bargaining agreement requires otherwise; that the inventory reflects current arrangements rather than lapsed ones; and that the review occurred within the interval in Section 3.6(g).

Section 2.5 — Confidential Access

Evidence types: confidentiality policy; privacy and records-handling procedures; workforce communications describing confidential pathways; resource information distributed to personnel; documentation of the limits of confidentiality as communicated.

Evidence should show: at least one pathway personnel can use without routing the request through their chain of command; that the limits of confidentiality are stated plainly and accurately for the jurisdiction; that personnel were actually informed, with a date; and that the policy is consistent with any applicable state peer-support statute and collective bargaining agreement (Chapter 4).

Section 2.5.1 — Protection from Reprisal

Evidence types: the policy provision stating the protection; the workforce communication conveying it, with a date and distribution method; documentation of how activation information is recorded and where it is retained.

Evidence should show: that the protection is stated in a document with identifiable authority behind it, not only described verbally; that personnel were informed; that the organization's records practice is consistent with what was communicated; and that activation and participation information is not held in personnel or performance evaluation records, as required by 2.5.1(c).

Section 2.6 — Leadership Oversight

Evidence types: executive reports; meeting minutes; performance review documentation; corrective action logs; for smaller organizations, the brief documented review described in Annex H.3, Track 1.

Evidence should show: that a review occurred within the interval in Section 3.6(c); that it addressed implementation, activation activity, effectiveness, and barriers rather than only receiving a status report; and that where problems were identified, corrective action was initiated and tracked.

Section 2.7 — Organizational Evaluation

Evidence types: annual evaluation report; activation trend analysis; performance indicators; after-action reviews; organizational assessments or workforce feedback summaries.

Evidence should show: a documented finding, not only a data table; identification of both strengths and improvement opportunities; and evidence that findings were communicated to leadership, with a date and recipient.

Section 2.8 — Continual Improvement

Evidence types: improvement plans with owners and target dates; dated policy revisions with change rationale; lessons-learned documentation; training updates; records of improvements implemented and later re-evaluated.

Evidence should show: a traceable line from an evaluation finding to a specific change; that the change was implemented, not only approved; and that its effectiveness was evaluated within the interval in Section 3.6(e).

Section 2.9 — Conformity

Evidence types: completed self-assessment against Sections 2.1 through 2.8; nonconformity register with classification under Section 3.8.2; corrective action plans with defined resolution periods and closure status.

Evidence should show: that the self-assessment occurred within the interval in Section 3.6(f); that it reached a determination at the expectation level as required by Section 3.8.1; and that any major nonconformity identified has a corrective action plan with a defined resolution date.

Evidence Frequently Offered That Is Insufficient on Its Own

The following are common and are not disqualifying, but none is sufficient by itself:

- An undated policy, however complete. Section 3.7(a) requires attributability to a point in time.
- An organizational chart showing an OPHP function with no corresponding written designation of authority.
- A policy adopted once and never reviewed, where the review interval in Section 3.6 has lapsed. Section 3.6 makes this a nonconformity as of the date the interval lapses, regardless of whether the program continues to operate.
- A list of available resources with no documented coordination process, which evidences availability rather than the activation and coordination Section 2.4 requires.
- Criteria that exist but were never distributed. Section 2.2(h) requires communication to personnel.
- A statement that "we have always done this informally." Section 2.9 requires objective evidence of implementation; consistent informal practice that is not documented cannot be verified.
- A governance policy dated after the review it is offered to support, absent an explanation (Section 3.7(c)).

A Minimum Documentation Set

Organizations sometimes ask what the smallest defensible document set looks like. The following seven items, maintained currently and reviewed on the Section 3.6 intervals, will typically cover Chapter 2 for an organization of any size:

1. Governance policy and executive designation (2.1).
2. Qualifying OPHE criteria, incorporating the Section 2.2.1 floor and the discretionary request route, with the record of their distribution to personnel (2.2).
3. Activation and notification procedure, including the documented timeframe (2.3).
4. Activation exercise record or activation after-action record (2.3.1).
5. Capability inventory and coordination procedure, with any MOUs and the record of its periodic review (2.4).
6. Confidentiality policy, reprisal protection, and workforce communication record (2.5, 2.5.1).
7. A single review file holding the leadership oversight reviews, the annual evaluation, improvement actions, and the conformity self-assessment (2.6 through 2.9).

Annex B (Informative) — Implementation Considerations

This annex addresses organizational flexibility, leadership commitment, integration with existing organizational systems, developing qualifying OPHE criteria, organizational evaluation, and continual improvement considerations. See Annex H for concrete, ready-to-use tools addressing these same topics.

Organizational Flexibility

This Standard defines what organizations establish, not how. Two organizations may reach conformity through entirely different structures: one through a standing committee with a dedicated coordinator, another through a single assistant chief who holds the role alongside existing duties. Neither is preferred. What is assessed is whether the required functions exist, operate, and can be evidenced. Organizations should resist the assumption that conformity requires new positions, new software, or new programs; in most cases it requires assigning accountability for functions the organization is already partly performing and documenting them.

Leadership Commitment

Implementation tends to succeed or fail on whether the accountable executive treats OPHP as an operational responsibility rather than a policy artifact. Practical indicators of genuine commitment include: the designation naming a specific individual rather than an office in the abstract; the leadership oversight review appearing on the same calendar as other required reviews rather than being scheduled ad hoc; and the executive being the person who signs the qualifying OPHE criteria. Where commitment is nominal, the pattern is recognizable — a policy exists, an activation record does not, and no review has occurred since adoption.

Integration With Existing Organizational Systems

OPHP is designed to attach to systems the organization already runs. Integration points that commonly reduce implementation burden:

- Incident reporting and CAD. The report that already documents an incident operationally can carry the flag that triggers OPHP notification, avoiding a parallel reporting channel.
- Existing notification chains. Line-of-duty death and serious-injury notifications already have a defined sequence in most organizations; OPHP notification can be added to it rather than replacing it.
- Existing safety or risk governance. Where an occupational safety committee, risk management function, or health and safety management system exists, OPHP governance can sit inside it. Organizations operating an ISO 45001/45003 system may treat this Standard as a public-safety module within it (Annex E.1). Organizations operating an NFPA-based responder health and safety program may do the same (Annex E.6).
- Existing after-action review. Where AARs are routine, adding an OPHP element satisfies part of Section 2.7 without creating a separate evaluation process.
- Existing training calendar. The Section 2.3.1 activation exercise can be attached to a scheduled tabletop or mutual-aid exercise (Annex H.3).

