



DEPARTMENT OF THE ARMY
HEADQUARTERS
U.S. ARMY MANEUVER SUPPORT CENTER AND FORT LEONARD WOOD
FORT LEONARD WOOD, MISSOURI 65473-5000

FLW Regulation
No 600-23

31 May 2001

Personnel - General
FORT LEONARD WOOD SUICIDE PREVENTION PLAN

Summary. This regulation establishes policies and procedures for a plan of action for suicide prevention at Fort Leonard Wood (FLW).

Applicability. This regulation is applicable to all subordinate commands, tenant organizations, and activities located on the FLW installation.

Supplementation. Supplementation of this regulation is prohibited unless specifically approved by Headquarters, United States Army Maneuver Support Center and Fort Leonard Wood (MANSCEN & FLW).

Suggested Improvements. The proponent agency of this regulation is the Directorate of Morale, Welfare and Recreation (DMWR). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Directorate of Morale, Welfare and Recreation, ATTN: ATZT-MWR-A, Fort Leonard Wood, MO 65473-8929.

FOR THE COMMANDER:



WILLIAM A. VAN HORN
Colonel, GS
Chief of Staff

THOMAS M. MURPHY
LTC, SC
Director, Information Management

DISTRIBUTION:
A
Plus 3 – ATZT-IM-SP

Contents

Paragraph 1. Purpose	2
Paragraph 2. References	2
Paragraph 3. Explanation of Acronyms	2
Paragraph 4. General	2
Paragraph 5. Organization	2
Paragraph 6. Responsibilities	3
Paragraph 7. Training	5
Paragraph 8. Unit Watch	5
Appendix A. Sample of FLW Form 1370-E (Monthly Suicide Prevention Report)	6
Appendix B. Suicide Prevention Standing Operating Procedures (SOP)	7
Glossary	23

1. Purpose. To set policies and procedures for establishing the FLW Suicide Prevention Plan.

2. References.

a. Required references.

(1) AR 195-2 (Criminal Investigation Activities). Cited in paragraph 6h(1).

(2) AR 600-63 (Army Health Promotion). Cited in paragraph 7c.

(3) DA Pam 600-24 (Suicide Prevention and Psychological Autopsy). Cited in appendix B, Sample SOP paragraph 6e.

(4) DA Pam 600-70 (US Army Guide to the Prevention of Suicide and Self Destructive Behavior). Cited in paragraph 7c.

(5) DOD Directive 6490.1 (Mental Health Evaluations of Members of the Armed Forces). Cited in appendix B, Sample SOP paragraphs 6a, 6c, and 6d.

b. Related references.

(1) DOD Instruction 6490.4 (Requirements for Mental Health Evaluations of Members of the Armed Forces).

(2) MEDCOM Reg 40-38 (Command-Directed Mental Health Evaluations).

c. Prescribed forms.

(1) FLW Form 1370-E, Monthly Suicide Prevention Report. Prescribed in paragraph 6d(6).

(2) FLW Form 1371-E, Suicidal Service Member Tracking Sheet. Prescribed in appendix B, Sample SOP paragraph 3a(8).

(3) FLW Form 1372-E, Supervisor's Suicide Risk Checklist. Prescribed in appendix B, Sample SOP paragraph 3c(4).

(4) FLW Form 1373-E, Validity of Psychiatric History and Symptoms. Prescribed in appendix B, Sample SOP paragraph 6a.

d. Referenced forms.

(1) DA Form 2173, Statement of Medical Examination and Duty Status.

(2) DA Form 4856, Developmental Counseling Form.

(3) DA Form 5248-R, Report of Unfavorable Information for Security Determination.

(4) USA MEDDAC MDFM 916, Unit Watch Guidelines.

3. Explanation of Acronyms. The acronyms used in this regulation are explained in the glossary.

4. General.

a. The FLW Suicide Prevention Plan is established to provide guidance for all suicide prevention activities for

active duty personnel, family members and civilian employees.

b. Suicide prevention is the responsibility of commanders, supervisors, service members and civilians. Administrative coordination of the program is accomplished through the Installation Chaplains Office and is based upon management guidance and recommendations of the Installation Suicide Prevention Standing Committee (ISPSC).

5. Organization.

a. An ISPSC is established to plan, implement and manage the FLW Suicide Prevention Program. The ISPSC will -

(1) Coordinate program activities and the suicide prevention activities of the command, interested agencies and persons.

(2) Evaluate the program needs of the installation and make appropriate recommendations to the commander.

(3) Review, refine, add or delete items to the program based on an on-going evaluation of needs.

(4) Develop awareness training about installation suicide prevention activities and identify appropriate forums for training.

(5) Evaluate the impact of the pace of training and military operations on the quality of individual and family life in the total military community.

(6) Recommend command policy guidance about training and operations issues to assure that service members and their leaders have sufficient opportunity for quality family life.

(7) Be aware of publicity generated with respect to suicides in the community and develop public awareness articles for publication.

(8) Meet at the discretion of the ISPSC presiding officer, but at least quarterly.

(9) In the event of a suicide, review the results of the psychological autopsy to look for the possible causes of the suicide and, if necessary, evaluate the prevention effort and make recommendations to the commander.

(10) Coordinate with civilian support agencies as necessary.

b. The ISPSC consists of the following personnel -

(1) Garrison Commander.

(2) DMWR.

(3) Director of Plans, Training and Mobilization (DPTM).

(4) Installation Chaplain.

(5) Director of Health Services (DHS).

(6) Chief, Community Mental Health Service (CMHS).

(7) Public Affairs Officer (PAO).

(8) Director of the Civilian Personnel Advisory Center (CPAC).

(9) Provost Marshal (PM).

(10) Commander U.S. Army Criminal Investigation Division Command (USACIDC) element.

(11) Staff Judge Advocate (SJA).

(12) Alcohol and Drug Control Officer (ADCO).

(13) Army Community Service (ACS) Officer.

(14) A representative of the post family member schools.

(15) Commander, 1st Engineer Brigade.

(16) Commander, 3d Basic Training Brigade.

(17) Commander, 3d Chemical Brigade.

(18) Commander, 14th Military Police (MP) Brigade.

(19) Command Sergeant Major, MANSCEN Noncommissioned Officer Academy (NCOA).

(20) Other installation and community agencies as needed.

