



UNITED STATES MARINE CORPS

HEADQUARTERS BATTALION
TRAINING AND EDUCATION COMMAND
2006 HAWKINS AVENUE
QUANTICO, VIRGINIA 22134

IN REPLY REFER TO:
BnO 1720.1
SPP

JAN 28 2022

BATTALION ORDER 1720.1

From: Commanding Officer
To: Distribution List A

Subj: SUICIDE PREVENTION PROGRAM

Ref: See Enclosure (1)

Encl: (1) References
(2) Glossary of Terms and Definitions
(3) Glossary of Acronyms and Abbreviations
(4) Reporting Requirements
(5) Points of Contact

1. Situation. Suicidal behaviors and events are a barrier to individual and unit readiness, with lasting effects on our Marines and Sailors, our most precious resources. This Order establishes policy that incorporate the elements and resources of the Marine Corps Suicide Prevention System (MCSPS) in accordance with (IAW) references (a) through (m) to effectively promote the mental, physical, spiritual, and social fitness necessary to mitigating stressors, identifying Marines at risk or in crisis and reintegrating Marines with the proper treatment after an incident. Reference (a) requires units to implement written command procedures to prevent and respond to suicide related events (SRE). Headquarters Battalion (HQBN) suicide prevention program (SPP) will be implemented in accordance with procedures contained in references (a) through (m).

2. Cancellation. BnO 1720.

3. Mission. This order will establish the HQBN Suicide Prevention Program and policy and assign responsibilities in order to foster a command climate that facilitates resiliency, preserve the force, and ensure individual and unit readiness.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. Establish a Suicide Prevention Program and assign responsibilities in order to foster a command climate that facilitates resiliency grounded in the five core leadership functions, preserve the force and ensure individual and unit readiness.

(2) Concept of Operations.

(a) Program Priorities. The priority of this program is prevention through resiliency and support. It is crucial that all Marines assigned to HQBN are aware of the factors that can lead to suicidal behavior and have the resources to either help themselves or assist their fellow

Marine. In those unfortunate cases where prevention was unattainable, it is crucial that the procedures and resources outlined in this order are used to prevent further events from occurring. The HQBn Suicide Prevention Program implements the references above by prescribing program components and roles and responsibilities for carrying out these components. Our program components include: Training and Awareness, Force Preservation, Internal Suicide-Related Event Notification Procedures, Measures to Facilitate Crisis Management and Reporting Requirements, Methods to Restrict Access of At-Risk Personnel, Protection of Confidentiality and Personally Identifiable Information (PII), Postvention and Reintegration. Every component will be addressed individually and tracked aggressively in accordance with the references.

(b) Training and Awareness. Per reference (a) and (b), all Marines will be trained annually to promote the mental, physical, spiritual, and social health of each Marine, to promote unit cohesion and support within the Battalion. This training will be accomplished via Unit Marine Awareness and Prevention Integrated Training (UMAPIT), which will be provided on a recurring scheduled basis as to accommodate our supported organizations battle rhythm and operational tempo. Operational Stress Control and Readiness (OSCAR) team member training will be conducted IAW ref (a) through (c) to promote the five core leader functions: Strengthen, Mitigate, Identify, Treat, and Reintegrate. Through this directive, training opportunities, and Battalion awareness campaigns, all members of the unit will be better prepared to identify warning signs and intervene to prevent SRE(s).

(c) Force Preservation. It is imperative that all section OICs, SNCOICs, and other front line leaders be familiar with the professional and personal lives of the Marines and Sailors under their charge. Ref (1) establishes the Battalion Force Preservation Council (FPC) and provides guidance, resources, and procedures to identify at-risk personnel and provide them the support they need to be mission ready. The FPC will include Suicide Prevention Program Officer (SPPO); OSCAR Team Members; Navy Embedded Mental Health (EMH); Bn Chaplain; Bn Safety Officer; Bn Equal Employment Opportunity (EEO) representatives; Sexual Assault Response Coordinators (SARCs), Victim Advocates (VAs); the Embedded Preventive Behavioral Health Capability (EPBHC); and installation MCCS assets to ensure unity of effort. The Battalion Resiliency Quad will provide clinical and medical advice on related issues outside of the FPC to the commander as needed. Our front line leaders' personal involvement in the FPC is key to its success in identifying and preventing SRE's.

