

UNCLASSIFIED//

Subject: CENTCOM FRAGO 09-1656 CONCUSSION / MTBI MANAGEMENT AND TRACKING  
 Originator: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ  
 USCENTCOM MACDILL AFB FL/OU=USCENTCOM JOC(MC)  
 DTG: 132238Z Jul 10 Precedence: ROUTINE DAC: General

To: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=AFGHANISTAN/OU=USFOR-A(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=USF IRAQ/OU=USF-I J3(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AF/OU=ORGANIZATIONS/L=AL UDEID AB QA/OU=AUAB AFFOR CC(SC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=KUWAIT/OU=USARCENT G3(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=ORGANIZATIONS/L=CONUS/L=FORT MCPHERSON  
 GA/OU=USATHIRD/OU=3A CRISIS ACTION TEAM/OU=ARCENT WATCHOFFICER(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=COMUSMARCENT  
 MACDILL AFB FL/OU=COMUSMARCENT(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ SOCCENT MACDILL  
 AFB FL/OU=SOCCENT J3(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=CE-CS/OU=COMFIFTHFLT  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ SOCCENT MACDILL  
 AFB FL/OU=CDR SOCCENT(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=COMUSMARCENT  
 MACDILL AFB FL/OU=COMUSMARCENT G3(MC)

Cc: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM  
 MACDILL AFB FL/OU=USCENTCOM SURGEON(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=JCS/OU=ORGANIZATIONS/L=WASHINGTON DC/OU=JOINT STAFF  
 (SC)/OU=JOINT STAFF J4(SC)/OU=JOINT STAFF J4 H5SD(SC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=COMUSMARCENT  
 MACDILL AFB FL/OU=COMUSMARCENT G4(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM  
 MACDILL AFB FL/OU=USCENTCOM JOC(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=ORGANIZATIONS/L=CONUS/L=WASHINGTON DC/OU=DA  
 ARMY STAFF(SC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=D/OU=DA WASHINGTON DC  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM  
 MACDILL AFB FL/OU=USCENTCOM CCJ3(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM  
 MACDILL AFB FL/OU=USCENTCOM CCJ3(MC)/OU=USCENTCOM CCJ3-O(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM  
 MACDILL AFB FL/OU=USCENTCOM CCJ4(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=AFGHANISTAN/OU=CJTF-101(MC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=III CORPS/OU=III CORPS G4(SC)  
 /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=SOCOM/OU=ORGANIZATIONS/L=HQ USSOCOM MACDILL AFB  
 FL/OU=USSOCOM COMMAND CENTER(MC)

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OPER/ENDURING AND IRAQI FREEDOM//

MSGID/ORDER/USCENTCOM//

REF/A/DOC/USCENTCOM/27FEB03//

AMPN/(U) OPLAN 1003V.//

REF/B/MSG/USCENTCOM FWD/131720ZMAR03//

AMPN/(U) CFC OPORD 09.//

REF/C/MSG/USCENTCOM/282044ZMAY02//

AMPN/(U) CFC OPORD 07.//

REF/D/DOC/DOD/21JUN10//

AMPN/(U) DIRECTIVE TYPE MEMORANDUM (DTM) 09-033, "POLICY GUIDANCE FOR MANAGEMENT OF CONCUSSION/MILD TRAUMATIC BRAIN INJURY IN THE DEPLOYED SETTING".//

REF/E/DOC/USA/26JUN10//

AMPN/(U) ALARACT 193/2010 - HQDA EXORD 253-10, MANAGEMENT OF CONCUSSION / MILD TRAUMATIC BRAIN INJURY (MTBI) IN THE DEPLOYED SETTING.//

REF/F/DOC/USCENTCOM/21NOV08//

AMPN/(U) JOINT THEATER TRAUMA SYSTEM CLINICAL PRACTICE GUIDELINE: MANAGEMENT OF MILD TRAUMATIC BRAIN INJURY (MTBI) / CONCUSSION IN THE DEPLOYED SETTING.//

