



*DEPARTMENT OF THE NAVY
COMMANDER TRAINING AIR WING SIX
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PENSACOLA, FLORIDA 32508-5509*

COMTRAWINGSIXINST 1720.1A
00C
19 Dec 11

COMMANDER, TRAINING AIR WING SIX INSTRUCTION 1720.1A

From: Commander, Training Air Wing SIX

Subj: SUICIDE PREVENTION AND CRISIS INTERVENTION PLAN

Ref: (a) OPNAVINST 1720.4A
(b) OPNAVINST F3100.6J
(c) MILPERSMAN 1770-090
(d) MILPERSMAN 1770-030

Encl: (1) OOD Suicide Incident Checklist
(2) Report of Suicide Ideation/Attempt/Gesture
(3) Suicide Reporting Flowchart

1. Purpose. To implement reference (a) through (d) assigning responsibilities and to implement Command's policy, procedures and reporting requirements for Command's Suicide Prevention Program.

2. Cancellation. COMTRAWINGSIXINST 1720.1.

2. Background. Reference (a) requires the implementation of a Suicide Prevention Plan with the desired goal of increasing awareness and reducing the risk of suicide.

3. Policy

a. The Commanding Officer shall designate a Suicide Prevention Coordinator (SPC).

b. The Suicide Prevention Coordinator (SPC) is responsible for the development, maintenance and implementation of the Command's Suicide Prevention Plan.

4. Action

a. Suicide Prevention Coordinator (SPC) Requirements:

(1) Once designated, the SPC shall receive SPC training as designated by OPNAV N135 through the Fleet and Family Support Center or Navy Personnel Command webinars. Professional development programs such as ASIST do not satisfy this requirement but are encouraged to augment awareness and intervention skills.

(2) SPC shall become thoroughly familiar with reference (a) and advise Command of all suicide prevention program matters.

(3) The SPC shall ensure ALL Active Component (AC), Reserve Component (RC), Navy Civilian employees and Full Time Contractors receive annual suicide prevention training. Annual training shall be implemented and recorded as part of annual holiday safety stand-downs.

(4) The SPC shall ensure all hands are familiar with TRAWING SIX and local resources for assistance through the Plan of the Week and other Command information outlets.

(5) SPC ensures Command is compliant with Suicide Prevention Response Checklist outlined in reference (a).

b. Suicide Prevention Plan:

(1) Sailors/Marines are the first line of defense against suicide. Members should take note of shipmates who exhibit signs of being at-risk for suicide and provide assistance. Leaders are encouraged to take note when difficult circumstances affect their members and be alert to provide assistance.

(2) The determination of an at-risk service member may be made by anyone; particularly the chain of command. Sailors deemed to be at risk will be referred to a Flight Surgeon or the Chaplain for evaluation.

(3) Member determined at-risk for suicide will be escorted to a Military Treatment Facility (MTF). They will not be left alone! At the recommendation of medical personnel, the individual will be watched and/or accompanied after leaving the MTF. The assignment of such a watch is the responsibility of the at-risk member's chain of command.

(4) All members will be afforded access to professional help for risk indicators, such as depression, suicidal ideation, or other behavior or demeanor deemed to be at-risk. **Service members are encouraged to seek help for such problems without fear of negative consequences or reprisal.**

(5) Members identified as at-risk for suicide by MTF, Flight Surgeon or Chaplain shall be afforded all opportunities for follow-up counseling and treatment.

c. Suicide Reporting Requirements:

(1) The Command Duty Officer should be notified of any member who displays suicidal ideations, attempts, or gestures. The CDO will ensure that the incident checklist in enclosure (1) is followed and all information in enclosure (2) is completed and sent to the Suicide Prevention Coordinator.

(2) All suicide related behaviors, regardless of outcome, must be reported via reference (b). Enclosure (3) lists all reporting requirements.

(3) Per reference (c), a PCR is **only required** for suicides and suicide related behaviors which result in death, very serious injury, serious injury, or evacuation. Reporting procedures are contained in reference (d).

