FRBH EXECUTIVE OVERVIEW

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Occupational Psychological Hazard Protection (OPHP)

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COMPANION PUBLICATION TO A PROVISIONAL EDITION

This publication supports the FRBH National Standard for Occupational Psychological Hazard Protection (OPHP), Version 3.1, 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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Standards Steward:

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

Conformity Assessment:

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Related Publications:

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

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

FRBH Implementation Guidance (FRBH-IG-002)

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

FRBH Frequently Asked Questions (FRBH-FAQ-002)

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Recommended First Reading

This publication is written for the person who has to decide whether the organization adopts the FRBH National Standard, and who will answer for that decision. It can be read in fifteen minutes. It assumes no background in occupational safety management systems and no background in behavioral health.

It is informative. Everything that is actually required sits in Chapter 2 and Chapter 3 of the Standard itself.

Executive Message

Every day, public safety organizations ask their personnel to perform duties that routinely involve exposure to fatalities, serious injury, violence, disaster, and human suffering. That exposure is not an accident of the work. It is a foreseeable condition of it.

Organizations have long accepted responsibility for protecting personnel from foreseeable physical hazards. They write down what the hazard is, what triggers a response, who is responsible, and what happens next — and then they check whether the system is working. The FRBH National Standard applies that same logic to predictable occupational psychological hazards.

It does not do this by creating a behavioral health program. It does it by establishing governance.

Note
In most trauma-exposed workplaces, an organizational response depends on the exposed person initiating it. This Standard places that responsibility on the organization.

The Problem the Standard Addresses

Most public safety organizations have already invested in workforce protection: an employee assistance program, a peer support team, a chaplain, occupational health, wellness, critical incident procedures. These are real capabilities and they matter.

Availability alone, however, does not establish an organizational process. In the prevailing model those resources are made available and personnel are informed that they exist, but no organizational action follows until the exposed person recognizes the exposure, decides to act on it, and discloses. Responsibility for recognition and for initiating a response rests with the individual carrying the exposure.

That is not how any other foreseeable occupational hazard is managed. The gap is not a shortage of resources. It is the absence of a documented organizational process connecting a known exposure to a known response.

The Standard addresses one question: when a qualifying exposure has occurred, what protection does the organization provide to the worker? It begins at the point of exposure. Much of this exposure is inherent in public safety work and cannot be removed without abandoning the mission, so the Standard accepts that it will occur and establishes what the organization does when it does. The structure follows established post-exposure practice: in a bloodborne pathogen program, a defined exposure incident triggers organizational follow-up before any harm is present and regardless of how the exposed worker feels. The Standard applies that model without the medical evaluation; it establishes no clinical evaluation of anyone. Peer support, employee assistance, suicide prevention, and resilience work remain important, and the Standard relies on them as the capabilities an organization coordinates under Section 2.4. What it adds is that the organization,

rather than the exposed person, initiates protection once a qualifying exposure is recognized. Section OPHP.1.1.1 of the Standard sets this out.

The Standard closes that gap. 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 either for having been exposed or for participating.

The Standard begins at the point of exposure. Hazard identification and assessment, the evaluation of work environments, the design of work, staffing, assignment practice, and other measures intended to prevent or reduce exposure are recognized occupational safety activities, but they are outside its scope: the Standard neither requires nor evaluates them, and conformity with it neither depends on them nor demonstrates them. Organizations may pursue such measures under other frameworks. The Standard does not claim to prevent post-traumatic stress disorder or any other condition, and conformity should not be represented as having done so. It establishes what an organization does for its personnel after a qualifying exposure, and it measures whether the organization did it.

What the Standard Actually Requires

Chapter 2 of the Standard contains nine organizational expectations and three subordinate normative sections. Each is stated as something the organization shall establish, document, and be able to evidence. None of them prescribes a program, a vendor, a staffing model, or a clinical intervention.