ORDTYPE/FRAGORD/USCENTCOM/JOC/JUL//

TIMEZONE/Z//

NARR/(U) THIS IS CENTCOM FRAGO 09-1656 CONCUSSION / MTBI MANAGEMENT AND TRACKING. THIS FRAGO DEFINES NEW TRACKING, REPORTING, REST AND EVALUATION REQUIREMENTS FOR PERSONNEL EXPOSED TO CONCUSSION AND OR MTBI EVENTS.//

GENTEXT/SITUATION/

1. (U) SITUATION. THE OFFICE OF THE SECRETARY OF DEFENSE HAS MANDATED THE IMPLEMENTATION OF STANDARD LEADER AND MEDICAL MANAGEMENT OF DEPLOYED SERVICE MEMBERS EXPOSED TO POTENTIALLY CONCUSSIVE (INCLUDING BLAST) EVENTS. THIS POLICY: PROTECTS SERVICE MEMBERS EXPOSED TO POTENTIALLY CONCUSSIVE EVENTS TO THE MAXIMUM POSSIBLE EXTENT; DIRECTS LEADER SCREENING AND REPORTING OF INDIVIDUALS INVOLVED IN DEFINED POTENTIALLY CONCUSSIVE EVENTS; MANDATES MEDICAL EVALUATION AND TREATMENT OF INDIVIDUALS INVOLVED IN SUCH EVENTS; AND DEFINES COMMAND-DIRECTED REST PERIODS FOR THOSE WHO ARE INVOLVED IN SUCH EVENTS AND/OR DIAGNOSED WITH MTBI/CONCUSSION.//

GENTEXT/MISSION/

2. (U) MISSION. NO CHANGES.//

GENTEXT/EXECUTION/

3. (U) EXECUTION.

3.A. (U) COMMANDER'S INTENT. IT IS CRITICAL THAT ALL COMPONENTS AND JTFS IN THE CENTCOM AREA OF OPERATIONS (AOR) ENSURE THE MAXIMUM PROTECTION OF OUR SOLDIERS, SAILORS, AIRMEN AND MARINES FROM THE EFFECTS OF BLAST AND OTHER POTENTIALLY CONCUSSIVE EVENTS. THE APPLICATION OF THE REQUIREMENTS TO IDENTIFY, SCREEN, EVALUATE, TREAT AND REPORT PERSONNEL EXPOSED TO CONCUSSIVE OR MTBI EVENTS WILL ACHIEVE COMPREHENSIVE PROTECTION FOR OUR PERSONNEL. THE ENDSTATE IS THE MITIGATION OF THE EFFECTS OF POTENTIAL CONCUSSIVE EVENTS/MTBI ON BOTH SERVICE MEMBER HEALTH AND READINESS AS WELL AS ONGOING OPERATIONS.

3.B. (U) CONCEPT OF OPERATION. POTENTIALLY CONCUSSIVE EVENTS THAT OCCUR IN THE CENTCOM AOR WILL REQUIRE MULTIPLE ACTIONS BY LEADERS AND MEDICAL PERSONNEL TO ENSURE MAXIMUM PROTECTION OF SERVICE MEMBERS INVOLVED IN SUCH EVENTS. WHEN POTENTIALLY CONCUSSIVE EVENTS (DEFINED AS MANDATORY EVENTS BELOW) OCCUR, LEADERS WILL IDENTIFY INVOLVED PERSONNEL, CONDUCT SCREENING IAW LEADER SCREENING GUIDELINES, AND ENSURE REPORTING OF INVOLVED PERSONNEL IN THE COMBINED INFORMATION DATA NETWORK EXCHANGE (CIDNE) BLAST EXPOSURE AND CONCUSSION INCIDENT REPORT (BECIR). IDENTIFIED PERSONNEL WILL ALSO BE REFERRED FOR MEDICAL EVALUATION TO BE COMPLETED IAW CURRENT CLINICAL PRACTICE GUIDELINES. COMPONENTS/JTFS WILL SUBMIT A MONTHLY REPORT OF ALL IDENTIFIED PERSONNEL. THIS OPERATION HAS THREE COMPONENTS: TRAINING, TRACKING, AND TREATMENT.

