

**BY ORDER OF THE COMMANDER
AIR FORCE GLOBAL STRIKE
COMMAND**

**AIR FORCE GLOBAL STRIKE
COMMAND INSTRUCTION 90-504**

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Specialty Management

SUICIDE EVENT REVIEW PROCESS



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This instruction implements a post suicide event review process for all expected deaths by suicide in AFGSC to supplement data collection and review as outlined in AFI 90-505, *Suicide Prevention Program*. It establishes Suicide Event Review Teams (SERT), assigns responsibilities for program elements, and contains program management information. It applies to all Air Force (AF) personnel, Air Reserve Component (ARC) members in Title 10 status and active full time ANG personnel (Title 32) assigned to Air Force Global Strike Command. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command. This instruction requires collecting and maintaining information protected under the Privacy Act of 1974 as authorized by 10 USC 8013 and System of Records Notice DHA 20 DoD *Department of Defense Suicide Event Report (DoDSER) System* applies to DoDSER data collection. Submit request for waivers through the chain of command to the publication OPR for non-tiered compliance items. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). This publication may not be supplemented or further implemented/extended.

SUMMARY OF CHANGES

This document has been revised and must be completely reviewed. Major changes include tracking responsibilities at the installation level.

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Chapter 1

GENERAL INFORMATION

1.1. Suicide Prevention.

1.1.1. Suicide Impact. Suicide is one of the leading manners of death (MOD) in the Total Force. Suicide diminishes our combat capability and has a tragic effect on units, families and the AF as a whole.

1.1.2. Suicide Reduction. The AF strives to continuously reduce its suicide rate through a focus on development and implementation of constructive recommendations for suicide prevention. Key to developing and implementing these recommendations is the sustained study of data and lessons learned from actual events, evaluation of new prevention strategies and active exchange with others who seek to reduce suicide in their communities. The Suicide Event Review Process prescribed in this instruction is one method AFGSC will use to study causes of actual suicides, to develop constructive, effective recommendations to reduce the suicide rate and to disseminate lessons learned.

1.2. Suicide Review, Analysis and Reporting.

1.2.1. This instruction directs the processes and procedures AFGSC will follow in studying suicides and collecting information for use in prevention activities. These processes include data collection, post-suicide case assessments, collective analyses, and dissemination of useful findings and recommendations to the AFGSC community.

1.2.2. For suicides of active duty or Air Reserve Component (ARC) members in Title 10 status, data collection and post-suicide assessments will be completed by a SERT convened at the decedent's installation. The purpose of this Suicide Review (SR) is to collect and report information to comply with the DoDSER requirements, provide contributing factors to the chain of command in order to improve unit and organization suicide prevention efforts and provide AFGSC leadership with standardized reports for trend analysis and suicide prevention program monitoring and improvement.

1.3. Suicide Surveillance.

1.3.1. A SR will be conducted for the following populations:

1.3.1.1. All active duty AF personnel assigned to AFGSC who commit suicide.

1.3.1.2. All AFGSC-attached ARC personnel in Title 10 status who commit suicide.

1.3.2. A DoDSER will be submitted (without a SR) on the following populations:

1.3.2.1. All active duty AF personnel assigned to AFGSC who attempt suicide.

1.3.2.2. All AFGSC-attached ARC personnel in Title 10 status who attempt suicide.

1.3.2.3. Active full time AFGSC-attached ANG personnel (Title 32) who commit suicide.

1.3.3. Basic demographic data will be tracked on the following populations:

1.3.3.1. All AF Department of Defense (DoD) civilian employee personnel who commit suicide.

1.3.3.2. All AFGSC-attached Selected Reserve (SELRES) and traditional ANG members who commit suicide while in civilian status or during a Unit Training Assembly.

1.3.4. A SR is not required for suicide attempts or for the completed suicides of civilian and reserve populations not in Title 10 status.

1.3.4.1. A SR may be conducted on suicides by civilians and reserve members not in Title 10 status at the discretion of the AFGSC/CV.

1.4. Manner of Death (MOD).

1.4.1. The Office of the Armed Forces Medical Examiner (OAFME) will make initial and final determinations regarding likely manner of death IAW Department of Defense Instruction (DoDI) 5154.30, *Armed Forces Institute of Pathology Operations*. All events classified as suicides or possible suicides will be treated as suicides for the purposes of this instruction.

1.4.1.1. The Air Force Office of Special Investigations (AFOSI), in conjunction with other law enforcement agencies, the coroner, medical examiner, and OAFME, is responsible for investigating the MOD(natural, accidental, homicide, suicide or undetermined) for on base deaths and AF members in active federal status. The primary focus of AFOSI's criminal investigation is to determine whether the death was the result of foul play.

1.4.1.2. For ARC members not in federal (Title 10) status and civilian personnel, local civilian authorities are responsible for assessing the extent to which criminal activity is a concern in the deaths. Local medical examiners will make the determination regarding the likely MOD.

1.4.2. If during the course of a SR it is determined by OAFME that the MOD was not suicide, then the SERT will stand-down and transfer all data gathered to the appropriate DoD component or AF organization.

1.4.3. In cases in which the MOD cannot be determined based on the physical evidence the AFOSI may request that a psychological autopsy be conducted. A psychological autopsy is a specialized forensic evaluation of evidence and statements conducted by a specially trained mental health provider for the express purpose of assisting the medical examiner in determining the MOD. The need for a psychological autopsy will be determined by AFOSI and OAFME IAW DoDI 5154.30 and will not be a routine part of the SR process.

1.5. Exceptions to the Scope of Instruction.

1.5.1. Suicide versus mishap. Applicable DoD and AF guidance governing safety investigations take precedence over this instruction if an event is determined to be a mishap rather than a suicide or suicide attempt, IAW AFI 91-204, *Safety Investigations and Reports*.

1.5.2. Suicide versus crime. AFOSI's criminal investigation will always take precedence over this instruction. DoDI 5505.10, *Criminal Investigations of Noncombat Deaths*, states, "All noncombat deaths of members of the Armed Forces on active duty, not medically

determined to be from natural causes, shall be investigated as potential homicides until evidence establishes otherwise.”

