NEW EMPLOYEE SAFETY BRIEFING

Presenter – Wanda Griffin, Safety Office/5-1225

Job title: Safety Technician

US Army Engineering and Support Center, Huntsville

Safety Manager, Victor Taylor, 895-1583

Date of Presentation: Revised 16 February 2012

US Army Corps of Engineers

BUILDING STRONG®

Safety and Occupational Health Office

Functions

- Administer the Safety and Occupational Health (SOH) Program for the Huntsville Center Safety Office. To view safety policies, regulations, documents, and other SOH health links, go to the following website:
  http://www.hnd.usace.army.mil/safety/

- Conduct annual Safety and Occupational Health Inspection throughout the Center.

Safety and Occupational Health Office

OSHA: Office workers are more likely to be injured on the job than industrial workers. Why?? Hazard recognition and safety are stressed more in industrial environments.

Commander's Safety Management Action Plan (SMAP) for FY12

Location of SMAP:

- Review the SMAP at the INTRANET link below:

https://hnc-ws-intra.hnd.usace.army.mil/SAFETY/HNCSMAP.asp

Co-Chairpersons:

- The Deputy Commander and the Deputy for Programs and Technical Management

Accident Avoidance Course (AAC) Mandatory Training

Accident Avoidance Course (AAC) – mandatory training to be taken every 4 years via the INTRANET link below:

https://hnc-ws-intra.hnc.ds.usace.army.mil/SAFETY/AAC/

Instructions (provided by ACE-IT on 21 Jun 11) to access the training via the INTRANET link above: After you access the link above, you will see a note that "There is a problem with this website's security certificate". Arrow down and click on "Continue to this website (not recommended)" and then choose your email certificate and select ok..... This will open the AAC training session.

- This course is designed for Army civilian personnel and satisfies the HNC Commander's Safety Management Action Plan requirement. As part of the Commander's SMAP, Soldiers and Army civilians shall successfully complete the Vehicle Accident Avoidance Course (formerly Defensive Driving) every four years.

- REQUIREMENT: All personnel who operate motor vehicles on-duty to conduct official government business, e.g., TDY, must take the Accident Avoidance Course (AAC). This includes the use of government auto, rental vehicle, and POV. The training is required every four years and the supervisor must ensure the training is completed before approving travel orders where a rental vehicle or POV is authorized; this also includes a government vehicle, e.g., GSA, used for any purpose.

- After course completion, print a copy of your certificate and give it to the admin POC in your Directorate/Separate Office to mark your Individual Development Plan (IDP) completed for this training. If you have any questions, please see your Supervisor.

Composite Risk Management (CRM Civilian Basic Course) Mandatory Training

- This course is designed for Army civilian personnel and satisfies the HNC Commander's Safety Management Action Plan requirement. As part of the Commander's SMAP everyone is required to complete the Composite Risk Management Course at the intranet link below:
  https://hnc-ws-intra.hnc.ds.usace.army.mil/SAFETY/CRM_Civ

  Instructions (provided by ACE-IT on 21 Jun 11) to access the training via the INTRANET link above: After you access the link above, you will see a note that "There is a problem with this website's security certificate". Arrow down and click on "Continue to this website (not recommended)" and then choose your email certificate and select ok….. This will open the CRM training session.

- There is one "glitch" you should know. At the end of the intranet training, you are asked to log on to the Combat Readiness University website to print a certificate. You DO NOT need to do this since your training will be tracked via your "a0" number.

- After course completion, please notify the admin POC in your Directorate/Separate Office to mark your Individual Development Plan (IDP) completed for this training. If you have any questions, please see your Supervisor.

- For additional information, review the CEHNC SMAP for FY11 at the following link:
  https://hnc-ws-intra.hnd.usace.army.mil/SAFETY/HNCSMAP.asp

- If you have any questions, please see your supervisor.

Position Hazard Analysis (PHA)

Definition:

Position hazard analysis (PHA): A documented process by which the duties (or tasks) of an employee's job position are outlined, the actual or potential hazards of each duty are identified, and measures for the elimination or control of those hazards are developed.

Requirement:

All HNC positions will have a PHA developed to analyze job/task hazards and identify controls to mitigate or eliminate these hazards in a continuing effort to reduce workplace injuries or illnesses. A PHA shall be prepared, updated as necessary, and documented by the supervisor of each HNC position as warranted by the hazards associated with the position's tasks.

Position Hazard Analysis (PHA) – Cont'd

Responsibility:

Supervisors are responsible for developing a PHA for each position or task performed by employees under their supervision. The PHA will identify hazards associated with a position/task, followed by the necessary controls to mitigate or eliminate the hazards identified.

