FRBH FREQUENTLY ASKED QUESTIONS

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Practical Questions About Adopting the FRBH National Standard

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COMPANION PUBLICATION TO A PROVISIONAL EDITION

This publication supports the FRBH National Standard for Occupational Psychological Hazard Protection (OPHP), Version 3.0, Provisional Field-Test Edition. The Standard has not yet completed an open multi-stakeholder consensus process, and its requirements may be modified before publication of the first Consensus Edition. This publication is informative. It does not establish, modify, narrow, or add to any requirement of the Standard. Where anything in this publication and the Standard differ, the Standard governs.

No conformity assessment, certification, or accreditation program operates against the Standard. Organizations determine their own conformity by self-assessment under Chapter 3 of the Standard.

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FRBH-FAQ-001, Version 1.0 (July 2026). Rewritten to reflect Version 3.0 of the Standard, the provisional designation, and FRBH's current institutional structure. Questions about an FRBH accreditation program have been removed, because FRBH does not operate one and does not intend to establish one.

Standards Steward:

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

Conformity Assessment:

FRBH does not perform conformity assessment, certification, or accreditation of any organization, does not operate such a program, and does not intend to establish one. Chapter 6 of the Standard establishes the requirements applicable to any body that would assess conformity with it. FRBH does not license, approve, recognize, or list any such body, and no assessment activity has commenced.

Related Publications:

FRBH National Standard for OPHP (FRBH-OPHP-003)

FRBH Executive Overview (FRBH-EB-002)

FRBH Organizational Self-Evaluation (FRBH-OSA-002)

FRBH Implementation Guidance (FRBH-IG-002)

FRBH National Technical Assistance Center (FRBH-NTAC-002)

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How to Use This Document

These answers summarize the Standard. Where an answer and the Standard differ, the Standard governs. Section references point to where the actual requirement lives.

Nothing here is legal advice. Chapter 4 of the Standard identifies the areas of law that warrant review by counsel licensed in your jurisdiction.

About the Standard

What is the FRBH National Standard?

It is a national standard establishing organizational expectations for Occupational Psychological Hazard Protection (OPHP) in public safety organizations. It applies established occupational safety principles — governance, hazard recognition, protective measures, evaluation, continual improvement — to predictable occupational psychological hazards.

What problem is it solving?

In most trauma-exposed workplaces, psychological hazard is handled by waiting. Resources exist and personnel are told they are available, but nothing happens until the exposed person raises their hand. That model asks the person carrying the exposure to also carry responsibility for recognizing it and acting on it, which is not how any other foreseeable occupational hazard is managed. The Standard moves that responsibility to the organization.

Occupational safety ranks control measures by how far they depend on the individual worker, and awareness campaigns, warning-sign training, and encouraging people to seek help all sit at the lowest tier — the equivalent of personal protective equipment. That ranking measures dependence on individual action, not importance: personal protective equipment is mandatory and protective of life in the programs that rely on it. Peer support, employee assistance, and suicide prevention work remain important, and the Standard relies on them as capabilities the organization coordinates rather than replacing them. Section OPHP.1.1.1 of the Standard places OPHP at the administrative control level, where the organization decides in advance what qualifies and what it will do, and then does it. The Standard claims that level and no more.

Is this a behavioral health program?

No. It is a governance framework. The Standard sets no clinical standard, requires no specific program 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.

How is this different from our EAP or peer support team?

It is not a substitute for either. Established occupational safety logic addresses a recognized hazard through four functions — identify the hazard, evaluate the exposure, control the risk, and document the action — and the Standard applies that logic to occupational psychological hazards. An employee assistance program, a peer support team, or a chaplain performs the control function, and performs it with expertise the Standard does not duplicate. What those capabilities were not designed to do is identify a defined hazard, evaluate the exposure against criteria set in advance, or document what followed. The Standard supplies those three functions and coordinates the capabilities the organization already has under Section 2.4. See Section OPHP.1.1.4.

What is the difference between OPHP and OPHE?

Occupational Psychological Hazard Exposure (OPHE) is the exposure — events, incidents, or operational experiences encountered in the course of duty that present a foreseeable potential for psychological impact. Occupational Psychological Hazard Protection (OPHP) is the organizational response — the systematic application of occupational safety principles to that exposure.