1.6. Coordinating with investigative agencies and investigation boards.

1.6.1. In most situations, SERTs will function concurrently with official investigations or other inquiries and, therefore, their activities require coordination to avoid disruption and duplication of effort.

1.6.2. AFOSI death investigations take precedence over the SR and normally will be initiated prior to the SR process. Accordingly, some of the SR data will be obtained from those ongoing investigations. Any indication of foul play or criminal activity uncovered during the course of the SR will be referred to AFOSI.

1.6.3. Medical quality assurance reviews conducted under Title 10 USC §1102, including Medical Incident Investigations (MII), Root Cause Analyses (RCA) and Standard of Care (SOC) reviews will be accomplished independently from the SR. Information from these reviews may be shared with the SERT on a limited basis as is necessary to meet the intent of the SR. SERT members will work with the Military Treatment Facility (MTF) quality office on the appropriate release of information. SERT members will not be investigators in the MII, RCA or SOC reviews. Waiver can be granted by the MTF commander or Convening Authority if conflict of interest is not a concern.

1.6.4. If, during the course of the SR, the Team Lead (TL) believes that problems in medical care may have contributed to the suicide, the TL will refer this information to the MTF commander and MAJCOM/SG.

1.7. Discovery of harm to self, others or government property. IAW [Chapter 4](#), if during the course of its review the SERT discovers information suggesting the threat of potential harm to a person or government property, the TL will contact necessary emergency services to prevent harm to persons or property. If possible, SERT members should avoid being part of any emergency response.

1.8. Protecting Health Information and Privacy.

1.8.1. DoD 6025.18-R, *DoD Health Information Privacy Regulation*, implements Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule within the DoD. Protected Health Information (PHI) is individually identifiable health information under the control of the covered entity which identifies or potentially identifies the patient; it relates to the past, present or future health or condition, the provision of healthcare or payment for the provision of healthcare for the patient.

1.8.2. Suicide investigation and reporting requires disclosure of PHI from the covered entity (the military health system) to the SERT. This information is disclosed under the provisions of DoD 6025.18-R, paragraph C7.11.1. All disclosures of PHI to the SERT will be accounted for and must be kept to the minimum amount of information necessary to meet the need and intent of the disclosure. For questions on medical information release, consult with the local HIPAA Privacy Officer, installation SJA or Medical Legal Consultant.

1.8.3. Protected Health Information that has been properly released to the SERT from the covered entity ceases to be protected by the HIPAA Privacy Rule. Any use or further disclosures of the information by the SERT will be in accordance with the Privacy Act.

1.9. Information Protection/Privacy Act of 1974 and Freedom of Information Act (FOIA).

1.9.1. The SR presentation and case file may be subject to release determination under the Privacy Act and FOIA. For guidance on responding to such requests for disclosure of records see DoD5400.7-R_AFMAN33-302, *Freedom of Information Act Program*, and AFI 33-332, *Air Force Privacy and Civil Liberties Program*.

1.9.2. In addition to the Privacy Act and FOIA, other statutes may authorize release of information. The disclosure or denial authority should consult the servicing Staff Judge Advocate (SJA) for guidance, as appropriate.

1.9.3. The products of the SERT are For Official Use Only (FOUO).

1.10. Confidential Information.

1.10.1. **Information Protected under Title 10 USC §1102.** Medical quality assurance records created by or for the Department of Defense as part of a medical quality assurance program are confidential and privileged. Such records may not be disclosed to any person or entity, except as provided in subsection (c) of the statute. A SERT member is not an “officer, employee, or contractor of the Department of Defense who has a need for such record or testimony to perform official duties” under Title 10 USC §1102(c)(1)(E). This protection applies only to records, or testimony about records that was created as part of a medical quality assurance program. It is not a source of protection or confidentiality for all PHI.

1.10.2. **Chaplains and Attorneys.** Chaplains and their assistants are prohibited from disclosing information obtained in the course of counseling an individual, to include whether the individual sought counseling. Similarly, attorneys and their assistants have a duty of confidentiality to clients which prohibits disclosure of information obtained in the course of representation, with limited exceptions. While a SERT may desire such information, the chaplain or attorney may not be able to divulge it. This would not preclude the SERT from using the same information gathered from independent sources.

1.10.3. **Investigative information.** Information received from AFOSI is FOUO and Law Enforcement Sensitive. Special handling is required IAW AFI 71-101, Volume 1, *Criminal Investigations Program*, to prevent unauthorized disclosure.

CHAPTER 2

RESPONSIBILITIES

2.1. AFGSC Vice Commander (AFGSC/CV).

- 2.1.1. Establishes policies and procedures to ensure suicides and suicide attempts within the command are appropriately reviewed and results distributed.
- 2.1.2. Establishes policies and procedures to ensure SR results and findings are appropriately validated and implemented across the command.
- 2.1.3. Establishes and de-conflicts guidance necessary to coordinate civilian and military agencies who investigate suicides and distribute lessons learned IAW the procedures established in this instruction.
- 2.1.4. Utilizes the AFGSC Community Action Information Board (CAIB) as the primary venue for review of SR trends, development of action plans and dissemination of lessons learned within the Command.

2.2. Command Surgeon (AFGSC/SG).

- 2.2.1. Provides consultation for commanders and SERTs following suicide events.
- 2.2.2. Ensures SERT members receive guidance and just-in-time training on the SR process.
- 2.2.3. Collects and reviews SR results and forwards to AFGSC/CV.
- 2.2.4. Coordinates MAJCOM SR briefings as directed by AFGSC/CV.
- 2.2.5. Reviews, in consultation with AFGSC CAIB and AFGSC Integrated Delivery System (IDS), recommendations with possible AF or command-wide implications forwarded by installation CAIBs.
- 2.2.6. Maintains, updates and distributes templates and other guidance for SRs.
- 2.2.7. Maintains records of all SRs and annual DoDSER reports and produces an annual assessment of suicide trends to support MAJCOM suicide prevention efforts.