Supervisors will review the contents of PHAs with employees upon initial assignment to a position, repeating at least annually or whenever there is a significant change in hazards. The annual PHA review/update will be performed at the start of the employee's rating period.

Supervisors, as a part of HNC New Employee In-processing Procedure, will discuss the PHA with new hires and provide a copy for the employees' use. NOTE: The HNC In-Processing Procedure dated 1 October 2004, now includes a supervisor action to discuss/provide the PHA to the new hire.

Position Hazard Analysis (PHA) – Cont'd

Location of Example PHA, Instructions, and Blank Fillable ENG Form 6017-R:

INTRANET link:
https://hnc-ws-intra.hnc.ds.usace.army.mil/PHA/index.asp

PRIMARY CAUSES OF OFFICE WORKER INJURIES

Slips/trips/falls

Materials handling

Equipment use

Collisions with furniture

Injuries from hand tools such as scissors, staplers and paper cutters

Vehicle accidents

STAIRS
SAFETY TIPS

- Don’t load your arms so full of materials that you can’t see.
- Keep one hand on the handrail.
- Don’t congregate on stairs or landings.
- Take one step at a time.

TRAVEL SAFETY TIPS

- Ensure vehicle equipment is in proper working order

- Use Seat Belts!!! It's the law!

- Drive with car lights on, especially when it's dark and during inclement weather, e.g., raining or snowing. It is the law in Alabama.

- Obey the Speed Limit! (HNC Parking Lot Speed Limit - 10 MPH)

STORAGE SAFETY TIPS

- Keep office areas clean. (Areas are not cleaned by the contract cleaning service.)
- Do not block passageways.
- Do not overload bookshelves.
- Keep stacking and storage areas safe.

OFFICE MACHINES

- Learn how to operate office machines safely before you use them.
- Keep hands and fingers clear of paper inlet at the paper shredder.
- Switch the machine off before trying to clear a blockage.
- If you notice a tingling sensation when touching a machine,
  UNPLUG IT IMMEDIATELY AND REPORT IT!
  Post a sign on the machine indicating to others that it is out of order.

ELECTRICAL SAFEGUARDING

CABLES!!!!!!

- Loose cables & extension cords can cause:
  - A tripping hazard
  - Electrocution
  - People can hook on cables and pull expensive equipment from tables

- They are untidy

- Cable and extension cords should not span walkways without being secured in an encapsulated device.

ERGONOMIC ISSUES

- Use proper posture when using the computer.
- Ergonomic aids: mouse pad, keyboard and keyboard pad, chair, footrest, etc.
- Good lower back support.
- If your desk is too high, compensate by raising the seat height of your chair.
- Prevent tennis elbow and carpal tunnel syndrome.
- If you need an ergonomic assessment/evaluation of your workstation, ask your Supervisor to contact the Safety Office to request one for your.

KITCHENETTE CONCERNS

- To prevent sickness/illness from mold and fungus in and around the refrigerator and microwave:

  - Defrost refrigerators every 3-6 months.
  - Clean the microwave.

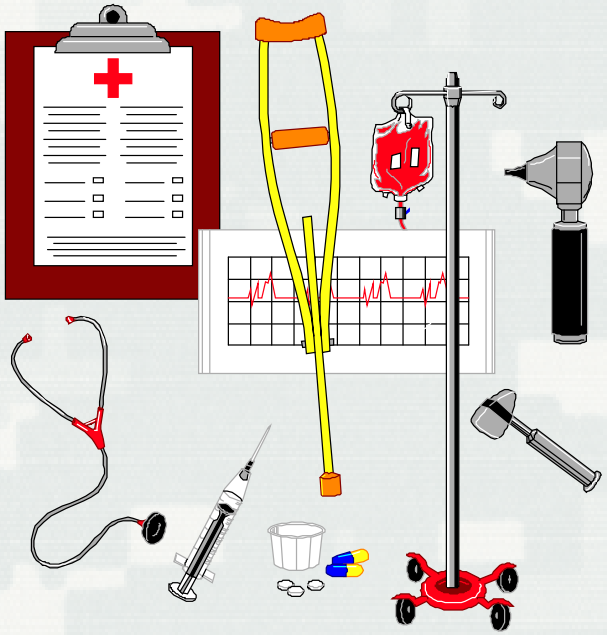
- Employees are responsible for keeping refrigerators, coffee pots, and microwaves clean in kitchenettes since areas are not cleaned by the contract cleaning service.

- Turn off coffee pots at the end of the day.

- Clean up spillages quickly.

ACCIDENT REPORTING

- REPORT ALL INJURIES ON DUTY TO YOUR SUPERVISOR ON THE SAME DAY, THEN REPORT IT TO THE SAFETY OFFICE.



