



UNITED STATES MARINE CORPS
MARINE AVIATION DETACHMENT
22401 CEDAR POINT ROAD, BUILDING 102
NAVAL AIR STATION
PATUXENT RIVER MARYLAND 20670-1188

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CO
16 Sep 21

POLICY LETTER 03-21

From: Commanding Officer, Marine Aviation Detachment, Patuxent River and
China Lake-Point Mugu

To: Distribution

Subj: SUICIDE PREVENTION PROGRAM WRITTEN IMPLEMENTATION PLAN

Ref: (a) MCO 1720.2
(b) MCO 3040.4
(c) MCO 3504.2A
(d) MCO 5100.29B
(e) MARADMIN 122/13
(f) MARADMIN 135/13
(g) MARADMIN 524/12
(h) MARADMIN 580/12
(i) Suicide Prevention Program Officer Desktop Reference Manual

Encl: (1) Internal Suicide Related Event Notification Procedures
(2) Columbia Suicide Severity Rating Scale
(3) Measures/Methods to Facilitate Crisis Management
(4) Suicide Behavior: Reintegration Plan
(5) Unit, Training, & Reporting Requirements
(6) Internal/External Suicide Prevention Resources

1. Situation. Marine Aviation Detachment (MAD) personnel must be armed with the necessary procedures and decision making tools when confronted with a Marine or Sailor who had made, or may make an attempt to hurt or kill themselves. The preservation of life and welfare of our Marines is of the utmost importance to the prosperity of this unit and its personnel.

2. Mission. Provide MAD personnel with the necessary response and healthcare in order to appropriately address suicidal events and re-integrate MAD personnel into the duty environment.

3. Execution. All MAD personnel shall read and be familiar with this policy. If presented with this situation, proceed and follow the steps in Enclosure (1). Once those steps have been completed, and the Marine or Sailor is back at the Detachment spaces or at a medical treatment facility, the MAD Flight Surgeon and/or Duty Chaplain shall be contacted to further evaluate the member in a timely manner. At the earliest opportunity, the chain of command shall be informed of all events. All required reports for situations regarding Suicidal Ideations, Suicide Attempts, Suicide Deaths or undetermined deaths where suicide has not been excluded and Prevented Suicides will be initiated by the MAD administrative section with input and oversight provided from the appropriate medical personnel and staff.

4. Command and Signal. Any questions concerning this policy should be directed to SgtMaj Bauer, Suicide Prevention Program Officer at commercial (301) 342-1690 or email eric.p.bauer1@navy.mil.


J. W. EGGSTAFF

Internal Suicide-related Event Notification Procedures

Suicidal Ideation after working hours:

- Step 1:** Do not leave Marine/Sailor alone. Immediately notify emergency personnel (**Dial 911, or Flight Surgeon at 323-697-6349**). Record time of call _____. Ensure the Marine/Sailor is not alone until emergency personnel and a section representative arrive. Make an effort to apply and fill out the Columbia-Suicide Severity Rating Scale (CSSRS) (Encl 2). Ensure Marine/Sailor does not possess any items which could inflict harm. Follow the Flight Surgeon or emergency personnel's instructions. If emergency personnel evacuates Marine/Sailor, ensure you retrieve emergency personnel information, destination (name/ambulance number/hospital), and give them a copy of the CSSRS, if applicable.

- Step 2:** Immediately notify the MAD SgtMaj, MAD XO, and the Marine/Sailor's immediate supervisor. If unable to contact the MAD XO, contact the MAD CO. Record time of calls _____. If the Marine/Sailor has been transported to a medical facility, a section representative will transit to the facility to receive update on SNM and provide companionship/leadership. Section representative will report the findings to their immediate supervisors, MAD SgtMaj, MAD XO.

- Step 3:** Contact **Marine Corps Operations Center (MCOC, 1-800-476-2669)** and the **Military Personnel and Recreation, Personal and Family Readiness Division (MFPC, 1-800-847-1597)**. Inform both entities of the ideation and provide them with the Marine/Sailor's full name, rank, SSN(s), and brief explanation of the situation (5Ws). Record time of call _____. MAD will initiate and submit required reports as outlined in Enclosure (5). MAD administrative section will initiate and submit follow-on reports as required per Enclosure (5) with input and oversight provided from the appropriate medical personnel and Unit Command Staff.