6. Responsibilities.

a. Garrison Commander.

(1) Serves as the presiding officer of the ISPSC and coordinates the efforts of the ISPSC members.

(2) Ensures all Army Service members and civilian employees receive training stressing the importance of mental health, stress reduction, and life-coping skills.

b. DMWR.

(1) Integrates suicide prevention into community, family and Service member support programs as appropriate.

(2) ACS continues operation of advocacy and outreach programs dealing in areas of stress and family violence.

(3) In coordination with ISPSC and PAO, ACS heightens public awareness of the support and helping mechanisms available within the community.

(4) Ensures that ACS conducts appropriate in-service training by mental health officers or chaplains to maintain the level of awareness of ACS staff members including volunteers who routinely assist service members, civilian employees and family members who might be at risk for suicide.

(5) Ensures that ACS emphasizes support agencies and mechanisms during family member orientations and other appropriate briefings.

(6) The ACS Director serves as the specific ISPSC participant responsible for coordinating with civilian support agencies.

(7) The ADCO advises the commander as to the impact of alcohol and drug abuse on suicide risk.

c. DPTM.

(1) Informs the ISPSC of the current training and operational requirements of the command and estimates the impact of their requirements on their quality of life within the area served by the ISPSC.

(2) Develops policy to assure that the impact of the pace of operations on individual and family well-being be considered in planning for all training and operational requirements.

d. Installation Chaplain.

(1) Serves as the ISPSC presiding officer in the absence of the Garrison Commander.

(2) Serves as the point of contact for suicide prevention program information and advice to the MANSCEN and FLW Commanding General and to major subordinate commands.

(3) Advise installation and unit commanders on moral and ethical issues and other stress factors that may result in an increased number of people at risk.

(4) Assure that all chaplains in the command are trained to identify individuals who may be at increased risk of suicide and make an appropriate referral. Training conducted with the assistance of local mental health officers will supplement suicide prevention training offered by the Chief of Chaplains.

(5) Provide the training expertise that will assist the command in the education-awareness training process. Unit chaplains will be the cornerstone of the effort to provide and will assist unit level suicide prevention training for leaders, supervisors, Drill Sergeants, service members and civilian employees. Chaplains will advise and assist other staff members and ISPSC members in satisfying identified training needs in this area.

(6) Forwards FLW Form 1370-E (Monthly Suicide Prevention Report) to United States Army Training and Doctrine Command (TRADOC) after receiving data from CMHS (see appendix A). Forwards Army Suicide Surveillance Report (data base report) from USACIDC element or CMHS to TRADOC ADCO within 48 hours.

(7) Serves as the staff officer responsible for the Family Member Suicide Prevention Program.

(8) Implements a Family Member Suicide Prevention Program to help family members recognize the signs of increased suicide risk, and to learn about referral sources for friends and family members. Educational programs will focus on parents, teenagers and spouses.

e. DHS.

(1) Assesses and advises the installation commander on stress factors that may result in increased numbers of persons at risk.

(2) Provides mental health officers to train other trainers in the post education-awareness program.

(3) Assures that the training provided by chaplains and other staff agencies such as ACS and the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) is appropriate.

(4) Completes the Army Suicide Surveillance Report for all non-lethal suicide behaviors. Forwards the report via the FLW Office of the Installation Chaplain to the TRADOC ADCO within 48 hours of the notification of the particular suicide behavior.

(5) Assures that General Leonard Wood Army Community Hospital (GLWACH) health care providers are trained in crisis intervention techniques using periodic in-service education.

(6) Coordinates training activities with GLWACH and installation chaplains.

(7) Develops advanced screening techniques to identify Service members who require remedial life-coping skill development and who are potentially high risk for suicide.

f. PAO.

(1) Assists the ISPSC with the development and implementation of the community awareness position.

(2) Maintains awareness of publicity generated with respect to suicides in the community.

(3) Monitors and analyzes generated publicity and provides feedback to the ISPSC.

g. PM.

(1) Ensures that MP forces respond to potential suicide situations discretely and cautiously to avoid increasing stress (Normally the use of emergency equipment (lights or sirens) would be inappropriate).

(2) Provides feedback information to the ISPSC, as appropriate, on any suicide-related events that may have occurred on post.

(3) Reinforces instruction presented at the U.S. Army MP School concerning identification of persons at risk for suicide, and emphasizes that actions taken by MP in the line of duty may cause some people to be at increased risk of suicide. An example might be a teenager who has been arrested for shoplifting and is greatly embarrassed about his or her behavior. Awareness training, using the assistance and advice of chaplains and mental health professionals, may be conducted at in-service training and professional development classes.

(4) Establishes liaison with local civilian police agencies, as appropriate, to coordinate community suicide prevention programs and procedures.

h. Commander, USACIDC element.

(1) Investigates all suicides or suspected suicides (see AR 195-2).

(2) Establishes liaison with local civilian police agencies, as appropriate, to obtain information regarding suicide related events involving military personnel, their families, or civilian employees which may have occurred off-post and provide such information to the ISPSC. Such liaison activity will be in compliance with applicable statutes of the local civilian community.

(3) As allowed by appropriate regulations, provides the ISPSC extracts from the Criminal Investigation Division (CID) reports of investigation (including psychological autopsy), which may be useful in understanding the reasons for a suicide and in formulating future prevention plans.

(4) Completes the Army Suicide Surveillance Report for all completed suicides. Forwards the report via the FLW Chaplain's Office to TRADOC ADCO within 48 hours of the notification of the suicide.

i. The SJA provides suicide prevention awareness training for the personnel of the SJA and Trial Defense service personnel using the advice and assistance of the chaplains and mental health professionals. Trial Defense service personnel and legal assistance officers may assist service members, family members, and, in certain circumstances, civilian employees who are in crisis, not only from administrative and legal actions, but also from other causes. The administrative and legal actions initiated against some persons may cause them to be at increased risk of suicide. Identifying persons at risk of suicide and referring them to the proper support person or agency is crucial.

j. CPAC.

(1) Assures that local programs take into consideration the needs of the civilian work force.

(2) Is responsible for coordinating the training for civilian managers and supervisors.

k. Inspector General includes suicide prevention training requirements in unit Organizational Inspection Program checklists.

l. Commanders/Directors.

