DEPARTMENT OF THE ARMY
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APVG-CG

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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: 25th Infantry Division and United States Army Hawaii (USARHAW) Policy Letter #10 – Suicidal Incident Response Procedures

1. References.

a. AR 600-63, Army Health Promotion, 14 Apr 15.

b. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 15.

c. AR 15-6, Procedures for Administrative Investigations and Boards of Officers, 01 Apr 16.

d. USARPAC OPORD 16-08-039, Integrated Suicide Prevention Battlefield, 24 Aug 16.

e. I Corps OPORD 118-17, Health Promotion and Suicide Prevention Campaign, 22 Nov 16.

f. Army 2020: Generating Health and Discipline in the Force ahead of the Strategic Reset (Rev. 2), 2012.

g. Policy Memorandum USAG-HI-40, Garrison Commander's Critical Information Requirement (CCIR) and Serious Incident Report (SIR) Requirements, 15 Oct 18.

h. Policy Memorandum OTSG/MEDCOM 16-087, Release of protected Health Information to Unit Command Officials, 18 Oct 16.

2. Policy. This Policy Letter serves as the recommended action guidance for all suicidal behavior incidents occurring within units and organizations assigned or attached to 25th Infantry Division and USARHAW.

3. Terms of Reference.

a. Prevention: A continuum of awareness, intervention, and postvention. All efforts that surround building resilience, reducing stigma, building awareness and strategic communication.

b. Intervention: Actions undertaken to prevent an individual experiencing an acute crisis or a behavioral health disorder from attempting or committing suicide.

c. Postvention: Those actions taken after an incident of suicidal behavior that serve to moderate the effects of the event on the individual or survivor(s) of an individual who has contemplated, attempted, or completed suicide.

d. Suicidal Ideation (SI): Any self-reported thought of engaging in suicide-related behaviors (without an attempt).

e. Suicide Attempt (SA): A self-inflicted, potentially injurious behavior with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die. A suicide attempt may or may not result in injury. Therefore, this category includes behaviors where there is evidence that the individual intended to die, but the event resulted in no injuries.

f. Completed Suicide (CS): Suicidal behavior that resulted in a fatality.

4. Prevention Actions. Commanders will ensure that supervisors at all levels are aware of direct contact numbers for the following personnel, at a minimum, to consult and refer Soldiers for behavioral health needs: Unit Behavioral Health personnel, unit Chaplain, Schofield Barracks Behavioral Health Clinic, TAMC Behavioral Health Clinic and unit Military Family Life Counselors (MFLC).

5. Intervention Actions.

a. Suicidal Ideation (SI):

(1) Appropriately respond using ACE-SI trained leaders within the organization.

(2) For an immediate behavioral health assessment, the Soldier will be escorted to their respective Embedded Behavioral Health (EBH) Clinic, Tripler Army Medical Center Emergency Room (TAMC ER), or the Schofield Barracks Acute Care Clinic (ACC). Time permitting, the unit should call the Clinic ahead of time and provide information and background on the Soldier prior to their arrival. During non-clinic hours, the Soldier can be escorted to TAMC ER, or to a civilian hospital ER in emergency situations. At all times, Soldiers PVT – SPC will be escorted by the rank of Corporal or above, all Sergeants and above will be escorted by a leader at least one higher rank and the escort will stay with the Soldier until released by their chain of command.

(a) Assessments that result in non-hospital admission at TAMC: If the Soldier is evaluated, the assessing provider is expected to call the unit Commander and/or First Sergeant for collateral information and to discuss the pending assessment in accordance with published MEDCOM guidance on the release of protected health

information (PHI) to command officials. Prior to discharge, the final assessment and recommendations will be communicated to unit Commanders and/or First Sergeants through direct communication with the assessing Behavioral Health (BH) provider and through additional guidance issued through e-profile. Commanders will ensure that the Soldier is released to a unit escort in the event of discharge from the Emergency department (ED).

(b) Assessments that results in a hospital admission at TAMC ER: Within 48 hours of admission, the TAMC Inpatient Service (4B2) provider will contact the Company Commander and/or First Sergeant to discuss assessment, the treatment plan and to set up a command meeting prior to discharge, subject to HIPAA. Upon discharge, the Soldier's unit is expected to send an escort of a higher rank to pick up the Soldier from the hospital.