Is this the same as psychosocial hazard management under ISO 45003?

Related but not the same. ISO 45003 and CSA Z1003 address psychosocial hazards broadly across all workplaces. This Standard addresses the predictable occupational psychological hazards specific to public safety, at the level of operational application. It is a public-safety-specific complement to those instruments, not a replacement. Conformity with this Standard does not require conformity with any of them, and none needs to be purchased to implement it.

Status and Development

What does "Provisional Field-Test Edition" mean?

Version 3.0 is the first edition released outside FRBH. It was approved by the FRBH Board of Directors on July 24, 2026, following informal review and comment by eight named subject-matter experts on the National Advisory Council. It has not been through an open public comment period, has not been balloted by a multi-stakeholder body, and has not completed independent field validation. Requirements may be modified before the first Consensus Edition.

Then why publish it now?

FRBH's stated judgment is that public safety personnel are exposed to these hazards continuously, and that withholding a usable framework until every developmental step is complete serves the field worse than releasing an honestly labeled provisional edition. The Standard says plainly that it is published to be tested, not to be relied on as settled.

Has any labor organization reviewed it?

No, and FRBH identifies this as the most significant limitation of the development process to date. Annex I.3 states that FRBH intends to hold a formal public comment period of not less than 60 days, with dedicated outreach to labor organizations representing fire service, law enforcement, emergency medical services, corrections, and public safety telecommunications personnel, and to publish which organizations were contacted and which responded, so that the extent of labor participation is visible rather than asserted. Annex I.3 states these as intended steps in sequence rather than as dated commitments, and explains why.

If requirements might change, is it worth adopting now?

That is the organization's judgment to make. What FRBH commits to is that it will publish a summary of what changes between this edition and the first consensus-reviewed edition, and why, so that organizations that adopted early can assess the impact on their existing conformity (Section 5.2). Annex I lists the specific questions FRBH has not resolved, so early adopters can see which parts are most likely to move.

What are the open questions?

Annex I of the Standard states ten, including whether cumulative exposure should carry a minimum floor of its own; whether the activation timeframe should have a fixed outer limit; whether families and separated personnel should be within scope; whether personnel should have a defined route where an organization does not follow its own criteria; whether self-declared conformity is sufficient discipline; and how the Standard should address an incident that exceeds an organization's capacity to respond. Comments on these are specifically invited, including from organizations that do not intend to adopt this edition.

Scope and Applicability

Who does the Standard apply to?

Public safety organizations whose personnel encounter OPHE as a foreseeable condition of their work — emergency response, law enforcement, fire and rescue, emergency medical services, corrections, public safety communications, and emergency management.

Which personnel are covered?

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. That includes sworn and non-sworn personnel, full-time and part-time staff, volunteers, and telecommunications and support personnel.

Are dispatchers really in scope?

Yes. Telecommunications personnel are within scope, and the Standard's definition of affected personnel names them specifically as a category commonly overlooked — exposed in the course of duty without being physically present at a scene. Annex H.1 provides a dispatch-specific cumulative-exposure proxy, because a response-count threshold built for personnel at a scene does not fit call-based exposure.

Does it cover families, or personnel who have left the organization?

Not in this edition. Both are stated as exclusions in Scope and are under consideration for future editions; see Annex I, Q3 and Q4.

Our agency runs multiple disciplines. Do we implement once or several times?

Either. A single entity operating multiple disciplines may implement as one organization or discipline by discipline, provided the scope of its implementation is documented.

Is adoption mandatory?

No. The Standard is voluntary. It does not create, define, or determine any organization's legal obligations.

What Is Actually Required

What does the Standard require us to do?

Chapter 2 contains nine organizational expectations and three subordinate normative sections: governance (2.1); documented criteria for what counts as qualifying exposure (2.2) including a four-category minimum floor (2.2.1); documented activation procedures (2.3) and a periodic exercise of them (2.3.1); coordination of existing workforce protection capabilities (2.4); confidential access (2.5) and protection from reprisal (2.5.1); leadership oversight (2.6); organizational evaluation (2.7); continual improvement (2.8); and a documented conformity self-assessment (2.9).