(d) Internal Suicide-Related Event Notification Procedures.

1. Any service member who identifies a potential suicide ideation, attempt, or feel they may be at risk themselves must immediately report the situation through their chain of command and provide or seek assistance. All personnel are required to report any suicide related events they observe or they become aware of through any other means. Marines who observe or become aware of another Marine at-risk of potential suicidal behavior will take immediate action to ensure at risk Member is accompanied by a buddy at all times. The at-risk individual will be immediately given assistance and taken for evaluation by competent medical authority (CMA) (Enclosures 1&2).

2. Company leadership in receipt of a suicide related

report must immediately inform HQBn Commander (BN CO), HQBn Executive Officer (BN XO), and HQBn Sergeant Major (BN SgtMaj) of the potential suicidal ideation, attempt or event. See reference (n) for applicable Commanders Critical Information Requirement's (CCIRs).

3. HQBn Supported Organizations will follow their internal checklist and provide incident information within the required timeframe, provider/patient information and recommended safety plan for reporting purposes.

4. HQBn S-1 is responsible for submitting all Serious Incident Reports (SIRs) (both voice and AMHS) and Personnel Casualty Reports (PCRs) to include Department of Defense Suicide Event Report (DODSER) to Headquarters Marine Corps (HQMC).

(e) Measures to Facilitate Crisis Management and Reporting.

1. Suicide Ideation. In the case of a suicide ideation, the Marine's chain of command will notify the Bn XO and SgtMaj immediately while an NCO or SNCO transports the Marine to Fort Belvoir Community Hospital Behavioral Health for assessment. The Bn XO will direct the S-1 to release a Serious Incident Report (SIR) upon review and approval by the Bn CO. The Marine's chain of command and supported organizations, when applicable, will ensure that the Marine attends any follow-up appointments and afforded the opportunity to participate in the Marine Intercept Program and related services. Supported organizations will also coordinate and provide all requested information for all reporting requirements per the references.

2. Suicide Attempt. In the case of a suicide attempt, the Marine's chain of command will notify the Bn XO and SgtMaj immediately while an NCO or SNCO transports the Marine to Fort Belvoir Community Hospital Behavioral Health for assessment. The Bn XO will direct the S-1 to release an SIR and Personnel Casualty Report (PCR) upon review and approval by the BN CO. The Marine's chain of command and supported organizations, when applicable, will ensure that the Marine attends any follow-up appointments and afforded the opportunity to participate in the Marine Intercept Program and related services. The supported organization will also coordinate and provide all requested information for all reporting requirements per the references.

3. Completed Suicide. In the case of a completed suicide, the Bn CO must be notified immediately per reference (n). The chain of leadership and Chain of Command for the affected service member will submit all information necessary to the Bn XO and SgtMaj per reporting timelines. HQBn S-1 will release both an SIR, PCR and a DODSER to Headquarters Marine Corps (HQMC) at the direction of the Bn XO with the approval of the Bn CO. All reports will first be approved by CG, TECOM or CG, TECOM designee prior to release by the battalion. The Bn CO will review eligible CACO's and the HQBn S-1 will coordinate with HQMC Casualty Cell.

4. All Marines with confirmed suicide ideations or suicide attempts will be assigned to Battalion level Force Preservation Council (FPC) and referred to Marine Intervention Program (MIP).

5. See enclosure (1) for detailed reporting procedures in the event of suicidal ideation, attempt, or completed suicide.

(f) Methods to Restrict Access to At-Risk Personnel. When health professionals or commanders reasonably believe a service member is at risk of suicide or causing harm to others, they will, consistent with the law, ask the service member to voluntarily store their privately owned firearms and ammunition for temporary safekeeping. This action must be entirely voluntary for the service member. HQBn provides and strongly encourages all service members and their families to use gunlocks or other safe storage methods to store privately owned firearms. Additionally, HQBn will provide referral to NHCQ for information and training and strongly encourages all service members and their families to use the US Navy Drug Take Back program for safe storage and disposal of medication.

(g) Protection of Confidentiality and Personally Identifiable Information (PII).