- Ensure you are taking copious notes with the 5Ws (who, what, when, where, why). In addition, annotate the exact time you completed the above steps. If there are any questions or concerns pertaining to this checklist, please bring them to the attention of the MAD XO and the Unit Suicide Prevention Program Officer.

Internal Suicide-related Event Notification Procedures

Suicidal Ideation during working hours:

- Step 1: Do not leave Marine/Sailor alone. Ensure Marine/Sailor does not possess any items which could inflict harm. Make an effort to apply and fill out the Columbia-Suicide Severity Rating Scale (CSSRS) (Encl 2). Escort to Pax River Mental Health Clinic and provide the health provider with a copy of the CSSRS (if applicable). Notify the MAD SgtMaj, MAD XO, and Marine/Sailor's immediate supervisor.

- Step 2: Ensure command representative initiates all reporting requirements as outlined in Enclosure (5).

Internal Suicide-related Event Notification Procedures

Suicide Attempt after working hours:

- Step 1:** Render aide. Ensure Marine/Sailor does not possess any items which could inflict harm and is not left alone. Notify emergency personnel (**Dial 911**). Record time of call _____. The command representative will remain with the Marine/Sailor until emergency personnel and a section representative arrives. If emergency personnel evacuates Marine/Sailor, ensure you retrieve emergency personnel information and destination (name/ambulance number/hospital).

- Step 2:** Notify the MAD SgtMaj, MAD XO, and the Marine/Sailor's immediate supervisor. If unable to contact the MAD XO, contact the MAD CO. Record time of calls _____. Immediate supervisor will take steps to ensure Marine/Sailor is never alone. If Marine/Sailor has been transported to a medical facility, the section representative will transit to the facility to receive update on SNM and provide companionship/leadership. Section representative will report the findings to their immediate supervisors, MAD SgtMaj, MAD XO.

- Step 3:** Contact **Marine Corps Operations Center (MCOC, 1-800-476-2669)** and the **Military Personnel and Recreation, Personal and Family Readiness Division (MFPC, 1-800-847-1597)**. Inform both entities of the attempt and provide them with the Marine/Sailor's full name, rank, SSN(s), and brief explanation of the situation (5Ws). MAD will initiate and submit required reports as outlined in Enclosure (4). MAD administrative section will initiate and submit follow-on reports as required per Enclosure (5) with input and oversight provided from the appropriate medical personnel and Unit Command Staff.

- Ensure you are taking copious notes with the five Ws (who, what, when, where, why). Make sure to make all annotations of the situation. In addition, annotate the exact time you completed the above steps. If there are any questions or concerns pertaining to this checklist, please bring them to the attention of the MAD XO and the Unit Suicide Prevention Program Officer.

Internal Suicide-related Event Notification Procedures

Suicide Attempt during working hours:

- Step 1: Render aide. Ensure Marine/Sailor does not possess any items which could inflict harm and is not left alone. Notify emergency personnel (Dial 911). Notify the MAD SgtMaj, MAD XO, and Marine/Sailor's immediate supervisor. Do not leave Marine/Sailor alone.
- Step 2: Ensure command representative initiates all reporting requirements as outlined in Enclosure (5).

Internal Suicide-related Event Notification Procedures

Suicide Death or undetermined death where suicide is not excluded after working hours:

- In cases of deceased Marines, the role of the command may be limited to the reporting of the casualty and an information resource to the Casualty Assistance Calls Officer (CACO). A CACO will be assigned by the unit upon coordination with the Military Personnel and Recreation, Personal & Family Readiness Division (MFPC). In the case of a deceased casualty, the command will follow these steps:

- Step 1:** Immediately notify emergency personnel (**Dial 911**). Record time of call _____. The command representative will remain with the Marine/Sailor until emergency personnel and a section representative arrives. When emergency personnel evacuates Marine/Sailor, ensure you retrieve emergency personnel information and destination (name/ambulance number/hospital).
- Step 2:** Immediately notify the MAD SgtMaj, MAD XO, and the person's immediate supervisor. Record time of calls _____. If unable to contact the MAD XO, contact the MAD CO.
- Step 3:** Contact **Marine Corps Operations Center (MCOC, 1-800-476-2669)** and the **Military Personnel and Recreation, Personal and Family Readiness Division (MFPC, 1-800-847-1597)**. Inform both entities of the attempt and provide them with the Marine/Sailor's full name, rank, SSN(s), and brief explanation of the situation (5Ws). MAD will initiate and submit required reports as outlined in Enclosure (4). MAD administrative section will initiate and submit follow-on reports as required per Enclosure (5) with input and oversight provided from the appropriate medical personnel and Unit Command Staff.

