

# Suicidal Risk Protocol

1. Utilize ACE/ASIST skills to assess for current risk of suicide.
2. If the soldier is threatening suicide, is intoxicated and/or has a weapon, call 911.
3. Contact Psychological Health Coordinator (PHC), Trauma Support NCO, or Chaplain Team.
4. If directed, assign rank appropriate Soldier for escort to designated care provider (community mental health center/ER). Be aware of SM insurance status when determining provider.
5. If a high risk Soldier cannot be reached, call the police for a wellness check. Locate family or Battle Buddy if necessary.
6. Follow-up should be between the PHC and command team representative.
7. Counseling statement and Profile are needed.
8. Follow CCIR protocol.
9. Mandatory referral to Substance Abuse Program (SAP) if alcohol or drugs are involved.

**During Drill Weekends:** Initiate LOD if necessary. Contact BDE/BN Chaplain.

\* If SM is not currently suicidal, refer to PHC's (full time), or full time chaplains for assessment of needs and resources. A counseling statement may be appropriate.\*

## **PHC's**

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## **Trauma Support NCO**

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## **FTS Chaplain**

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## **BDE/BN Chaplain**

(fill in)

\*Refer to the Behavioral Health Management System for details. \*