Developing Qualifying OPHE Criteria

This is usually the step organizations find hardest, and it is where implementation most often stalls. Considerations:

- Start from the floor. Section 2.2.1 supplies four categories that require no drafting judgment. Annex H.1 Tier 1 satisfies the floor as written.
- Set thresholds against your own incident history. A mass-casualty threshold that would have triggered zero activations in the past five years, in an organization that has run multi-patient incidents, is the pattern Section 2.2.1 identifies as objective evidence of nonconformity.
- Consult the workforce. Personnel closest to the hazard are best positioned to identify what actually warrants activation, and criteria developed without them are more likely to be both wrong and resented. Where a collective bargaining agreement applies, coordinate before rather than after adoption (Section 4.4).
- Do not defer cumulative exposure silently. If data systems cannot yet support Tier 2 proxies, document that as a known limitation with a target date, which Section 2.2(k) now requires. An unstated omission is harder to defend than a stated one.
- Publish them. Section 2.2(h) requires that the criteria be communicated to personnel, and criteria nobody has seen cannot be recognized or invoked.
- Expect to revise. The Section 3.6(b) requirement to review criteria after an activation that revealed a gap assumes the first version will be imperfect.

Documentation Practice

Section 3.7 and Section 4.5 pull in different directions: the first requires retained, attributable evidence; the second warns that activation records identify real incidents and, by inference, real people. The tiered structure described in Section 4.5 is the usual resolution — conformity evidence records activation by category, date, and disposition only, while incident-specific detail stays in the operational systems that already hold it under existing access controls. Decide this before the first activation, not after a records request. Decide also where the log physically lives, who owns it, and who succeeds to it: a conformity log kept on one person's drive is both a records-management exposure and a continuity risk when that person leaves.

Organizational Evaluation

Evaluation under Section 2.7 asks whether the system is working, not whether personnel are well. Useful questions include: did every event meeting the criteria produce an activation, and if not, where did the notification fail; how long between recognition and coordination, measured against the timeframe set under Section 2.3(g); which capabilities were actually used versus merely listed; what did personnel say about access and confidentiality; and did any activation reveal a category the criteria missed. Avoid metrics that measure individual participation rates as a proxy for success — participation is voluntary by design (Core Principle 3), and driving that number is not an organizational goal.

Continual Improvement

Section 2.8 requires that improvements be implemented and later evaluated for effectiveness, not merely identified. The most common failure is an improvement plan with no owner and no date. The most common success pattern is small: one finding, one change, one re-check at the next review.

Common Implementation Pitfalls

- Adopting a policy and stopping. Section 2.9 states that a written policy alone does not demonstrate conformity.
- Setting criteria so narrow that activation never occurs, which Section 2.2.1 was written to prevent.
- Building a new program when Section 2.4 asks for coordination of existing ones.
- Treating activation as evaluative. If personnel believe activation affects assignment or promotion, they will work to avoid it; Core Principle 3A and Annex H.6 address this directly, and communication about it should be explicit.
- Letting the review intervals lapse. Section 3.6 makes a lapsed review a nonconformity independent of whether anything else is wrong.

Sequencing

Annex H.4 provides a 90-day sequence. Organizations building from nothing rather than from existing capability should expect longer, and should not treat the 90-day figure as a requirement — Section 3.6 fixes review frequencies; it does not fix an implementation deadline.

Annex C (Informative) — Relationship to Existing Workforce Protection Capabilities

OPHP establishes an occupational safety framework for coordinating workforce protection; it does not replace existing capabilities such as EAPs, behavioral health services, peer support, chaplain services, occupational health, or clinical care, which remain governed by applicable professional standards, organizational policy, and law.

The Distinction This Annex Draws

Existing capabilities answer the question what is available to personnel. This Standard answers a different question: whether and how what is available is activated when a qualifying exposure occurs. An organization can hold every capability listed below and still have no organizational process connecting an exposure to any of them. That gap is what OPHP addresses (Annex E.5).

Capability by Capability

Employee Assistance Programs. Typically contracted, confidential, and broad in scope beyond occupational exposure. Under this Standard the EAP is one of the workforce protection capabilities inventoried under Section 2.4 and reachable through the confidential pathways required by Section 2.5. OPHP does not set EAP standards, dictate vendor selection, or alter EAP clinical practice. What OPHP adds is a defined circumstance in which the organization proactively coordinates access rather than waiting for self-referral.

Peer support teams. Often the first and most trusted point of contact. Under this Standard peer support is a coordinated capability under Section 2.4, and where a state peer-support confidentiality statute applies, its scope and exceptions must be confirmed under Section 4.1. OPHP does not set peer support training standards, team composition, or scope of practice. What OPHP adds is a documented activation trigger and a defined coordination role, rather than activation depending on whether someone happened to hear about the call.

Critical incident stress management. Where CISM is used, it operates as one coordinated capability among several. This Standard does not require CISM and does not prescribe any intervention model. Organizational activation under Section 2.3 is not the same as, and does not require, any specific intervention.

The distinction matters because single-session psychological debriefing, delivered on a mandatory or near-universal basis following critical incidents, was widely adopted in this field and its evidence base did not support it; some studies found no benefit and some found harm. That experience is a reasonable objection to raise against any organizational response to trauma exposure, and it is answered here structurally rather than by assertion. This Standard requires recognition of a defined exposure, notification, and coordination of capabilities the organization already has. It does not require any person to be assessed, debriefed, counseled, or spoken to, and participation in anything the organization makes available is voluntary under Core Principle 3. An organization conforms with this Standard by recognizing and offering; it does not conform by requiring.

Chaplaincy. A coordinated capability under Section 2.4 with its own confidentiality framework, which organizations should confirm alongside the frameworks in Chapter 4. OPHP does not alter chaplaincy practice or governance.

Clinical and behavioral health providers. Whether contracted, embedded, or accessed by referral, clinical care remains governed by professional standards and law. Where coordination involves clinical or substance use treatment providers, HIPAA and, where applicable, 42 CFR Part 2 considerations arise under Section 4.2. OPHP is organizational in scope and establishes no clinical standard, no treatment expectation, and no diagnostic role for the organization.