ACCIDENT REPORTING Cont'd

- In Case of Injury, notify Supervisor immediately, then notify the Safety Office.
- Seek Medical Attention (if necessary). For minor injury/illness, seek medical attention at Fox Army Health Center located at 4100 Goss Rd, Redstone Arsenal, AL, 256-955-8888, ext. 1440.
- Complete DA Form 285-AB-R (AGAR) for Government Employees (Initiated by supervisor).
- Print forms w/instructions from the following website:

http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

- Submit completed Accident Report (DA Form 285-AB) to the Safety Office within 5 days (use template at link above).
- If injury or illness requires medical treatment or loss of work time, contact Mr. Thomas Tucker at 256-842-8850.

Accident Reporting Cont'd

All occurrences that cause injury, illness, or property damage of any kind must be reported to the Safety Office.

It is the responsibility of each employee to report to their supervisor any injury, occupational illness, or property damage.

It is the responsibility of management and supervisors to notify the Huntsville Center (HNC) Safety Office of all property damage, injuries, and illnesses.

The supervisor of a government civilian employee who experiences an accident is responsible for investigating the accident and completing the U.S. Army Abbreviated Ground Accident Report (AGAR), (DA Form 285-AB, Feb 2009).

At the conclusion of an accident investigation, the supervisor must submit a properly completed Accident Investigation DA Form 285-AB, Feb 2009, to the Safety Office for review and processing within 5 working days following the accident. The fillable form (template) and instructions can be found at the Safety Office homepage listed below:
http://www.hnd.usace.army.mil/safety/Safety_Pol_Reg_Docs.aspx

Contact the Safety Office for assistance in reporting or investigating accidents.

Accident Reporting (cont'd)

Initial Treatment of an Injury Policy. Employees are permitted to select a physician for treatment of an injury; however, AMCOM, who provides Workers' Compensation services to the USAESCH, has a "clinic first" policy. Therefore, this "clinic first" policy also applies to HNC employees. This means that, in non-emergency situations, the supervisor should accompany the injured employee to the Occupational Medicine (OM) Clinic at Fox Army Health Center for initial evaluation and treatment. The telephone number for the OM Clinic is 256-955-8888, ext. 1440. In the event the OM Clinic is closed, the Fox Army Health Center (FAHC) may be utilized for the initial evaluation and treatment of an on-the-job injury.

FIRST AID ATTENDANT PROGRAM

• The list of First Aid Attendants are located in the hallways adjacent the AED's between the Restrooms on each floor, Kitchenettes, Elevators, Cafeteria, Command Conference Room, Stairwells, Wellness Center, and in the Occupant Emergency Plan (OEP). The guards also have a list of the attendants.

• You will need to review the list periodically to make sure you know where the First Aid Attendants are located.

• If you are a First Aid Attendant, make sure the First Aid Box is well stocked. For First Aid Supplies, contact the Safety Office.

• First Aid Attendants are trained annually by the American Red Cross in Basic First Aid, CPR (Cardiopulmonary Resuscitation), AED (Automated External Defibrillators), and PDT (Prevention of Disease Transmission).

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM

- What is an AED: This acronym stands for automated external defibrillation or automated external defibrillator. They are lifesaving (medical) devices. This device allows someone to give a potentially lifesaving electrical shock to a victim's heart during cardiac arrest. It basically shocks a heart that is in an abnormal rhythm so that the heart's electrical system can "reset."

- AED's are located on all three floors between the restrooms.

- Authorized users only (First Aid Attendants are the <u>only</u> personnel who can operate these medical devices.)

Monthly Blood Drives

If you would like to give the "gift of life“ (and you are eligible), you can donate blood every 56 days or in our case - every other month because we schedule our blood drive so you can participate every other month. The majority of the drives are held on Friday and it only takes about 30 minutes total time to donate, so please take the few minutes to support this Command Sponsored Activity. Some employees are not eligible because they were in Europe in the mid to late 80s (mad cow disease scare).

If you wish to take part in this program, you can donate blood the morning of the drive and take 4 hours of administrative time off in the afternoon to relax and recoup. After you have given, you will receive a slip from the Red Cross nurse for you to provide to your timekeeper for the administrative time-off. This excused absence is covered in CEHNCR 690-1-5, Appendix J. If you would like to donate, please let your supervisor know and report to the Red Cross Volunteer (in the Cafeteria) the morning of the Blood Drive for a time.

What You Should Know Before Giving Blood: To prevent potential problems when donating blood, the Red Cross recommends that you eat and drink something prior to donating. Don't skip meals before or after you give blood. To review “Tips for Donating Blood", go to or click on the following links: http://www.givelife2.org/donor/tips.asp

On Monday of each week during the blood drive, the Safety Office will provide an e-mail notification to let folks know when the blood drive is scheduled and how to pre-register. The dates for the blood drives are posted on the Safety Office bulletin boards (on each floor) located adjacent the rest rooms.