2.3. Headquarters Air Force Office of Special Investigations (HQ AFOSI).

- 2.3.1. Establishes policy and procedures for AFOSI's criminal investigations, sharing information developed during AFOSI death investigations and for providing advice/consultation to the SERT.
- 2.3.2. Ensures field agents support local SERT activities.

2.4. Chaplain (AFGSC/HC).

- 2.4.1. Ensures chaplains support local SERTs in an advisory capacity.

2.5. Director of Safety (AFGSC/SE).

- 2.5.1. Ensures SE support and consultation to SERTs as needed.

2.6. Manpower Personnel and Services (AFGSC/A1).

- 2.6.1. Establishes procedures for sharing personnel information with SERTs.

2.6.2. Ensures Force Support Squadron (FSS) personnel support local SERT activities.

2.7. Studies and Analyses, Assessments and Lessons Learned (AFGSC/A9).

2.7.1. Assists SG with the review and analysis of SR data and aids in the dissemination of MAJCOM and AF-level lessons learned.

2.8. Director, Public Affairs (AFGSC/PA).

2.8.1. PA will coordinate with the SERT upon request to ensure communication efforts complement the investigative process and to disseminate lessons learned.

2.9. AFGSC CAIB.

2.9.1. Distributes suicide-related information to the AFGSC/CC. This may include information regarding suicide data, trends and existing or planned suicide prevention efforts.

2.9.2. Reviews and validates all lessons learned from SRs.

2.9.3. Disseminates consolidated lessons learned in coordination.

2.9.4. Assigns action agencies for recommendations with command-wide application.

2.9.5. Serves as closure authority on recommendations referred to the MAJCOM for action.

2.10. Wing CC.

2.10.1. Serves as the Convening Authority and appoints SERT IAW [Chapter 4](#) and [Chapter 5](#).

2.10.2. Provides logistical, investigative and administrative support for the SERT.

2.10.3. Coordinates on the SR presentation.

2.10.4. Utilizes the CAIB as the primary venue for review of SR recommendations, development of action plans and dissemination of lessons learned.

2.10.5. If not serving as the convening authority, the Wing/CC ensures local resources are available to support the convening authority, as needed, to complete the SR.

2.11. Installation CAIB.

2.11.1. Forwards recommendations to the MAJCOM CAIB and MAJCOM/SG.

2.11.2. Distributes SERT feedback to member agencies.

2.11.3. Assigns action agencies for recommendations to be addressed at the installation level.

2.11.4. Acts on local recommendations made by SERT.

2.11.5. Reports quarterly on status of open SR recommendations.

2.11.6. Reports actions taken to the convening authority through the Installation CAIB and to the MAJCOM CAIB.

2.11.7. Provides updates on SERT recommendations to the MAJCOM CAIB Executive Director for tracking purposes and closure recommendation at completion.

2.12. Installation Medical Group.

2.12.1. Provides information as required by the AF DoDSER worksheet found at <https://kx2.afms.mil/kj/kx2/AFSuicidePrevention/Pages/home.aspx>.

2.12.2. Provides mental health representative to the SERT.

2.12.2.1. Ensures the mental health representative does not have a conflict of interest in the case due to prior care provided to the decedent.

2.12.3. Ensures medical personnel enter completed DoDSER information gathered by the SERT into the DoDSER database within 60 days of the suicide event being confirmed as a suicide by OAFME. The DoDSER system is within the military health system and is maintained according to HIPAA guidelines. Thus, data entered into DoDSER is not an accountable disclosure.

2.12.4. Provides mental health support to SRs conducted by ANG and AFRC units as necessary.

2.12.5. Provides medical resources necessary to implement recommendations for suicide risk mitigation as determined by the local CAIB/ IDS.

2.12.6. Ensures disclosures of protected health information (PHI) are kept to minimum necessary to meet the requirement of the SERT and that all PHI released is properly logged as an accountable disclosure, (release of medical information outside the covered entity) by the local HIPAA officer.

2.13. Installation AFOSI.

2.13.1. Conducts investigations into deaths as appropriate.

2.13.2. Provides information as required by the AF DoDSER worksheet. A copy of the worksheet can be provided by the Mental Health SERT team member. The information may be limited and/or delayed in cases where foul play is possible/suspected.

2.13.3. Provides AFOSI representative to the SERT.

2.13.4. Provides information gathered in the course of any death investigation falling within the purview of a SERT.

2.14. Installation Force Support Squadron (FSS).

2.14.1. Provides information as required by the AF DoDSER worksheet.

2.14.2. Provides information within their organizational responsibility as requested by the SERT.

2.14.3. Provides an officer, Senior Noncommissioned Officer (SNCO) or civilian equivalent to serve on the SERT.

2.15. Installation Chaplain (HC).

2.15.1. Provides a chaplain to serve in an advisory role when requested by the SERT.

2.16. Installation Judge Advocate (JA).

2.16.1. Serves as a consultant to the SERT on all legal matters related to the case including but not limited to providing guidance on conducting interviews.

2.17. Commander of Decedent's Unit.

- 2.17.1. Provides information as required by the AF DoDSER worksheet.
- 2.17.2. Provides information within their organizational responsibility as requested by the SERT.
- 2.17.3. Verifies accuracy of additional information gathered by the SERT on the AF DoDSER worksheet.

CHAPTER 3

DODSER AND DEMOGRAPHIC DATA COLLECTION

3.1. Data Collection when a SR is not required. A SR is not required for the categories listed in paragraphs 1.3.2 and 1.3.3. However, available DoDSER required data and other demographic data still must be collected. This is true for suicide attempts in which the survivor may provide firsthand data regarding the event, and in some cases suicides and/or suicide attempts involving members of the ARC. For ARC personnel, it may not be possible or appropriate to gather information beyond that present in existing military records or during a voluntary or commander-directed mental health evaluation.