(1) Coordinate and conduct awareness training at least annually for subordinate personnel. Information for suicide prevention awareness training is available at the U.S. Army Center for Health Promotion and Preventive Medicine homepage at <http://chppm-www.apgea.army.mil>. Enter "suicide prevention manual" in the upper right search box to obtain brochures and training points.

(2) Assure that subordinates are aware of assistance agencies.

(3) Refer individuals who are identified as having personal or emotional problems to an appropriate source of help. It is essential that commanders follow through to assure that the problem is either resolved or continuing help is being provided.

(4) Send a representative of the Family Member School System to the ISPSC. The Family Member School System representative should coordinate training for school personnel in identifying and referring individuals at risk for suicide.

(5) Ensure unit level officer and noncommissioned officer (NCO) professional development classes include formal training in suicide prevention and suicide risk identification.

(6) Promote help-seeking behavior as a sign of strength not as a career-stopping step. Seeking help is a sign of effectively dealing with problems and of strength rather than of weakness.

(7) Promote life-coping skills.

(8) Ensure subordinate units establish a suicide prevention program. A unit suicide watch SOP is at appendix B.

m. First Line Supervisors/Leaders.

(1) Become familiar with their service members and civilian employees in order to recognize possible disorders.

(2) Assess the life-coping skills of each service member and civilian employee. Attempt to positively influence the behavior of each service member and civilian employee.

(3) Ensure service members and civilian employees receive required suicide prevention training. Discuss the training with them afterwards to ensure they are familiar with suicide risk behaviors and indicators, stress reduction techniques, life-coping skills, and the location and services provided by installation suicide prevention support agencies.

(4) Foster a team oriented work environment. Do not ostracize service members or civilian employees. Encourage help-seeking behavior.

n. All service members and civilian employees.

(1) Know suicidal warning signs and the leading reasons for suicides.

(2) Contact their supervisor or chaplain immediately when they suspect someone is suicidal or if someone admits that they are contemplating suicide.

7. Training.

a. All Army leaders will receive training on the current Army policy toward suicide prevention, how to refer their service members to the appropriate help provider and how to create an atmosphere within their commands of encouraging help-seeking behavior.

b. All levels of Noncommissioned Officer Education Systems (NCOES) and officer leadership courses will integrate sequential and progressive suicide risk identification training into every Army leadership development course. Instruction will also include behavioral development models, and means of instilling life-coping skills.

c. Per AR 600-63, paragraph 5-5a, students will receive a copy of DA Pamphlet 600-70, or a locally produced document with essentially the same information. Students will also receive the opportunity to view the Army videotape "Suicide Prevention" (SAVPIN 701299DA (TVT 8-93)).

d. Civilian supervisors and designated civilian personnel will receive annual training focusing on referral techniques/protocols for their employees.

e. Helping professionals (physicians, nurses, psychologists, social workers, chaplains, and counselors) and MP will receive regular in-service training in suicide prevention and crisis intervention.

f. Initial Entry Training will incorporate suicide prevention classes into "battle buddy" training to include suicidal indicators and referral sources.

g. At least two installation chaplains will become registered Applied Suicide Intervention Skills Training (ASIST) T-2 Trainers by completing the ASIST T-4 course.

h. Army mental health officers will provide the technical expertise for all suicide prevention education/ awareness training. It is the role of mental health officers to "train the trainers" in all suicide prevention education programs. Chaplains will conduct suicide prevention education awareness training at battalion level and below.

8. Unit Watch. Units may implement a unit watch program when a commander determines it is in the best interest of a service member's welfare. Units should implement a unit watch program if CMHS recommends the action after a mental evaluation. All unit watch programs are only terminated at the direction of a unit commander. A suicide prevention SOP with unit watch guidance and leader responsibilities is at appendix B.

Appendix A
 SAMPLE OF FLW FORM 1370 (MONTHLY SUICIDE PREVENTION REPORT)

MONTHLY SUICIDE PREVENTION REPORT												
(FLW Reg 600-23)												
1. The following report will be updated electronically each month by the identified Army installation. Installation: <u>MANSCEN & Fort Leonard Wood, MO</u>												
2. Number of Training Personnel : a. Number of ASIST T-2 Trained Personnel: _____ b. Number of ASIST T-4 Trained Personnel: _____												
3. Status of Training: <table border="1" style="float: right; margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">GREEN</th> <th style="padding: 2px;">AMBER</th> <th style="padding: 2px;">RED</th> </tr> </thead> <tbody> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </tbody> </table>				GREEN	AMBER	RED						
GREEN	AMBER	RED										
a. Status of Unit Prevention Training:												
b. Status of Army Civilian Employee Prevention Training:												
4. Suicide Behavior:	ACTIVE DUTY	CIVILIAN EMPLOYEES	FAMILY MEMBERS									
a. Suicides Completed:												
b. Suicides Attempts:												
c. Suicides Gestures:												
5. Prevention Progress Report:												
6. Next Month Highlights:												
7. Comments:												

Appendix B
Sample of the Suicide Prevention Standing Operating Procedures

OFFICE SYMBOL (600)

(Date)

MEMORANDUM FOR (Unit/Organization)

SUBJECT: Suicide Prevention Standing Operating Procedures

1. Purpose. The purpose of this SOP is to provide procedures in the event of a suicide attempt or whenever you suspect a service member, civilian employee or family member to be a suicide risk. The SOP also outlines leader responsibilities and actions for the conduct of suicide watch for personnel determined to be a suicide risk. A copy of this SOP will be maintained at each company headquarters and with the Battalion Staff Duty NCO book.

2. References.

- a. DOD Directive 6490.1 (Mental Health Evaluations of Members of the Armed Forces).
- b. DOD Instruction 6490.4 (Requirements for Mental Health Evaluations of Members of the Armed Forces).
- c. DA Pamphlet 600-24 (Suicide Prevention and Psychological Autopsy).
- d. MEDCOM Reg 40-38 (Command-Directed Mental Health Evaluations).

3. Listed below are steps to take in the event of a suicide attempt or whenever you suspect a service member to be a suicide risk.

a. When service member has ATTEMPTED SUICIDE -

(1) Step 1: Immediately call GLWACH, Emergency Room, 596-2155 (ambulance dispatch) or 911. Remove belt, shoe laces and dog tags from the service member if the service member expresses an intent to use them to harm self or others.