Do we have to create a new program, department, or position?

No. Governance may be integrated into existing occupational safety, occupational health, wellness, behavioral health, or risk-management structures, and the accountable executive is normally an existing officer.

Do we have to replace our EAP, peer support team, or chaplain?

No. The Standard coordinates existing capabilities rather than replacing them. Annex C addresses each capability and what OPHP adds to it — principally a documented activation trigger and a defined coordination role, rather than activation depending on whether someone happened to hear about the call.

Do we have to buy software or build a database?

No. The Standard requires no technology, and Tier 1 criteria are designed to be verifiable from records the organization already keeps, so that activation can piggyback on existing incident reporting.

Do personnel have to participate?

No. Workforce autonomy regarding participation is preserved except where law or an applicable collective bargaining agreement requires otherwise. Activation is the organization's obligation; participation is the individual's choice. Section 2.3(h) requires that the communication to affected personnel say so, precisely so that automatic organizational action is not heard as a direction to attend something.

Do we have to document every exposure?

No. The Standard requires documented criteria, documented activation procedures, and evidence that the process ran — not a record of every exposure. Section 4.5 recommends that conformity records capture activation by category, date, and disposition only, without incident-identifying detail or personnel names.

Criteria and Recognition

Who decides what counts as a qualifying exposure?

The organization does, based on its own operational environment — subject to the minimum floor in Section 2.2.1, which it may exceed but not narrow.

What is in the minimum floor?

Four categories of single-event exposure, adapted to the organization's mission: any line-of-duty death; any mass casualty incident, with the casualty threshold defined by the organization; any pediatric fatality encountered in the course of duty; and any incident resulting in serious injury or death to organizational personnel.

Why is there a floor at all?

Without one, an organization could set criteria narrow enough to rarely or never activate while remaining technically conformant. The four categories were chosen to be common across disciplines, severe enough that activation is unambiguously warranted, and infrequent enough that requiring activation for them does not create administrative burden.

Can we set our mass-casualty threshold high?

Any numeric threshold used to operationalize a floor category must be reasonable, documented, and supported by the organization's mission, operational environment, foreseeable exposure profile, and incident history. A threshold that materially limits activation without a documented operational basis is objective evidence of nonconformity.

Do we have to consult our personnel about the criteria?

Yes. Section 2.2(j) requires documented consultation with the personnel who encounter the hazards addressed and, where personnel are represented, with their designated representatives — at development and at each periodic review. Consultation does not require agreement and does not move responsibility for the criteria away from the organization. It requires that the people the criteria cover have an opportunity to comment, and that the opportunity is documented.

What if our records system cannot support cumulative-exposure tracking?

Section 2.2(k) gives two conforming paths: include at least one cumulative or repeated-exposure criterion expressed as a verifiable threshold, or document the absence of one as a known limitation together with a target date for addressing it. Recording the limitation is conforming; leaving it undocumented is not.

What if an exposure does not meet our criteria but clearly warranted a response?

Section 2.2(g) requires a documented route by which activation may be requested where the criteria are not met — usable by the affected individual directly, not only by a supervisor on their behalf, and without requiring justification tied to diagnosis or symptoms. Objective criteria cannot anticipate everything, and the route exists so they do not become a ceiling.

Do we have to tell personnel what the criteria are?

Yes. Section 2.2(h) requires communication to personnel, and criteria that exist but were never distributed are listed in Annex A among the most common evidence insufficiencies. Personnel who do not know what qualifies cannot recognize when activation should have occurred and did not, and cannot use the route in 2.2(g).

Activation

What does activation actually involve?

Recognizing that a qualifying exposure occurred, notifying the people the procedure says to notify within the timeframe the organization set, coordinating the relevant capabilities, telling affected personnel what is available and how to reach it, documenting what happened, and concluding the activation. It does not involve requiring anyone to disclose anything or to accept any service.

How fast do we have to act?

The Standard does not prescribe an interval, because appropriate intervals vary by discipline, staffing model, and incident type. It requires that you define and document one (Section 2.3(g)). Whether a fixed outer limit should replace that in a future edition is an open question in Annex I.