1. All communication about a suicide related event will be handled as PII to ensure protection of parties involved. Only those who have an official need to know about a SRE will be notified. All personnel in receipt of Protected Health Information (PHI) will complete Health Insurance Portability and Accountability Act HIPAA training.

2. Encryption will be used if any information is sent via electronic mail (e-mail).

3. At no time should any medical information about an individual be displayed in plain sight. At a minimum, this information should be in a properly marked privacy folder.

(h) Postvention. Command activities in the immediate aftermath of a suicide, will serve individuals affected by the event and properly provide a means to reintegrate without adverse effects. Activities will focus on helping survivors cope with their grief and to prevent additional suicides. All stakeholders (Suicide Prevention Program Coordinators (SPPC), SPPOs, OSCAR Team Members, EMH, Chaplains, Safety Officers, EEO representatives, SARCs, VAs, the EPBHC) and installation MCCS assets, will provide necessary services and disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing. Commander will decide on a safety stand down and for what duration.

(i) Reintegration. The command will is responsible for ensuring individuals affected by a suicide related event are properly reintegrated to the Battalion without adverse effects. Furthermore, the command will ensure personnel found unfit for duty will be referred to medical for proper disability evaluation. Company leadership will ensure ongoing needs assessment occurs on a weekly basis. Company leadership will also facilitate access to required care as applicable. The company commander will assign the service member to Military Occupational Specialty (MOS-) appropriate duties to facilitate a smooth transition.

b. Tasks

(1) Company Commanders

(a) Review all references as they pertain to the Marine Corps Suicide Prevention Program.

(b) Direct Marines or Sailors with distress to the unit Chaplain, Marine Family and Life Counselor (MFLC), or Base Marine Corps Community Services MIP-Counseling for assistance and help to reduce the risk of suicidal behaviors.

(c) Ensure the RACE (Recognize, Ask, Care, Escort) principles are taught and utilized in every situation involving a potentially suicidal service member.

(d) Ensure Marines and Sailors expressing suicidal thoughts, plans, or actions are always kept in sight and escorted by a Non-Commissioned Officer, Staff Non-Commissioned Officer or Officer, provided by the Marine or Sailor's immediate chain of command, to the Naval Health Clinic Quantico Behavioral Health providers during working hours or Fort Belvoir Community Hospital Emergency Room during non-working hours. The escort should know the following information related to the suicidal behavior:

1. Command point of contact number.
2. How the suicidal behavior was expressed.
3. Evidence (note, text, social media message, etc.).
4. Name and contact information of witnesses.
5. Any pending legal or disciplinary action.
6. Work performance.

(e) Ensure all Marines and Sailors who have expressed suicidal thoughts or ideations are discussed during HQBn's monthly Force Preservation Council (FPC).

(f) Identify any and all Marines involved with proactive/preventative efforts in suicide prevention to the Battalion Commander for recognition.

(g) Coordinate with service member's leadership and assist the Adjutant/S-1 with gathering information for all suspected and confirmed Ideation, attempts and/or suicides.

(h) Assist the Adjutant/S-1 with the Serious Incident Report (SIR) for all Marines and Sailors who express suicidal ideation.

(i) Be prepared to share the Marine's service record and any necessary unit information to aid the medical provider in the completions of the DoD Suicide Event Report (DoDSER).

(j) Coordinate with S-1 to complete an eight-day brief for all deaths caused by suicide (per enclosure 4).

(k) Following all suicide related events, obtain a copy of your Marine's and Sailor's recommended safety plan, ensure confidentiality, ensure ongoing needs assessment, facilitate access to required care, and ensure thoughtful assignment to MOS appropriate duties. If the service members' normal duties involve weapons handling, maintenance or issuance, they shall be removed from those duties according to medical recommendations until medically cleared.

(l) Ensure all service members returning to the unit following a suicide related event are referred to the Marine Intercept Program (MIP), and provided the opportunity and access to required care. Initiation of a referral can be completed via phone communication or via E-mail. Marine Corps Base Quantico (MCBQ) Community Counseling leads the MIP and their contact info can be found in enclosure (5).

(m) Ensure families of service members are afforded the opportunity to participate in suicide prevention training and activities.

(2) Suicide Prevention Program Officer (SPPO)

(a) Review all references as they pertain to the Marine Corps Suicide Prevention Program and ensure compliance with all tasks and orders provided within.