(c) Assessment at a civilian hospital that results in non-hospital admission: Commanders will ensure that released Soldiers follow up the next day in their appropriate supporting EBH clinic for a safety check and further BH support. The unit will contact the Unit Behavioral Health Officer (BHO), Brigade (BDE) Surgeon, or respective EBH Nurse Case Manager to coordinate a follow-up appointment for a safety check NLT the following duty day. The Soldier will bring the discharge summary to his/her appointment. The BHO/BDE Surgeon will either conduct the safety assessment or notify the respective EBH Clinic staff of the appointment.

(d) Assessment that results in a civilian hospital admission: Most civilian hospitals will call the TAMC Psychiatrist on Duty (PSOD) to transfer the Soldier to the TAMC inpatient ward. If there is no bed available at TAMC or the Soldier is inappropriate for transfer due to medical instability and must remain at the civilian hospital, the Commander will contact the Unit BHO or EBH Nurse Case Manager to task them with coordinating the discharge plan and follow-on care. If the Commander has been notified of the Soldier's admittance they should track the Soldier's discharge and ensure next day follow-up care is planned. As with Emergency Department discharges, the Soldier is to be released to a unit escort of higher rank upon discharge if circumstances permit.

(3) Within 48 hours after being discharged, or during the next available workday, the unit Commander or organization's leadership will provide counseling, not as a punitive act, but to show support, identify stressors, provide resources, and if applicable, set up a one-on-one training session with the Master Resilience Trainer (MRT).

(4) Generate a Serious Incident Report (SIR) within 12 hours IAW reference (g).

b. Suicide Attempt (SA):

(1) Use intervention procedures from SI plan above, with the following additions.

(2) During and immediately after an attempt, the safety of the Soldier, individuals within the vicinity, and responders is priority. This may/may not entail contacting other agencies, such as the Military Police or local law enforcement to establish a safe environment for intervention.

(3) Before a behavioral health evaluation can occur, the Soldier must first be medically cleared. Depending on the severity of the attempt, escort the Soldier to the Schofield Barracks ACC during clinic hours, take the Soldier directly to TAMC ER, or call 911 for emergency medical support.

(4) Generate a Serious Incident Report (SIR) within 6 hours of the event.

c. Completed Suicide (CS): N/A

6. Postvention Actions.

a. Suicidal Ideation (SI):

(1) The Company Commander will place the Soldier on the unit high-risk list for discussion and monitoring purposes during monthly reviews.

(2) The Company Commander will notify the unit BHO. In turn, BHO personnel will go to their respective EBH Clinic's weekly Multi-Disciplinary Treatment Plan meeting for discussion and monitoring purposes.

(3) Within 30 days of the initial counseling for the SI, a follow-up counseling session with the Soldier and leadership should occur, not as a punitive action, but to show support and track progress.

b. Suicide Attempt (SA):

(1) Use postvention procedures from SI plan above with the following additions.

(2) At the discretion of the unit Commander, the unit's Suicide Response Team (SRT) will convene within 48 hours following all SA.

(3) Units will conduct Non-Fatality Suicide Review Boards which will be held quarterly in conjunction with unit Health of the Force / High-Risk Review for all SA.

c. Completed Suicide (CS):

(1) Follow guidance IAW reference (b).

(2) Generate a Serious Incident Report (SIR) IAW published timelines, reference (g).

(3) The unit's Suicide Response Team (SRT) convenes within 48 hours following all CS.

(4) Submit a DA Form 7747 (Commander's Suspected Suicide Event Report) for every suicide or equivocal death which is being investigated as a possible suicide. Active duty units are required to submit an initial report within 5 days following a death and all units (to include ARNG and USAR) are required to submit a completed report within 30 days IAW reference (a).

7. The guidance above serves as a reference tool for leaders at all levels to ensure suicidal behavior incidents are responded to and addressed appropriately. Adherence to this policy will help prevent and mitigate the overwhelmingly negative effects of suicide from causing further harm to an individual, the unit, and the Army.

8. This policy letter remains in effect until superseded or rescinded in writing.

9. The points of contact for this policy letter are the Schofield Barracks Installation Director of Physiological Health at (808) 433-8500 for USARHAW North and the TAMC Department of Behavioral Health at (808) 221-2779 for USARHAW South.

RONALD P. CLARK
Major General, USA
Commanding

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