Who counts as affected personnel?

The organization determines this. The Standard's definition names the categories most often missed: telecommunications personnel who handled the incident, personnel who responded in a supporting or secondary role, and others exposed in the course of duty without being present at a scene.

What about a shared incident involving several agencies?

Annex I, Q8 states this as an open question. Each agency's obligation runs to its own personnel under its own criteria; how activation should be coordinated across agencies at a shared incident is not yet resolved, and comment is invited. Q9 raises the related question of personnel employed by a separate entity, such as consolidated dispatch.

We have never had a qualifying exposure. How can we show our procedures work?

Section 2.3.1 requires a documented tabletop or simulated exercise of the activation procedures at intervals not exceeding 24 months, testing notification, coordination, and documentation steps. Where a genuine activation occurred within the preceding 24 months, its record may substitute for that cycle. Smaller organizations may combine the exercise with an existing mutual-aid or regional drill.

Confidentiality and Reprisal

Does the organization learn who is struggling?

No. Activation is triggered by exposure, not by symptoms or disclosure. The organization knows who was exposed — which it already knows from the incident record — and does not require anyone to disclose anything to receive its response.

What does Section 2.5.1 protect against?

Adverse organizational action — discipline, demotion, reassignment, denial of promotion or specialized assignment, alteration of duty status, or comparable employment consequence — on the basis of being identified as having experienced qualifying OPHE, or on the basis of participating, not participating, or partly participating in coordinated capabilities.

Can activation information go in someone's personnel file?

No, unless law requires retention there. Section 2.5.1(c) bars information identifying an individual's qualifying OPHE or their participation from personnel files and performance evaluation records. Organizations should decide where that information does live, document the decision, and make sure practice matches what personnel were told.

Does this limit fitness-for-duty or discipline?

No. Nothing in Section 2.5.1 limits fitness-for-duty determinations, disciplinary processes, or employment decisions made on grounds independent of OPHE recognition or participation — all of which are outside the Standard's scope. Where an organization relies on independent grounds, it should be able to identify those grounds from records created before the recognition or participation at issue.

Does adopting the Standard change our personnel's legal rights?

No. Nothing in the Standard waives, limits, or substitutes for any right, remedy, or procedure available under applicable law or a collective bargaining agreement, and adoption does not alter those rights. Nothing in the Standard displaces an existing grievance or dispute-resolution procedure.

Will conformity protect us from liability?

The Standard makes no such claim, and organizations should not represent that it does. It does not create, define, or determine legal obligations. What it provides is a structured organizational framework that may assist in addressing responsibilities arising under applicable law — with applicability depending on jurisdiction, consistent implementation, and factors outside the Standard's control.

Could our documentation be used against us?

It could. The Standard says so directly. 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 reason to set criteria against actual incident history rather than narrowly, and to treat the request route in Section 2.2(g) as a real pathway rather than a formality. Chapter 4 and Annex H.5 set out what to take to counsel.

Conformity and Evidence

Who determines whether we conform?

You do. Self-assessment under Chapter 3 is the only method of determining conformity available under this edition, and it is sufficient. An organization may implement the Standard, determine its own conformity, and represent that conformity without any third-party involvement.

How often?

At intervals not exceeding 12 months (Section 3.6(f)), reaching a determination at the level of each expectation.

What makes evidence sufficient?

Section 3.7 sets four criteria: dated or otherwise attributable to a specific point in time; attributable to an identifiable role or individual with documented authority; consistent with the organization's other conformity records for the same period; and retained for not less than three years, or the two most recently completed cycles of the applicable review interval, whichever is longer.

Does appearing in Annex A make a document sufficient?

No. Annex A lists evidence types, not guarantees. A document that does not meet the four criteria in Section 3.7 does not become sufficient because it appears there — and evidence not listed in Annex A may be sufficient if it does meet them.

We just adopted the Standard. Are we nonconforming because we have not done an annual review yet?

No. Evidence of a completed review cycle is required only once the applicable interval has elapsed. An organization within its first cycle is not nonconforming for a review that is not yet due — record that fact in the self-assessment rather than deferring the self-assessment (Section 3.1).