- Ensure you are taking copious notes with the 5Ws (who, what, when, where, why). Make sure to make all annotations in the logbook of the situation. In addition, annotate the exact time you completed the above steps. If there are any questions or concerns pertaining to this checklist, please bring them to the attention of the MAD XO and the Unit Suicide Prevention Program Officer.

Internal Suicide-related Event Notification Procedures

Suicide Death or undetermined death where suicide is not excluded during working hours:

- In cases of deceased Marines, the role of the command may be limited to the reporting of the casualty and an information resource to the Casualty Assistance Calls Officer (CACO). A CACO will be assigned by the unit upon coordination with the Military Personnel and Recreation, Personal & Family Readiness Division (MFPC). In the case of a deceased casualty, the command will follow these steps:

- Step 1: Immediately notify emergency personnel (Dial 911). Immediately notify the MAD SgtMaj, MAD XO, and the Marine/Sailor's immediate supervisor. Do not leave Marine/Sailor alone.
- Step 2: Ensure command representative initiates all reporting requirements as outlined in Enclosure (5).

Columbia Suicide Severity Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u>.		
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it" <u>Have you been thinking about how you might kill yourself?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <u>If YES, ask: How long ago did you do any of these?</u> • Over a year ago? • Between three months and a year ago? • Within the last three months?		

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
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Measures/Methods to Facilitate Crisis Management

CALLER NAME: _____ RANK: _____ LAST 4: _____
CURRENT LOCATION: _____ PHONE: _____

GENERAL REMINDERS - 1ST PRIORITY IS TO ASSURE LIFE SAFETY!
GOAL: GET ENOUGH INFO TO DECIDE WHAT ACTION TO TAKE, KEEP THE CALLER SAFE!
UTILIZE THE CSSRS FROM ENLOSURE 2 TO THE MAXIMUM EXTENT POSSIBLE.

LISTEN: BE PATIENT AND COMPASSIONATE. -DO NOT GIVE SPECIFIC ADVICE OR JUDGEMENTS. -KEEP MEMBER ON PHONE -REFLECT THEIR EMOTIONS	"YOU DID THE RIGHT THING BY CALLING. WE CAN HELP YOU THROUGH THIS." "YOU SOUND VERY (UPSET/SAD/ANIOUS)" "IT SOUNDS LIKE YOU'VE BEEN HAVING A DIFFICULT TIME LATELY."
SAMPLE QUESTIONS - 1. ARE YOU FEELING LIKE HARMING YOURSELF? 2. WHAT'S BEEN HAPPENING TO MAKE YOU FEEL THAT WAY? 3. HAVE YOU EVER TRIED TO HURT YOURSELF BEFORE? 4. HOW SERIOUS ARE YOU ABOUT THAT TODAY? 5. HOW WOULD YOU HURT YOURSELF TODAY? 6. HAVE YOU THOUGHT OF ANY WAYS YOU MIGHT DO THAT?	SAMPLE QUESTIONS (CON'T) 7. ANY GUNS, KNIVES, PILLS, ETC NEARBY? WHERE ARE YOU? 8. HAVE YOU ALREADY DONE SOMETHING TO HARM YOURSELF? 9. IS SOMEONE WITH YOU NOW? DO THEY KNOW WHAT'S HAPPENING WITH YOU RIGHT NOW? 10. HAVE YOU BEEN DRINKING/DRUGS? 11. HEARING/SEEING THINGS?

1. ASSESS SUICIDE RISK: GET ENOUGH INFORMATION TO DECIDE ON ACTION(S) TO TAKE, BUT BE FLEXIBLE - GET INFORMATION IN ANY ORDER. UTILIZE THE CSSRS AS APPLICABLE (ENCL 2).
 - a. PATIENT'S SUICIDE PLAN: "I WILL _____"
 - b. WHEN? _____ HOW? _____

2. "SLAP" - DESCRIBE ANY RISK FACTORS FOUND
 - a. SPECIFIC - DETAILED, WELL THOUGHT OUT PLAN.