3.B.1. (U) TRAINING.

3.B.1.A. (U) TRAIN THE LEADERS. UPON RECEIPT OF THIS FRAGO, COMPONENTS/JTFS WILL DEVELOP AND EXECUTE A TRAINING PROGRAM THAT ENSURES THAT LEADERS AT ALL LEVELS ARE ABLE TO RECOGNIZE SIGNS AND SYMPTOMS OF A MTBI (I.E. CONCUSSION). LEADERS WILL ALSO BE ABLE TO PERFORM A MTBI LEADER SCREENING (PARA 3.B.2.C.) OF PERSONNEL EXPOSED TO A BLAST/CONCUSSIVE EVENT. TRAINING WILL EMPHASIZE THE REQUIREMENT TO DOCUMENT ALL LEADER SCREENING RESULTS IN THE CIDNE SIGACTS DATA BASE USING THE CIDNE BECIR. TRAINING CONTINUES AS AN ENDURING PRE-DEPLOYMENT REQUIREMENT FOR ALL UNITS IDENTIFIED FOR DEPLOYMENT TO THE CENTCOM AOR BY THE RESPECTIVE SERVICE. STANDARDS AND REQUIREMENTS ARE ESTABLISHED PER THE DTM, REF. D.

3.B.1.B. (U) TRAIN THE PROVIDERS. NLT 45 DAYS AFTER PUBLICATION OF THIS FRAGO, ALL MEDICS (INCLUDING CORPSMEN AND MEDICAL TECHNICIANS) AND MEDICAL PROVIDERS WILL RECEIVE AND/OR VALIDATE TRAINING ON THE PROPER ADMINISTRATION OF THE MILITARY ACUTE CONCUSSION EVALUATION (MACE) AND PROPER MANAGEMENT OF PATIENTS UTILIZING THE JOINT THEATER TRAUMA SYSTEM CLINICAL PRACTICE GUIDELINES (JTTS-CPG). TRAINING CONTINUES AS AN ENDURING PRE-DEPLOYMENT REQUIREMENT FOR ALL UNITS IDENTIFIED FOR DEPLOYMENT TO THE CENTCOM AOR.

3.B.2. (U) TRACKING.

3.B.2.A. (U) BEGINS UPON RECEIPT OF THIS FRAGO.

3.B.2.A.1. (U) AUTOMATED TRACKING BEGINS WHEN THE CIDNE BECIR MODULE IS OPERATIONAL (O/A 01SEP10) AND CONTINUES AS AN ENDURING REQUIREMENT UNTIL OFFICIALLY RELIEVED. ALL COMPONENT/JTF SUBORDINATE UNITS WILL IMPLEMENT PROCEDURES TO CONDUCT DIRECTED REPORTING IN THE CIDNE BECIR FOR THE MANAGEMENT OF FORCES DIRECTLY INVOLVED OR EXPOSED TO MANDATORY EVENTS PER PARA 3.B.2.B..

3.B.2.A.2. (U) MANUAL TRACKING WILL COMMENCE IMMEDIATELY UTILIZING INTERIM REPORTING FORMAT. THE INTERIM REPORTING FORMAT CAN BE FOUND AT THE CCSG WEBSITE IDENTIFIED IN PARA 3.E. THIS FORMAT CONTAINS ALL APPROPRIATE REQUIRED DATA FIELDS