What happens if we miss a review interval?

The organization is nonconforming with the corresponding expectation as of the date the interval lapses, regardless of whether the underlying program continues to operate. That is a minor nonconformity under Section 3.8.2(b), requiring a documented corrective action plan tracked to closure.

What is the difference between a major and a minor nonconformity?

A major nonconformity is a required element entirely absent, evidence that cannot be produced for a required element, or a pattern of minor nonconformities indicating the expectation is not functioning as a system. Any unresolved major nonconformity precludes overall conformity. A minor nonconformity is a required element that exists but is incomplete, inconsistently applied, or out of compliance with the review frequency.

Does conformity depend on our size or budget?

No. Section 3.1 states that conformity is independent of organizational size, governance structure, workforce composition, available resources, and operational environment. Annex H.3 scales the implementation pathway, not the requirements.

How should we describe our conformity publicly?

As conformity with the provisional edition, determined by self-assessment. Section D.4 offers wording so that representations stay accurate and consistent across adopting organizations. Claims of accreditation, certification, or third-party recognition against this Standard would not be accurate, because no such program exists.

Assessment, Accreditation, and Cost

Does FRBH accredit or certify organizations?

No. FRBH does not perform conformity assessment, certification, or accreditation of any organization, does not operate such a 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.

Will there ever be independent assessment?

Possibly, but not from FRBH and not by FRBH's appointment. Chapter 6 of the Standard establishes, in advance, what would be required of any body that assessed conformity: accreditation by a recognized accreditation body against the applicable international standard for conformity assessment; impartiality, including that no entity in which a director, officer, chief executive, or founder of FRBH holds an interest may perform such assessment or hold any financial interest in the outcome; independence from the organization assessed, including no paid readiness, consulting, training, or advisory relationship within the preceding two years; assessment against the published requirements and no others; no requirement to purchase any instrument, product, or service; no access to individual-level activation information; and fees that are not contingent on outcome. FRBH publishes those requirements and licenses, approves, recognizes, and lists no assessment body. No assessment activity has commenced.

Will we have to be assessed?

No. Nothing in the Standard requires participation in any assessment or accreditation program, and conformity is not contingent on any assessment determination.

What does the Standard cost?

Nothing. It is published without charge, may be implemented at no cost to FRBH, and conformity does not depend on purchasing any consulting, readiness, training, or advisory service from FRBH or from any other party.

Can we hire FRBH to help us get ready?

No. Section 3.9(f) states that FRBH will not provide readiness, consulting, training, or advisory services to organizations seeking or holding a determination against the Standard. What FRBH does provide, through the National Technical Assistance Center, is general implementation guidance at no charge, on the same terms to every organization, and without regard to whether an organization is seeking or holds a determination. That is the only support it offers, and it is free.

Does FRBH endorse any vendor, product, or consultant?

No. The Standard prescribes no programs, vendors, staffing models, or service delivery methods, and FRBH endorses none.

Who owns the Standard?

FRBH owns the Standard and the OPHP framework as embodied in it, together with the FRBH name, seal, and marks. The framework originated before FRBH was formed, under the name Sustained Functional Resilience, and was developed into the Standard by FRBH. Section D.5 of the Standard sets this out in full, including that

FRBH holds unrestricted rights to publish, maintain, revise, and administer the Standard without royalty, license fee, or payment obligation to any other party.

What is SFR, and do we need it?

Sustained Functional Resilience is the framework the Standard originated from. SFR itself, together with its associated instruments, item banks, scoring methodologies, curricula, software, and related materials, is separately owned by Wigfall Holdings, LLC and is not owned by FRBH. Those materials are not part of the Standard and are not required to achieve conformance. Nothing in the Standard requires you to hold, purchase, or use them.

Labor and Workforce

How does this interact with our collective bargaining agreement?

Organizations should confirm whether existing EAP, peer support, or CISM provisions in the agreement address matters the Standard also addresses, and should coordinate implementation with labor representatives rather than creating a second, potentially conflicting system (Section 4.4). The autonomy provisions in the Standard are qualified by law and by applicable collective bargaining agreements, not by organizational policy alone.