3.2. DoDSER Collection.

3.2.1. AFOSI typically does not investigate suicide attempts and will not typically be a source for DoDSER information.

3.2.2. The installation medical group commander will designate a mental health or medical officer to serve as the installation suicide prevention program manager, who will oversee compilation and entry of DoDSER data without a SR in cases of:

3.2.2.1. All active duty AF personnel who attempt suicide.

3.2.2.2. All federalized (Title 10) status ARC personnel who attempt suicide.

3.2.2.3. Active full time ANG personnel (Title 32) who commit suicide.

3.2.2.3.1. DoDSER data for ANG personnel should be completed based on existing data from military medical and personnel data.

3.2.2.3.2. The installation suicide prevention program manager will coordinate with the ANG State/Territory Directors of Psychological Health (DPH) and the ANG unit to gather the necessary data regarding confirmed ANG suicides and complete the DoDSER within 60 days of the suicide event being confirmed as a suicide by OAFME.

3.3. Demographic Data Collection. In some populations of interest to the AF, existing privacy rules and lack of military jurisdiction in reviewing suicide incidents and determining causes of death will make it impossible to complete a DoDSER. In these situations a standardized set of basic demographic data will be collected by the installation suicide prevention program manager to facilitate tracking of suicide trends within these populations using the Suicide Demographic data form. This process will be used for:

3.3.1. All AF/DoD civilian employee personnel who commit suicide.

3.3.2. All selective reserve (SELRES) members who commit suicide while in civilian status.

3.3.3. When an ANG unit becomes aware of active full-time ANG individual in Title 32 status who attempts suicide, the unit will report demographic data to the ANG/DPH.

CHAPTER 4

SUICIDE EVENT REVIEW TEAM MEMBERSHIP AND ROLES

4.1. SERT Composition and Roles. Note: As determined by the Convening Authority, in coordination with the Wing CC as necessary, team members are excused from their other duties. Where ARC members are not available to be SERT members, regular AF will provide the appropriate team members.

4.2. Team Lead (TL).

4.2.1. The TL serves as the primary investigating officer for the SERT.

4.2.2. Qualifications.

4.2.2.1. Since medical officers will always serve on each SERT, medical field grade officers will not be selected for SERT Team Lead duties.

4.2.2.2. Not from the deceased member's squadron or group.

4.2.3. Roles.

4.2.3.1. Reports directly to the Convening Authority.

4.2.3.2. Ensures SERT members receive guidance and just-in-time training from AFGSC/SG.

4.2.3.3. Guides day-to-day functions of the SERT and determines duration of the review.

4.2.3.4. Responsible for conducting interviews with the assistance of the SERT members, after coordinating with AFOSI.

4.2.3.5. Constructs the SR PowerPoint presentation based on established template available from AFGSC/SGPW.

4.2.3.6. Ensures completion of the DoDSER and quality checks the data.

4.2.3.7. Provides copy of the SR presentation to the Convening Authority and AFGSC/SG for review within 60 days of SERT formation.

4.2.3.8. Briefs Wing, NAF, AFGSC and AF leadership, upon request.

4.3. Mental Health Member.

4.3.1. Qualifications.

4.3.1.1. Privileged Mental Health provider that has not provided direct care to the deceased.

4.3.1.2. When there is no mental health provider available who meets the qualification noted at [4.3.1.1](#), a credentialed medical provider may fill this role. Mental health support will be provided by the MAJCOM Mental Health Branch.

4.3.2. Roles.

4.3.2.1. Provides consultation and expertise on mental health issues and suicide risk factors.

4.3.2.2. Gathers information required to complete Mental Health and Medical components of the AF DoDSER worksheet found at <https://kx2.afms.mil/kj/kx2/AFSuicidePrevention/Pages/home.aspx>.

4.3.2.3. Ensures health information gathered and utilized by the SERT complies with the privacy and protection requirements described in paragraphs 1.8 – 1.10. The team may utilize the installation privacy officer and SJA for guidance as necessary.

4.4. AFOSI Member.

4.4.1. Qualifications.

4.4.1.1. The AFOSI detachment commander, or Special Agent in Charge (SAIC), will identify an appropriately experienced agent to participate in the SR process. Normally, the agent will have a least one year of investigative experience.

4.4.2. Roles.

4.4.2.1. Investigates deaths IAW applicable DoD and AF policies and procedures.

4.4.2.2. Provides appropriate consultation and expert opinion based on the facts discovered in the review. If desired by the SERT, the local AFOSI office will arrange consultation with an AFOSI Forensic Sciences Consultant (FSC) or forensic pathologist. AFOSI FSCs receive extensive specialized training in forensic sciences, including forensic pathology and crime scene processing.

4.4.2.3. Provides information as required by the AF DoDSER worksheet. The information may be limited and/or delayed in cases where foul play is possible/suspected.

4.5. Force Support Squadron (FSS) Representative.

4.5.1. Qualifications.

4.5.1.1. An officer, Senior Noncommissioned Officer (SNCO), or civilian equivalent with access to military personnel records.

4.5.2. Roles.

4.5.2.1. Provides information on FSS services received by decedent.

4.5.2.2. Provides consultation on community trends and stresses that may have contributed to suicide.

4.5.2.3. Gathers information required to complete personnel components of the AF DoDSER worksheet

4.6. Other SERT members or advisors as needed.

4.6.1. The TL may request, through the convening authority, additional consultants as necessary to complete the review.

4.6.1.1. A chaplain can provide understanding of, and can aid in formulation of prevention and educational services and consultation on religious issues and stresses that may have contributed to a local environment.

4.6.1.2. The Installation Community Support Coordinator (CSC) can provide information on current resiliency efforts/programs across base and noted areas of concern.

4.6.2. Concerns regarding potential conflicts of interest for appointed team members should be addressed with the Convening Authority and AFGSC/SG.

CHAPTER 5

SUICIDE REVIEW ADMINISTRATION

5.1. Convening Authority.

5.1.1. The Convening Authority will be the Wing Commander of the decedent's unit of assignment. If the decedent's unit is a tenant unit located on the base of another MAJCOM, the tenant unit's CC (in the grade of O-6 or higher) is the convening authority. The MAJCOM of the convening authority will manage the SR per their MAJCOM guidance. If the decedent was assigned to a NAF HQ or AFGSC HQ, the NAF/CC or MAJCOM/CC will be the convening authority.