- IN THE AUTOMATED TRACKING BECIR MODULE AND IS ABLE TO BE INCORPORATED INTO THE CIDNE MODULE WHEN IT BECOMES OPERATIONAL.
- 3.B.2.B. (U) THE FOLLOWING MANDATORY EVENTS REQUIRE LEADER SCREENING AND INPUT INTO THE CIDNE BECIR FOR ALL EXPOSED SERVICE MEMBERS. NOTE THAT A MEDICAL EVALUATION, IAW THE JTTS-CPG, IS ALSO REQUIRED.
- 3.B.2.B.1. (U) ANY SERVICE MEMBER IN A VEHICLE ASSOCIATED WITH A BLAST EVENT, COLLISION OR ROLLOVER.
- 3.B.2.B.2. (U) ANY SERVICE MEMBER WITHIN 50 METERS OF A BLAST (INSIDE OR OUTSIDE).
- 3.B.2.B.3. (U) A DIRECT BLOW TO THE HEAD OR WITNESSED LOSS OF CONSCIOUSNESS.
- 3.B.2.B.4. (U) COMMAND-DIRECTED. IF A LEADER SUSPECTS THAT AN INDIVIDUAL MAY BE SUFFERING FROM THE EFFECTS OF A CONCUSSIVE EVENT, BUT DOESN'T MEET THE CRITERIA ABOVE, ESPECIALLY IN A CASE WITH EXPOSURE TO MULTIPLE BLAST EVENTS.
- 3.B.2.C. (U) LEADER SCREENING. LEADERS ARE REQUIRED TO ASSESS ALL PERSONNEL INVOLVED IN A MANDATORY EVENT AS SOON AS OPERATIONALLY POSSIBLE USING THE "[I] NJURY, [E] VALUATION, [D] ISTANCE (I.E.D.)" CHECKLIST IN PARA. 3.B.2.C.1. BELOW. WHILE LEADERS WILL TYPICALLY SCREEN ONLY THOSE INVOLVED IN MANDATORY EVENTS AS DEFINED IN PARA. 3.B.2.B. ABOVE, THE I.E.D. ASSESSMENT PROVIDES THEM A TOOL TO SCREEN OTHERS FOR WHOM THEY HAVE CONCERN FOR POTENTIAL EXPOSURE OR INJURY. IF THE LEADER SCREEN IS USED FOR PERSONNEL NOT INVOLVED IN A MANDATORY EVENT, PERSONNEL WHO SCREEN POSITIVE SHOULD BE REFERRED FOR MEDICAL EVALUATION. SCREENING RESULTS MUST BE ANNOTATED IN THE CIDNE BECIR MODULE FOR EACH SCREENED INDIVIDUAL. A POSITIVE SCREEN IS DEFINED AS A POSITIVE RESPONSE TO ANY OF THE FOLLOWING:
- 3.B.2.C.1. (U) I.E.D. CHECKLIST.
- 3.B.2.C.1.A. (U) INJURY - (YES/NO). WAS INDIVIDUAL INJURED DURING THE EVENT.
- 3.B.2.C.1.B. (U) EVALUATION - "HEADS" (YES/NO). ARE ANY OF THE FOLLOWING SYMPTOMS PRESENT: HEADACHES AND/OR VOMITING; EARS RINGING; AMNESIA AND/OR ALTERED CONSCIOUSNESS AND/OR LOSS OF CONSCIOUSNESS; DOUBLE VISION AND/OR DIZZINESS; OR SOMETHING FEELS WRONG OR IS NOT RIGHT.