(b) Ensure no less than two Staff Sergeants or above are adequately trained as Unit Marine Awareness and Prevention Integrated Training (UMAPIT) instructors.

(c) Maintain cognizance of all complete UMAPIT training via Unit Training Management on MCTIMS.

(e) Act as an advisor to command in the event of a suicide, suicide attempt or suicide ideation, ensuring that required procedures are being followed and available resources are known.

(f) Ensure there are functioning suicide prevention hyperlinks on Battalion homepage, as well as posters with contact information prominently displayed throughout command post and barracks.

(3) Battalion Medical Representative

(a) Coordinate with the NHCQ and Fort Belvoir Community Hospital as appropriate.

(b) Serve as the liaison between mental health services and the unit while maintaining privacy and confidentiality to the maximum possible extent.

(c) In coordination with the Battalion Staff and Company Offices prepare, and update on a recurring basis, but no less than semi-annual, letters authorizing designated personnel to receive protected health information. Ensure all relevant Departments of NHCQ are provided copies of signed authorization letters.

(4) S-1

(a) Complete a voice reports, PCR, SIR and assist the medical provider with releasing the DoDSER Report for all suicides and attempted suicides by all personnel within the required timeframe of 30 days from determination by CMA. For suspected suicides, the DoDSER is due within 15 days of PCR.

(b) Ensure the Area Officer of the Day (AOD) and the Assistant AOD (AAOD) are briefed on the procedures for handling a suicidal ideation or a suicide attempt. Ensure all required suicide prevention points of contact and orders are in the duty binder.

(c) Maintain authorization letters to receive personal health information.

(d) Ensure all Suicide related PCRs and SIRs are provided to MIP via e-mail when released.

(5) S-3

(a) Coordinate and execute UMAPIT training on a monthly basis.

(b) Coordinate and execute OSCAR training on an annual basis.

(c) Ensure that the appropriate codes are certified in Marine Corps Training Information Management System (MCTIMS) for all personnel who complete UMAPIT and OSCAR training.

(d) Ensure families of service members are afforded the opportunity to participate in suicide prevention training and activities.

(6) Unit Readiness Coordinator

(a) Communicate with families of service members and ensure they are aware of upcoming suicide prevention training.

(b) Provide support to families and affected Marines after a suicide or suspected suicide of a Marine. The Chaplain, Unit Readiness Coordinator and SPPO will support this effort.

(7) All Marines and Sailors

(a) Utilize the RACE principles learned in the annual suicide prevention and UMAPIT training.

(b) Encourage Marines or Sailors experiencing stressors to discuss them with their fellow Marines, mentors and/or chain of command; and if needed the chaplain, MFLC, and Marine Corps Community Services Marine and Family Services. Assure them that there is no stigma or shame in seeking help.

(c) Inform your chain of command if you are aware of any Marine or Sailor exhibiting suicide related indicators or warnings, suicidal ideations or suicide attempts.

(d) Recognize that suicide related events deserve the same care provided to anyone suffering from any injury or disorder.

(e) Ensure that at-risk personnel are restricted access to articles and weapons that may be used to inflict harm to themselves or others (wire, cables, pencils, etc.). Take every effort to voluntarily remove weapons from someone expressing suicidal thoughts. Options include placing personal weapons in the armory, having a friend hold them, or removing access (eg. gun safe). Do not leave at-risk personnel alone.

(f) Participate in suicide prevention training on an annual basis.

(g) Provide family members the opportunity to participate in suicide prevention training and activities.

5. Administration and Logistics

a. Administration. Recommendations regarding the contents of this policy may be forwarded to the SPPO, via the HQBn chain of command.

b. Logistics. Supported organization, company staff and battalion staff will assist in the overall support requirements for training as outlined by this policy.

6. Command and Signal

a. This order applies to all active duty Marines and Sailors assigned to HQBn, TECOM.

b. This implementation plan is effective the date signed and it will remain in effect until revised or cancelled.