5.1.1.1. In circumstances where the decedent was deployed or on temporary duty (TDY), the SERT will need to coordinate with other installations, units, and individuals. SERT member travel to other locations may be necessary to complete a full review of the case.

5.1.1.2. The Convening Authority will appoint SERT members in writing. Letters appointing the SERT must contain the full name, rank/grade, organization, assigned base, and role for each appointed person. This letter will serve as authority to review evidence, interview witnesses, and obtain copies of records.

5.1.1.3. Once the SR is complete, the Convening Authority will review the results and may accept the results as written, accept the results with comment, direct further review or in rare circumstances, convene a separate SERT to perform a second review.

5.1.1.4. In cases where the Convening Authority is a tenant unit, the convening authority will ensure that relevant SR results are shared with the host installation commander.

5.2. SR Funding.

5.2.1. All SR requirements are funded by the convening authority.

5.3. SR Timelines.

5.3.1. The Convening Authority will appoint a SERT within 14 days of notification that suicide is a suspected cause of death. This should occur after OSI's initial investigation and the member's memorial service.

5.3.2. DoDSER will be completed within 60 days of the suicide event being confirmed as a suicide by OAFME

5.3.3. SERTs will complete a PowerPoint presentation and submit it to the Convening Authority and to AFGSC/SG via SG Restricted Workflow, or through encrypted email, within 60 days following the suicide event. In some extenuating circumstances, this timeline may not be feasible. In cases of complicated investigations with delayed information release and with prior coordination with AFGSC/SG, the timeline may be extended. The priority is having a SR that is accurate and complete.

5.3.4. If a formal brief is requested by AFGSC/CV, the Convening Authority will work with AFGSC/SG to schedule the brief within 14 days following completion of the SR.

5.3.5. In some cases the CSAF or VCSAF may request a suicide event brief, which may drive accelerated or delayed timelines.

5.4. Data Collection.

5.4.1. Subject to the protections described in paragraphs 1.8 - 1.10, SERTs will collect information and data from existing sources (safety, personnel, medical, AFOSI, the member's unit, police reports, etc.) to complete the DoDSER and produce the SR presentation.

5.4.2. SERTs may, to the extent necessary to perform their responsibilities, and with the appropriate prior coordination discussed below, interview relevant individuals, including but not limited to, supervisors, co-workers, family and friends, to gain a clearer understanding of events leading up to the death. TLs must coordinate and receive prior permission from AFOSI before conducting any interviews when AFOSI is investigating a death.

5.4.3. SERTs may also collect copies of documents pertaining to the death. All copies of documents will be destroyed or returned to the respective custodians of record after they are no longer needed by the SERT.

5.4.4. SERTs will not collect physical "evidence" (clothing, weapons, medications, etc.). SERTs may request to review evidence held by other agencies. Permission to review evidence held by other agencies will be made on a case-by-case basis in consideration of whether foul play has or has not been ruled out, or whether safety issues (firearms, biohazard, etc.) are involved.

5.4.5. The SERT Mental Health member will gather copies of relevant (medical, dental, mental health, Family Advocacy, and Alcohol and Drug Abuse Prevention and Treatment) records. This includes copies of all electronic records. The Mental Health member will ensure all medical information releases are kept to the minimum necessary to meet the requirements of the SERT.

5.4.6. After coordinating with AFOSI, SERTs may interview individual witnesses to better understand relevant records, contributing factors, and the sequence of events leading to suicide.

5.4.6.1. AF military members and civilian employees must cooperate with the SERT, to include being interviewed, unless they assert a legal right or privilege not to do so.

5.4.6.2. Civilian employees (including non-appropriated fund employees) may have a right to union representation when interviewed. This right applies if the employee's position meets the local definition for inclusion in the collective bargaining unit. The employee's individual status as a union member has no bearing on the right to representation. Before interviewing civilian employees represented by unions, consult with the JA and the Civilian Personnel Office to determine what, if any, rights may apply under the applicable collective bargaining agreement.

5.4.6.2.1. The Civil Service Reform Act of 1978 created a right to union representation for federal civilian employees whose term of employment is governed by a union contract. This right arises during interviews with a federal employee in connection with investigations if: (a) the employee reasonably believes that disciplinary action may be taken against him or her as a result of the interview, and (b) the employee requests union representation. The union has no right to have a

representative present in the absence of a request from the employee. This right does not apply to management personnel.

5.4.6.2.2. The Civil Service Reform Act does not require the TL to advise an employee of the right to union representation before an interview. The act merely requires management to inform its employees annually of this right. This reminder is frequently done in an installation's daily bulletin. However, some local union contracts have been negotiated where the management of an installation has agreed to provide notice before each interview. Therefore, TLs must exercise caution when interviewing federal employees to ensure they are not violating the terms of a local contract. TLs should contact the local Civilian Personnel Flight Labor Relations Specialist and JA to clarify the specifications of the local bargaining agreement.

5.4.6.2.3. The exercise of the right to union representation may not interfere with the investigation. Determinations regarding union representation should be coordinated in advance with the JA. The representative may advise the employee, ask questions to clarify issues, and suggest other employees who may have knowledge of the facts at issue. However, he or she may not do so in a manner that interferes with the interview and may not testify for the employee. The TL has authority to terminate the interview if he or she determines the union representative is impeding or attempting to impede the investigation. Consult with the JA on how to proceed after terminating the interview.

5.4.6.3. The SERT may invite other civilians (non-employees) to be interviewed, but may not compel an interview.

5.4.6.4. If the SERT wishes to interview a contractor's employee, the TL shall consult with the applicable Contracting Officer Representative or Contracting Officer to determine the proper method of contact to request the contractor's permission in writing and contractor's employee's cooperation.

5.4.6.5. The SR is not a criminal investigation. If the SERT suspects a witness may have committed a criminal offense, the interview must cease, and the TL should consult with the JA before continuing the interview.

5.4.6.6. Witness interviews will not be recorded or transcribed. All interview notes should be marked "for official use only" and become part of the SR file.

