



DEPARTMENT OF THE NAVY  
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CNICINST 1720.4  
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CNIC INSTRUCTION 1720.4

From: Commander, Navy Installations Command

Subj: COMMANDER, NAVY INSTALLATIONS COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4A

Encl: (1) CNIC Suicide Gesture Response Checklist  
(2) CNIC Suicide Response Checklist  
(3) CNIC Suicide Prevention Resources Reference Template  
(4) CNIC Distressed Caller Worksheet  
(5) Department of Defense Suicide Event Report  
(6) Sample Command Suicide Prevention Program Checklist

1. Purpose. To implement Commander, Navy Installations Command (CNIC) Suicide Prevention Program (SPP) administrative organization and response plan.

2. Background

a. Suicide is a preventable tragedy that requires command attention at every level. As documented on the Navy Suicide Prevention website, [www.suicide.navy.mil](http://www.suicide.navy.mil), there has been a rise in suicide rates in the Navy. Navy leadership should ensure every Sailor is aware of the help available to them.

b. The CNIC SPP supports the Navy's Suicide Prevention Program and meets the requirements of reference (a). The CNIC SPP seeks to address suicide as a preventable personnel loss with deep impacts to unit readiness, morale and mission effectiveness. Suicide affects both those who attempt or carry out suicide as well as the survivors: the family, friends and co-workers who are left behind. Effective suicide prevention counters the risk of self-harm. Suicide prevention operates over a continuum that addresses personnel stress management, crisis response, and dealing with the aftermath of an actual or attempted suicide. The CNIC SPP encompasses the military and civilian team that works in conjunction with Navy and civilian mental health-care providers to ensure all personnel can assist

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others or themselves in a time of crisis or when confronted with a shipmate who may be considering suicide. The CNIC SPP consists of four elements: training, intervention, response, and reporting.

### 3. Responsibilities

a. Headquarters (HQ) Chief of Staff is responsible for designating, in writing, an active duty military service member E7 or above to serve as primary Command Suicide Prevention Coordinator (SPC) and a government employee to serve as Assistant SPC (ASPC) for HQ.

b. SPC is responsible for:

(1) Developing, executing, and overseeing the overall CNIC SPP, specifically focusing on the military personnel, and coordinating efforts with the ASPC.

(2) Qualifying by completing one of the approved Navy Personnel Command (NPC) training courses; attending the Navy Suicide Prevention Conference; or attending the annual Department of Defense (DoD) Suicide Prevention Seminar.

(3) Providing and publicizing suicide prevention awareness resources on a regular basis such as those provided in enclosures (1) through (6).

(4) Ensuring completion and tracking of training for military personnel to include: annual Suicide Awareness General Military Training (GMT) and other specialized training as required.

(5) Ensuring regions have a designated, trained SPC to assist region staff, in accordance with reference (a).

(6) Responding to suicide incidences within the command in accordance with reference (a).

c. ASPC is responsible for:

(1) Qualifying by completing one of the approved NPC training courses; attending the Navy Suicide Prevention Conference; attending the annual DoD Suicide Prevention Seminar; or assisting with presentation of Training.

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(2) Supporting and coordinating efforts with the SPC in providing and publicizing suicide prevention awareness resources on a regular basis.

(3) Completing specific suicide prevention duties as instructed by SPC.

(4) Serving as SPC in the SPC's absence.

d. Region Commanders are responsible for:

(1) Designating in writing an SPC and an ASPC to lead the Suicide Prevention Program within their respective regions. Duties of the region SPC and ASPC will be similar to headquarters counterparts for each respective region.

(2) Complying with reference (a) as it pertains to Commanding Officers.

e. Region Chaplains are responsible for:

(1) Providing SPP resources to CNIC personnel in their respective regions, including counseling or providing referrals to other resources.

(2) Assisting the SPC with training, counseling, or other suicide prevention events as needed.

#### 4. Action

a. CNIC SPC will:

(1) Respond to a suicide incident or a suicidal act in accordance with this instruction and reference (a).

(2) Provide a quarterly Plan-of-the-Week (POW) note emphasizing an aspect of suicide prevention awareness.

(3) Ensure suicide prevention resources as detailed in enclosure (3) are included in every POW and applicable All-Hands emails at least once per quarter and available online at all times.