R. J. SCHMIDT

REFERENCES

- (a) MCO 1720.2 - Marine Corps Suicide Prevention Program
- (b) NAVMC 1720.1 - MC Suicide Prevention System Procedures
- (c) MCO 5351.1 - Combat and Operational Stress Control (COSC)
- (d) MCO 3040.4 - Marine Corps Casualty Assistance Program
- (e) MARADMIN 073/14 - Marine Corps Intercept Program
- (f) MARADMIN 461/15 - Update to Marine Intercept Program
- (g) MARADMIN 044/20 - Implementation of Unit Marine Awareness and Prevention Integrated Training 3.0 (UMAPIT)
- (h) MARADMIN 230/17 - SPPO Collateral Duty Code
- (i) TECOMO 5000.1 - TECOM Staff Regs
- (j) BnO 1601.4 - Area Officer of the Day and Assistant Area Officer of the Day Instructions
- (k) BnO 8000.2 - Ground Ordnance SOP
- (l) BnO 1500.60 - Force Preservation Council
- (m) BnO 1752.5B - Sexual Assault Prevention and Response SOP
- (n) BnO Commanders Critical Information Requirements

GLOSSARY OF TERMS AND DEFINITIONS

Ad hoc - Impromptu or improvised updates/reports.

Behavioral Health - The reciprocal relationship between human behavior, individually or socially, and the well-being of the body, mind, and spirit, whether the latter are considered individually or as an integrated whole.

Competent Medical Authority (CMA) - A CMA is a U.S. military healthcare provider or a U.S. healthcare provider employed by or under contract or subcontract to the U.S. Government or U.S. Government contractor, per SECNAVINST 5510.35D. All CMAs will be authorized to perform independent clinical practice according to Navy Regulations by the healthcare facility responsible for the provider's competency and quality of care. All CMAs (military, civilian, and contractor) will be specifically trained, per enclosure (4), paragraph 3 of SECNAVINST 5510.35D and be designated in writing per procedures established in SECNAVINST 5510.35D.

Department of Defense Suicide Event Report (DoDSER) - Designed to standardize the review and reporting process on suicide-related events among military service members. The information is used to identify risk factors and assist commanders in targeting and improving local suicide prevention efforts.

Depression - A mental state characterized by a pessimistic sense of inadequacy and a despondent lack of activity.

Ethos - The distinctive spirit of a culture.

Intervention - A strategy or approach that is intended to prevent an outcome or alter the course of an existing challenge or stress; also known as "secondary prevention."

Lethal Means - Suicide methods that are highly lethal, (e.g., firearms, drugs, and poisons).

Marine Corps Suicide Prevention System - Organizational factors that include human resources, such as equipped and empowered leadership and prevention personnel; infrastructure, such as prevention-specific policy, resources, and data systems; and, collaborative relationships within the Marine Corps and across other organizations.

Means Safety - Techniques, policies, and procedures designed to reduce access or availability to lethal means and methods of deliberate self-harm.

Postvention - Response activities that should be undertaken in the immediate aftermath of a suicide that has impacted the unit. Postvention has two purposes: to help suicide attempt survivors cope with their grief and to prevent additional suicides. It also may provide an opportunity to disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing. Also known as "tertiary prevention."

Prevention - A strategy or approach that reduces the risk or delays the onset of adverse health problems, or reduces the likelihood that a Marine will engage in harmful behaviors. Also known as "primary prevention."

Reintegration - Actions taken following a suicide-related event to ease transition of the Marine back into the workplace, another duty station, or civilian life.

Risk - Exposure or vulnerability to harm, disease, or death.

Risk Management - The process by which an organization deals with a disruptive and unexpected event that threatens to harm the organization, its members, or the general public.

Suicide - Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide Attempt - A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Suicidal Behavior - Behaviors related to suicide, including preparatory acts, as well as suicide attempts and death.

Suicidal Ideation - Thinking about, considering, or planning suicide or cause self-harm. The use of a Competent Medical Authority (CMA) is not required to determine if an ideation has occurred and should not be the basis for making a report.

Suicide Prevention Program Officer (SPPO) - A Marine or Sailor, appointed in writing as a collateral duty that ensures coordination of resources for the commander's unit suicide prevention program. Responsibilities of this collateral duty do not include clinician or therapy duty.

Suicide Prevention Program Coordinator (SPPC) - A Marine or Sailor, appointed in writing, which ensures subordinate commands are in compliance with Marine Corps Suicide Prevention System and maintains a roster of all subordinate command SPPOs. The SPPC ensures coordination of resources for the commander by whom they are appointed in support of that commander's suicide prevention efforts and ensures suicide prevention, intervention, and postvention resources are accessible to operating forces and subordinate commands.