Occupational health and fitness-for-duty functions. These frequently sit closest to OPHP structurally, which makes them both a convenient and a risky home for governance under Section 2.1. Fitness-for-duty determinations are outside this Standard's scope. Where personnel perceive that the function deciding whether they are fit to work is also the function recording their exposure and participation, they will work to avoid activation, and conflating the two is the single fastest way to destroy workforce trust in the process (Core Principle 3A, Annex H.6). Organizations with an alternative home for governance — occupational safety or risk management, for example — should consider it first. Organizations that do place governance here should separate the two functions in practice and say so plainly to personnel.

Wellness, resilience training, and family support programs. These sit on the availability side of the problem. They are inventoried under Section 2.4 and may be part of what is coordinated after activation. This Standard does not require them, evaluate them, or specify their content.

What OPHP Adds

Across all of the above, this Standard contributes five things that individual capabilities generally do not supply on their own: a named accountable owner (2.1); documented criteria defining which exposures trigger organizational responsibility, communicated to the people they cover (2.2, 2.2.1); a defined activation and notification process with a stated timeframe (2.3); a coordination process across capabilities rather than within one (2.4); and periodic evaluation and improvement of the whole (2.6 through 2.8).

What OPHP Does Not Do

It does not evaluate the quality of any capability, mandate any specific capability, direct clinical decisions, override professional standards or confidentiality obligations, or determine who is fit for duty. An organization that changes nothing about its existing capabilities and only adds the coordination layer can be fully conformant.

Where Capability Is Limited or Absent

Some organizations — small, rural, or volunteer — will find the inventory under Section 2.4 largely empty. Section 3.1 states that conformity does not vary by organizational size, and this Standard does not require building standalone capability. Mutual-aid arrangements, regional or county-level peer support teams, shared EAP contracts, statewide first responder programs, and formal referral relationships with neighboring agencies all satisfy Section 2.4 when documented (Annex H.3, Track 1). What Section 2.4 requires is that capabilities be identified, reachable, and coordinated — not that they be owned.

Annex D (Informative) — Illustrative Examples of OPHE

This annex provides illustrative examples of single-event, repeated/cumulative, and mission-specific OPHE that organizations may consider when developing their own documented qualifying OPHE criteria. Most of this annex is non-mandatory; the exception is Section 2.2.1, which establishes a minimum floor of qualifying single-event triggers (line-of-duty death, mass casualty incident, pediatric fatality, and serious injury or death to personnel). Organizations may treat every other example in this annex as illustrative and non-mandatory. See Annex H.1 for a ready-to-use model that incorporates these examples directly.

Single-Event Exposure

The four categories marked with an asterisk correspond to the minimum floor established in Section 2.2.1. Section 2.2.1 governs what the floor requires; where the wording below is broader, the additional wording is illustrative of criteria an organization may adopt above the floor.

- Line-of-duty death of any responder, whether or not from this organization.*
- Mass casualty incident meeting the organization's defined threshold.*
- Death of a child, or serious injury to a child, encountered in the course of duty.*
- Serious injury or death to organizational personnel, including near-miss events in which personnel reasonably believed they would be killed.*
- Suicide of a colleague, or response to the suicide or attempted suicide of a member of the public.
- Death or serious injury of a person known personally to responding personnel.
- Use of deadly force, or being the subject of deadly force.
- Prolonged extrication, entrapment, or rescue attempt with an unsuccessful outcome.
- Incidents involving multiple fatalities in a single family or household.
- Violent assault on personnel, including threats accompanied by apparent capability.
- Scenes involving severe disfigurement, decomposition, or dismemberment.
- Response to an incident involving a fellow agency's personnel as victims.
- Failed resuscitation of a patient with whom personnel had extended contact.
- Incidents attracting sustained media, public, or political scrutiny of personnel conduct.
- Any incident in which personnel are required to make a triage or resource decision that determines who receives care.

Repeated and Cumulative Exposure

Cumulative exposure rarely presents as a single identifiable event, which is why Section 2.2 permits criteria based on exposure patterns and Annex H.1 Tier 2 offers objective, count-based proxies. Whether cumulative exposure should carry a minimum floor of its own is an open question stated in Annex I. Illustrative conditions:

- Multiple fatality or serious-injury responses within a short rolling window.

- Repeated pediatric calls within a defined period.
- Sustained deployment to a single disaster or mass-casualty operation beyond a defined number of consecutive days.
- Extended assignment to a unit with structurally elevated exposure — homicide, crimes against children, sex crimes, fatal crash investigation, medical examiner support, high-acuity transport.
- Repeated exposure to digital evidence depicting violence or child exploitation.
- Chronic operational conditions: sustained understaffing, mandatory overtime, extended shift patterns, or repeated cancellation of relief.
- Repeated response to the same address, patient, or population without resolution.
- Serial exposure to community-level loss in a small or closed community where responders and victims are socially connected.

Mission-Specific Exposure by Discipline

The examples above are drawn largely from scene-based response. Organizations should adapt them to how exposure actually presents in their discipline.

Fire and rescue. Structural collapse or mayday; entrapment of crew members; fire fatality, particularly with recovery of remains; unsuccessful rescue with the outcome witnessed by crew; wildland entrapment or burnover; extended operations at a multi-fatality scene.

Emergency medical services. Pediatric arrest and death; obstetric emergency with fetal or maternal death; failed resuscitation after prolonged effort; violence against crew during patient contact; repeated overdose response, particularly involving the same individual; transport decisions made under resource scarcity.

Law enforcement. Officer-involved shooting, as principal or witness; death or serious injury of a partner; child exploitation investigation and evidence review; death notification duty; sustained undercover assignment; response to fatal crashes involving children or families; crowd events involving injury.

Public safety communications and dispatch. Calls involving active violence, a child victim, a suicide in progress, or a caller's death during the call; calls in which the outcome is never learned; extended call handling during a mass-casualty or active-assailant event; handling a call involving a colleague or a person known to the telecommunicator; sustained high-volume periods without relief. Exposure here is call-based rather than scene-based and often occurs without closure or immediate debrief, which is why Annex H.1 recommends a call-based proxy rather than a response-count threshold.

Corrections. Death in custody, including suicide; serious assault on staff; hostage or barricade events; extraction and use-of-force incidents; sustained assignment to segregation, high-security, or high-incident-rate units; chronic exposure to threat, manipulation, and isolation. Exposure is frequently chronic and environmental rather than discrete, which is why a duration-based proxy is generally more accurate than an event count.