Section	What the organization must establish
2.1 Governance	Executive accountability for OPHP, defined authority, implementation and oversight responsibilities, and re-designation of the accountable executive without undue delay if that role becomes vacant.
2.2 Recognition of Qualifying OPHE	Documented criteria identifying which exposures trigger an organizational response — developed with the personnel they cover and their representatives, communicated to the workforce, reviewed on a fixed cycle, and including a route by which activation can be requested (including by the affected person) where the criteria do not fit.
2.2.1 Minimum Floor	Four categories the criteria may not be drawn narrower than: any line-of-duty death; any mass casualty incident at a threshold the organization defines; any pediatric fatality encountered in the course of duty; and any incident causing serious injury or death to organizational personnel.
2.3 Organizational Activation	A documented procedure covering who recognizes a qualifying exposure and at what point, who is notified, within what timeframe, who does what, how affected personnel are told what is available to them and that participation is voluntary, and how activation concludes — and implementation of that procedure when exposure occurs.
2.3.1 Activation Exercise	A documented tabletop or simulated exercise of the activation procedure at least every 24 months, so the procedure is verified rather than assumed. A genuine activation in that window may substitute.
2.4 Workforce Protection Coordination	A documented process for coordinating the capabilities the organization already has, with a current inventory reviewed at least annually.
2.5 Confidential Access	Confidential pathways personnel can use, with the limits of confidentiality stated plainly and accurately for the jurisdiction.
2.5.1 Protection from Reprisal	A documented policy that personnel are not subject to adverse action for having been identified as exposed or for participating, not participating, or partly participating — communicated to personnel, and with that information kept out of personnel files and performance evaluation records unless law requires otherwise.
2.6 Leadership Oversight	Executive review of implementation, activation activity, effectiveness, and barriers, at least every six months, with corrective action where problems are found.

Section	What the organization must establish
2.7 Organizational Evaluation	An annual evaluation producing documented findings communicated to leadership.
2.8 Continual Improvement	A traceable line from evaluation findings to specific changes, and re-evaluation of whether those changes worked.
2.9 Conformity	An annual documented self-assessment reaching a determination at the level of each expectation.

Note

Nine of the twelve items above are decisions and documents, not programs. Most organizations already perform some version of them informally. The Standard requires that they be written down, assigned, and reviewed on a known schedule.

What the Standard Does Not Require

The Standard does not require an organization to:

- Create a behavioral health program, a new department, or a new position.
- Replace or displace an existing EAP, peer support team, chaplaincy, occupational health, wellness, or safety function.
- Purchase software, build a database, or adopt any technology.
- Mandate counseling or any clinical service. Participation remains voluntary except where law or an applicable collective bargaining agreement requires otherwise.
- Adopt a single implementation model. Organizations determine how the expectations are met.
- Purchase any product, service, training, or advisory engagement from FRBH or from anyone else.
- Pursue accreditation or any third-party assessment. None exists, and conformity does not depend on one.

The Standard also sets no clinical standard, makes no fitness-for-duty determination, and does not measure any 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 any other party. This is stated in Section 3.9 of the Standard as a structural commitment, not a promotional one.

Where the Standard Is in Its Development

Executives should understand what they are adopting, and this publication would be doing its job badly if it presented the Standard as more settled than it is.

Version 3.1 is a minor provisional revision of Version 3.0, the first edition released outside FRBH. The FRBH Board of Directors approved Version 3.0 on July 24, 2026, following informal review and comment by eight named subject-matter experts on the National Advisory Council. The revisions in Version 3.1 were approved by the Council under authority delegated by the Board of Directors on August 25, 2026. Version 3.1 clarifies the scope of the Standard as the protection of personnel following qualifying exposure; it adds or removes no organizational expectation in Chapter 2, and an organization that determined conformity with Version 3.0 need not repeat that determination because of the revision. Public comment is open at info@frbh.org, but neither edition has yet been through the formal public comment period described in the Standard, been balloted by a multi-stakeholder body, or been reviewed by any labor organization. FRBH identifies that last point as the most significant limitation of the development process to date.

It has also not completed independent field validation. Requirements may change before the first Consensus Edition.

FRBH publishes this edition anyway, and says so plainly, on the reasoning that personnel are exposed to these hazards continuously and withholding a usable framework until every developmental step is complete

serves the field worse than releasing an honestly labeled provisional one. Annex I of the Standard lists the open questions FRBH has not resolved, and Section I.3 sets out the development steps FRBH intends to take toward resolving them, in the order it expects to take them and without dates it cannot yet commit to.

Representing conformity accurately

An organization that adopts this edition should describe its conformity as conformity with the provisional edition, and should be explicit that the determination is its own. The Standard offers this wording at Section D.4:

> *"[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 3.1, Provisional Field-Test Edition (2026). No conformity assessment or accreditation program operates against this edition; the determination is the organization's own."*

Claims of accreditation, certification, or third-party recognition against this Standard are not accurate, because no such program exists.

What FRBH Is, and What It Is Not

FRBH is an independent nonprofit standards-development organization. Its role is to write and maintain the Standard, and to support organizations implementing it.

FRBH does not assess anyone. It does not perform conformity assessment, certification, or accreditation, 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.