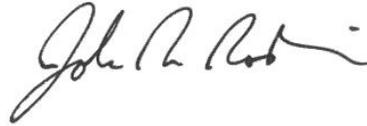
(4) Commands experiencing a suicide attempt, as determined by a competent medical authority, shall complete the Department of Defense Suicide Event Report (DoDSER) available at <https://dodser.amedd.army.mil/dodser> within 30 days of notification of attempt.

(5) Commands experiencing a completed suicide, as determined by competent medical authority, shall complete the Department of Defense Suicide Event Report (DoDSER) available at <https://dodser.amedd.army.mil/dodser> within 60 days of notification of event.

(6) Commands are advised to maintain copies of medical, dental and service records for 6 to 8 weeks after the member's death in order to complete the DoDSER and respond to unforeseen questions.

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5. Review. The Suicide Prevention Coordinator (SPC) is responsible for the annual review and update of this instruction.

A handwritten signature in black ink, appearing to read "John R. Rodriguez". The signature is written in a cursive style with a horizontal line at the end.

JOHN R. RODRIGUEZ

Distribution:

Electronic Only, via TW-6 Website:

<https://www.cnatra.navy.mil/tw6/pubs.asp>

OOD SUICIDE INCIDENT/IDEATION/GESTURE CHECKLIST

Suicide Attempt	
	1. Contact ambulance and NASP security. The Duty Driver is not a paramedic and is not qualified to determine whether or not an individual attempting suicide can be safely transported. NASP Ambulance: 452-3333 or 9-911. NASP Security: 452-2453.
	2. Contact the Squadron XO or WING CSO; immediately. Proceed to # 5 in check-list.
Suicide Ideation/Gesture	
	1. Remove personal hazards (no weapons, belt, shoes, boot straps, draw strings, shirt stays, and personal hygiene items such as toothbrush or razor). Remove environmental hazards, if necessary, from room (room free of sheets, elastic bands, mirrors, pencils, pens, window dressings, shoelaces, strings, alcohol, weapons, medication, cleaning supplies, razors, metal eating utensils, telephones, tools, or any other rope, breakable, or sharp-edged object).
	2. Stay with member at all times.
	3. During working hours notify member's chain of command. After hours: Notify squadron XO and on-call Flight Surgeon.
	4. Upon consulting with Flight Surgeon, accompany member to NHP Hospital Emergency Room for risk assessment and treatment recommendation. A command representative shall remain with member until transferred from MTF or returned to command.
	5. Record all steps, information, and personnel contacted in the CDO Log.
	6. Complete the Report of Suicide Ideation/Attempt/Gesture, TW-6 1720.4/2 and forward to the Suicide Prevention Coordinator.
	7. Notify the Flight Surgeon, Suicide Prevention Coordinator and Wing Chaplain.
	8. Prepare OPREP UNIT SITREP or Navy Blue and Personnel Casualty Report per enclosure (3).
ADDITIONAL COMMENTS:	

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REPORT OF SUICIDE IDEATION/ATTEMPT/GESTURE

The completed form is to be sent to the Suicide Prevention Coordinator.					
Date Notified:			Time Notified:		
How Notified:					
Check when Notified:	CO/XO		Suicide Prevention Officer		Command Chaplain
Full Name:					
Rank/Rate:		SSN:		Branch of Service:	
Status: (circle one) Staff Student					
Department/Squadron					
Additional Information:					
Age:	Sex:	Time on Board:			
Length of service (in years):		Previous attempts (date and nature, if any):			
Type of Incident: (circle one) Attempt or Gesture or Ideation					
Method Used:					
Location of Incident:					
Duty status at time of incident (duty, leave, UA, etc.):					
How was incident revealed:					
Did member have medical history of depression, personality disorder, and numerous sick calls?				YES	NO
If yes, explain:					
Has member been IA since 2004?				YES	NO
Type/Print Name of CDO			Signature of CDO		

TW-6 1720.4/2 (Rev 10/10)

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Any misuse or unauthorized disclosure can result in both civil and criminal penalties.

Enclosure (2)

Suicide Reporting Flowchart