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b. CNIC ASPC will assist the CNIC SPC in response to a suicide incident or a suicidal act in accordance with this instruction and reference (a).



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<https://g2.cnic.navy.mil/CNICHQ/Pages/Default.aspx>

<b>CNIC SUICIDE GESTURE RESPONSE CHECKLIST</b>	
If someone makes a suicidal gesture or a suicide attempt take the following steps:	
	- Gather as much information as possible using the "Distressed Callers Worksheet" in enclosure (4). Most importantly note the NAME AND LOCATION of the distressed person.
	- Call 911 or other base emergency number. If the distressed person made the emergency call themselves, verify the call was actually made.
	- Maintain phone contact with the distressed person or assisting third party until relieved by Emergency Medical Services.
	- Maintain phone contact with emergency entities once established.
	- If a third party person is not already assisting, designate an escort to be with the distressed person at all times.
	- Notify the person's supervisor and/or chain of command.
	- Notify the Chain of Command, including the appropriate SPC.

### CNIC SUICIDE RESPONSE CHECKLIST

If a person completes an act of suicide, take the following steps:

Try to gather some information from the witness or first responder using the "Distressed Callers Worksheet" in enclosure (4). Most importantly: NAME, UNIT AND LOCATION OF PERSON'S BODY.

Call 911 for off-base incidents and base security dispatch for on-base incidents.

Maintain phone conversation (PHONCON) with witness or first responder.

Maintain PHONCON with emergency entities.

Notify the person's supervisor and/or Chain of Command, including the SPC.

Notify the CACO.  
Note: If death occurred at home and/or family is already aware of death, it is not necessary to send the CACO immediately; rather, if the family is local, it might be advisable for the Commander, Deputy Commander, CMC or other command representative, along with the Chaplain to make a bereavement visit in the hours after the death followed by an official CACO call the next day.

Draft and send Situation Report (SITREP). The Department of Defense Suicide Event Report (DoDSER) is only required for actual suicides. The SPC will oversee completion of the DoDSER with Navy Personnel Command (NPC) Suicide Prevention Office assistance. Enclosure (5) details the process for preparing and submitting a DoDSER.

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<b>CNIC SUICIDE PREVENTION RESOURCES REFERENCE TEMPLATE</b>		
<b>Military Personnel Resources</b>	<b>Phone</b>	<b>Additional Details</b>
Base Emergency		
Chaplain		
After Hours Duty Chaplain		
Fleet and Family Support Center		Counseling, crisis intervention, referrals
Medical		
Military One Source	800-342-9647	Free and confidential counseling via phone or referral to in-person counseling; see <a href="http://www.militaryonsource.com">www.militaryonsource.com</a> for details.
National Hopeline Network	800-784-2433	<a href="http://www.hopeline.com">www.hopeline.com</a>
National Suicide Prevention Lifeline	800-273-TALK (8255)	<a href="http://www.suicidepreventionhotline.com">www.suicidepreventionhotline.com</a>
NPC Suicide Prevention Page		<a href="http://www.npc.navy.mil/CommandSupport/SuicidePrevention">www.npc.navy.mil/CommandSupport/SuicidePrevention</a>
U.S. Navy Hosting Website		<a href="http://www.public.navy.mil/Pages/default.aspx">http://www.public.navy.mil/Pages/default.aspx</a>
<b>Civilian Personnel Resources</b>	<b>Phone</b>	<b>Additional Details</b>
Base Emergency		
Office of Personnel Management	202-606-0500 202-606-1800 202-606-2532 (TTY)	<a href="http://www.opm.gov">www.opm.gov</a>
Civilian Employee Assistance Program (CEAP)	800-222-0364 888-262-7848 (TTY)	<a href="http://www.FOH4you">www.FOH4you</a>
National Hopeline Network	800-784-2433	<a href="http://www.hopeline.com">www.hopeline.com</a>
National Suicide Prevention Lifeline	800-273-TALK (8255)	<a href="http://www.suicidepreventionhotline.com">www.suicidepreventionhotline.com</a>

### CNIC Distressed Caller Worksheet

A distressed person is calling because they want help. Your response should be to:

1. Communicate your desire to help.
2. Get the information you need from them in order to provide help.
3. Get them help. (Find someone nearby who can help you call for emergency services as needed or contact the SPC or Chaplain).

