



## DEPARTMENT OF THE NAVY

COMMANDING OFFICER  
HELTRARON TWENTY EIGHT  
7180 USS LONG ISLAND STREET SUITE 320  
MILTON FL 32570-6101

IN REPLY REFER TO:

HT-28INST 1720.1  
N00

APR 14 2011

### HELTRARON TWENTY-EIGHT INSTRUCTION 1720.1

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4A  
(b) COMTRAWINGFIVEINST 1720.1  
(c) DOD Directive 1010.10 of 22 Aug 03  
(d) OPNAVINST 6100.2A  
(e) SECNAVINST 6320.24A  
(f) MILPERSMAN 1770-090  
(g) MILPERSMAN 1770-120

Encl: (1) Suicide Action Plan  
(2) Squadron Duty Officer Checklist  
(3) Response plan for distressed callers  
(4) Suicide completion checklist

1. Purpose. To establish policies and procedures governing the squadron's suicide prevention program required per references (a) and (b).

2. Applicability. This instruction applies to all personnel assigned to HT-28.

3. Policy. Per references (c) and (d) the squadron shall implement the Navy's action plan to address and minimize the risk of suicide among its members. The squadron's action plan consists of the following:

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

(1) The SPC shall be thoroughly familiar with components of this instruction and the references. The SPC shall advise the Commanding Officer on all suicide prevention matters.

(2) The SPC shall complete a COMNAVPERSCOM-approved SPC training course.

(3) The SPC shall schedule, announce, and coordinate all suicide prevention training.

b. Suicide prevention training shall be conducted at least annually for all active and reserve component service members as well as all civilian employees who work in the HT-28 spaces.

(1) This training will provide instruction to command members on suicide risk and protective factors, appropriate actions and responses to suicidal persons, and strategies for obtaining assistance from local support services.

(2) To the greatest extent possible, squadron training shall utilize Fleet and Family Support Centers (FFSC), substance abuse counselors, chaplains, and other specialists to provide information and expertise the squadron cannot obtain on its own.

c. Messages shall be published by the command to provide suicide prevention information and guidance to all personnel. Emphasis shall be given to promoting the health, welfare, and readiness of the Naval community; to providing support for those who seek help for personal problems; and, to ensuring access to care for those who seek help.

d. The squadron shall have suicide prevention and crisis intervention plans that include the process for identification, referral, access to treatment, and follow-up procedures for personnel who indicate a heightened risk of suicide.

e. The command shall foster a climate that supports and promotes psychological health consistent with operational stress control principles.

f. The squadron shall provide support for those who seek help with personal problems. Access shall be provided to prevention, counseling and treatment programs dealing with personal problems that underlie suicidal behavior.

g. If a Service member's comments, written communication or behaviors lead the command to believe there is imminent risk that the person may cause harm to self or others, the command shall take safety measures that include restricting access of at-risk personnel to means that can be used to inflict harm and seek emergent mental health evaluation consistent with reference (e).

h. In the event of a suicide or serious suicide related behavior, families and affected personnel shall be provided support by the command and local mental health resources. Commands shall use organic resources or consult with the nearest medical personnel, chaplains or FFSC counselors to assess requirements for supportive interventions for units and affected Service members and shall coordinate with all local resources to implement interventions when needed utilizing enclosures (1) through (3) as needed.

i. Suicides and suicide-related behaviors shall be reported per references (f) and (g) and through the use of the Department of Defense Suicide Event Report.

4. Action. All Squadron personnel shall participate in squadron suicide training.

  
M. C. THOMPSON

Distribution:  
HT-28INST 5216.1 list I, II, III

SUICIDE ACTION PLANGeneral Overview

It is best for mental health or medical professionals to assess and manage suicidal personnel, but there may be times when unit leaders or peers find themselves on the phone or in person with a suicidal individual. In any situation, if anyone threatens suicide, take him/her very seriously. You may have limited time and only one chance to intervene. The most important thing to do is take action and complete the following checklist.

If alerted by phone:

Immediately establish a helping relationship and express you are glad the person called!

\_\_\_\_\_ Telephone number they are calling from:

\_\_\_\_\_ Individual is located at:

\_\_\_\_\_ Get as much information as possible about the individuals plans, access to means of self-harm and intent:

\_\_\_\_\_ Contact the chaplain and the Command Duty Officer (CDO) and await follow-on orders.

\_\_\_\_\_ Follow up and ensure the individual is evaluated. Listen, offer hope through resources and do not give advice! Keep the person talking as long as possible until help can arrive.

If alerted in person:

Find out what is going on with the person, using open ended questions to keep the individual talking. Express concern for his/her well-being. Take steps to remove potential means of self-harm and offer hope.

\_\_\_\_\_ Ask directly their intent, i.e., "Are you thinking about hurting yourself or others?"

\_\_\_\_\_ Keep yourself and the individual safe - DO NOT leave them alone. Have a capable squadron member with them at all times.

\_\_\_\_\_ Involve Base Security (7331) or call 911 if the individual is agitated, combative, or is a threat to you.

\_\_\_\_\_ Don't keep it a secret. Contact chaplain, Command, and/or

CDO, and await follow-on orders.