Suicide Related Event - Includes all deaths by suicide, suicide attempts, and suicidal ideation.

TERMS AND DEFINITIONS NO LONGER USED

Committed Suicide - This terminology implies criminality, thereby contributing to the stigma experienced by those who have lost a loved one to suicide and discouraging suicidal individuals from seeking help. Alternate term: death by suicide.

Completed Suicide - This terminology implies achieve a desired outcome, whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" would view this even as undesirable. Alternate term: suicide.

Failed Attempt - This terminology gives a negative impression of the person's action, implying an unsuccessfully effort aimed at achieving death. Alternate term: suicide attempt.

Successful Suicide - This term implies achieving a desired outcome whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" would view this event as undesirable. Alternate term: suicide.

Suicidality - This terminology is often used to refer simultaneously to suicidal thoughts and suicidal behavior. These phenomena are vastly different in occurrence, associated factors, consequences and interventions so should be addressed separately. Alternate term: suicidal behavior.

Suicide Gesture, Manipulative act, and Suicide Threat - Each of these terms gives a value judgment with a negative impression of the person's intent. They are typically used to describe an episode of nonfatal, self-directed violence. A more objective description of the event is preferable such as non-suicidal or self-directed violence.

Glossary of Acronyms and Abbreviations

AFME	Armed Forces Medical Examiner
CE	Command Element
CMA	Competent Medical Authority
COSC	Combat Operational Stress Control
DC M&RA	Deputy Commandant, Manpower and Reserve Affairs
DoD	Department of Defense
DoDSER	Department of Defense Suicide Event Report
DON	Department of Navy
EEO	Equal Employment Opportunity
EMH	Embedded Mental Health
EPBHC	Embedded Preventive Behavioral Health Capability
MCCS	Marine Corps Community Services
MCSPS	Marine Corps Suicide Prevention System
MEF	Marine Expeditionary Forces
MF	Marine and Family Programs Division
MSC	Major Subordinate Command
OSCAR	Operational Stress Control and Readiness
PCR	Personnel Casualty Reports
PII	Personally Identifiable Information
RTC	Regional Training Coordinator
SARC	Sexual Assault Response Coordinator
SPC	Suicide Prevention Capability Section
SPPC	Suicide Prevention Program Coordinator
SPPO	Suicide Prevention Program Officer
VA	Victim Advocate

Immediate Action Plan

Headquarters Battalion

Death by Suicide is Suspected or Verified

1. Immediate and direct notification to Battalion Commanding Officer, XO and SgtMaj. Ensure notifications are kept to a short list of "need-to-know" personnel and contain a minimum amount of information to convey the nature of the attempt.
2. Liaison with Designated personnel at Supported Organization - Verify that local law enforcement PMO/NCIS and 911 (situation dependent) have been contacted. Validate with Judge Advocate General (JAG) and Criminal Investigation Office who has jurisdiction over the scene and medical investigation. Ensure the area of the attempt has been secured.
3. Within 30 minutes of the incident - OPREP-3 Serious Incident Report (SIR) Voice notification to MCOC: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454. Include: date, time, location, unit, installation, personnel involved, and a general description of the incident.)
4. Consult BN chaplain, Behavioral Health/Medical assets. Providers to prepare announcement to unit and coworkers.
5. Within 1 hour after learning of the incident - Submit a voice report to the Casualty Assistance Program, Military Personnel Services Branch, Marine and Family Programs Division (MF) at 1-800-847-1597. Provide, at a minimum, the decedent's name, Social Security number, and basic circumstances surrounding the incident.
6. Initiate CACO appointment process.
7. Within 1 hour after learning of the incident - Submit a Personnel Casualty Report (PCR). Appendix B of this NAVMC provides an example PCR. Require Competent Medical Authority (CMA) determination.
8. Within 6 hours of incident - OPREP-3 Serious Incident Report (SIR) written (asynchronous) report to HQMC using the Automatic Message Handling System (AMHS) to Commandant of Marine Corps (CMC) Washington DC Plans Policy and Operations (PPO). Use the format outlined in Appendix B of this NAVMC.
9. Statement and Announcement - Notify chaplain and Behavioral Health/Medical assets, and consult with providers to prepare a statement for commander to unit and coworkers.
10. Within 3 working days of transmitting the initial PCR - Appoint a Marine Officer and supporting team, to collect, examine, and record information required by the DoDSER.
11. Within 30 days of submitting the initial PCR - Submit a DoDSER on <https://DODSER.t2.health.mil/>
12. 30 days following the death - Submit a MF 30-Day Death or Suspected Death by Suicide Report, via encrypted email to M&RA, MF, SPC at 30_day_suicide_report@usmc.mil.