#### Actions to take

**Take the caller seriously! Listen to them and get essential information as soon as you can:** NAME, CURRENT LOCATION, PHONE NUMBER.

1. Distressed Person's info:

NAME: \_\_\_\_\_

CURRENT LOCATION: (Specific address, building #, etc..., if at all possible)  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: (check caller ID) \_\_\_\_\_

DESCRIPTION: (gender, approximate age, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF HELPER: (Is there another adult with them?)  
\_\_\_\_\_  
\_\_\_\_\_

2. Description of incident:

Have they expressed their intention? ("I'm afraid I am going to kill myself.") If you are not sure of their intention, it's perfectly okay to ask the question, "Are you thinking about suicide?"



If the person demonstrates the desire to hurt or kill themselves, ask the following questions:

- a. Do you know how you would hurt yourself?

Yes/No (Details)

- 
- b. Do you have what you need to do it?

Yes /No \_\_\_\_\_

- Gun, find out what type, is it loaded, where is it located?

- 
- Medication or pills?

(If they already took pills find out what kind, how many, and when.)

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c. **Send help (911 (or local emergency number if outside continental U.S.) if person is off-base or Base Security if they are on base)**, encourage them to talk and continue to listen. Don't leave them alone. Wait until emergency crew arrives before hanging up.

d. Contact the following after emergency contact has been established:

- CNIC Suicide Prevention Coordinator (SPC)
- Department Chief of Staff, Command Master Chief, or Executive Assistant
- Duty Chaplain

**Department of Defense Suicide Event Report (DoDSER)**

- Step 1: Register on Defense Connect Online (DKO)/Army Connect Online (AKO) - go to <https://www.us.army.mil>, choose "register with CAC" and enter your pin.
- Step 2: Go to the DoDSER site at: <https://dodser.t2.health.mil/dodser> and click "register" at the top or "enter" if already registered.
- Step 3: On the left menu under "DoDSER OPTIONS" go to "create."
- Step 4: If you need to gather more information or finish later, you can go back and "recover DoDSER" for 60 days. For security reasons, the data will not be available for view after that time.
- Step 5: If you want to be able to refer back to DoDSER information, print a PDF of the completed DoDSER

**SAMPLE COMMAND SUICIDE PREVENTION PROGRAM CHECKLIST**

Each command and environment is unique as will be each command's suicide prevention and crisis intervention plan, but the following checklist may help in setting up or assessing the state of a program.

- Appropriate annual suicide prevention training is conducted
- Suicide prevention is part of Life-skills/Health Promotions training
- Messages of concern are sent by the senior leadership team to provide current information and guidance to all personnel on suicide prevention
- Written suicide prevention and crisis intervention plan is in place (in Standard Operating Procedures, Duty Office Go-by, etc.)
- Local support resource contact information is easily available:

Chaplain / Religious Services \_\_\_\_\_  
Fleet and Family Support Center \_\_\_\_\_  
Medical Treatment Facility \_\_\_\_\_  
Security \_\_\_\_\_  
Local Emergency Room \_\_\_\_\_  
Other \_\_\_\_\_

- Personnel and supervisors have ready access to information about how to get help with personal problems (e.g. wallet card info, posters, notes in Plan of the Day/Week, emails)
- Procedure is in place to facilitate personnel accessing needed services (e.g. time for appointments, access to transportation, overcoming logistical barriers, discouragement of stigmatizing, etc.)

Supervisors are active in identifying personnel potentially in need of support (relationship problems, financial problems, recent loss, legal problems or loss of status, change in behavior or performance, showing warning signs, etc.)

- Safety plan is established for dealing with high-risk service members (suicidal/homicidal/bizarre thoughts and behaviors) until mental health services are available. In the absence of guidance from a mental health professional, advise:
  - o Removal of personal hazards (weapons, belt, shoes, boot straps, draw strings, shirt stays, personal hygiene items such as toothbrush and razor)
  - o Removal of environmental hazards from room (sheets, elastic bands, mirrors, pencils, pens, window dressings such as blinds, shoelaces, strings, alcohol, weapons, medication, cleaning supplies, razors, metal eating utensils, telephones, tools, or any other rope, breakable, or sharp-edged object).
  - o Line of sight supervision

Mental Health Contact Information \_\_\_\_\_

- Coordinated follow-up plan for personnel following mental health evaluation or other support services in place with pass down (e.g. to next watch, etc.)