5.4.6.7. A hand-off is required per CSAF's 26 November 2002 Policy for Investigative Interviews. This policy requires a person-to-person hand-off of distraught individuals following an investigative interview. The hand-off must take place between the TL and the individual's commander or the commander's designated representative. The policy applies to everyone, regardless of rank or position. If any interviewee appears to be emotionally distraught, or stunned during the process of any interview, they should not be allowed to depart alone, but should be released to their commander or designee, civilian leading an organization designated as a unit IAW AFI 38-101, *Air Force Organization*, or designee, first sergeant, or supervisor, who will help ensure the individual receives the necessary support to safely handle his or her personal crisis (referred to as a hand-off).

5.4.6.7.1. In most instances, hand-offs will require pre-coordination and advanced planning.

- 5.4.6.7.2. The TL should also explain the reason for any concern he or she has about the individual's personal safety (e.g., individual was emotionally distraught, shocked, etc.).
- 5.4.6.7.3. During the hand-off, the TL should only disclose information necessary to ensure the individual's safety. The TL should limit disclosure regarding the substance of testimony or other evidence obtained during the investigation.
- 5.4.6.7.4. The hand-off must be documented at the end of the interview notes.
- 5.4.7. SERTs shall consult the JA and AFOSI prior to retrieving any electronic communications created, received or maintained by the decedent.
- 5.4.8. The final SR presentations are maintained and filed by AFGSC/SGPW. All other copies are to be destroyed as per appropriate AFI defined procedures.

5.5. Controlling Information Collected by the SERT.

- 5.5.1. AFGSC/CC, or designee, is the release authority for all records created by the SERT during its review. Records created by the SERT will be released only IAW the FOIA, Privacy Act, or other release statutes and implementing instructions or regulations.
- 5.5.2. If the SR is suspended or terminated, all information/evidence will be transferred to the agency assuming primary responsibility for the case.
- 5.5.3. All documents containing Privacy Act information will be marked appropriately IAW AFI 33-332, *Air Force Privacy and Civil Liberties Program*.
- 5.5.4. Prior to the release of any SR information or briefing under FOIA, the initial denial authority will consult the local SJA IAW DoD5400.7-R_AFMAN33-302, *Freedom of Information Act Program*.
- 5.5.5. All pertinent information should be included in the SR presentation and all notes and drafts destroyed after approval of the final presentation by the convening authority.
- 5.5.6. Given the sensitivity of these documents, SR materials should only be shared with those who have a legitimate need to know, and these disclosures should be kept to the minimum amount of information necessary to meet the needs of the SERT. Documentation should be labeled as FOUO as outlined in [Chapter 7](#).
- 5.5.7. Electronic transmission of the SR documents should ensure the information is provided only to those with a need to know, and be encrypted prior to transmission, and marked IAW AFI 33-332, *Air Force Privacy and Civil Liberties Program*.

CHAPTER 6

CONDUCTING THE SUICIDE REVIEW

6.1. SERT Considerations.

6.1.1. Because suicide is, by its legal definition, an intentional act, the SERT should assume that each decedent made an intentional decision. The SERT's job is to determine the factors which contributed to the decision and enabled the decedent to act on that decision.

6.1.2. The SERT will begin by reviewing the questions listed on the DoDSER data worksheets at <https://kx2.afms.mil/kj/kx2/AFSuicidePrevention/Pages/home.aspx>. Addressing these questions will provide both an initial understanding of the event as well as a basis for determining additional information required to identify factors contributing to the decedent's decision and factors affecting their ability to act on this decision.

6.1.3. The SERT should develop a factual chronological timeline of the sequence of events leading up to the death.

6.1.4. The SERT will evaluate factors that may have contributed to the decedent's death and factors which may have helped prevent it. This may require the collection of additional information beyond that covered in the DoDSER.

6.1.5. SR briefing will not use names or other identifying information whenever possible. This document should make reference to the "the decedent," or "the member", "the spouse," "the supervisor," and "witness1," etc., as appropriate.

6.1.6. The SERT will identify the necessary history of the decedent, timeline of events leading up to the death and analysis of the event sufficient to support any recommendations.

6.2. Determining and Documenting Risk Factors.

6.2.1. Each risk factor may represent an essential element in explaining the event sequence that led to the suicide.

6.2.2. Identification of risk factors is based on the weight of evidence, professional knowledge, and good judgment.

6.2.3. Risk factors can occur long before the suicide with such things as childhood trauma or pre-service mental health issues, but may also include more recent events such as substance abuse, financial problems, pending disciplinary or legal action, relationship problems and/or social isolation.

6.2.4. Ensure critical events contributing to the act of suicide have not been omitted. Conversely, do not include events interesting to the reader, but not necessary to explain the event.

6.2.5. Do not include people's names, call signs, names of other AF bases, or companies in the findings. Use generic terms such as "the decedent" or "the member", "the spouse", "the supervisor", etc. This applies to the whole presentation.

6.3. Determining and Documenting Recommendations.

6.3.1. The SERT will develop recommendations to mitigate findings and/or risk factors, in order to prevent future suicides. Recommendations must be feasible and effective solutions to decrease the likelihood that a similar instance of self-directed violence will occur in other AF members.

6.3.2. SERT feedback should include recommendations to help mitigate factors that may contribute to suicides. If no recommendations are made, the SERT will explain its rationale in the presentation.

6.3.3. Ensure the data supports the recommendations. It is essential to stay focused on the circumstances of the case. Do not make recommendations for the sole purpose of having recommendations.

6.3.4. When the decedent was a member of a tenant organization, the recommendations should clearly state whether they apply to the host installation or the unit of assignment.

6.3.5. All recommendations should target one or more of the findings or risk factors.

6.3.6. Recommendations may vary in scope. Some actions can be taken at unit or base level. Other recommendations require action by MAJCOM or other agencies.

6.3.7. General, vague, sweeping, or open-ended recommendations that cannot be implemented by the installation, MAJCOM, AF, DoD, or other government agencies are not appropriate.