 - b. LETHAL MEANS - HANDGUN, HANGING, JUMPING, ETC.

 - c. ACCESS TO MEANS - I.E. HAS A GUN AND BULLETS.

 - d. PRIVACY - IS CALLER ALONE? ___ IN RANGE OF HELP? ___ PEOPLE NEARBY? ___

3. ADDITIONAL RISK FACTORS (CIRCLE)
 - a. INTENT TO DIE / INTOX / TURMOIL / HISTORY OF ATTEMPTS / HOPELESS / WON'T/CAN'T COME IN
 - b. COMMENTS: _____

4. RISK ESTIMATE (CIRCLE): IMINENT / UNCERTAIN / OTHER

5. ACTION PLAN
 - a. IMMINENT - KEEP PERSON TALKING AND HAVE SOMEONE CALL 9-1-1 (OFF-BASE) OR PMO (ON-BASE). NOTIFY CHAIN OF COMMAND IMMEDIATELY AFTER RESOLUTION OR HAVE ANOTHER CALL AFTER GETTING POLICE INVOLVED
 - B. UNCERTAIN - CONVINE CALLER TO WAIT FOR COMMAND ESCORT TO TRANSFER TO NHCCP OR NEAREST HOSPITAL FOR EVALUATION. NOTIFY CHAIN OF COMMAND.
 - c. OTHER - REFER PATIENT TO COMMAND SUICIDE PREVENTION PROGRAM, MCCS, CHAPLAIN, MEDICAL OFFICER, CHAIN OF COMMAND OR NATIONAL HOTLINE.

Measures/Methods to Facilitate Crisis Management

RANK AND NAME OF EVALUATOR: _____

DATE/TIME OF CALL: _____

The Self-Directed Violence (SDV) Classification System Clinical Tool is a resource Unit Commanders can utilize to aid in their determination of a possible suicidal event. Begin with these three questions:

- 1) Is there any indication the person engaged in self-directed violent behavior, either preparatory or potentially harmful?
If no, proceed to question 2
If yes, proceed to question 3
- 2) Is there any indication the person has self-directed, violence related thoughts?
If no to question 1 & 2, there is insufficient evidence to suggest self-directed violence
If yes, proceed to Decision Tree A
- 3) Did the Behavior involve any injury?
If no, proceed to Decision Tree B
If yes, proceed to Decision Tree C

Assisting fellow Marines/Sailors directly or indirectly affected by the Crisis

-Section OIC/SNCOICs will ensure that those Marine/Sailors who are affected by an incident of a suicidal nature are afforded an opportunity to seek counsel with the Unit Chaplain and/or Air Station Mental Health professionals. This provides personnel an opportunity to discuss the situation and facilitates healthy grieving processes.

-When providing assistance for family members, the Unit Command will ensure it supports the Casualty Assistance Calls Officer (CACO) in all his/her efforts in the case of a death. In all other cases, the Command will ensure it provides guidance and oversight on the Marine/Sailor's mental and physical health by engaging the Marine/Sailor and their family directly in the healing process. This displays the unit's concern and commitment in assisting the family during this difficult time.

Suicide Behavior: Reintegration Plan

Thoughtful reintegration of Marines and Sailors can reduce future suicide risks and encourage other Marines and Sailors to engage in helping services when needed. It can also return a sense of pride to a Marine/Sailor who has displayed suicidal behavior.