EVACUATION PROCEDURES FOR FIRE, CHEMICAL/BIOLOGICAL, TORNADO & BOMB

- Personnel in the area must evacuate and assemble at gathering points. Review your Occupant Emergency Plan (OEP).

- If you need a hard copy of the OEP, contact the Security Office at 5-1443, 5-1496, or you may print a copy from the following intranet website: https://hnc-ws-intra.hnd.usace.army.mil/
  (NOTE: access the link above, then arrow down and click on Occupant Emergency Plan (OEP))

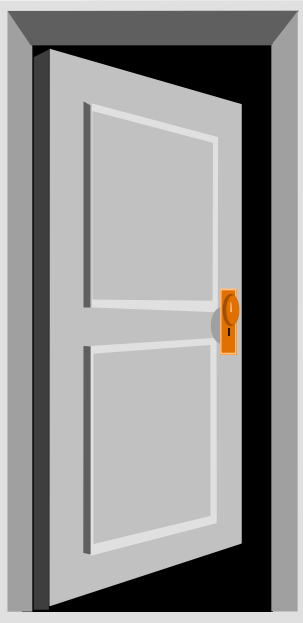
- Reminder: The OEP is For Official Use Only!

- Floor Monitors must assist and check to see if employees "swipe" their badges when the "all clear" is given to return to your office. NOTE: Employees must "swipe" their badges to enter the building.

KEEP YOUR HEAD!

DO NOT PANIC!

PREVENT CHAOS!



Do not run, but walk as rapidly as possible to the nearest exit.

Fire Evacuation (Chemical/Biological Threat)

Fire Evacuation (Chemical/Biological Threat) – performed during a real event or a drill.

- Alarm will sound.
- Use all exits <u>except elevators.</u>
- Move away from the building to the designated area (see Occupant Emergency Plan - OEP). A hard copy of the plan is located in the Security Office.
- Watch for emergency vehicles.
- If you have any questions, see your supervisor.

Tornado Announcement/Evacuation

- During periods when severe weather is imminent, the Safety Office will monitor the weather conditions (via weather radio and other media) and will make announcements with actions for you to take to ensure your personal safety.

- A tornado watch will be provided via e-mail.

- A tornado warning will be announced over the Public Address (PA) System.

- For a tornado warning, all employees will need to report to your designated area:

(1st and 3rd floors please move to your designated areas on the 1st floor; 2nd floor please remain on the 2nd floor and move to your designated areas.) Please remain in your designated area until an all clear is given over the public address system.

- For additional information, review the Occupant Emergency Plan - OEP). A hard copy of the plan is located in the Security Office.

- If you have any additional questions, please see your supervisor.

Bomb Evacuation

- Announced over the Public Address (PA) System.
- Evacuate to designated area (A,B,C,D,E,) using closest exit (locations for A,B,C,D,E are included in the OEP).
- At evacuation area, check in with supervisor for accountability purposes.
- If you have any questions, see your supervisor.

Who is responsible for your safety?

YOU!!!

SAFETY OFFICE REPRESENTATIVES:

VICTOR TAYLOR (Safety Manager) 5-1583
MARY HEAD (Secretary) 5-1242
KELLIE WILLIAMS (Industrial Hygienist) 5-1584
GARY HETTLER (Safety Engineer) 5-1772
WILLIAM EGGLESTON (DA Intern, Safety Engineer) 5-1378
CHARLES (BUNKY) ROLLINS (Safety Specialist) 5-1735
DONNIE BUTLER (Safety Specialist) 5-2562
WANDA GRIFFIN (Safety Technician) 5-1225

(Training Aid for Supervisors to Discuss w/Employees)
If you have any questions, discuss with your Supervisor.

SUICIDE PREVENTION TRAINING 2011

Shoulder to Shoulder Finding Strength and Hope Together

SUICIDE PREVENTION TRAINING / ASSISTANCE
(Training Aid for Supervisors to Discuss w/Employees)

Below is an excerpt from the Proclamation by the SA CSA and SMA and ALARACT 319/2011:

Our Army Family continues to feel the stresses and strains of almost a decade of continuous operations abroad and at home. Regrettably, we have seen this stress lead some of our Soldiers, Family members and Civilians to take their own lives. This has profound effects on Families, friends, communities and units. Every member of the Army Family plays a vital role in the success of our missions and the unity of our organizations, and we cannot afford to lose even one person to something as preventable as suicide.

The reasons that people take their own life are very complex. We have found that effective suicide prevention and intervention activities require a continuum of services and must build individual, family, unit and community strength.