Emergency management. Extended activation of an emergency operations center; sustained deployment to a disaster with fatalities; family assistance and reunification operations; mass-fatality management support; prolonged operations under public and political scrutiny. Exposure typically accumulates through extended single deployments rather than repeated short incidents.

Exposures That May Not, By Themselves, Warrant Organizational Activation

Central to this Standard is the recognition that not every difficult experience is qualifying OPHE. The following are commonly cited but are ordinarily managed through routine supervision and existing resources rather than organizational activation, unless the organization's own criteria provide otherwise or the discretionary route required by Section 2.2(g) is invoked:

- Routine calls with difficult but expected content.
- Interpersonal conflict, disciplinary matters, or grievance processes.
- Ordinary shift fatigue or scheduling dissatisfaction.
- Non-operational personal stressors, however serious, which remain reachable through the confidential pathways under Section 2.5 without organizational activation.

Organizations should be explicit about this boundary. Criteria that qualify everything are as unhelpful as criteria that qualify nothing, and both undermine the credibility of activation when it matters.

Using This Annex

These examples are a starting point for the drafting exercise required by Section 2.2, not a template to adopt wholesale. Organizations should select, adapt, and add based on their own mission, operational environment, and incident history, and should do so with input from the personnel who encounter these exposures. Annex H.1 converts these examples into a three-tier structure that can be adopted largely as written.

Annex E (Informative) — Basis and Rationale

This annex situates the Standard relative to existing occupational safety and psychosocial risk frameworks. No directly comparable framework currently exists in the United States. This Standard treats predictable occupational psychological hazard exposure as a safety hazard subject to organizational safety management, rather than as a wellness or behavioral health matter addressed only after symptoms or disclosure. That is a novel reframing rather than an incremental extension of an established U.S. model. The frameworks below are the closest available points of comparison, each addressing adjacent but distinct ground.

E.1 Relationship to ISO 45003:2021

ISO 45003 provides the first international guidelines for managing psychosocial risk within an occupational health and safety management system, built on ISO 45001. It is general-purpose across industries, does not define profession-specific exposure criteria for public safety, and does not adopt an exposure-triggered activation model of the kind this Standard uses. This Standard is narrower in scope (public safety only) and more specific in its exposure-recognition model (qualifying OPHE criteria), and organizations already operating an ISO 45001/45003-based management system may find this Standard integrates as a public-safety-specific module within that broader system.

E.2 Relationship to NIOSH Total Worker Health

NIOSH's Total Worker Health approach addresses work organization and job design as sources of occupational risk and provides research-informed guidance rather than a standard against which organizational conformity is determined. This Standard is intended to be compatible with, but is not accredited or endorsed by, NIOSH or Total Worker Health.

E.3 Relationship to CSA Z1003

Canada's CSA Z1003 defines thirteen psychosocial factors relevant to a psychologically healthy and safe workplace generally, without a public-safety-specific exposure framework. This Standard's qualifying-OPHE-criteria model is a narrower, exposure-triggered complement rather than a competing general framework.

E.4 Evidence Basis and Validation of the Integrated OPHP Framework

Occupational Psychological Hazard Protection draws upon established principles and evidence from occupational safety and health, psychosocial risk management, occupational stress and trauma exposure, organizational health, workforce support, implementation science, and continual improvement. These bodies of knowledge support the underlying proposition that foreseeable occupational hazards should be systematically recognized, managed, evaluated, and continually improved through organizational systems.

Evidence also demonstrates that public safety personnel experience predictable exposure to potentially psychologically hazardous occupational events and conditions and that individual help-seeking alone may not provide a sufficient organizational mechanism for recognizing and responding to such exposure.

OPHP integrates these established principles into a public-safety-specific organizational framework centered on recognition of qualifying Occupational Psychological Hazard Exposure, organizational activation, workforce protection coordination, leadership accountability, evaluation, and continual improvement.

The integrated OPHP framework itself has not yet been independently validated as a complete organizational model. FRBH therefore distinguishes between the evidence supporting the individual principles and components incorporated into OPHP and evidence establishing the effectiveness of OPHP as an integrated framework. Field implementation and external evaluation activities are intended to inform that latter question and future revisions of this Standard.

E.5 Relationship to Existing Investment in This Space

A substantial body of existing organizational investment already addresses first-responder psychological wellbeing — Employee Assistance Programs, peer support programs, wellness initiatives, clinical partnerships, and training curricula. This existing investment sits on the wellness and clinical-resource side of the problem: it expands what is available to personnel. This Standard addresses a distinct problem: whether and how those available resources are activated. The two are complementary, not competing — this Standard does not ask organizations to choose between investing in wellness resources and adopting this Standard; it coordinates and activates the resources an organization has already invested in (Annex C).

Organizations with established wellness, behavioral health, peer support, EAP, or clinical resources may use this Standard to establish the organizational recognition, activation, coordination, governance, and continual-improvement processes through which those existing capabilities are systematically integrated into Occupational Psychological Hazard Protection.

E.6 Relationship to U.S. Public Safety Standards and Accreditation Programs

Sections E.1 through E.3 compare this Standard to international psychosocial-risk instruments. Most U.S. public safety organizations, however, operate under a different set of documents: consensus standards issued by NFPA, and discipline-specific accreditation programs such as those administered by CALEA for law enforcement, the Commission on Fire Accreditation International for fire and emergency services, the Commission on Accreditation of Ambulance Services for EMS, and the American Correctional Association for corrections. This subsection addresses how OPHP sits alongside them.

Relationship to NFPA occupational safety and health standards. NFPA's emergency responder health and safety standards address behavioral health among many other components of a departmental health and safety program, and are developed under an accredited consensus process. This Standard is narrower — it addresses one hazard class — and deeper within it, defining an exposure-recognition and activation model that general health and safety standards do not contain. An organization complying with applicable NFPA health and safety requirements is not thereby conformant with this Standard, and conformity with this Standard does not satisfy any NFPA requirement. The two are intended to be compatible: where an NFPA-based health and safety program already exists, OPHP governance under Section 2.1 can sit within it rather than beside it.