If independent assessment becomes available in future, Chapter 6 of the Standard fixes in advance what would be required of any body performing it. Among those requirements: the body is expected to be accredited by a recognized accreditation body against the applicable international standard for conformity assessment; 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 assessment outcomes; assessors must be independent of the organization assessed; the requirements applied may not exceed or differ from the published Standard; and fees may not be contingent on outcome. FRBH publishes those requirements and approves no one against them. FRBH itself will not sell readiness, consulting, training, or advisory services to organizations seeking or holding a determination.

What FRBH does provide, through its 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 any determination. The NTAC is open now — Ask FRBH, the chat assistant at www.frbh.org; email at support@frbh.org; and scheduled calls, booked at 844-ASK-FRBH (toll-free). It answers general questions about the Standard; it does not evaluate any particular organization or tell it whether it conforms. That is the only form of support FRBH offers.

About 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. FRBH is a nonprofit corporation organized under Florida law and a confirmed 501(c)(3) tax-exempt public charity under IRC Section 509(a)(2).

FRBH maintains defined separation among standards development, implementation support, fiduciary governance, and advisory functions. The Board of Directors is the fiduciary and governing authority; the chief executive is not a member of the Board. The National Advisory Council is a multidisciplinary, non-voting body supporting development of the Standard. Executive Administration is responsible for institutional operations, implementation support, and publication.

FRBH writes the Standard. It does not judge who has met it. FRBH does not perform conformity assessment, certification, or accreditation, 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 — including that such a body is expected to be accredited 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. 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 assessment outcomes.

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 Executive Role

Chapter 2 assigns work to the organization. In practice, five of those items can only be done by an executive.

1. **Name the accountable owner.** Section 2.1 requires a single accountable executive with defined authority. In most organizations this is an existing officer, not a new hire. Nothing else in the Standard works until this designation exists in writing.
2. **Approve the criteria — and require that personnel were consulted.** Section 2.2(j) requires documented consultation with the personnel the criteria cover and, where personnel are represented, with their designated representatives. Criteria written without them are more likely to be both wrong and resented.
3. **Set the tone on reprisal.** Section 2.5.1 is a policy commitment that only carries weight if the executive stands behind it visibly. If personnel believe activation carries career risk, the rest of the system will not be used.
4. **Hold the review schedule.** Section 3.6 fixes intervals: leadership oversight every six months, criteria review annually, evaluation annually, self-assessment annually, governance review every 24 months. An organization that misses an interval is nonconforming as of the date it lapses, even if the underlying program keeps running.
5. **Decide the pace honestly.** Section 2.2(k) permits an organization that cannot yet support a cumulative-exposure criterion to record that as a known limitation with a target date. Recording a limitation is conforming. Pretending it is not there is not.

Questions worth asking before adopting

- Which exposures in the last twenty-four months would have met the Section 2.2.1 floor, and what actually happened after each of them?
- Who would be the accountable executive, and does that person have the authority the role needs?
- Do we know what our EAP, peer support, and chaplain capabilities can actually deliver right now, or only what we contracted for?
- Have we ever asked our personnel — and their representatives — what they think should trigger a response?
- If someone were identified as exposed today, where would that information be recorded, and who would be able to see it?
- What would we be able to show a reviewer, and would it be dated and attributable to someone with authority?

Getting Started

Most organizations already possess the capabilities implementation builds on. The work is coordination and documentation, not construction.

6. Read the Standard — at minimum the front-matter summary “What This Standard Does”, Chapter 2, and Chapter 3.
7. Complete the FRBH Organizational Self-Evaluation to see where the organization currently stands against each expectation.
8. Work through the FRBH Implementation Guidance, which sequences the work and includes a 90-day fast-start path.
9. Take Annex H.5 of the Standard — the legal coordination checklist — to counsel and to labor representatives before finalizing anything.
10. Review the Frequently Asked Questions for the practical questions that come up during adoption.
11. Use the National Technical Assistance Center for anything unclear — it is open, free, and available on the same terms to every organization.

Organizations determine their own pace, priorities, and methods. Annex H.3 of the Standard describes scaled pathways by organizational size, including a track for organizations under approximately 25 personnel and all-volunteer organizations.

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
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.

A closing note

Every organization begins from a different starting point, and the objective is not a perfect score in the first year. The objective is that a foreseeable occupational hazard stops being handled by waiting, and starts being handled the way the organization already handles every other foreseeable hazard: recognized in advance, assigned to someone, acted on predictably, and reviewed to see whether it worked.

Comments on this edition, including from organizations that do not intend to adopt it, may be sent to info@frbh.org.

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