



DEPARTMENT OF THE ARMY
HEADQUARTERS, 2ND INFANTRY DIVISION
UNIT# 15094
APO AP 96258-5041

EAID-MD

22 JUN 2016

MEMORANDUM FOR All 2D Infantry Division and Subordinate Command Personnel

SUBJECT: 2D Infantry Division Suicide Incident Action Plan

1. References:

- a. Army Directive 2010-01, Conduct of AR 15-6 Investigations into Suspected Suicides and Requirements for Suicide Incident Family Briefs, 26 March 2010.
- b. Army Regulation 638-34, Army Fatal Incident Family Brief Program, 19 February 2015.
- c. Army Regulation 600-63, Army Health Promotion, 14 April 2016.
- d. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction and Suicide prevention, 14 April 2015.
- e. USARPAC POLICY Memorandum, 16-01, Health Promotion and Suicide Prevention, 8 January 2016.
- f. Eighth Army Command Policy Letter #5, Army Suicide Prevention Program, 1 April 2016.
- g. Eighth Army OPORD 15-12-02, 8A Implementation of Suicide Response Teams (SRT), 2 December 2015.
- h. 2ID TASKORD 16-12-14-230, 2ID/RUCD Implementation of Suicide Response Team (SRT), 11 December 2015.
- i. 2ID Memorandum, 2ID/RUCD Suicide Response Team, 11 December 2015.

2. Purpose. Outline procedures for conducting both the Initial Event Response Meeting and Fatality Review Board.

3. Background. The Initial Event Response Meeting (IERM) and Fatality Review Board (FRB) are essential to determine potential causality factors and gain lessons learned to mitigate future events. Commanders may use information gathered to build the Primary Next-of-Kin (PNOK) brief to family members if requested.

4. Discussion.

a. It is critical all members participating in these groups understand these are non-attribution/non-reprisal forums. Candor is paramount if leaders are to garner viable information to reduce all Soldiers' risk of suicide.

b. The goal of both the IERM and FRB are not to assign blame or responsibility, but to seek clarity of the processes leading to the death of a Soldier. The Moderator for each group will foster and enforce a civil, productive, and on-track discussion.

5. Initial Event Response.

a. Once notified of the event, the Soldier's unit immediately completes a Serious Incident Report (SIR) and forwards through appropriate channels.

b. Within 48-hours, the unit will attach and forward the Suicide Event Questionnaire (Enclosure 1) and the Soldier's most recent Soldier Leader Risk Reduction Tool – Korea (SLRRT-K) to the SIR.

c. Within 48-hours, the 2ID Chief of Staff convenes the Suicide Response Team (SRT) with the following personnel:

- General Officer in Chain of Command (Chair)
- Chief of Staff (Moderator)
- Unit Chain of Command
- Division Surgeon
- Division Psychiatrist
- Chaplain
- ACoS, G-1
- SJA
- CID
- PAO
- SGS (Recorder)
- ASAP Representative
- ACS Office Representative
- Area Suicide Prevention Officer

d. The meeting convenes at a time designated by the Chief of Staff.

e. DIV SGS confirms attendance of participants based on recommend list of attendees listed in paragraph 4.c, above.

f. Chief of Staff provides opening comments.

g. Review of events by Soldier's unit:

MEMORANDUM FOR All 2D Infantry Division and Subordinate Command Personnel
SUBJECT: 2D Infantry Division Suicide Incident Action Plan

- (1) Confirm unit participants.
 - (2) Provide brief history of Soldier (Age, Rank, MOS, TIS, TOS, Deployment History, marital status, etc.).
 - (3) Synopsis of current event.
 - (4) Review of 12+2 stressors and what was known about the Soldier prior to the event, mitigation strategies, and anything discovered since the event occurred.
- h. Subject-Matter Expert comments:
- (1) Review any information known about the Soldier and his/her situation.
 - (2) Provide any lessons learned or future recommendations.
- i. Discussion by Soldier's unit:
- (1) Review lessons learned.
 - (2) The way ahead.
 - (3) Any requests for assistance.
 - (4) Welfare of Families suffering from the event
- j. Products/Output:
- (1) Within 48 hours following the conference, if deemed necessary, Division Psychiatrist will produce a Risk Bulletin (RB) (Enclosure 2). The purpose of the RB is to quickly identify any best practices and/or lessons learned for dissemination to the entire formation. RB will be e-mailed to the identified distribution-list for distribution to all levels and leader discussion.
 - (2) Summarized list of identified areas (if any) of program, policy, resource, education, or leadership which require follow-up through the identified proponent at the Community Health Promotion Council (CHPC).
 - (3) Action plan to provide for the immediate welfare of Families who have suffered from the event.

6. Fatality Review Board

a. Following Suicide Response Team Meeting, at a time specified by the Chief of Staff, a Fatality Review Board consisting of the following members will convene:

- Commanding General/Command Sergeant Major
- Deputy Commanding General – Maneuver

MEMORANDUM FOR All 2D Infantry Division and Subordinate Command Personnel
SUBJECT: 2D Infantry Division Suicide Incident Action Plan

- Deputy Commanding General – Sustainment
- Division Chief of Staff (Chair)
- 15-6 Investigating Officer (Primary Presenter)
- Division Surgeon
- Division Psychiatrist
- Unit Behavioral Health Officer
- Battalion/Brigade Surgeons
- Unit Chaplain
- Battalion Commander/Command Sergeant Major
- Company Commander/First Sergeant
- Platoon Leader/Platoon Sergeant (if deemed necessary)
- Squad/Team Leader (if deemed necessary)
- ACoS, G-1
- Division SJA
- PMO
- CID
- Area Suicide Prevention Officer
- MFLC Representative
- ACS Office Representative
- Safety Officer
- IMCOM Commander/Command Sergeant Major
- ASAP Representative (if deemed necessary)

b. To facilitate the process, the Board will use the model shown in the Suicide Event Questionnaire (Enclosure 1). The questions provided will assist in determining facts related to the Soldier's background and may offer linkages to factors which may have been previously unidentified by the unit and chain of command.

c. All discussions will be in accordance with applicable security and privacy mandates.

d. The following products may be included in the proceedings for further information:

- Results of any completed investigations
- Medical/behavioral health history
- Chaplain input
- Professional/personal history offered by the chain of command

e. Following the conclusion of the Board's discussion, the Recorder will review the minutes with the group. The Recorder will then prepare an executive summary of the proceedings, focusing on pertinent lessons learned and potential information of value. The Division Psychiatrist will create the Fatality After Action Review using defined template (Enclosure 3).

MEMORANDUM FOR All 2D Infantry Division and Subordinate Command Personnel
SUBJECT: 2D Infantry Division Suicide Incident Action Plan

7. Proponent. The 2ID Assistant Chief of Staff G1 is the proponent for this policy at DSN 732-6131. It is administered by the Division Surgeon Office. Contact the Surgeon Office at DSN 732-6020.

Encl.

1. Suicide Event Questionnaire
2. Risk Bulletin (RB)
3. Fatality After Action Review



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Commanding