Relationship to accreditation programs. Discipline accreditation programs assess an organization across the full breadth of its operations, and several include standards addressing personnel wellness or support. Those standards generally establish that resources exist and are available. This Standard addresses a different question: whether the organization has documented criteria for when it activates, and a process that does so. Evidence maintained under Chapter 2 may be usable in support of wellness-related accreditation standards, but organizations should confirm that with their accrediting body. FRBH makes no claim that conformity with this Standard satisfies any accreditation standard, and no accrediting body has recognized this Standard.

Why this Standard exists alongside them. None of the documents above establishes a public-safety-specific framework under which an organization defines qualifying psychological hazard exposure in advance and activates against it. That is the gap this Standard addresses. It is designed to be adopted by organizations that are already accredited, already aligned to NFPA health and safety requirements, or neither.

Annex F (Informative) — Field Validation and Implementation Status

F.1 Current Status

Version 3.0 is the first externally released edition of the FRBH National Standard and is designated a Provisional Field-Test Edition. FRBH has established the Standard, its associated governance architecture, and implementation-support infrastructure.

At the time of publication, FRBH is entering a period of pilot implementation, field learning, stakeholder engagement, and external evaluation intended to inform operational refinement of the Standard prior to publication of the first Consensus Edition.

No conformity assessment or accreditation program operates against this edition, and no such activity is being conducted by FRBH or by any other party. Organizations implementing this edition determine their own conformity by self-assessment under Chapter 3. Any future independent assessment would be conducted under the conditions stated in Section 3.9.

F.2 Purpose of Field Implementation and Evaluation

Field implementation and evaluation are intended to examine how the Standard functions within actual public safety organizations, including:

- feasibility of implementation;
- organizational acceptability;
- adoption of required organizational processes;
- implementation fidelity;
- barriers and facilitators to implementation;
- scalability across different public safety environments;
- sustainability of organizational processes; and
- opportunities to strengthen future editions of the Standard, including the open questions stated in Annex I.

These activities are intended to evaluate implementation and operational performance of the framework. They should not be interpreted as establishing clinical effectiveness or individual behavioral health outcomes unless such outcomes are specifically evaluated through an appropriately designed study.

F.3 Relationship to Standards Development

Findings from pilot implementation, external evaluation, stakeholder input, public comment, and the formal consensus process will be considered in the development of subsequent editions. FRBH will publish substantive revisions and the rationale for those revisions consistent with Section 5.2.

F.4 Validation Status

Until field evaluation activities are completed and findings are publicly reported, this Standard should be understood as a provisional organizational framework undergoing structured implementation and validation.

Publication of this edition does not represent a claim that the integrated OPHP framework has already been independently validated.

Annex G (Informative) — Revision History

FRBH's framework has gone through two internal working revisions prior to this edition. Versions 1.0 and 2.0 were internal drafts used within FRBH for its own development purposes and were not released as public or adoptable editions of this Standard. This edition, Version 3.0, is the first edition released externally, and is the first to carry a provisional designation reflecting its actual development-process status. This history is provided for transparency.

- **Version 1.0 (internal) —** developed under the name "Sustained Functional Resilience (SFR)"; a systems-based organizational framework framed around proactive, culturally aligned behavioral health support. Not externally released. SFR subsequently evolved from the name of the original framework into terminology describing an intended organizational outcome associated with effective Occupational Psychological Hazard Protection. SFR is not part of this Standard, is separately owned as stated in Section D.5, and is not required to achieve conformance with this Standard. OPHP, as established by this Standard, is distinct from it.
- **Version 2.0 (internal) —** reframed under the name "Occupational Psychological Hazard Protection (OPHP)," adopting occupational-safety-hazard terminology (OPHE, qualifying OPHE criteria) and the core chapter/annex structure carried forward into this edition. Used internally by FRBH; not released as a public or adoptable edition.
- **Version 3.0 (this edition; document number FRBH-OPHP-003, effective August 2026) —** the first edition released externally. Formally approved by the FRBH Board of Directors on July 24, 2026, following informal review, comment, and edit by eight named National Advisory Council subject-matter experts (Section D.2).

  Designated provisional; adds the Standards Development Disclosure, Chapter 4 (Legal and Regulatory Interface), Chapter 5 (Revision and Maintenance), expanded Chapter 3 (defined review frequency, evidence sufficiency, and nonconformity classification), Section 2.2.1 (Minimum Floor Criteria), Section 2.3.1 (Activation Exercise), Section 2.5.1 (Protection from Reprisal), fully developed Annexes A through D (examples of evidence of conformity, implementation considerations, relationship to existing workforce protection capabilities, and illustrative examples of OPHE), Annex E (Basis and Rationale), Annex F (Field Validation Status), and Annex H (Rapid Adoption Toolkit). This edition also states that this Standard is owned by FRBH, that Sustained Functional Resilience (SFR) is separately owned and is excluded from it (Section D.5), and that FRBH does not itself assess (Section 3.9).

  This edition also adds the front-matter summary "What This Standard Does"; the discretionary activation route and the requirement to communicate criteria to personnel in Sections 2.2(g) and 2.2(h); the activation timeframe, minimum activation content, and implementation requirement in Section 2.3; periodic review of workforce protection coordination in Sections 2.4(g) and 3.6(g); definitions of adverse organizational action and public safety organization; a scope statement covering all exposed personnel and stating the exclusions for families and separated personnel; Section 5.5 (Continuity of the Standard); Annex E.6 (relationship to U.S. public safety standards and accreditation programs); a References section; the recognition-point requirement in Section 2.3(a); the accountable-owner re-designation requirement in Section 2.1(g); a definition of affected personnel; guidance in Section 3.1 on conformity within a first review cycle; Annex I (Open Questions and Evaluation Agenda); Sections 2.2(j) and 2.2(k) (consultation on qualifying OPHE criteria, and a cumulative-exposure criterion or a documented

limitation with a target date); and Section 2.5.1(c) (activation and participation information excluded from personnel and performance evaluation records).

This edition further adds Sections OPHP.1.1.1 through OPHP.1.1.4, which state the framework's position in the hierarchy of controls, distinguish hazard control from injury response, allocate the responsibility for initiating protection to the organization rather than to the exposed individual, and identify the four functions an occupational safety program performs for a recognized hazard and where this Standard provides for each; and Core Principle 2A, which states that allocation as a principle. These sections make explicit a premise that the earlier internal revisions applied without stating.