13. Within 60 days after Armed Forces Medical Examiner System (AFMES) has determined the manner of death as a suicide - Submit any updates to the completed DoDSER to M&RA, MF Behavioral Program Data Surveillance.

Suicide Attempt

1. Immediate and direct notification to Battalion Commanding Officer, XO and SgtMaj. Ensure notifications are kept to a short list of "need-to-know" personnel and contain a minimum amount of information to convey the nature of the attempt.
2. Initial notification - Local law enforcement/Provost Marshal's Office (PMO)/Naval Criminal Investigative Service (NCIS) and 911 (situation dependent) have been contacted. Ensure the area of the attempt has been secured.
3. Active Duty Marine - Notify the Mental Health clinic or Mental Health on-call provider to consult with safety planning and coordination of a possible Commander Directed Evaluation.
4. Within 30 minutes of the incident - OPREP-3 Serious Incident Report (SIR) Voice notification to MCOC: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454. Include: date, time, location, unit, installation, personnel involved, and a general description of the incident.)
5. Within 1 hour after learning of the incident - Submit a Personnel Casualty Report (PCR). Appendix B of this NAVMC provides an example PCR. Require Competent Medical Authority (CMA) determination.
6. Within 6 hours of incident - OPREP-3 Serious Incident Report (SIR) written (asynchronous) report to HQMC using the Automatic Message Handling System (AMHS) to Commandant of Marine Corps (CMC) Washington DC Plans Policy and Operations (PPO). Use the format outlined in Appendix B of this NAVMC.
7. Announcement - Notify chaplain and Behavioral Health/Medical assets, and consult with providers to prepare announcement for command to unit and coworkers.
8. Hospitalization and Visits Marine - consult with Behavioral Health/Medical assets, providers and your chain of command, regarding visiting.
9. Verify with CMA that a Defense Suicide Event Report (DoDSER) was completed within 30 days of determination of an attempt.

Suicidal Ideation

1. Immediate and direct notification to Battalion Commanding Officer, XO and SgtMaj. Ensure notifications are kept to a short list of "need-to-know" personnel and contain a minimum amount of information to convey the nature of the attempt.
2. Voice notification - Notify MCOC within 12 hours of the event, or within 30 minutes of becoming aware of event. MCOC: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454.
3. OPREP-3 Serious Incident Report (SIR) written (Asynchronous) report to HQMC using the Automatic Message Handling System (AMHS) - Within 24 hours of incident or within 30 minutes of becoming aware of event.
4. Command Directed Evaluation - Command Directed Evaluation at Commanding Officer discretion, if the Marine is not currently a danger to him/herself or others, but is in need of assistance, and there is a question of fitness for duty.

Points of Contact

1. Local Resources

a. MCB Quantico Marine Corps Community Counseling Program

HQBN Chaplain	703-784-2784/Cell:703-675-6419
MIP Main Side Office	703-784-3523
MIP West Side Office	703-432-6442
Family Advocacy Program	703-784-2570

b. NHCQ / Fort Belvoir Community Hospital

- (1) NHCQ 703-784-1725
- (2) Fort Belvoir 571-231-4651

2. External Resources

a. Telephonic Services:

24 hour Help services

i. National SP Lifeline	800-273-8255
DSTRESS Line	877-476-7734
iii. Military OneSource	800-273-8255
PHCoE	866-966-1020

b. Online help services:

- (1) <http://www.suicidepreventionlifeline.org/>
- (2) <http://www.sprc.org/resoruces-programs/calm-cousneling-accesslethal-means>
- (3) <https://www.militaryonesource.mil>
- (4) <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence>
- (5) <http://focusproject.org/focus-world-intro>