- 3.B.2.C.1.C. (U) DISTANCE/PROXIMITY TO BLAST WITHIN 50 METERS (YES/NO). ESTIMATED DISTANCE INDIVIDUAL WAS FROM ORIGIN OF BLAST EVENT WILL BE REQUIRED FOR INPUT INTO THE CIDNE BECIR.
- 3.B.2.D. (U) MINIMUM DATA TO BE ENTERED IN THE CIDNE BECIR MODULE INCLUDES:
- 3.B.2.D.1. (U) DATE OF BLAST/EVENT.
- 3.B.2.D.2. (U) MANDATORY EVENT TYPE (4 TYPES DEFINED IN 3.B.2.B.).
- 3.B.2.D.3. (U) SIGACT NUMBER (IF APPLICABLE).
- 3.B.2.D.4. (U) SSN OF SERVICE MEMBER.
- 3.B.2.D.5. (U) SERVICE (ARMY, NAVY, AIR FORCE, MARINES, SOF).
- 3.B.2.D.6. (U) UNIT.
- 3.B.2.D.7. (U) RESULTS OF I.E.D LEADER SCREENING (Y/N FOR EACH OF [I]NJURY, [E] VALUATION - POSITIVE SYMPTOMS AND [D]ISTANCE - WITHIN 50M).
- 3.B.2.D.8. (U) ESTIMATED DISTANCE FROM BLAST (IN METERS).
- 3.B.2.D.9. (U) 24-HOUR REST PERIOD WAIVED BY COMMANDER (Y/N).
- 3.B.2.D.10. (U) RTD AFTER 24-HOUR REST PERIOD (Y/N).
- 3.B.3. (U) TREATMENT AND REST PERIODS.
- 3.B.3.A. (U) BEGINS IMMEDIATELY UPON RECEIPT OF THIS FRAGO AND CONTINUES AS AN ENDURING REQUIREMENT UNTIL OFFICIALLY RELIEVED.
- 3.B.3.B. (U) MEDICAL EVALUATION IS MANDATED FOR ALL PERSONNEL INVOLVED IN A MANDATORY EVENT. ALL MEDICAL PERSONNEL WILL UTILIZE THE JTTS-CPG.
- 3.B.3.C. (U) ALL SERVICE MEMBERS INVOLVED IN MANDATORY EVENTS WILL HAVE A COMMAND-DIRECTED 24-HOUR REST PERIOD AFTER THE EVENT EXCEPT IN THE RARE EVENT THAT MISSION PRIORITIES WILL NOT PERMIT.
- 3.B.3.C.1. (U) THE REST PERIOD CLOCK STARTS AT THE TIME OF THE EVENT.
- 3.B.3.C.2. (U) COMMANDERS MAY DETERMINE THAT MISSION REQUIREMENTS DO NOT ALLOW FOR PROVISION OF A 24-HOUR REST PERIOD, ESPECIALLY IN CASES WHERE THE INDIVIDUAL HAS A NEGATIVE LEADER SCREEN AND A NORMAL CLINICAL EVALUATION.
- 3.B.3.C.3. (U) IF THE COMMANDER MAKES THE DECISION TO WAIVE THE 24-HOUR REST PERIOD, THIS WAIVER DECISION SHOULD BE NOTED IN THE CIDNE BECIR MODULE ACCORDING TO PARA 3.B.2.D.9.
- 3.B.3.D. (U) GUIDELINES FOR PERSONNEL SUSTAINING MULTIPLE DOCUMENTED CONCUSSIONS/MTBI INJURIES. THE FOLLOWING GUIDELINES APPLY TO THOSE PERSONNEL WITH