1. Intent. Restore a Marine to MOS - appropriate duties, settings, and responsibilities after a Marine has had thoughts of suicide or other suicidal behaviors. This will increase the Marine's level of self-esteem, self-respect, and sense of purpose.
2. Mission.
 - a. Promote Marine recovery following return to the unit from a period of limited or light duty relating to suicidal behavior.
 - b. Support unit readiness and demonstrate the commander's support to those who take responsibility by engaging helping services.
3. Execution. Prior to a Marine returning to full duty, a meeting should occur between the CO (or CO representative), Chaplain, Flight Surgeon, OIC, and SNCOIC of the Marine, in order to plan the re-integration of the Marine/Sailor into the command. All accommodations should be given to the medical diagnosis and/or medical recommendations provided. Specific emphasis should be on the type, location, and hours of work. For example, strenuous work may be inappropriate for some Marines, but assist with re-integration with others.
4. Triggers. These questions should be considered when reintegrating a Marine.
 - a. Relationships. Are there any relationships in the workplace that have a direct bearing on the Marine's health and stress levels (e.g., romantic relationships, physical altercations, or witnesses in legal matters)? How will the Marine's return to the unit affect his/her own family? Are there any known external relationships that will affect a Marine/Sailor's return to the work environment?
 - b. Work Problems/Stress. Does the Marine/Sailor's health have any connection to his/her duty requirements? Is the Marine/Sailor capable of dealing with the current Op-Tempo and work related stress (physical exertion, loud explosions, etc.)? It should not be presumed that the Marine cannot handle stressful situations. Oftentimes, returning to a familiar environment (no matter how stressful) is more beneficial than moving to a new job.
 - c. Health Care. Is the Marine/Sailor on medication or continuing counseling? Marines should be encouraged to take all medications as prescribed and attend all medical appointments, including counseling appointments. How will the prescribed medical treatments affect a Marine/Sailor's performance and abilities in the work environment?
5. Communication
 - a. Personal. The command and the Marine/Sailor should have open communication. The Marine should be informed of the reintegration plan and encouraged to comment from a personal perspective.

Suicide Behavior: Reintegration Plan

- b. Unit. If the entire command is not aware of the suicide behavior it is better to limit unit discussion, in order to promote a smoother transition for the Marine/Sailor. However, if the suicide behavior is common knowledge within the command, it may be necessary to educate the command and his/her peers.
- c. Confidentiality. The confidentiality of the Marines/Sailors involved will be maintained unless specifically desired.
6. Safety. The time period directly following discharge from the hospital is a high risk time for suicide thoughts and behavior. Take unit level precautions that prevent social isolation, but avoid stigmatizing the Marine/Sailor.
- a. Lethal Means. Coordinate with unit to ensure limited access to lethal means. Lethal means include, but are not limited to: firearms, knives, medication, and any other method by which the Marine/Sailor might attempt suicide. Limiting lethal means should be especially considered during stressful times such as working up for deployment. Firearms may be voluntarily stored in the Armory on NAS Patuxent River if desired.
- b. Follow-up on hospital discharge safety plan. Have the unit Chaplain complete the safety plan. If a Chaplain is not available, a commanding officer can help the Marine create the plan. Marine Intercept Program is a resource that can assist in creating a safety plan. The plan should ensure that the Marine/Sailor attends any follow-up appointments with a mental healthcare provider.
7. Unit Support. Following a suicide attempt or suicide, the unit will provide support to those affected by the incident. Within two weeks of the incident, the command will work with the Chaplain or Marine Intercept Program to visit unit spaces and be available to meet with unit members. The command will promote and allow members time to receive counselling if they desire. Leadership will be especially vigilant during this time for signs of other unit members having suicidal tendencies.
8. As leaders our mission is to facilitate the smooth and effective reintegration of a Marine/Sailor back to regular duty by promoting an environment of healing and re-affirming the Marine/Sailor's value to the unit and to the Corps. Where able and appropriate, the command will recognize efforts of Marines/Sailors who have aided in the suicide prevention process, either during prevention or during reintegration. By considering the preceding information the command can have a profound, positive impact on a Marine/Sailor's reintegration and healthy coping of a serious incident.

Suicide Behavior: Reintegration Plan

Safety Plan	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	
4. Place _____	
Step 4: People whom I can ask for Help:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
2. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
3. DSTRESS Line: For Marines, by Marines, Phone: 877-476-7734	
4. Chaplain _____	

Suicide Behavior: Reintegration Plan

5. Suicide Prevention Hotline Phone: 1-800-273-TALK (8255), push 1 to reach a military mental health clinician

Step 6: Making the environment safe (firearms, medications):

1. _____

2. _____

Step 7: Reasons for living:

1. _____

2. _____

3. _____

Signature of Marine _____ Date _____

Signature of Marine assisting with filling out form _____ Date _____

**Make a copy of the safety plan and give original to Marine. The copy will be maintained by the CO.

Unit Training and Reporting Requirements

I. Unit Requirements.

- Commanding officers, squadron level and above shall appoint in writing a Suicide Prevention Program Officer (SPPO) to manage the unit Suicide Prevention Program. Ref: MCO 1720.2 PAR 3.b. (13) (b) and MARADMIN 135/13.
- Commands shall maintain copies of the SPPOs MARINET training certificate for IGMC Inspection purposes. Ref: MARADMIN 135/13.
- Commands must have a written implementation plan to address a suicidal crisis. At a minimum the plan should include internal suicide related event notification procedures, measures to facilitate crisis management, methods to facilitate crisis management, methods to restrict access of at-risk personnel to means to that can be used to inflict harm to themselves and others, procedures to ensure confidentiality, direction on how to assist fellow Marines/Sailors directly or indirectly affected by the crisis and a list of internal and external suicide prevention resources. Ref: MCO 1720.2, PAR 3.b. (13).
- The Unit Commander will ensure the protection of confidentiality and the protection of Personally Identifiable Information (PII) when dealing with a situation involving Suicidal Ideations, Suicide Attempts, Suicide, or a death where suicide is not excluded. Information regarding the situation and personnel involved should be considered sensitive and limited only to those with a need to know. Ref: MCO 1720.2, PAR 3. b. (13) h. 7.
- The Unit Commander will ensure personnel who are directly involved in the preventive and/or proactive efforts of suicide prevention are recognized for their actions. Ref: MCO 1720.2 Enclosure (5).
- The SPPO will ensure instructors are demonstrating current knowledge about suicide prevention, using standardized training material and resources, and offering up-to date information about available resources, by coordinating with the instructors prior to training and observing scheduled training in order to verify the deliverance of all required information.
- The Unit Commander will ensure all MAD personnel attend annual UMAPIT training given by a trained instructor.

II. Training Requirements.

- SPPOs must complete the SPPO on-line training (MarineNet) within 30 days of appointment. Ref: MARADMIN 135/13.
- All MAD personnel must complete annual UMAPIT training administered by a trained instructor in groups of 30 people or less.

Unit Training and Reporting Requirements

III. Reporting Requirements.

- Suicide Deaths and Undetermined Deaths where suicide has not been Excluded.

- (1) The MAD will immediately submit a OPREP-3 Serious Incident Report (SIR) report to the Marine Corps Operations Center (MCOC) at 1-866- 476-2669 and the Casualty Section, Military Personnel and Recreation, Personal & Family Readiness Division (MFPC) at 1-800-847-1597. MCO 3040.4. CHA 3.
- (2) The Deputy Commandant for Aviation (DCA) will be notified by the fastest means available.
- (3) A Personnel Casualty Report (PCR) will be submitted as soon as possible but no later than one hour after learning of the incident. Ref: MCO 1720.2 PAR 3.b.(13)(h)6; MCO 3040.4, CHA 3.
- (4) An OPREP-3 SIR message will be sent within six hours of submission of the voice report. Reports will include the 5Ws, and will be submitted via Naval Message. Ref: MCO 3504.2A Enclosure (2) P. 2-1, PAR 6.
- (5) Within 3 working days of the initial PCR, the unit's Commanding Officer will designate a Marine Officer and support team to collect, examine, and record information required by the Department of Defense Suicide Event Report (DODSER). The DODSER will be completed a medical provider at the medical facility that performs the Marine or Sailor's psychological assessment. Within 15 days working days of the initial PCR, a completed DODSER will be submitted via: <https://dodser.t2.health.mil/dodser/>. The DODSER form will require a login, accomplished via the Defense Knowledge Online Single Sign-on Criteria at <https://www.us.army.mil>. Additional information may be submitted as it becomes available. Ref: MCO 1720.2 PAR 3.b.(13)(k)2; MCO 1720.2 PAR 3.b.(13)(k)2; MARADMIN 580/12.
- (6) Within 8-Days of the incident, the first general grade officer in the chain of command will submit an 8-Day brief. 8-Day template can be found at: <http://www.marines.mil/unit/safety/Pages/Documents.aspx>. Ref: MCO 5100.29b PAR 4.b.(13)(f).
- (7) Commanders will prepare and deliver a Death Brief to the DCA within 30 days of the suicide. The Death Brief template can be found at: <http://hqinet001.hqmc.usmc.mil/index.htm>. Ref: MCO 5100.29b PAR 4.b.(13)(g).

Unit Training and Reporting Requirements

• Suicide Attempts.