Members of the Army Family, we urge you to work together to prevent suicide and to raise your awareness of available tools and resources. Adopt effective coping skills and turn to trusted friends and family in times of need. Help yourself by joining a support group or help someone else by volunteering. Confide in your clergy or a counselor. Maintain healthy lifestyles – get sufficient sleep, practice relaxation techniques, identify your stressors and manage them. Work with your Unit's Trainers or Employee Assistance Program (EAP) trainers who can help build these skills and help instill resilience across the Army Family.

SUICIDE PREVENTION TRAINING / ASSISTANCE

Shoulder to Shoulder

FINDING
STRENGTH and HOPE
TOGETHER

Prevent Suicide:

Ask ★ Ask if the individual is thinking of suicide and if he or she has a plan.

Care ★ Care enough to listen and to take action, which may mean removing the means.

Escort ★ Escort the person to get help.

SUICIDE PREVENTION TRAINING / ASSISTANCE

Stigma – IAW DA PAM 600-24

"One of the greatest barriers to preventing suicides is a culture that shames individuals into believing it is not safe to seek help. Stigma can render suicide prevention efforts ineffective unless elements are incorporated into the program to counter these destructive attitudes."

"Individuals may not seek help because they believe that their problems or behavioral health issues should remain a secret. Reasons for this may include shame and embarrassment, fear that their careers are affected, concern that personal issues are exposed, belief that seeking help is a sign of weakness, and a feeling of helplessness and hopelessness."

Army leadership has been seeking ways to reduce the stigma that has been associated with seeking behavioral health care.

We must all continue to work on reducing the stigma associated with getting help so that everyone feels comfortable asking for help. Seeking help is not a sign of weakness. It takes courage and, in fact, is a sign of strength.

SUICIDE PREVENTION TRAINING / ASSISTANCE

Resilience

Resilience is critical to coping with life stresses and ultimately, preventing suicides from occurring. One way of viewing suicide is that it represents the complete failure of resilience. As we learn to understand the types of stressors we experience in the Army and learn ways to cope with those stressors by increasing our resilience, we can reduce the number of suicides.

Resilience is the ability to recover and adapt in spite of adversity, trauma, illness, changes, or misfortunes. Resilience means “bouncing back” from difficult situations. Individual resilience is a combination of factors including having a sense of belonging in the unit, having inner strength to face adversity and fears, connecting with buddies, maintaining caring and supportive relationships within and outside the Family, maintaining a positive view of self, having confidence in strengths and abilities to function as a person, and managing strong feelings and impulses. The following are some adaptive behaviors, thoughts, and actions that can mitigate the negative effects of trauma, adversity, and emotional stress:

SUICIDE PREVENTION TRAINING / ASSISTANCE

Resilience (cont'd)

- Confide in a friend or mentor, particularly in the face of stress
- Try to create and promote good relationships with Family and close friends
- Participate in unit activities
- Join social support groups, faith-based organizations, or self-help groups
- Attend life skills training (Army Community Service offers classes to address anger management, parenting, couples issues, finances, and other needs)
- Recognize and accept that everyone has fears and learn to face fears
- Learn to manage your emotions and avoid impulsive behavior
- Maintain realistic optimism and believe in your ability to survive and function as a good individual
- Recognize that no one has the resources to manage all personal problems alone, and that asking for help is a sign of strength
- Take care of your physical health

SUICIDE PREVENTION TRAINING / ASSISTANCE

Warning Signs & Risk Factors

It is not just the combat troops who are experiencing the stress of a long war on two fronts. Resources and personnel are stretched across the Army, in the Active, Reserve, and Guard components, among DA Civilians, and the Army Family as a whole.

A common misperception is that most suicides are directly caused by the stress of combat or deployment. It's not that simple. The total Active Duty Suicides for calendar years 2001-2010 was 1,026. Of those suicides, 419 Soldiers (41%) were never deployed, 227 Soldiers (22%) died during deployment, and 380 Soldiers (37%) died post deployment. Even in cases where combat stress was a factor, it was not the ONLY factor.

Risk factors are personal factors or life events that increase stress for people especially when multiple risk factors are involved. People experiencing these events may need increased support or counseling to deal with them. For a few people these increased stresses may lead to depression and the potential for suicide.

SUICIDE PREVENTION TRAINING / ASSISTANCE

Warning Signs & Risk Factors

Everyone deals with life events that can cause stress. This includes Soldiers, DA Civilians, and Family members. Each area of Army life can be viewed as a strand. Thus, there are three strands—unit, Soldier, and Family. Life events that become stressful can occur in any or all of these strands or in multiple areas of life at the same time.

