

Every
Sailor,
Every Day

Navy Suicide Prevention



Guidance for Developing a Crisis Response Plan

While a command environment of high morale and cohesion helps to support psychological health and resilience before crises are imminent, emergency preparedness is a vital part of prevention. It may not be possible to plan for every event, however, a well-written **Crisis Response Plan** that is easily accessible in the duty office or similar location can help avoid delays due to searching for contacts and protocol in emergency situations.

OPNAVINST 1720.4A requires all commands to develop and maintain a documented and tailored Crisis Response Plan. Crisis Response Plans are not “one size fits all” as each command will have unique circumstances. For example:

- Afloat commands will have different considerations than shore commands (ex. access to mental health resources, medevac procedures, etc.).
- Available resources will be different in homeport compared to foreign ports (ex. 911 or local emergency response).
- Additional considerations and procedures may apply when personnel are detached, deployed away from the unit or are away on leave (ex. ensure that command maintains up-to-date contact information with Sailors in transition).
- Procedures for medical facilities may include further precautions and considerations.

The following are key questions and tips that should be considered when developing or updating your Crisis Response Plan:

- What mental health resources and/or medical treatment facilities are immediately available? How can these resources be contacted?**

Tip: Compile a list of on base and off base mental health resources and medical treatment facilities to include phone numbers and addresses. Include this information in your Crisis Response Plan and post it in easily accessible places.



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- b. What would the duty section or a supervisor do if a Sailor called in distress (expressing thoughts of hopelessness, making self-threats, communicating thoughts of suicide, etc.)?

Tip: Follow recommendations outlined in the Response Plan for Distressed Callers. It is important to maintain communication and determine the Sailor's location to get him or her emergency services as soon as possible.

- c. What if a Sailor began behaving in an uncharacteristic manner (confused, withdrawn, etc.)?

Tip: Ensure that all personnel are familiar with the acronym ACT (Ask Care Treat). Include recommendations in your Crisis Response Plan to remind responders to remain calm and non-judgmental. The responder should start a conversation with the Sailor to gain more insight as to what may be troubling him or her and facilitate access to appropriate resources.

- d. What actions would be taken if a shipmate, friend or loved one calls concerned about a Sailor (possibly receiving alarming text messages or other indications of crisis)?

Tip: Maintain calm and positive communication with the person, with the intent to determine the Sailor's location and to get him or her assistance as soon as possible.

- e. If a Sailor is experiencing a crisis, how will a safety watch be conducted until guidance from a mental health professional is available?

Tip: Assume "line of sight" control and supervision and remove anything that that may be considered a personal or environmental hazard (weapons, belt, boot straps, draw strings, razors, alcohol, ropes, window dressings, tools, eating utensils, breakable and /or sharp objects etc.).

- f. What reports are required if a suicide-related behavior occurs?

Tip: Reporting requirements apply to all uniformed service members (active duty and reserve component). Reporting requirements differ between a Suicide-Related Behavior and a Death by Suicide. In general, Medical Treatment Facilities are responsible for suicide attempt Dept. of Defense Suicide Event Reports (DODSER).

	OPREP Unit SITRPEP (1 hour)	OPNAV N1 Voice Report (24 hours)	OPREP Navy Blue (1 hour)	PCR (4 hours)	Command DoDSER (60 days)
Suicide-Related Behavior	✓	✓			
Death by Suicide		✓	✓	✓	✓