(2) Step 2: Immediately notify chain of command to battalion level.

(3) Step 3: Immediately notify duty or unit chaplain.

(4) Step 4: When a suicide attempt by an active duty service member or dependent or a civilian employee results in serious or very serious illness or injury, immediately notify the Military Personnel Office, Personnel Actions, Casualty Operations, at (573)596-0134/0138.

(5) Step 5: Injuries, diseases, medical conditions, or deaths resulting from self-inflicted injuries or suicide require a formal line of duty investigation. It is the responsibility of the Medical Treatment Facility (MTF) to ensure DA Form 2173, (Statement of Medical Examination and Duty Status), section I, is completed and promptly forwarded to the unit with a copy furnished to the Military Personnel Office, Personnel Actions within five calendar days after initial treatment. It is the unit commander's responsibility to request a DA Form 2173 from the MTF if it is not received within ten calendar days after the incident. Line of duty investigations will be completed and forwarded to the Military Personnel Office, Personnel Actions, Line of Duty Section according to established timelines.

(6) Step 6: Assign two escorts to supervise the service member for continuous 24 hour periods until replaced or stopped by the commander. Escorts will be briefed about their escort duties and sign DA Form 4856 (Developmental Counseling Form) (see annex A, figure A-1).

OFFICE SYMBOL (600)
SUBJECT: Suicide Prevention Standing Operating Procedures

(7) Step 7: Inform Service member that he/she is assigned under a unit watch until stopped by the commander. Service member will sign DA Form 4856 (Developmental Counseling Form) (see annex A, figure A-2).

(8) Step 8: After establishing control of the service member and arranging counseling in conjunction with proper medical/psychiatric support, then have a joint case study with first-line leader, appropriate members of the chain of command, unit chaplain, and medical/psychiatric staff to develop a problem-solving plan. Chaplain will counsel service member and fill out FLW Form 1371-E (Suicidal Service Member Tracking Sheet) (see annex A, figure A-3) and provide the sheet to the commander.

(9) Step 9: Ensure escort service members are aware about the date, time and location of the service member's CMHS appointment and escort the service member to the appointment. Contact MP for assistance if the service member refuses to comply with the appointment.

b. Commanders will, within 24 hours of a suicide attempt -

(1) Contact/notify CMHS of a command referral. Ascertain what type of feedback the command can expect in this service member's case.

(2) Notify other support staffs that are providing assistance to the individual.

(3) Notify U.S. Army Central Clearance Facility during normal duty, hours, giving name, rank, social security number, level of access and reason for attempted suicide, if known.

(4) Order the service member to surrender privately owned weapon(s) maintained on post for storage in Unit Arms Room.

(5) Notify PM regarding action on privately owned weapons.

(6) Coordinate with local law enforcement agencies to obtain any reports in case of off-post suicide attempts or gestures. CID, military police investigator (MPI), and the Office of the Staff Judge Advocate may be contacted for assistance.

(7) Send within seven calendar days a DA Form 5248-R (Report of Derogatory Information) to Commander, U.S. Army Central Personnel Security Clearance Facility, ATTN: PCCF-M, Fort Meade, MD 20755-5250.

c. How to make a Suicide Risk Assessment for a service member -

(1) Step 1: Assessment - Immediate Danger Signals -

(a) Talking about or hinting at suicide.

(b) Giving away possessions; making a will.

(c) Obsession with death; sad music or poetry. Themes of death in letters or artwork.

(d) Making specific plans to commit suicide and access to lethal means.

(2) Step 2: If Step 1 danger signals are present, follow procedure at paragraph B-3d, Identified Suicide Risk, immediately.

(3) Step 3: Review of warning signs.

OFFICE SYMBOL (600)
SUBJECT: Suicide Prevention Standing Operating Procedures

- (a) Divorce/separated/other failed/failing relationship.
- (b) Depression.
- (c) Loss of hygiene.
- (d) Work quality drops.
- (e) Death in family.
- (f) Severe medical problem.

(4) Step 4: If Step 3 signs are present; complete FLW Form 1372-E (Supervisor's Suicide Risk Checklist) (see annex A, figure A-4).

d. What to do when a service member is IDENTIFIED AS A SUICIDE RISK -

(1) Step 1: The person making the identification should immediately notify the chain of command. (Do not leave the service member alone!)

(2) Step 2: Have the service member seen by the duty or unit chaplain with the chaplain advising the unit commander on appropriate action to be taken. (Do not leave the service member alone!)

(3) Step 3: Have a joint case study with first line leader, appropriate members of the chain of command and chaplain to develop a problem solving plan. Accomplish steps 4-7 of paragraph 3a above.

(4) Step 4: Conduct a weekly follow-up review of the case by contacting all agencies involved until the unit commander determines that the immediate crisis is over.

(5) Step 5: Unit leaders and service member's battle buddy will continue to be sensitive to and watch for the possibility of a future recurrence.

(6) Step 6: After a service member is assigned and reports to the 3rd Training Brigade Retraining and Holding Company, the service member's previous unit has no control of or responsibility for the service member.

4. Listed below are steps to be taken in the event of a suicide attempt or when a supervisor suspects a civilian employee to be a suicide risk.

a. If an employee ATTEMPTS suicide while on duty -

(1) Step 1: Immediately notify GLWACH, Emergency Room 596-2155 (ambulance dispatch) or 911.

(2) Step 2: If the employee poses a threat to others or to government property, immediately notify the MP.

(3) Step 3: Notify the next level of supervision above your activity and CPAC at 596-0280.

(4) Step 4: As soon as possible, notify the Occupational Health Office to explain the situation at 596-0039.

OFFICE SYMBOL (600)
SUBJECT: Suicide Prevention Standing Operating Procedures

(5) Step 5: When the employee returns to duty, check to see if the employee has entered into a counseling program. Contact Occupational Health at 596-0039 for referrals.

(6) Step 6: Consult with Employee Assistance Program for further evaluation/assessment and referral to a counseling program.

b. When an employee has not attempted suicide but has threatened suicide or made suicide gestures (or based on other information the supervisor has received such as a supervisor's suicide risk assessment in accordance with (IAW) paragraph 3c above, the employee is judged to be a SUICIDE RISK) -

(1) Step 1 - Do not leave the employee alone. Notify the Occupational Health Office immediately at 596-0039. Explain the current situation and respond to his/her guidance.