--The same type of event may be perceived differently by different people and be more stressful for one than another. Or a person who has coped well with an event in the past may not be able to cope as well if the event occurs again. Multiple events occurring at the same time can become stressful out of proportion to each individual event. When a life event becomes stressful to a person, that life event becomes a risk factor. Examples of risk factors include the following:

- Family reintegration and changes in roles after deployment
- Financial problems (debt, uncontrolled spending, etc.)
- Work or unit or mission challenges
- Other types of work stress like changing jobs or changes of leadership
- Balancing the demands of work and home life
- Legal issues
- Family issues, such as pressures as care-givers, dealing with a spouse who is deployed, or reintegrating after deployment
- Relationship issues (pregnancy, divorce, infidelity, etc.)

SUICIDE PREVENTION TRAINING / ASSISTANCE
Warning Signs of Potential for Suicide

Suicides can be prevented. Although some suicides occur without any obvious warning, most individuals who are suicidal do give warning signs, including:

- Noticeable changes in eating/sleeping habits and personal hygiene
- Talking or hinting about suicide, expressing a strong wish to die or a desire to kill someone else
- Obsession with death (e.g., in music, poetry, artwork, letters)
- Change in mood (e.g., depression, irritability, rage, anger)
- Increased alcohol and/or drug use or abuse
- Isolation and withdrawal from social situations
- Giving away possessions
- Expressing feelings of sadness, hopelessness, anxiety
- Making a will or otherwise finalizing personal affairs
- Sudden or impulsive purchase of a firearm or obtaining other means of killing oneself such as poisons, medications

Leaders play an important role in ensuring that individuals' crises are mitigated. Behavioral health providers may provide treatment to reduce ideation and behavior, but it is the leaders who work daily with Soldiers, DA Civilians, and Army Family members who are in the best position to help resolve situational issues and help people develop strategies to prevent future crises. Leaders must be careful not to presume that a threat has passed because outward signs improve.

SUICIDE PREVENTION TRAINING / ASSISTANCE

Warning Signs

When an individual presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the individual.

- Talk of suicide or killing someone else
- Giving away property or disregard for what happens to one's property
- Withdrawal from friends and activities
- Problems with girlfriend (boyfriend) or spouse
- Acting bizarre or unusual (based on your knowledge of the person)
- In trouble for misconduct
- Experiencing financial problems
- Soldiers who have lost their job at home

SUICIDE PREVENTION TRAINING / ASSISTANCE

Warning Signs

Warning Signs: (Cont'd)

When an individual presents with any of these concerns, the individual should be seen immediately by a helping provider.

- Talking or hinting about suicide
- Formulating a plan to include acquiring the means to kill oneself
- Having a desire to die
- Obsession with death (music, poetry, artwork)
- Themes of death in letters and notes
- Finalizing personal affairs
- Giving away personal possessions

SUICIDE PREVENTION TRAINING / ASSISTANCE
Risk Factors

Risk factors are those things that increase the probability that difficulties could result in serious adverse behavioral or physical health. The risk factors only raise the risk of an individual being suicidal it does not mean they are suicidal.

The risk factors are often associated with suicidal behavior include:

- Relationship problems (loss of girlfriend/boyfriend, divorce, etc.).
- History of previous suicide attempts.
- Substance abuse.
- History of depression or other mental illness.
- Family history of suicide or violence.
- Work related problems.
- Transitions (retirement, PCS, discharge, etc.).
- A serious medical problem.
- Significant loss (death of loved one, loss due to natural disasters, etc.).
- Current/pending disciplinary or legal action.
- Setbacks (academic, career, or personal).
- Severe, prolonged, and/or perceived unmanageable stress.
- A sense of powerlessness, helplessness, and/or hopelessness.

SUICIDE PREVENTION TRAINING / ASSISTANCE
Factors That May Increase the Risk of Suicide

Many stress factors can increase the risk of suicide. They include:

- Failed intimate relationship or relationship strain
- Previous suicide attempts
- Family history of suicide, suicide attempts, or depression
- History of depression or other psychological illness
- Significant loss (death of loved one, loss due to natural disasters, etc.)
- Poor social skills, difficulty interacting with others
- Drug or alcohol abuse
- Violence in the home or social environment
- Access to means of suicide (particularly handguns in the home)
- Disciplinary or legal actions (Article 15, UCMJ)
- Serious medical problems or physical illness
- Work-related problems
- Excessive debt and other financial problems
- Severe, prolonged, and/or perceived unmanageable stress

SUICIDE PREVENTION TRAINING / ASSISTANCE
Factors That May Increase the Risk of Suicide (cont'd)

The above factors can be complicated by intense feelings or emotions. Some individuals consider drastic measures to stop these feelings. Strategies to lower the risk of suicide should address risk factors as well as the intense reactions, which may include:

- Loneliness, a feeling of being alienated. Loneliness can also stem from a feeling of being disconnected from a higher power. Connections with other people and with a higher power can reduce stress and disappointment.
- Worthlessness, a feeling of not being valued.
- Hopelessness, a feeling that the future holds no escape from negative circumstances. Awareness of resources can alleviate hopelessness.
- Helplessness, a feeling of having no control over a situation.
- Shame, which may follow a negative legal or judicial action.