This edition adds Chapter 6 (Requirements for Conformity Assessment Bodies), establishing the requirements applicable to any body that would assess conformity with this Standard, including accreditation of that body by a recognized accreditation body against the applicable international standard for conformity assessment. FRBH publishes those requirements and licenses, approves, recognizes, and lists no assessment body. Earlier internal revisions had contemplated FRBH owning a conformity assessment scheme and licensing independent providers to assess against it; that approach is not carried into this edition. The provisions giving effect to this are Section 3.9, Sections D.2 and D.5, the definition of conformity assessment scheme, and new definitions of accreditation body and assessment body.

This edition also adds a statement of FRBH's mission in the Foreword.

This revision history is maintained in each edition, and the rationale for substantive changes is explained as described in Section 5.2.

Annex H (Informative) — Rapid Adoption Toolkit

This annex directly addresses several practical implementation challenges, including defining qualifying OPHE, particularly cumulative exposure; scaling implementation for small and volunteer organizations; and addressing cultural resistance. Nothing in this annex is mandatory or normative; it exists so organizations do not have to design a system from a blank page. Organizations may adopt, adapt, or disregard any part of it.

H.1 Model Qualifying OPHE Criteria — A Three-Tier Starter Template

Section 2.2 requires organizations to document their own qualifying OPHE criteria, subject to the minimum floor established in Section 2.2.1. Defining qualifying OPHE criteria can be one of the more complex implementation steps. The following three-tier structure is offered as a starting point that can be adopted largely as-is and later refined. Organizations should draft and review these criteria with input from personnel and, where applicable, labor representatives — consistent with worker consultation practice in comparable safety standards (Section 2.2) — since the people who actually encounter these hazards are the ones best positioned to say whether a given tier accurately captures them.

Tier 1 — Objective Single-Event Triggers (no discretion required)

A closed list of event types, drawn from Annex D and consistent with the minimum floor established in Section 2.2.1, that automatically qualify without supervisor judgment — including any line-of-duty death, any pediatric fatality, any incident meeting the organization's defined mass-casualty threshold, and any incident resulting in serious injury or death to organizational personnel. Because these are verifiable from records the organization already keeps (incident reports, CAD data), activation can piggyback on existing reporting rather than requiring a new system: the same report that documents the incident operationally can trigger the OPHP notification required by Section 2.3.

Tier 2 — Cumulative Exposure Proxies (objective, count-based)

Cumulative exposure presents a different implementation challenge because repeated occupational exposures may accumulate over time without a single event independently meeting Tier 1 criteria. Rather than requiring a supervisor to determine when an individual has experienced "enough" exposure, organizations may use objective, count-based proxies drawn from operational data they already maintain:

- A defined number of Tier-1-adjacent responses (fatalities, serious injuries, violence) within a rolling window, e.g., 90 days;
- A defined number of fatality or serious-injury responses within a rolling 12-month period;
- A sustained-deployment threshold, e.g., more than a defined number of consecutive days on a single disaster or mass-casualty response.

These thresholds are intended as organizational exposure-recognition proxies rather than clinically precise measures of individual psychological impact. See H.2 for the rationale for using objective cumulative-exposure proxies within this framework, and Annex I, Q1 for the open question of whether cumulative exposure should carry a minimum floor in a future edition.

Tier 2 Variants for Non-Scene-Based Disciplines

The Tier 2 proxies above are built around discrete, scene-based incidents and fit fire, EMS, and law enforcement response most directly. Other disciplines covered by this Standard's scope experience

predictable psychological hazard exposure differently, and organizations in those disciplines should adapt the proxy mechanism, not just its thresholds:

- **Public Safety Communications / Dispatch:** exposure is call-based rather than scene-based, and often occurs without the ability to see an outcome or debrief immediately. A defined number of calls within a rolling window involving active violence, a child victim, a suicide in progress, or a caller's death during the call is a more accurate proxy than a response-count threshold built for personnel physically present at a scene.
- **Corrections:** exposure is frequently chronic and environmental rather than discrete-event-based (sustained proximity to threat, manipulation, isolation). A duration-based proxy — for example, a defined period of continuous assignment to a high-security or high-incident-rate unit — is a more accurate proxy than an event-count threshold.
- **Emergency Management:** exposure often accumulates through extended single deployments rather than repeated short incidents. The sustained-deployment proxy above is usually the primary, not secondary, mechanism for this discipline, and the rolling-window response-count proxy may not apply meaningfully.

This section addresses the cumulative-exposure mechanism specifically, which does not transfer cleanly across disciplines without adaptation.

Tier 3 — Discretionary Safety-Net Referral

A supervisor, peer support member, or the individual themself may request organizational activation even where Tier 1 or Tier 2 criteria are not met, without justification tied to diagnosis or symptoms. This preserves the Standard's core principle — activation is not symptom- or disclosure-triggered as a matter of policy — while ensuring the objective tiers do not become a ceiling that excludes a legitimate case the organization did not anticipate. A route of this kind is required by Section 2.2(g); this tier is one way of providing it.

H.2 Rationale for Objective Cumulative-Exposure Proxies

Count-based thresholds may both over-trigger and under-trigger for any given individual. Within this Standard, that limitation is balanced against the need for an organizational criterion that is objective, consistently applicable, and auditable without requiring supervisors or assessors to evaluate an individual's clinical condition. An objective threshold allows an assessor to verify whether the defined criterion was reached and whether the organization responded. Tier 3 provides a discretionary safety net for circumstances not captured by the objective thresholds.

This three-tier structure follows the hierarchy-of-controls reasoning set out in Section OPHP.1.1.1: Tiers 1 and 2 function as structural, automatic layers that do not depend on an individual recognizing or reporting symptoms, while Tier 3 provides a discretionary backstop.

H.3 Scaled Implementation Pathway by Organizational Size

Section 3.2 establishes that conformity does not vary by organizational size. This section does not change that — it offers implementation guidance calibrated to available capacity so smaller organizations are not deterred from attempting conformity at all.