(2) Step 2: If the employee poses a threat to others or government property, immediately notify the MP.

(3) Step 3: If the situation warrants special attention, have someone in the activity accompany you and the employee to the Occupational Health Office for professional assistance.

(4) Step 4: When the employee returns to work, find out what support person or group they are involved with to resolve their problem. Call Occupational Health at 596-0039 for referrals if employee has not entered into counseling.

5. Listed below are steps to be taken in the event of a suicide attempt or when it is suspected a military family member may be a suicide risk.

a. When a family member has ATTEMPTED SUICIDE -

(1) Step 1: Immediately notify the GLWACH, Emergency Room 596-2155 (ambulance dispatch) or 911.

(2) Step 2: If the family member poses a threat; to others or to government property, immediately notify the MP if on post and the local police if off post.

(3) Step 3: Notify duty or unit chaplain.

(4) Step 4: Refer to Behavioral Medicine Division (BMD) for post crisis follow-up if BMD is not already involved.

b. When a family member has not attempted suicide, but threatened suicide, made other suicide gestures or the sponsor performed a suicide risk assessment IAW paragraph B-3c above and is felt to be a SUICIDE RISK:

(1) Step 1: Do not leave the family member alone.

(2) Step 2: If the situation warrants special attention, contact the Emergency Room at GLWACH, 596-2115 (ambulance dispatch) or 911 for evaluation and disposition.

(3) Step 3: If the family member poses a threat to others or to government property, immediately notify the MP if on post or local police if off post.

OFFICE SYMBOL (600)
SUBJECT: Suicide Prevention Standing Operating Procedures

(4) Step 4: Continue to be sensitive to and watch for possibility of future recurrence. Refer to BMD for appropriate follow-up.

6. Command Responsibilities.

a. Commanders determine whether or not referral for a mental health evaluation is required. ASIST trained chaplains will advise commanders. Prior to referral of a service member for a routine (non-emergency mental health evaluation), the commander will have service member complete the FLW Form 1373-E (Memorandum of Understanding (MOA) Validity of Psychiatric History and Symptoms (see annex A, figure A-5) prior to referral. Unit will determine the accuracy of the statement by contacting the service member's family if the service member states that he/she has a previous mental health history. The unit chaplain will then evaluate the service member. If the service member is a permanent party service member this intervention will be conducted IAW guidance outlined in the Chaplain Intervention and Re-integration into Unit (see annex A, figure A-6). If after the above it is determined that the service member needs to be evaluated by mental health, then a mental healthcare provider, or other healthcare provider if a mental healthcare provider is not available, will be contacted to determine the appropriateness of the referral. This will be accomplished IAW DOD Directive 6490.1. Commanders may refer a service member for an emergency mental health evaluation as soon as is practicable whenever a service member, by actions or words, such as actual, attempted or threatened violence, intends or is likely to cause serious injury to himself, herself or others, or when the facts and circumstances indicate that the service member's intent to cause such injury is likely. Commanders may also refer a service member when he/she believes that the service member is suffering from a severe mental disorder IAW DoD Directive 6490.1.

b. Prior to transporting a service member for an emergency evaluation, or shortly thereafter, if time and the nature of the emergency does not permit, commanders shall consult with a mental healthcare provider, or other healthcare provider if a mental healthcare provider is not available, at the medical treatment facility where the service member is transported. The unit chaplain needs to be made aware of this referral.

c. DoD Directive 6490.1 directs commanders to "take precautions to ensure the safety of the service member and others" in connection with command-directed mental health evaluations. This guidance provides the purpose and intent for suicide watch.

d. Precautions. DoD Directive 6490.1 requires commanders to implement precautions to ensure the safety of service members who have demonstrated the potential to become dangerous in the past, as evidenced by violent or destructive behavior. The recommendations for precautions found in DoD Directive 6490.1 include, but are not limited to, an order to move into military barracks for a given period; an order to avoid the use of alcohol; an order not to handle firearms or other weapons; or an order not to contact a potential victim or victims. Commanders will implement one or more of these precautions based on the specific situation of the service member. In addition to precautions outlined in the directive, commanders will normally suspend pass privileges. If the service member is under investigation by the MPI or CID, the commander will impose a no-contact order with persons connected to any on-going investigation. The DoD Directive requires the commander to make a written record of actions taken in this regard. This will be done by the use of a counseling statement or memorandum, which the service member under unit watch will sign.

e. Persons who express suicidal thoughts may be subjected to command-directed mental health evaluations. The referral process annotated in B-3d should be followed. According to DA Pam 600-24, law enforcement and medical personnel should be summoned to the scene if the individual declines assistance. However, this will only be done as a last resort.

OFFICE SYMBOL (600)
SUBJECT: Suicide Prevention Standing Operating Procedures

7. Execution.

a. Any service member placed on unit suicide watch by a mental health provider (see annex A, figure A-7) during clinic hours will be seen by the duty or unit chaplain that day/evening. On weekends, the escorts will take the service member to the GLWACH Emergency Room. An individually privileged provider will evaluate them. Should it be determined that consultation with mental health is needed then this will be accomplished. Appropriate disposition to include but not limited to admission, return to duty, unit watch and follow-up will be determined at that time. Should the service member require unit watch this will be accomplished per paragraph B-3d above.

b. A minimum of two escorts is required to maintain 24-hour supervision over the service member on unit watch.

c. The Platoon Sergeant, Drill Sergeant or First Sergeant must conduct a thorough search of the billets where the service member will spend the night to find and remove weapons that the service member could use to attempt suicide. The service member under unit watch will be given adequate facilities for billeting. During the unit watch the commander will make every attempt to spare the service member undue embarrassment.

d. Escorts will be instructed to accompany the service member to the hospital for a command-directed mental health evaluation and will report to the commander upon completion. If the attending physician renders a judgment that the service member is not a suicide risk, it will be the commander's decision whether or not to end the unit watch. Escorts will not end the unit watch based on the recommendations of the attending physician.

e. Service members under unit watch will be seen by the on-duty chaplain.

f. Selection of Escorts.

(1) Escort personnel should be of equal or greater rank than the service member under watch.