MULTIPLE, CLINICALLY DIAGNOSED CONCUSSION/MTBIS, NOT TO THOSE WHO WERE ONLY RECORDED IN THE CIDNE BECIR AS EXPOSED BASED ON REPORTING REQUIREMENTS OUTLINED IN THIS FRAGO (I.E. EXPOSURE DOES NOT NECESSARILY INDICATE CONCUSSION/MTBI, A CLINICAL DIAGNOSIS).

3.B.3.D.1. (U) PERSONNEL THAT ARE DIAGNOSED WITH CONCUSSION WILL HAVE A MANDATORY MINIMUM 24 HOUR RECOVERY PERIOD, UNLESS THE CLINICAL EVALUATION DIRECTS LONGER.

3.B.3.D.2. (U) PERSONNEL THAT SUSTAIN A SECOND DIAGNOSED CONCUSSION/MTBI WITHIN 12 MONTHS WILL BE TREATED IAW THE MTBI JTTS-CPG AND PLACED ON LIMITED DUTY, INCLUDING AVOIDANCE OF CONTACT SPORTS, UNTIL ONE WEEK AFTER SYMPTOM RESOLUTION AND CLEARED BY MEDICAL.

3.B.3.D.3. (U) PERSONNEL THAT SUSTAIN A THIRD DIAGNOSED CONCUSSION/MTBI WITHIN 12 MONTHS WILL BE TREATED IAW THE MTBI JTTS-CPG AND PLACED ON LIMITED DUTY. THESE PERSONNEL REQUIRE A COMPREHENSIVE EVALUATION AND CLEARANCE BY A NEUROLOGIST OR CERTIFIED PRACTITIONER (IF NO NEUROLOGIST IS AVAILABLE IN THEATER) PRIOR TO RETURN TO FULL DUTY.

3.B.3.D.4. (U) ALL SPORTS AND OTHER ACTIVITIES WITH RISKS OF CONCUSSION ARE PROHIBITED UNTIL THE SERVICE MEMBER IS CLEARED BY A NEUROLOGIST OR CERTIFIED PRACTITIONER (IF NO NEUROLOGIST IS AVAILABLE IN THEATER).

3.C. (U) TASKS.

3.C.1. (U) USFOR-A/USF-I/SERVICE COMPONENTS.

3.C.1.A. (U) SUBMIT MONTHLY TRACKING REPORTS FOR SERVICE MEMBERS THAT MEET THE CRITERIA DEFINED IN PARA 3.B.2.B. 3.C.1.B. (U) DOCUMENT ALL PERSONNEL EXPOSED TO A BLAST OR HEAD INJURY IN THE CIDNE BECIR MODULE AS SOON AS OPERATIONALLY POSSIBLE; NLT 48 HOURS FROM THE TIME OF THE INCIDENT.

3.C.1.C. (U) COMMAND SURGEONS PROVIDE OVERSIGHT OF THE MEDICAL MANAGEMENT OF FORCES FOLLOWING A BLAST OR HEAD INJURY INCIDENT IOT MINIMIZE THE EFFECTS OF CONCUSSION AND TRAUMATIC BRAIN INJURY.

3.D. (U) COORDINATING INSTRUCTIONS:

3.D.1. (U) SUBMIT MONTHLY TRACKING REPORTS TO CENTCOM JOC (JOCSSG@CENTCOM.SMIL.MIL), IN EXCEL FORMAT AND THE FOLLOWING COLUMN ORDER, NLT THE 10TH OF EACH MONTH FOR THE PREVIOUS MONTH; FIRST REPORT TO BE SUBMITTED NLT 10AUG10 FOR THE MONTH OF JUL10. IN ORDER TO ENSURE MAXIMUM PROTECTION OF SERVICE MEMBERS, ALL PREVIOUSLY COLLECTED DATA REGARDING EXPOSURES TO MANDATORY EVENTS SHOULD BE ADDED TO THE INITIAL REPORT. IT IS UNDERSTOOD ALL DATA FIELDS MAY NOT BE AVAILABLE, BUT SHOULD BE COMPLETED TO THE MAXIMUM EXTENT POSSIBLE. MINIMUM REQUIRED DATA FIELDS FOR MONTHLY REPORTS ARE DEFINED IN PARA 3.B.2.D.

3.D.2. (U) TREATMENT OF CONCUSSION/MTBI IS A RESPONSIBILITY OF THE MEDICAL TEAM ACROSS THE ECHELONS OF TREATMENT, FROM COMBAT MEDICS AT THE POINT OF INJURY TO CERTIFIED PRACTITIONERS AT ROLE III FACILITIES. CONCUSSION/MTBI IS A CONDITION THAT IS OPTIMALLY MANAGED WITH EARLY EDUCATION, EARLY INTERVENTION, SYMPTOM MANAGEMENT, AND A FOCUS ON RETURN TO FUNCTION/DUTY.