Track 1 — Under approximately 25 personnel, or all-volunteer

- Combine the governance role with an existing officer position (e.g., the chief or an assistant chief also serves as OPHP governance lead) rather than creating a new role or committee.
- Adopt the Tier 1 model criteria largely as-is; if data systems cannot support Tier 2 cumulative tracking, document that as a known limitation with a target date to address it, as Section 2.2(k) requires.
- Satisfy the communication requirement in Section 2.2(h) at a shift briefing or membership meeting, recorded with a date and attendance, rather than through a formal publication process.
- Use mutual-aid, regional, or county-level resources (a shared peer support team, a regional EAP contract) to satisfy Section 2.4 coordination requirements instead of building standalone capability.
- The leadership oversight review required by Sections 2.6 and 3.6 may be conducted through a brief documented review by the designated OPHP governance lead and executive authority rather than through a standing committee or formal meeting, provided the review occurs at intervals not exceeding six months and addresses the requirements of Section 2.6.
- The activation exercise required by Section 2.3.1 may be combined with an existing mutual-aid or regional training exercise rather than conducted as a standalone event, provided the combined exercise still tests notification, coordination, and documentation steps and is documented as required.

Track 2 — Approximately 25 to 150 personnel

Standard implementation per Chapters 2 and 3 as written, with the governance role assigned to a specific existing officer rather than a new hire.

Track 3 — Approximately 150 or more personnel, or multi-station/multi-shift operations

Full implementation as written; a dedicated governance function is likely warranted, and Tier 2 cumulative criteria should be supported by existing CAD or records-management-system data.

H.4 A 90-Day Fast-Start Sequence

This sequence compresses Annex B's implementation steps into a concrete timeline, assuming an organization is building on existing resources rather than starting from nothing:

- Days 1–15: Leadership designates the OPHP governance owner (Section 2.1); inventory existing EAP, peer support, chaplain, and occupational health resources (Section 2.4).
- Days 16–30: Adopt and adapt the Tier 1 model criteria from H.1 to the organization's actual risk profile; draft the activation and notification procedure (Section 2.3), including the recognition point required by 2.3(a) and the timeframe required by 2.3(g), integrating existing dispatch, supervisory, incident-management, or notification processes where appropriate.
- Days 31–45: Communicate to the workforce what qualifies (Section 2.2(h)), what happens automatically, how to request activation where the criteria are not met (Section 2.2(g)), that participation remains voluntary, and how confidentiality is protected (Section 2.5).
- Days 46–60: Leadership sign-off on the governance policy; brief labor representatives and legal counsel using the checklist in H.5.
- Days 61–90: Conduct the first leadership oversight review (Section 2.6); record the Section 2.2(k) determination — either the cumulative criterion adopted, or the limitation and its target date.

H.5 Legal Coordination Checklist (For Counsel — Not Legal Advice)

This checklist translates Chapter 4 into specific questions to hand to legal counsel and labor representatives, so the organization does not have to reconstruct what to ask:

- Does this state's peer support or critical-incident-stress confidentiality statute, if one exists, apply to our coordination processes under Sections 2.4 and 2.5, and what exceptions apply?
- Do our EAP or clinical referral pathways trigger HIPAA or, where substance use treatment is involved, 42 CFR Part 2, and if so, what documentation practices does that require?
- Could OPHE activation records (Sections 2.2, 2.3) become discoverable in a workers' compensation claim or an ADA accommodation process, and how should retention under Section 3.7 be structured with that in mind?
- Does our existing collective bargaining agreement already address EAP, peer support, or CISM in ways that need to be reconciled with this Standard's confidential-access requirements, rather than treated as a separate, potentially conflicting system?
- Does the reprisal protection required by Section 2.5.1 interact with any existing disciplinary, fitness-for-duty, or performance-management provision in a way that should be reconciled in writing before adoption?
- Activation will routinely reach personnel who are off duty. Does any provision of our collective bargaining agreement, or any wage-and-hour rule, govern contacting personnel at home, and how should that shape the timeframe we set under Section 2.3(g)?

H.6 Addressing Cultural Resistance (Informative, Non-Binding)

Resistance rooted in stigma — the perception that using support resources signals weakness — is a well-documented adoption barrier in high-stoicism occupational cultures and cannot be resolved by policy language alone. The following practices are commonly used to support organizational acceptance and reduce stigma in high-stoicism occupational environments. They are offered for consideration and are not requirements of this Standard:

- Visible participation by senior uniformed leadership, not only administrative staff, in OPHP-related activities may reinforce organizational acceptance and demonstrate visible leadership commitment beyond written policy alone.
- Framing activation as a standard operational step — rather than solely as a mental-health intervention — may support normalization of OPHP within routine organizational practice.
- Where peer support is part of the organization's workforce protection capabilities, organizations may consider whether peer-support involvement in initial outreach is appropriate for their workforce, confidentiality structure, and operational culture.
- Organizations should clearly communicate that OPHP activation is not evaluative, how activation information is documented, and that Section 2.5.1(c) keeps such information out of personnel and performance evaluation records.

Annex I (Informative) — Open Questions and Evaluation Agenda

I.1 Purpose of This Annex

Publishing a provisional edition means publishing an incomplete one. This annex states what FRBH does not yet know, what the field validation described in Annex F is designed to resolve, and — where FRBH has a view about how a question should eventually be answered — the candidate language it is considering. Publishing candidate requirements before they become normative allows organizations, personnel, and labor representatives to react to them while they can still be changed.

Nothing in this annex is a requirement. Organizations are not expected to implement anything described here.

I.2 Open Questions

Q1 — Should cumulative exposure carry a minimum floor?

Section 2.2.1 establishes a minimum floor for single-event exposure only. Cumulative exposure — repeated exposure that accumulates without any single event meeting a Tier 1 trigger — is left to organizational discretion under Section 2.2(b) and Annex H.1 Tier 2. FRBH's working view is that cumulative exposure accounts for a substantial share of the hazard this Standard exists to address, and that leaving it entirely optional is a significant limitation of this edition.

The lower-burden half of the candidate FRBH was considering — requiring that the absence of a cumulative criterion be documented as a known limitation with a target date — has been adopted in this edition at Section 2.2(k). It requires no data FRBH does not have, and it converts a silent omission into a stated one. A cumulative threshold itself is not made normative here because a defensible count-based figure requires incident data FRBH does not have; a threshold set without it would either trigger constantly or never, and would have to be withdrawn.

What the field test is designed to produce: activation-eligible event counts per person and per unit across participating organizations and disciplines, sufficient to determine whether any threshold generalizes.

Candidate requirement still under consideration

> *"An organization's qualifying OPHE criteria shall include at least one criterion based on cumulative or repeated exposure, expressed as a threshold the organization can verify from data it already maintains. The organization shall document the operational basis for the threshold selected."*

What remains open is whether a cumulative criterion should be required outright, and whether any threshold generalizes across disciplines given how differently cumulative exposure presents in dispatch, corrections, and emergency management (Annex H.1).