- (1) The MAD will immediately submit a OPREP-3 Serious Incident Report (SIR) report to the Marine Corps Operations Center (MCOC) at 1-866- 476-2669 and the Casualty Section, Military Personnel and Recreation, Personal & Family Readiness Division (MFPC) at 1-800-847-1597. MCO 3040.4. CHA 3.
- (2) A Personnel Casualty Report (PCR) will be submitted as soon as possible but no later than one hour after learning of the incident. Ref: MCO 1720.2 PAR 3.b.(13)(h)6; MCO 3040.4, CHA 3.
- (3) An OPREP-3 SIR message will be sent within six hours of submission of the voice report. Reports will include the 5Ws, and will be submitted via Naval Message. Ref: MCO 3504.2A Enclosure (2) P. 2-1, PAR 6.
- (4) Contact MCB Quantico Community Counseling Program / Marine Intercept Program (MIP) 703-784-3523 within 24 hours of the OPREP-3 SIR message being sent. Provide the CCP manager all information required to contact Marine and ensure the Marine has the opportunity to decline or accept MIP services. Ref: MCO 1754.14
- (5) The suicide attempt DoDSER is due within 30 days of the determination of the attempt by competent medical authority. The DoDSER will be completed a medical provider at the medical facility that performs the Marine or Sailor's psychological assessment. Within 3 working days of the initial PCR the unit's Commanding Officer will designate a Marine Officer and support team to collect, examine, and record information required by the DoDSER. In the event that a Marine or Sailor was not treated at a military facility the Medical Officers or Division Psychiatrist with the most familiarity of the event will complete the DODSER and submit via: <https://dodser.t2.health.mil/dodser/>. Additional information may be submitted as it becomes available. Ref: MCO 1720.2 PAR 3.b.(13)(k)1; MARADMIN 580/12.

• Suicidal Ideations.

- (1) If the Command receives notice of a Marine/Sailor making comments regarding harming/killing themselves an OPREP-3 Serious Incident Report (SIR) will be submitted via a voice report to the Marine Corps Operations Center (MCOC) at 1-866-476-2669 within 30 minutes of the incident happening or the Command becoming aware of the incident. A message will be sent within six hours of submission of the voice report. Reports will include the 5W's, and will be submitted via Naval Message. Ref: MCO 3504.2A Enclosure (2) P. 2-1, PAR 6.
- (2) Contact MCB Quantico Community Counseling Program / Marine Intercept Program (MIP) 703-784-3523 within 24 hours of the OPREP-3 SIR message being sent. Provide the MIP manager all information required to contact Marine and ensure the Marine has the opportunity to decline or accept MIP services. Ref: MCO 1754.14

Enclosure (5)

Unit Training and Reporting Requirements

- Prevented Suicides/Saves. The command will report incidents where the direct actions of Marines/Sailors prevented a death by suicide. Reports will include the 5Ws, and will be submitted will be submitted via Naval Message to DCA.

Internal/External Suicide Prevention Resources

References

- MCO 1720.2 - Marine Corps Suicide Prevention Program
- MCO 5100.29B - Marine Corps Safety Program
- MCO 3504.2A Operations Event/Incident Report (OPREP-3) Reporting
- MCO 3040.4 - Marine Corps Casualty Assistance Program
- MARADMIN 580/12 - Reporting Requirements ICO Department Of Defense Suicide Event Report
- MARADMIN 658/12 - Call to Action for Preventing Marine Suicides.
- MARADMIN 135/13 - Suicide Prevention Program Officer Training/Requirements And Resources
- IG Functional Area Checklist 1720
- Suicide Prevention Program Officer Desktop Reference Manual

Resources

MCCS - Suicide Prevention

<http://www.usmc-mccs.org/services/support/suicide-prevention/>

Military Crisis Line - 877-273-8255

<http://www.veteranscrisisline.net/ActiveDuty.aspx>

DSTRSS Line - 877-476-7734

<http://www.dstressline.com/>

MCCS/Marine and Family Programs Quantico/Marine Intercept Program - 703-784-3523

<http://www.quantico.usmc-mccs.org/index.cfm/marine-family/behavioral-health-program/community-counseling-program-ccp/>

National Suicide Prevention Hotline - 800-273-8255

<http://www.suicidepreventionlifeline.org/>

Support Personnel

MAD SPPO -SgtMaj Bauer/301-342-1690

MAD Flight Surgeon - LtCmdr Fischman/323-697-6346

NAS Pax River Command Chaplain - LT Hamrick/301-247-8058 or 301-757-1809

PMO - 301-342-3208