(2) Escort personnel should be capable of subduing the service member if a suicide is attempted

g. Escorts must be briefed on the following points:

(1) Maintain continuous supervision, 24 hours a-day.

(2) One escort will be awake and alert at all times.

(3) The service member under unit watch will be observed at all times - this includes the service member's visits to the latrine.

(4) Remind escorts that the suicide watch remains in effect until rescinded by the commander.

(5) Escorts must know who is included in any "No-Contact" order and enforce the provisions of the order to prevent contact with persons connected to on-going investigations, or persons identified by the commander as falling under the scope of an imposed No-Contact order.

(6) Escorts must know that despite any protestations by the service member, they are not to relax the suicide watch for any reason unless otherwise notified by the Commander. This is merely a reflection of the General Orders. Procedures for shift changeover of responsibility.

OFFICE SYMBOL (600)
SUBJECT: Suicide Prevention Standing Operating Procedures

h. Commanders will ensure the following when establishing a unit watch:

(1) Escort duties should be established in shifts, with shift changeover procedures clearly understood.

(2) Appoint enough escorts to sustain 24-hour operations though the week and or weekend if necessary.

(3) Escorts will be handed a summary of their duties and will be briefed by the chain of command.

(4) Shift Changeover. Outgoing and in-coming escorts will brief one another on events over the last shift and any scheduled visits, or events for the next shift (e.g. visit the Chaplain, CID, etc.).

(5) Reporting requirements. Commanders must establish reporting requirements and ensure Escorts understand what and when to report to the commander.

(6) Escort instructions will be provided in writing (see annex A, figure A-1).

(7) Ensure that unit watch letter is annotated appropriately.

8. The unit will provide CMHS with a daily report by name of all individuals on unit watch. Community Mental Health will evaluate on a daily basis all individuals placed on unit watch. This will be accomplished Monday through Friday (non-holidays). Should the service member's condition change on the weekends and holidays or the commander wishes for the service member to be evaluated then he/she should be properly escorted to the GLWACH's Emergency Department.

BATTALION COMMANDER'S
SIGNATURE BLOCK

Office Symbol (600)

SUBJECT: Suicide Prevention Standing Operating Procedures

Annex A
SAMPLES AND EXAMPLES OF FORMS

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; the proponent agency is TRADOC			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)		
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to subordinates.		
ROUTINE USES:	For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.		
DISCLOSURE:	Disclosure is voluntary.		
PART I - ADMINISTRATIVE DATA			
Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization	Name and Title of Counselor		
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.) Event-oriented counseling. You have been selected as the unit watch/escort battle buddy for _____. This counseling will outline your responsibilities as the full unit watch/escort battle buddy.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: You are the unit watch/escort battle buddy for _____, effective immediately until removed from this duty by the Commander. You have been selected for this duty because you are one of the better soldiers in the platoon and we need someone like you to help prevent the unit watch soldier from hurting himself/herself or others. Hurting yourself or others is not a solution to any situation. If you hear of the unit watch soldier talking about hurting himself/herself or others, you will inform a Drill Sergeant. If the unit watch soldier attempts to hurt himself/herself or others, attempt to prevent him/her from doing so, and at the first opportunity inform a Drill Sergeant. Your responsibilities as the unit watch/escort battle buddy are as follows:			
<ol style="list-style-type: none"> 1. You will not allow the unit watch soldier to go anywhere without you or another battle buddy assigned by a Drill Sergeant. You must see the unit watch soldier at all times. This includes the latrine (but not in the stall), the shower and everywhere. 2. You will not leave the unit watch soldier without ensuring he/she has another battle buddy that is not on unit watch. 3. You will inform a Drill Sergeant if you think the unit watch soldier is going to hurt himself/herself or others. 4. You will not allow the unit watch soldier to take, have or hold any weapons, ammunition or pyrotechnics. If someone tries to give him/her any of these items, you will ensure he/she does not take them and inform a Drill Sergeant. 5. You will not encourage, recommend, provoke, or allow the unit watch soldier or another soldier to hurt himself/herself or others. 6. You will inform your Drill Sergeant if you hear of anyone that is talking about or may hurt himself/herself or others. 7. During shift change procedures the unit watch Service Member will not be left unattended. 			
OTHER INSTRUCTIONS			
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.			

DA FORM 4856, JUN 1999

EDITION OF JUN 85 IS OBSOLETE

USAPA V1.00

Figure A-1. Example of DA Form 4856 for Escorts Duties and Responsibilities (Page 1 of 2).

Office Symbol (600)

SUBJECT: Suicide Prevention Standing Operating Procedures

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; the proponent agency is TRADOC			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)		
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to subordinates.		
ROUTINE USES:	For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.		
DISCLOSURE:	Disclosure is voluntary.		
PART I - ADMINISTRATIVE DATA			
Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</p> <p>Event-oriented counseling.</p> <p>You have been placed on unit watch to protect you and those around you.</p> <p>To outline your responsibilities while on unit watch.</p> <p>To outline what training you can and can not participate.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>You are on unit watch, effective immediately until removed from unit watch by the Commander. Hurting yourself or others is not a solution to any situation. If you start thinking about hurting yourself or others, inform your battle buddy/escort or Drill Sergeant. We are here to help you help yourself, but we can not help you if you do not let us.</p> <p>While on unit watch, your responsibilities are as follows:</p> <ol style="list-style-type: none"> 1. You will not go anywhere without your assigned unit watch battle buddy/escort or another battle buddy/escort assigned by a Drill Sergeant. Your battle buddy/escort must be able to see you at all times. This includes the latrine (but not in the stall with you), the shower, everywhere. 2. You will inform your battle buddy/escort or Drill Sergeant if you think you are going to hurt yourself or others. 3. You will not take, have or hold any weapons, ammunition or pyrotechnics. If someone tries to give you any of these items, you will refuse to take it and inform your Drill Sergeant. 4. You will not be a battle buddy/escort for another unit watch soldier, nor will you allow another unit watch soldier to be your battle buddy/escort. 5. You will not encourage, recommend or provoke another soldier to hurt himself or others. You will inform you Drill Sergeant if you hear of anyone that is talking about or hurting himself/herself or others. 6. At all times you will be treated in a manner that does not cause undue embarrassment. If you feel that you are treated inappropriately, then you are to inform your Drill Sergeant immediately. 7. You will continue to be a soldier, which means you will maintain your discipline, military bearing and performance. 8. You will participate in all training that does not directly involve you firing any weapons. If the training involves weapons, but not firing them, you will participate to the fullest extent without a weapon. 			
OTHER INSTRUCTIONS			
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.			