SUICIDE PREVENTION TRAINING / ASSISTANCE

Where to get Help

In a crisis—when someone has already attempted suicide or has a plan and the means to make an attempt— getting immediate help is critical. The Army has developed the easy-to-remember ACE method so you will know what to do in a crisis.

ACE stands for Ask, Care, Escort. Ask if the individual is thinking of suicide and if he or she has a plan. Care enough to listen and to take action, which may mean removing the means. Escort the person to get help.

There are resources available for every Soldier, DA Civilian, and Family Member. It is your responsibility to know what is available for emergency help and for non-emergency counseling and information. Use the Resource List and program important numbers into your cell phone so you always have them with you. Be sure to include the number for the National Suicide Prevention Lifeline which is listed below. Review the following slides for additional assistance.

Local Emergency Service: 9-911
Your Supervisor:
National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
(Free & confidential hotline is staffed 24/7 by trained counselors.)

SUICIDE PREVENTION TRAINING / ASSISTANCE

Where to get Help

CONUS Emergencies (Stay with the person and call one of the following)

Local Emergency Service: 9-911

Military Police (if on installation):

Your Supervisor:

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
(Free & confidential hotline is staffed 24/7 by trained counselors.)

SUICIDE PREVENTION TRAINING / ASSISTANCE

Where to get Help

OCONUS Emergencies (Stay with the person and call one of the following)

Local Emergency Service:

Military Police (if on installation):

Your Supervisor:

National Suicide Prevention Lifeline: International Access Code +800-273-TALK (8255)
(Free & confidential hotline is staffed 24/7 by trained counselors.)

SUICIDE PREVENTION TRAINING / ASSISTANCE

Where to get Help

In-Theater Emergencies (Stay with the person and call one of the following)

Medics:

Military Policy:

Your Chain of Command/Supervisor:

National Suicide Prevention Lifeline: International Access Code (94)+800-273-TALK(8255)
(Free and confidential hotline is staffed 24/7 by trained counselors.)

SUICIDE PREVENTION TRAINING / ASSISTANCE

Army Programs -- The Army has a number of programs intended to help develop coping skills, strength, and hope in the Army Family, including:

- Comprehensive Soldier Fitness: http://csf.army.mil/resilience/index.html
- Strong Bonds: http://www.strongbonds.org/skins/strongbonds/home.aspx
- Army Family Team Building: http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/ArmyFamilyTeamBuilding/default.aspx
- Building the Resilience of Your Military Family: http://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Material.aspx?MaterialTypeID=9&MaterialID=16568
- Virtual and real-world Family Readiness Groups: **http://www.armyfrg.org/**
- The Yellow Ribbon Reintegration Program (National Guard and Reserve): http://www.yellowribbon.mil/
- Army Strong Community Centers (Reserve): http://www.arfp.org/skins/ARFP/display.aspx?action=display_page&mode=User&ModuleID=8cde2e88-3052-448c-893d-d0b4b14b31c4&ObjectID=3747cb51-15bc- 49c4-91f1-92e9d298f6ba
- Army Reserve Family Programs: (866) 345-8248
- Army Reserve Child and Youth Services: https://www.arfp.org/skins/cys/cys_home.aspx

SUICIDE PREVENTION TRAINING / ASSISTANCE

Non-Emergency Resource List for Counseling

Soldiers, their Families, and Department of Army civilians can access counseling and substance abuse programs through these primary points of contact:

• Chaplains maintain absolute confidentiality for all Soldiers and Family members regardless of rank or position.

• Military & Family Life Consultants (MFLCs) provide anonymous, fully confidential, short-term, non-medical counseling to all Army Component members and their Families.

• Military OneSource: 1-800-342-9647 or www.militaryonesource.com For Soldiers, provides up to 12 free counseling sessions per issue, per counselor. Counseling is treated confidentially regardless of rank with exceptions for the duty to report family maltreatment, threats of harm to self or others, substance abuse, and illegal activities. DoD civilians deployed to Iraq or Afghanistan and their immediate family members are also eligible for counseling during deployment and for 180 days upon return. Eligibility criteria sometimes change, call MOS at 1-800-342-9647 or see www.militaryonesource.com then “counseling” then “eligibility chart.”