6.3.8. Do not recommend briefing installation personnel on the event.

6.3.9. Do not recommend reminding (or CC's reminding/briefing) personnel of the importance of simply doing their jobs properly. Recommendations for specific actions such as additional or refresher training may be appropriate if they reflect specific interventions that can be completed.

6.3.10. Number recommendations consecutively and precede each number by the word "Recommendation." (e.g., Recommendation 1, Recommendation 2, etc.). Include only one statement for each recommendation. Rather than sub-grouping recommendations (e.g., 1a, 1b, 1c, etc.) use a new recommendation number.

6.3.11. Determine and recommend the appropriate action agencies for each recommendation.

CHAPTER 7

SUICIDE REVIEW PRESENTATION

7.1. SR Presentation.

7.1.1. The formal PowerPoint slide deck will consist of the following:

7.1.1.1. Demographic data.

7.1.1.2. PRP Status

7.1.1.3. Biopsychosocial assessment

7.1.1.3.1. Relevant medical history and current diagnoses.

7.1.1.3.2. Mental Health/Substance Use history.

7.1.1.3.3. Detailed history of prior suicide attempts or other self-directed violence.

7.1.1.3.4. Family history.

7.1.1.3.5. Educational history.

7.1.1.3.6. Occupational history.

7.1.1.3.7. Significant relationship history and current status.

7.1.1.3.8. Legal/Administrative issues.

7.1.1.3.9. Financial issues.

7.1.1.4. Unit/organizational factors.

7.1.1.5. Chronological time line of events.

7.1.1.6. Actions taken by leadership to respond to the event to include status of DoDSER.

7.1.1.7. Key findings, risk factors and/or barriers to services which may have mitigated those factors.

7.1.1.8. Lessons learned and recommendations.

7.1.1.9. Details that may still be outstanding such as toxicology, autopsy or police reports.

7.1.2. The presentation must focus on pertinent information, such as sequence of events, risk factors, lessons learned, and actions taken. Due to time constraints, AFOSI may not have a final report available; orally presented preliminary investigative findings will suffice. Do not speculate. If information is insufficient to answer a question, then document it as such. If facts emerge later that alter the SERT's conclusions, a follow-up report is appropriate.

7.1.3. The following are examples of key issues to consider in preparing the slide deck.

7.1.3.1. Have all risk factors been reviewed (e.g., alcohol/drugs, illness, family matters, relationship issues, adverse actions, deployment/work stress, social interactions, etc.)?

7.1.3.2. Was the member referred to Mental Health (command-directed, medically referred, or self-referred)? Did the member receive mental health services after the initial evaluation? What were the recommendations from Mental Health? Medical conditions? Medications?

7.1.3.3. Did the member have a history of disciplinary actions or investigations? Was the member informed about the Limited Privilege Suicide Prevention Program?

7.1.3.4. Did the member have a support network (e.g., friends, church, co-workers)?

7.1.3.5. Did the member portray a sense of hopelessness? Did anyone notice and if so, what actions were taken?

7.1.3.6. Did the member perceive themselves as a burden to others? What evidence do we have to support this?

7.1.3.7. Was there evidence of rehearsal or other behavior used to help the member overcome fear of death?

7.1.3.8. Did other military or civilian personnel have concerns regarding the mental health or safety of the member? Did they share these concerns with appropriate Air Force or civilian authorities/medical personnel?

7.1.3.9. Were weapons used in the incident?

7.1.3.10. When and where were weapons obtained?

7.2. Distribution of SR Presentation.

7.2.1. All email containing the SERT brief will be encrypted as labeled with PII disclaimer.

7.2.2. The TL will forward the SR presentation to the Convening Authority and AFGSC/SG via SG Restricted Workflow or as an encrypted email.

7.2.3. AFGSC/SG will review and forward the presentation back to the TL and Convening Authority with comments and/or recommendations.

7.2.4. Once the TL and Convening Authority have agreed on a final product, the presentation will be forwarded back to AFGSC/SG via SG Restricted Workflow or as an encrypted email.

7.2.5. AFGSC/SG will forward final presentation to the AFGSC/CV for review and disposition.

7.2.5.1. Disposition by AFGSC/CV will generally include, “no further action,” “forward lessons learned and recommendations to CAIB Chairs for action,” or “request formal brief.” Decisions made by AFGSC/CV will be communicated via AFGSC/SG.

7.2.6. If the CSAF or VCSAF requests a formal suicide event brief, the presentation will be sent back to the Convening Authority and TL in preparation for the brief.

7.3. SR Briefing.

7.3.1. The AFGSC/CV has flexibility in how briefings will be delivered ranging from formal briefings by the SERT TL to slides only.

7.3.2. Straightforward cases that do not require discussion or clarification can be approved by AFGSC/CV without the need for a formal brief.

7.3.3. If a formal brief is requested by AFGSC/CV, SG will work with the Convening Authority to schedule the brief within 14 days following completion of the SR.

7.3.4. The TL will conduct the formal briefing and may brief cases via VTC unless otherwise directed.

7.3.5. The audience will be limited and will generally include SERT members, the deceased member's chain of command (CC/CCC/CCF) at the Squadron, Group, Wing, and NAF, the Installation CSC, and at the MAJCOM the CC, CV, CCC, CCF, DS, A1, JA, OSI, HC, SG, SGPW. Additional attendees may be directed by the AFGSC/CC or AFGSC/CV. In cases where the decedent was assigned to a tenant unit, the installation commander will need to, at a minimum, be advised of recommendations impacting his/her assets. Effort should be made to include the installation commander in routing the SERT slides or in the SERT presentation with concurrence of the Convening Authority.

7.3.5.1. A truncated audience (CV, CCC, HC, SG, OSI & JA) could review the slides and, if there are trends, causal factor or other pertinent issues that are identified, a follow-up discussion will be held with wing leadership to review findings and recommendations.

7.3.6. Additional suicide event briefings may be required at the request of the CSAF or VCSAF.

7.4. Lessons Learned and Tracking.

7.4.1. The AFGSC/CV and Convening Authority, in consultation with AFGSC SMEs present at the briefing, will decide which recommendations are approved and tracked through the installation CAIBs.