DA FORM 4856, JUN 1999

EDITION OF JUN 85 IS OBSOLETE

USAPA V1.00

Figure A-2. Example of DA Form 4856 for Informing Service Member Under a Unit Watch. (Page 1 of 2).

Office Symbol (600)

SUBJECT: Suicide Prevention Standing Operating Procedures

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

You are on unit watch, effective immediately until removed from unit watch by the Commander.

If you start thinking about hurting yourself or others, inform your battle buddy/escort or Drill Sergeant.

You will fulfill your responsibilities listed in this counseling.

You will participate in all training that does not directly involve you firing any weapons. If the training involves weapons, but not firing them, you will participate to the fullest extent without a weapon.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Closely monitor and supervise you to prevent you from hurting yourself or others. Help you help yourself.

Keep you informed of your status and inform you when you are removed from unit watch.

Ensure you participate in training that you can participate in.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

REVERSE, DA FORM 4856, JUN 1999

USAPA V1.00

Figure A-2. Example of DA Form 4856 for Informing Service Member Under a Unit Watch. (Page 2 of 2).

Office Symbol (600)

SUBJECT: Suicide Prevention Standing Operating Procedures

SUICIDAL SERVICE MEMBER TRACKING SHEET			
(FLW Reg 600-23)			
1. SERVICE MEMBER DATA			
a. Name: _____		Rank: _____	
SSN: _____		Unit: _____	
b. Date and Time of Ideation/Gesture: _____			
c. Describe Ideation or Gesture: _____			
2. CHAPLAIN SCREENING			
a. Date and Time of Session: _____			
b. Does service member have a suicide plan in place?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Describe: _____			
d. Does service member feel supported by unit and home?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. Describe: _____			
f. Does service member have a history of previous attempts?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
g. Describe: _____			
h. Chaplain Recommendation (check all that apply):			
<input type="checkbox"/>	Written contract for life	<input type="checkbox"/>	Chaplain follow-up counseling
<input type="checkbox"/>	Unit watch (check for lethal means)	<input type="checkbox"/>	Routine CMHS Appointment
<input type="checkbox"/>		<input type="checkbox"/>	Emergency CMHS Appointment
<input type="checkbox"/>		<input type="checkbox"/>	Other
i. Chaplain's signature _____			Date: _____
3. UNIT INTERVENTION			
a. Service member was placed on unit watch.		Date/Time: _____	Initials: _____
b. A CMHS appointment was scheduled.		Date/Time: _____	Initials: _____
c. A Contract for Life was initiated by: _____			
4. CMHS RECOMMENDATION/OUTCOME			
a. Service member may be removed from unit watch. Date removed: _____			
b. Service member should remain on unit watch pending further CMHS intervention. Scheduled appointment: _____			
c. Service member should be discharged from the military. Discharge date: _____			
d. Other (specify): _____			

FLW Form 1371-E (Mar 02)

Figure A-3. Sample of FLW Form 1371-E.

Office Symbol (600)

SUBJECT: Suicide Prevention Standing Operating Procedures

SUPERVISOR'S SUICIDE RISK CHECKLIST				
(FLW Reg 600-23)				
HIGH RISK		VARIABLE		LOW RISK
MALE		SEX		FEMALE
40 & OVER		AGE		UNDER 40
CAUCASIAN		RACE		OTHER
SINGLE, SEPARATED, DIVORCED, WIDOWED		MARITAL STATUS		MARRIED
DROPPING		JOB PERFORMANCE		STEADY
DISORGANIZATION		FAMILY HISTORY		NORMAL DISTURBANCE
LIVES ALONE		LIVING ARRANGEMENTS		LIVES WITH OTHERS
MEDICAL PROBLEMS		HEALTH		NO MEDICAL PROBLEMS
PREVIOUS ATTEMPTS		SUICIDAL HISTORY SELF/FAMILY		NO PREVIOUS ATTEMPTS
COMMUNICATES WITH OTHERS		SUICIDAL COMMUNICATION		NO COMMUNICATION
WELL SPECIFIED		METHOD		NOT WELL SPECIFIED
HANGING, FIREARMS, JUMPING, DROWNING,		METHOD TYPE		POISON, CUTTING, PIERCING
DEPRESSION, DRAINED		EMOTIONAL STATE		NO DEPRESSION
ALCOHOL/DRUG ABUSER		USE OF ALCOHOL/DRUGS		NO DRUG/ALCOHOL ABUSE
RECENT LOSS		LOSS		NO LOSS
PRESENT		BIZARRE THINKING		NOT PRESENT
PREVIOUS IMPULSIVITY		HISTORY OF IMPULSIVITY		NO IMPULSIVITY
CULTURAL ISOLATION		CULTURAL ADJUSTMENT		CULTURAL INTEGRATION
YES		ACCIDENT PRONENESS		NO
YES		OWNS GUNS		NO
PENDING LEGAL PROBLEMS		JUDICIAL		NOT APPLICABLE
UNCOMMITTED		RELIGIOUS CONVICTIONS		COMMITTED

FLW Form 1372-E (Mar 02)

Figure A-4. Sample of FLW Form 1372-E.

Office Symbol (600)

SUBJECT: Suicide Prevention Standing Operating Procedures

(Date)

MEMORANDUM OF UNDERSTANDING

SUBJECT: Validity of Psychiatric History and Symptoms

1. I, _____, am seeking treatment for a mental disorder.
2. I (have) / (have not) been treated or hospitalized for a mental disorder before today.
3. I understand that my chain of command is authorized to contact my family to confirm prior mental health treatment(s) and / or hospitalization.
4. I am willing to grant access to medical records of previous mental health treatment(s) and/or hospitalization.
5. I understand that my healthcare provider is authorized to obtain further information on previous mental health treatment(s) and / or hospitalization.
6. I understand that deliberately doing harm to my fellow Service Members or myself is a violation of the Uniform Code of Military Justice (UCMJ) and could result in my being fined or imprisoned.
7. I understand that making false statements is a violation of the UCMJ and could result in my being fined or imprisoned.
8. I hereby swear that my statements regarding my current mental health and previous treatment(s) and/or hospitalization are true and complete to the best of my knowledge.