Activation will reach people at home. Is that a problem?

It may be. Annex H.5 flags this directly as a question for counsel and labor representatives: whether any provision of the collective bargaining agreement, or any wage-and-hour rule, governs contacting personnel off duty, and how that should shape the timeframe set under Section 2.3(g).

What if our organization does not follow its own criteria?

Whether that failure is reachable under an existing grievance or dispute-resolution procedure is determined by the applicable agreement and by law, not by the Standard. Whether the Standard should establish an internal route in a future edition is stated as an open question in Annex I, Q5 — held open explicitly because labor is not yet at the table.

How do we deal with cultural resistance?

Annex H.6 addresses this. Resistance rooted in stigma is a well-documented adoption barrier in high-stoicism occupational cultures and cannot be resolved by policy language alone. The reprisal protection in Section 2.5.1 is central: if personnel believe activation carries career risk, the rest of the system will not be used regardless of what the policy says.

Getting Started and Getting Help

Where do we start?

Read the Standard — at minimum the front-matter summary “What This Standard Does”, Chapter 2, and Chapter 3. Complete the Organizational Self-Evaluation (FRBH-OSA-002) to see where you stand. Work through the Implementation Guidance (FRBH-IG-002). Take Annex H.5 of the Standard to counsel and to labor representatives before finalizing anything.

How long does implementation take?

Annex H.4 sets out a 90-day fast-start sequence for an organization building on existing resources with an identified accountable owner. Actual timelines vary with size, governance, operational environment, workforce structure, labor requirements, and existing capability.

We are a small volunteer department. Is this realistic?

Annex H.3, Track 1 is written for organizations under approximately 25 personnel and all-volunteer organizations. It describes combining the governance role with an existing officer position, adopting Tier 1 criteria largely as written, satisfying the communication requirement at a shift briefing or membership meeting recorded with a date and attendance, using mutual-aid or regional resources for coordination, and conducting the leadership review as a brief documented review rather than a standing committee.

Who do we contact?

The FRBH National Technical Assistance Center, through any of three channels: Ask FRBH, the chat assistant at www.frbh.org; email at support@frbh.org; or a scheduled call, booked at 844-ASK-FRBH (toll-free). It is available at no charge and on the same terms to every organization. Comments on the Standard itself go to info@frbh.org, the address the Standard gives for comment; they are logged on receipt and are welcome from organizations that do not intend to adopt this edition.

What will the NTAC actually answer?

General questions about what the Standard requires, how its sections relate, what it does and does not ask for, and how FRBH is governed. It also provides implementation tools and templates, and publishes answers of general applicability so that access does not depend on knowing to ask.

It will not evaluate your specific criteria, policies, records, or evidence, and will not tell you whether you conform — that is your determination to make under Chapter 3, and the Organizational Self-Evaluation (FRBH-OSA-002) is built for it. Ask FRBH is a general-information tool, not an authoritative interpretation: where it and the published Standard differ, the Standard governs.

Where can we see who governs FRBH?

Current membership of the Board of Directors and the National Advisory Council is published at www.frbh.org and, as a Section 990 filer, in FRBH's annual information return.

The FRBH Publication Set

Six publications support implementation of the Standard. Only the Standard is normative.

Publication	Number	Purpose
FRBH Executive Overview	FRBH-EB-002	Strategic overview for chief executives, boards, and elected officials
FRBH National Standard	FRBH-OPHP-003	Establishes the organizational expectations. The only normative publication
FRBH Organizational Self-Evaluation	FRBH-OSA-002	Worksheet for reviewing organizational capability against Chapter 2

Publication	Number	Purpose
FRBH Implementation Guidance	FRBH-IG-002	How organizations put the expectations into practice
FRBH National Technical Assistance Center	FRBH-NTAC-002	The open, free general-information service — Ask FRBH chat, email, and 844-ASK-FRBH
FRBH Frequently Asked Questions	FRBH-FAQ-002	Practical questions about adoption and conformity

There is no accreditation publication, because FRBH does not operate an accreditation program and does not intend to establish one.