• Defense Centers of Excellence: 1-866-966-1020 or www.dcoe.health.mil/default.aspx Available 24/7 and staffed by consultants who can serve as an authoritative source of information on psychological health and traumatic brain injury.

• Real Warriors Live Chat: http://www.realwarriors.net/livechat

• Medical or Behavioral Health Professionals)

SUICIDE PREVENTION TRAINING / ASSISTANCE

Non-Emergency Website Resource List

- Deputy Chief of staff, G-1, Suicide Prevention Website: **www.preventsuicide.army.mil**
- Army Behavioral Health: **http://www.behavioralhealth.army.mil/sprevention/index.html**
- U.S. Army Public Health Command (Provisional): **http://phc.amedd.army.mil**
- U.S. Army Chaplains: **www.chapnet.army.mil**
- American Association for Suicidology: **www.suicidology.org**
- AKO Suicide Prevention resources**:**
  https://www.us.army.mil/suite/page/334798/army national guard
- Military OneSource: **www.militaryonesource.com**
- National Institute of Mental Health:
  www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml
- National Strategy for Suicide Prevention: **http://mentalhealth.samhsa.gov/SuicidePrevention/**
- Suicide Awareness Voices of Education: **www.save.org**
- Suicide Prevention Lifeline: **www.suicidepreventionlifeline.org**
- Suicide Prevention Action Network: **www.spanusa.org**
- National Resource Database: **www.nationalresourcedirectory.org**
- Health Care—Veterans Health Administration: **www.va.gov/health/**
- Army Reserve Warrior Family Assistance Center: **www.arfp.org**

SUICIDE PREVENTION TRAINING / ASSISTANCE

EMPLOYEE ASSISTANCE PROGRAM (EAP)

3204 Little John Road
Redstone Arsenal, Alabama
256-842-9897

- The Employee Assistance Program (EAP) is provided under AR 600-85 and provides short-term problem resolution for a variety of personal problems. The army's professional in dealing with these problems is the Certified Employee Assistance Professional.
- Both union and management show positive attitudes toward programs that have the potential for enhancing employee well-being and organizational performance. Management has a responsibility to provide a healthy and safe workplace for all employees and to ensure the best product or service achievable. In addition management has the responsibility to protect the organization against losses caused by alcohol, drug abuse, and other personal problems.
- Since problems faced by family members may be devastating and affect job performance family members are also served by the Employee Assistance Program. This program is primarily administrative in nature, providing screening, referral and short-term counseling for problem resolution and restoration of the employee to a healthy and productive state.
- The Employee Assistance Program is an invaluable tool for the supervisor dealing with an unproductive or marginally productive troubled employee or for the troubled employee seeking to enhance their quality of life.

SUICIDE PREVENTION
TRAINING / ASSISTANCE (continued)

SOME ISSUES ADDRESSED BY YOUR EAP

Workplace conflict
Anxiety
Relationship conflict
Stress
Parent/child relationships

Workplace stress
Grief
Family
Suicide
Depression

Workplace violence
Alcohol & Drug
(self and family member)
Domestic violence
Anger management

CONFIDENTIALITY

The person seeking help must feel secure that the effort will not jeopardize his, her or their spouse's job.
ANY disclosure concerning a client requires the written consent of the client.
Confidentiality is provided for by the Privacy Act of 1974, CFR42, and AR 600-85.

ELIGIBILITY

* U. S. Department of Defense civilian employees
* Retired Military Personnel
•Family members of eligible civilian, retired and active duty personnel

•There is ***NO CHARGE*** for any service through the Employee Assistance Program.

- **POCs:**
- Richard Lewis, Certified Employee Assistance Professional 256-842-9897
  richard.lewis22@us.army.mil
- Ruby Turner, Alcohol and Drug Control Officer (also conducts training) 256-842-9895
  ruby.j.turner@us.army.mil

SUICIDE PREVENTION TRAINING / ASSISTANCE (cont'd)

- **LOCATION:**
- 3204 Little John Road; Redstone Arsenal, AL;

Driving Directions

- **Patton Road** to Hercules Road
- Hercules Road to Mauler Road (4 way stop)
- Right on Mauler to Little John Road
- Left on Little John Road
- Right into parking lot

- **Goss Road** to Vincent Drive
- Vincent Drive to left on Redeye Road
- Redeye Road to right on Snooper Road
- Snooper Road, left on Little John and proceed down Little John to 2nd entrance into parking lot on left

SUICIDE PREVENTION TRAINING / ASSISTANCE

- Suicide is preventable.
- The National Suicide Prevention Lifeline is 1-800-273-TALK (8255).
- The Telephone counseling helpline for Alabama is 256-716-1000.
- If you need information on community resources and human service organizations, please call 211.