(Printed name of service member)

(Signature of service member)

(Printed name of witness)

(Signature of witness)

FLW Form 1373-E (Mar 02)

Figure A-5. Sample of FLW Form 1373-E.

Office Symbol (600)

SUBJECT: Suicide Prevention Standing Operating Procedures

Chaplain Intervention for Suicide Prevention and Re-integration into Unit

1. After a service member/trainee has expressed him/herself in a way that causes others to think a suicide attempt/gesture/ideation has been expressed, the service member/trainee will be escorted to the unit chaplain for an ASIST evaluation. The Chaplain will make an assessment concerning lethality and personal needs of subject.
2. If Chaplain determines that the service member/trainee needs medical support, the Chaplain will inform unit commander. The commander will have the service member/trainee escorted to Community Mental Health for further services and treatment.
3. If Community Mental Health representatives determine the service member/trainee can return to the unit for further training and duty, they will consult with unit commander with their determination of the service member's/trainee's needs. The service member/trainee will speak with unit Chaplain. The unit Chaplain will consult with unit commander to determine a reintegration plan for the service member.
4. The unit Chaplain will provide pastoral follow-up sessions for the trainee to support the training process. The Chaplain will provide pastoral services for service members returning to duty.
5. If Chaplain determines that there is not a high risk of lethality, but simply support from a counseling and/or crisis intervention standpoint, the Chaplain will provide pastoral counseling and encouragement for service member/trainee to continue training.
6. Some Re-entry Principles For Service Members Who Have Attempted Suicide.
 - a. Provide self-esteem support. Make sure service member is able to see unit Chaplain.
 - b. Determine a reintegration plan.
 - c. Provide satisfying work, not just busy work. A temporary change in workplace may be required.
 - d. Determine support network for service member. (Chaplain, family, minister, friends, etc.)
 - e. Treat service member as if nothing has happened, unless a doctor has given particular guidance. Everyone still knows about the incident, but the idea is to get things normal.
 - f. Continue suicide prevention awareness
 - g. Do a weapons profile on service member to insure he or she is not suicidal or homicidal. Service member's attention span or focus may be distracted, leading to careless behavior.
7. All civilian employees are provided with Chaplain area coverage. The Chaplain's name and telephone number will be posted or available. Supervisors, as confidentiality dictates, will support employees and provide opportunities for them to seek counsel and enter into counseling relationship with Chaplains providing coverage.

Figure A-6. Chaplain Guidance for Suicide Prevention and Re-integration into Unit.

Office Symbol (600)
SUBJECT: Suicide Prevention Standing Operating Procedures

**Community Mental Health Service
United States Army Medical Activity Fort Leonard Wood
Fort Leonard Wood, MO 65473-8922**

Date: _____

MEMORANDUM FOR Commander (ATTN: _____), Unit: _____

SUBJECT: Unit Watch Guidelines for _____ SSN: _____

1. The above named Service Member was evaluated at CMHS or the Emergency Department on _____. The results of this evaluation indicate that this Service Member is at risk for self-harm or harm to others. For this reason, unit watch for both support and safety is recommended.

- 2. Unit Watch guidelines are as follows:
 - a. The Service Member must be observed at all times.
 - b. The Service Member may sleep by the staff duty desk.
 - c. Continual monitoring should be done when the Service Member is in the latrine or eating meals.
 - d. Health and welfare inspection of the Service Member's room must be performed to remove hazardous material (e.g., pills, knives, weapons, firearms, cigarette lighters, bleach or other poisons, etc.).
 - e. The Service Member should be in duty or PT uniform at all times.
 - f. No alcohol.
 - g. No unsupervised access to potential self-injurious objects such as:
 - (1) Weapons, knives (including silverware), cigarette lighters
 - (2) Pills (medications should be dispensed one dose at a time by a medic, NCO, etc.)
 - (3) Jewelry with sharp edges
 - (4) Blow dryers or other electrical equipment

3. Service Member should perform his/her regular duty and PT, unless on profile or indicated by the undersigned. One exception to regular duty is access to firearms. **Participation in live fire exercises and/or access to firearms is prohibited.**

4. This plan will be in effect from _____ until terminated by the CMHS in agreement with Command.

5. If the Service Member shows signs of further deterioration, the Service Member's escort should notify the command and coordinate immediate referral to CMHS at 596-0522 during normal duty hours. After hours, call General Leonard Wood Army Community Hospital's Emergency Department at 596-0456.

6. This Service Member's next appointment at the CMHS is on _____ at _____.

Command Representative

Emergency Room Physician
or Behavioral Science Officer

USA MEDDAC MDFM 916 (1 Apr 02)

Figure A-7. Sample of MEDDAC Form.

Glossary

ACS Army Community Service	MTF medical treatment facility
ADAPCP Alcohol and Drug Abuse Prevention and Control Program	NCO noncommissioned officer
ADCO Alcohol and Drug Control Officer	NCOA Noncommissioned officer Academy
AR Army regulation	NCOES Noncommissioned Officer Education Systems
ASIST Applied Suicide Intervention Skills Training	PAO public affairs officer
BMD Behavioral Medicine Division	PM provost marshal
CID Criminal Investigation Division	PT physical training
CMHS Community Mental Health Service	Reg regulation
CPAC Civilian Personnel Advisory Center	SJA Staff Judge Advocate
DA Department of the Army	SOP standing operating procedure
DHS Director of Health Services	TRADOC United States Army Training and Doctrine Command
DMWR Director of Morale, Welfare and Recreation; Directorate of Morale, Welfare and Recreation	USACIDC United States Army Criminal Investigation Division Command
DOD Department of Defense	
DPTM Director of Plans, training and Mobilization	
FLW Fort Leonard Wood	
GLWACH General Leonard Wood Army Community Hospital	
IAW in accordance with	
ISPSC Installation Suicide Prevention Standing Committee	
MANSCEN & FLW United States Army Maneuver Support Center and Fort Leonard Wood (<i>same as MANSCEN</i>)	
MEDCOM Medical Command	
MEDDAC medical department activity	
MP military police	
MPI military police investigator	