Command should escort the person to Naval Hospital Pensacola (NHP) or a civilian emergency room if NHP is unavailable, monitor the individual until medical evaluation deems that the person is no longer at risk, or is in care of a medical professional and confer with Medical and Chaplain on a plan for follow-up care.

**SDO CHECKLIST**

If a squadron member has **suicidal thoughts** or makes a **suicidal gesture** take the following steps:

- Try to gather some information using the Response Plan for Distress Callers. Most importantly: NAME AND LOCATION OF SQUADRON MEMBER.
- Maintain PHONCON with individual or third party.
- Contact base chaplain for a possible emergency visit.
- Designate an escort to be with the individual at all times.

**Note:** *If chaplain is available he will evaluate the issue and more than likely will refer the individual to medical for clinical assessment. If no chaplain is available ask escort to take suicidal person to nearest Medical Treatment Facility; on base during Branch Clinic duty hours, Santa Rosa Medical Center after hours.*

- Notify the chain of command.
- Notify the XO and CO.
- Is he or she on watch or about to go on watch? The individual should be removed from any watch or duty in which they could be a danger to themselves or others.
- Notify command's Suicide Prevention Coordinator (SPC). You can call the SPC at anytime for additional guidance.
- Draft and coordinate SITREP. \*\*\* (DoD Suicide Event Report (DoDSER) is only required for completed suicides)\*\*\*.

If a squadron member makes a **suicide attempt** take the following steps:

- Try to gather some information using the Response Plan for Distress Callers. Most importantly: NAME AND LOCATION OF INDIVIDUAL.
- Call 911 for off base incidents and base security dispatch for on base incidents. If the individual him/herself made the emergency call, verify the call was made.
- Maintain PHONCON with person or third party.
- Maintain PHONCON with emergency entities.
- Designate an escort to be with the individual at all times.
- Notify the chain of command.
- Notify the CO, XO, and base chaplain.
- Is he or she on watch or about to go on watch? The individual should be removed from any watch or duty in which they could be a danger to themselves or others.
- Notify command's suicide prevention coordinator (SPC). You can call the SPC at anytime for additional guidance.
- Draft and send SITREP. \*\*\* (DoD Suicide Event Report (DoDSER) is only required for completed suicides)\*\*\*.

RESPONSE PLAN FOR DISTRESSED CALLERS

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Caller ID Number or Name: \_\_\_\_\_

If a distressed or suicidal person calls, ask for the following information. The order in which you ask the questions may differ depending on the specific situation.

Before you do these remember to:

Be yourself.

Show concern.

Be sympathetic.

Listen.

Stay calm.

Stay on the phone.

Offer help.

Repeat back.

1. What is your name?

\_\_\_\_\_

2. Who is there with you?

\_\_\_\_\_

3. Where are you? (Determine specific address, building #, etc..., if at all possible) \_\_\_\_\_

During the conversation if the person starts saying things like, "I'm so depressed, I can't go on," or "Life isn't worth living," or "I wish I was dead," etc..., ASK:

4. Are you having thoughts of suicide? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have a plan to harm yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

Details:

\_\_\_\_\_

6. Have you been consuming alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have access to lethal means? OR Do you have a gun, pills, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Details:

If the person indicates he/she has taken pills, ask what kind of pills, how much and when:

\_\_\_\_\_

8. Would you prefer to speak to the Chaplain, Counselor or Medical Doctor?

\_\_\_\_\_

Reassure the caller that there are many avenues for help and you would like to assist them in getting help. (Offer as much hope as possible)

**SUICIDE COMPLETION CHECK-LIST**

If a squadron member commits suicide take the following steps:

- Try to gather some information, from the witness or first responder, using the *Response Plan for Distress Callers*. Most importantly: NAME, UNIT, AND LOCATION OF PERSON'S BODY.
- Call 911 for off base incidents and base security dispatch for on base incidents.
- Maintain PHONCON with witness (friend or family member) or first responder.
- Maintain PHONCON with emergency entities.
- Notify the CO, XO, or base chaplain.
- Notify the chain of command.
- Notify the CACO and follow CACO protocol.
- Notify command's suicide prevention coordinator (SPC). You can call the SPC at anytime for additional guidance.
- Contact admin in order to have individual's page two reviewed for primary next of kin information.
- Draft and coordinate SITREP.
- Initiate DoD Suicide Event Report (DoDSER). Report can be located by visiting: <https://dodser.amedd.army.mil/dodser>

Resources:

HT-28	Phone Number (cell)	NAS WHITING FIELD	Phone Number
CO 7946	HT-28 RECALL ROSTER	CDO - 623-7084 (QD)	850-382-4966 (C)
XO 7947	HT-28 RECALL ROSTER	Base Duty Chaplain (QD)	623-7211
SPC	HT-28 RECALL ROSTER	Base Security Dispatch	623-7331
CDO	850-623-7977	Hospital (NBHCWF)	623-7151
		Fleet and Family Support Center (FFSC)	623-7177
<b>OFF BASE NUMBERS</b>			
NCIS	452-3835	Emergency	911
Poison Control	1-800-222-1222	Hospital (NHP ER)	505-6199