7.4.2. The Installation CSC will ensure the recommendations are tracked and documented in the CAIB.

7.4.3. Installation CAIBs will forward progress made on recommendations to the AFGSC CAIB through the CAIB Executive Director.

7.4.4. The CAIB at each level is responsible for coordinating all recommendations within its scope of authority. This includes researching and assigning proposed action agencies (Office of Primary Responsibility (OPR) and Office of Collateral Responsibility (OCR)).

7.4.5. Normally, if a recommendation requires funding to effect changes, the office responsible for such funding will serve as OPR. If a particular agency only provides funds for the effort and other organizations are responsible for performing or managing the work, assign these organizations as OCRs.

7.4.6. When a recommendation is actionable at the MAJCOM level, the AFGSC CAIB will track for completion.

7.4.7. Sometimes the responsibility for a recommendation lies at the AF level. Since MAJCOMs do not have the authority to task such agencies to perform recommended actions, do not assign higher-level AF agencies as OPRs or OCRs. These recommendations will be submitted to the AF CAIB through the Executive Director.

7.4.8. The OPRs for each open item will provide quarterly updates to the CAIB. The CAIB will track the items within its scope of responsibility until closure.

MICHAEL E. FORTNEY
Major General, USAF
Vice Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoD 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003
DoD 5400.7-R_AFMAN 33-302, *Freedom of Information Act Program*, 21 October 2010
DoDI 5154.30, *Armed Forces Institute of Pathology Operations*, 18 March 2003
DoDI 5505.10, *Criminal Investigations of Noncombat Deaths*, 15 August 2013
AFI 33-332, *Air Force Privacy and Civil Liberties Program*, 12 January 2015
AFI 38-101, *Air Force Organization*, 16 March 2011
AFI 71-101, Volume 1, *Criminal Investigations Program*, 4 February 2015
AFI 90-505, *Suicide Prevention Program*, 6 October 2014
AFI 91-204, *Safety Investigations and Reports*, 24 September 2008
AFMAN 33-363, *Management of Records*, 1 March 2008
Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Prescribed Forms

No forms are prescribed by this instruction

Abbreviations and Acronyms

AF —Air Force

AFGSC —Air Force Global Strike Command

**AFGSC/CC – Commander, Air Force Global Strike Command—AFGSC/CV– Vice
Commander, Air Force Global Strike Command**

AFI —Air Force Instruction

AFMAN —Air Force Manual

AFME —Armed Forces Medical Examiner

AFOSI —Air Force Office of Special Investigations

AFPD —Air Force Policy Directive

AFRC —Air Force Reserve Command

AFRIMS —Air Force Records Information Management System

ANG —Air National Guard

ARC —Air Reserve Component

CAIB —Community Action Information Board

CC — Commander

DoD —Department of Defense

DoDD —Department of Defense Directive

DoDI —Department of Defense Instruction

DoDSER —DoD Suicide Event Report

DPH —Directors of Psychological Health

FOIA —Freedom of Information Act

FSS —Force Support Squadron

HIPAA —Health Insurance Portability and Accountability Act

IAW —In Accordance With

IDS —Integrated Delivery System

MAJCOM —Major Command

MOD —Manner of Death

MTF —Medical Treatment facility

NAF —Numbered Air Force

OAFME —Office of Armed Forces Medical Examiner

OCR —Office of Collateral Responsibility

OPR —Office of Primary Responsibility

RDS —Records Disposition Schedule

SELRES—Selected Reserve Members

SERT —Suicide Event Review Team

SJA —Staff Judge Advocate

SNCO – Senior Non—Commissioned Officer

SR —Suicide Review

TDY —Temporary Duty

TL —Team Lead

US – United States—*Terms*

Air Reserve Component (ARC) – Used when referring to both the AFRC and ANG as one entity—.

Biopsychosocial Assessment —An assessment of the biological, psychological, social context and social and social factors that likely impacted the functioning of the decedent at the time of the suicide.

DoD Suicide Event Report (DoDSER) – A comprehensive, 250 item database maintained by Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury Telehealth and Technology (T2) available at <https://dodser.t2.health.mil/dodser/intro.html>—.

Mishap – A mishap is an unplanned occurrence, or series of occurrences, that results in damage or injury and meets Class A, B, C, D, and E mishap reporting criteria IAW AFI 91-204—.

Possible suicide —A death for which the manner of death has not yet been determined by the OAFME but for which suicide is a likely possibility.

Recommendation – An effective and feasible solution to decrease the likelihood that a similar case of self—directed violence will occur in other AF members.

Risk Factor – Includes, but is not exclusively limited to, such factors as relationship difficulties, substance abuse, legal, financial, medical, mental health, and occupational problems, along with depression, social isolation, and previous suicide threats/gestures which may increase the probability of self—harm.

Safety —The programs, risk management activities, and organizational and cultural values dedicated to preventing injuries and accidental loss of human and material resources, and to protecting the environment from the damaging effects of DoD mishaps.

Selected Reserve (SELRES) members – Any activated, mobilized, or drilling Reserve or ANG member—. For purposes of this instruction, does not include those SELRES members who are on an Active Guard/Reserve (AGR) tour.

Suicide – Death caused by self—inflicted injurious behavior with any intent to die as a result of the behavior, as determined by the medical examiner with jurisdiction over the case.

Suicide Attempt – A non-fatal, self-inflicted, potentially injurious behavior, with intent to die—. This includes instances in which the person who performed the behaviors changed intention or sought help and instances in which the person was rescued. Suicide attempts are distinguished from non-suicidal self-directed violence by the intent to cause death. Non-suicidal self-directed violence is not reviewed under this instruction.

Suicide Event Review Team (SERT) —A group convened to collect and report information to comply with the Department of Defense Suicide Event Report (DoDSER) requirements, provide contributing factors to the chain of command in order to improve unit and organization suicide prevention efforts, and provide AFGSC leadership with standardized reports for future trend analysis and suicide prevention program monitoring and improvement.