Q2 — Should the activation timeframe have a fixed outer limit?

Section 2.3(g) requires the organization to define its own timeframe. Whether a fixed outer limit is appropriate, and what it would be, depends on what timeframes organizations actually set and whether they meet them. What the field test is designed to produce: elapsed time between recognition and coordination across activations, and the distribution of organization-defined timeframes.

Q3 — Should the Standard address families and household members?

Currently out of scope. Exposure effects extend to households, and family support programs are among the capabilities that may be coordinated under Section 2.4, but this Standard imposes no expectation regarding them. Whether an organizational expectation is appropriate — and whether it can be written without intruding on matters outside the employment relationship — is unresolved.

Q4 — Should the Standard address personnel following separation?

Currently out of scope. Personnel exposed shortly before resignation, retirement, or termination fall outside the framework entirely. Whether a post-separation expectation is workable is unresolved.

Q5 — Should personnel have a defined route where an organization does not follow its own criteria?

Currently absent. This Standard places obligations on organizations and provides no mechanism by which personnel can raise a failure to meet them. Where personnel are represented, an existing grievance procedure may already reach a failure to follow documented organizational criteria; Section 4.4 addresses that interaction. The sharper form of the question concerns personnel who are not represented — including volunteers and much of the workforce in small organizations — for whom no route exists at all. FRBH's view is that this question should not be answered without labor participation, and it is therefore deferred until the outreach described in Section D.3 has occurred.

Q6 — Is self-declared conformity sufficient discipline?

Under this edition, conformity is self-determined and self-represented (Section 3.9). Whether that produces accurate representations at scale is unknown. Options under consideration include a published attestation format. Chapter 6 addresses part of this question by fixing in advance what would be required of any body that assessed conformity, but it does not answer it: no such body exists, none is required, and self-declaration remains the only route available under this edition. Whether it is sufficient discipline is an open question the field test is expected to inform.

Q7 — Does the scaled pathway in Annex H.3 work?

Track 1 is written for organizations under approximately 25 personnel or all-volunteer. Whether such organizations can actually reach conformity on the resources described has not been tested.

Q8 — How should activation work across agencies at a shared incident?

Most significant incidents draw more than one agency. Each organization implementing this Standard defines its own qualifying OPHE criteria and activates for its own personnel, which means that at a single scene one agency may activate and another may not, and mutual-aid personnel from an organization that has not adopted this Standard may receive nothing. This Standard does not currently address cross-agency recognition, notification, or coordination.

FRBH's working view is that this is the most consequential unresolved operational question in the Standard, because the model works least well precisely at the incidents that most warrant it. It is not addressed normatively here because any workable answer depends on how agencies actually coordinate in practice and on what mutual-aid instruments can carry.

What the field test is designed to produce: accounts of multi-agency incidents at pilot sites, identifying where activation did and did not reach exposed personnel, and whether existing mutual-aid agreements could carry an OPHP provision.

Q9 — How should activation reach personnel employed by a separate entity?

Public safety communications is frequently delivered by a consolidated or county-level center serving multiple agencies. A telecommunicator may handle a qualifying incident end to end while being employed by an entity that is not the responding agency and may not have adopted this Standard. The same pattern arises with contracted EMS, shared investigative units, and regional task forces.

Section 2.2 places responsibility on each organization for its own personnel, which leaves this exposure unaddressed where no single organization treats the person as theirs. Whether the Standard should place an expectation on the responding organization, on the employing entity, or on both is unresolved.

Q10 — How should the Standard address incidents that exceed organizational capacity?

Chapter 2 is written for incidents that expose an identifiable group of personnel and are met by capabilities the organization has inventoried under Section 2.4. Neither the recognition requirements in Section 2.2 nor the coordination requirements in Section 2.4 address what happens when a single incident exposes a large proportion of the workforce at once, when several qualifying incidents occur within a short period, or when coordinated capabilities are exhausted by the volume of an activation.

Section 2.4 requires an organization to identify and coordinate available capabilities. It does not require a stated capacity, an escalation path, or a method of prioritization when demand exceeds what those capabilities can absorb. An organization could therefore activate correctly, follow its documented procedures exactly, and still leave exposed personnel without the response it said it would provide — a failure its self-assessment under Section 3.8 would not detect, because every subordinate "shall" item was met.

Whether this should be addressed by an expectation that organizations plan for surge, through mutual-aid arrangements of the kind discussed at Q8, or not at all, is unresolved. It is closely related to Q8, since the incidents most likely to saturate one organization are the incidents most likely to involve several.

What the field test is designed to produce: whether any pilot site experiences an activation that exceeds its coordinated capacity, what it does when that occurs, and whether organizations can state a capacity limit without that statement itself becoming a reason to define qualifying exposure more narrowly.

I.3 Development Steps FRBH Intends to Take

The steps below are the development work FRBH intends to carry out during the provisional period, in the order it expects to take them. They are stated as intentions rather than as dated commitments. FRBH is an all-volunteer organization, several of these steps depend on external funding and on the participation of parties FRBH does not control, and a published deadline it cannot meet would be worth less to an adopting organization than an honest account of the sequence.

- Public comment is open now, at info@frbh.org. Comments are logged on receipt and considered in subsequent revisions. This is a present fact rather than a future step.
- A formal public comment period of not less than 60 days, with dedicated outreach to labor organizations representing the disciplines within scope. Where that period is held, FRBH intends to

publish the list of labor organizations contacted and, for each, whether a response was received, so that the extent of labor participation is visible rather than asserted.

- Publication of FRBH's documented response to substantive comments, including those it declines to incorporate and why, following the close of that comment period.
- Publication of field validation findings following pilot implementation. Pilot commencement is contingent on external funding and partner availability, and FRBH does not control its timing.
- Publication of the first Consensus Edition, informed by field validation findings, public comment, and formal consensus review.

These steps concern process, not outcomes. None of them is a condition of an organization's conformity with this edition, and an organization that has implemented this Standard is not affected by the pace at which they are completed. The current status of each is available from FRBH on request, and an organization weighing adoption should ask rather than infer.

I.4 How to Comment

Comments may be submitted to info@frbh.org. Comments on the candidate language in this annex are specifically invited, including from organizations that do not intend to adopt this edition.