3.D.3. (U) ALL MEDICAL PROVIDERS WILL UTILIZE THE JOINT THEATER TRAUMA SYSTEM CLINICAL PRACTICE GUIDELINES (JTTS-CPG) FOR MTBI/CONCUSSION TO ASSESS, MANAGE, AND TREAT CONCUSSION/MTBI. JTTS CPG ALGORITHM FOR THE COMBAT MEDIC/CORPSMAN, ALGORITHM FOR THE INITIAL LICENSED PROVIDER, AND ALGORITHM FOR LEVEL III TREATMENT WILL FACILITATE VALIDATED CLINICAL DECISION MAKING FOR THE RESPECTIVE LEVELS OF TREATMENT.

3.D.4. (U) ALL MEDICAL ENCOUNTERS WILL BE DOCUMENTED IN THE ELECTRONIC MEDICAL RECORD USING THE PROSCRIBED TEMPLATE/AIM FORM, USING THE ICD-9 CODE "CONCUSSION" ONLY WHEN CONCUSSION/MTBI IS DIAGNOSED. THE FOLLOWING ICD-9 DIAGNOSES/CODES WILL BE USED IN DOCUMENTING ENCOUNTERS FOR MANDATORY EVENT EVALUATIONS:

3.D.4.A. (U) ICD-9 V80.01 - SPECIAL SCREENING FOR TBI. TO BE USED FOR SCREENING EVALUATIONS WHERE THERE IS NO DIAGNOSIS OF TBI/CONCUSSION. IF THERE IS A DIAGNOSIS OF TBI/CONCUSSION, THIS CODE SHOULD NOT BE USED.

3.D.2.4.B. (U) ICD-9 850.0 - CONCUSSION WITH NO LOSS OF CONSCIOUSNESS.

3.D.4.C. (U) ICD-9 850.11 - CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS.

3.D.4.D. (U) ICD-9 V15.52\_2 - FOR ANY TBI/CONCUSSION FOLLOW-UP VISIT WITH PRIMARY SYMPTOMS AS THE DIAGNOSIS (E.G. HEADACHE).

3.D.4.E. (U) OTHER DIAGNOSES MAY BE LISTED. HOWEVER, CONCUSSION WILL BE LISTED

FIRST AND AS PRIMARY DIAGNOSIS IF ALL OTHER DIAGNOSES ARE PART OF THE SYMPTOM CLUSTER OF CONCUSSION.

3.E. (U) MTBI CONCUSSION ALGORITHMS AND INTERIM REPORTING FORMAT (EXCEL SPREADSHEET) ARE POSTED ON THE CCSG SIPRNET WEBPAGE. THESE DOCUMENTS ARE FOUND IN THE MTBI FOLDER UNDER THE FORCE HEALTH PROTECTION LINK. THE CCSG WEBPAGE IS LOCATED AT THE FOLLOWING WEBSITE;

[//">HTTP://HQSWEB03.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG.//](http://HQSWEB03.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG)

GENTEXT/ADMINISTRATION AND LOGISTICS/

4. (U) ADMIN AND LOGISTICS. NO CHANGES.//

GENTEXT/COMMAND AND SIGNAL/

5. (U) COMMAND AND SIGNAL:

5.A (U) POINTS OF CONTACT:

5.A.1. (U) USCENTCOM CCSG MEDICAL OPS AT EMAIL JOCSSG@CENTCOM.SMIL.MIL, DSN 312-651-6857.

5.A.2. (U) USCENTCOM CCSG PREVENTIVE MEDICINE OFCR, MAJ THEODORE BROWN AT EMAIL THEODORE.BROWN@CENTCOM.SMIL.MIL, DSN 312.651.6397.//