



UNITED STATES MARINE CORPS  
I MARINE EXPEDITIONARY FORCE  
U. S. MARINE CORPS FORCES, PACIFIC  
BOX 555300  
CAMP PENDLETON, CA 92055-5300

IN REPLY REFER TO:  
IMEFO 6490  
SURGEON

12 JUL 2013

I MARINE EXPEDITIONARY FORCE ORDER 6490

From: Commanding General  
To: Distribution List

Subj: TRAUMATIC BRAIN INJURY PROGRAM

Ref: (a) MARADMIN 294/12  
(b) DoDI 6490.11, 18 Sep 2012  
(c) MARADMIN 633/08  
(d) MARADMIN 284/11  
(e) MARADMIN 184/12  
(f) SECNAVINST 6120.3 CH-1, 01 Dec 2009

Encl: (1) ANAM Screening Procedure  
(2) TBI Training Standard Operating Procedure  
(3) DVBIC - Camp Pendleton Information

1. Situation. Traumatic Brain Injury (TBI) is a condition that can have significant operational readiness impacts and long term health consequences. TBI occurs in both the deployed and garrison environment. Reference (a) provides direction for a comprehensive US Marine Corps Traumatic Brain Injury Program in order to ensure optimal readiness and provide appropriate care for all Marines. Implementation and operation of the program is a shared leadership and medical responsibility in both the garrison and deployed environments. The TBI program emphasizes four core components:

a. Prevent. Includes limiting exposure to potentially concussive events (primary prevention), minimizing the adverse impact after a concussive exposure has occurred (secondary prevention), and minimizing long-term consequences through proper referral and treatment (tertiary prevention).

b. Provide. Requires an individualized, coordinated, interdisciplinary approach to care in accordance with current Clinical Practice Guidelines (CPG).

c. Track. Includes TBI event reporting, surveillance, and tracking utilizing prescribed electronic systems.

d. Train. TBI training supports and enables TBI prevention, the provision of TBI care, and TBI tracking. Training is required for all Marines, Sailors, and Health Service Support (HSS) personnel at all formal learning centers and career progression schools and as a part of unit-level annual and pre-deployment training.

2. Mission. To implement the United States Marine Corps (USMC) TBI Program within I Marine Expeditionary Force (I MEF) and establish procedures for completing assigned TBI tasks.

3. Execution.

a. Commander's Intent

(1) Emphasize safety and risk management efforts to minimize the occurrence and impact of TBI. When TBI exposures occur:

(a) Ensure that all personnel exposed to a potentially concussive event, whether in garrison or deployed, receive a leader's assessment using the Injury, Evaluation, Distance (IED) approach described in reference (b).

(b) Ensure that all personnel exposed to a potentially concussive event, whether in garrison or deployed, are placed in a 24-hour Sick In Quarters (SIQ) status and are referred for a medical evaluation.

(c) Ensure that all personnel in any other concerning circumstance (such as repeated exposures to potentially concussive events or patient concerns or behaviors that could be related to a concussion or TBI) are referred for a medical evaluation.

(2) Ensure that assigned personnel complete the following TBI tracking requirements:

(a) Baseline pre-deployment Automated Neuro-Cognitive Assessment Metric (ANAM) must be completed by all personnel deploying for more than 30 days in accordance with reference (c). ANAM screening procedures are provided in enclosure (1).

(b) Post Deployment Health Assessments (Post-DHA) and Post Deployment Health Reassessments (PDHRA) must be completed by all personnel in accordance with reference (d). These assessments can identify previously unrecognized and/or persistent TBI symptoms or concerns.

(c) Face-to-face post-deployment clinical follow-up is required within four months of redeployment for all personnel diagnosed with a concussion or TBI during a deployment. I MEF Health Care Providers will provide this follow-up as described below.

(3) Ensure the completion and tracking of annual and block 1A pre-deployment TBI training by all Marines, Sailors, and HSS personnel in accordance with reference (a) and enclosure (2). Commanders may designate Marine Officers and Staff Non-Commissioned Officer's (SNCOs) to assist assigned HSS personnel in providing training for non-HSS personnel.

b. I MEF Surgeon and Major Subordinate Command (MSC) Surgeons. Serve as or designate TBI Coordinators to oversee and coordinate TBI training and clinical care within I MEF.

(1) I MEF TBI Coordinator. The I MEF TBI Coordinator's primary responsibility is to ensure that there are a sufficient number of TBI Lead Trainers within I MEF to support Commanders' training requirements. Specific tasks include:

(a) Coordinate with Headquarters Marine Corps Health Services (HQMC/HS) to train and certify TBI Lead Trainers within I MEF.

(b) Maintain at least 1 physician and 1 Corpsman TBI Lead Trainer in I Marine Headquarters Group (I MHG).

(c) Maintain a roster of all TBI Lead Trainers and Instructors within I MEF.

(2) MSC TBI Coordinators.

(a) Coordinate with the I MEF TBI Coordinator to maintain at least two Health Care Providers (HCP's) and two Corpsman lead trainers in each MSC.

(b) Maintain a roster of all TBI Lead Trainers and Instructors within each MSC.

(c) Exercise TBI Lead Trainer responsibility for specific bases as described in enclosure (2).

(d) I MEF Health Care Providers.

a. Provide TBI care in accordance with current CPGs.

i. The Military Acute Concussion Evaluation (MACE) is used to screen and evaluate after all potentially concussive events. The MACE is available from the Defense Centers of Excellence (DCoE) ([www.dcoe.health.mil/](http://www.dcoe.health.mil/)) or the Defense and Veterans Brain Injury Center (DVBIC) ([www.dvbic.org/](http://www.dvbic.org/)).

ii. When deployed, the most current deployment-specific CPG available from the DCoE or DVBIC web sites will be utilized in accordance with reference (b).

iii. In garrison, the Department Of Defense/Veterans Affairs (DoD/VA) CPG for the Management of Concussion/TBI defines the standard of TBI care (available from the DCoE and DVBIC web sites).

b. Document and track TBI exposures, evaluations and treatment in the appropriate electronic systems.

i. Document all concussions and potentially concussive events in the Expeditionary Health Management (EHM) module of Medical Readiness Reporting System (MRRS) in accordance with reference (e). Required data elements include: event date, type of injury, location of event, deployment status, location description, mechanism of injury, explosion/blast details (if applicable), disposition, and diagnosis.

ii. Document all medical evaluations, diagnoses, care, and dispositions in the medical record. Use of the Electronic Health Record (EHR) (e.g., AHLTA-T, TMDS, AHLTA) is mandatory when it is available.

iii. Ensure that all encounters include appropriate diagnosis and disposition information in accordance with DoD Coding Guidance (available from DCoE or DVBIC web sites).

c. Ensure that TBI-related diagnoses, be they current or past, are properly assessed and documented during Periodic Health Assessments (PHAs) and Deployment Health Assessments (DHAs) in accordance with references (d) and (f). Such ongoing assessment and reassessment is necessary to ensure continuity and/or transfer of care and to identify potential deployment limiting conditions.

d. Provide post-deployment face-to-face clinical follow-ups for all personnel diagnosed with a concussion or TBI during a deployment. Methods for providing these follow-ups include:

i. The Defense and Veterans Brain Injury Center (DVBIC) aboard Marine Corps Base (MCB) Camp Pendleton supports all I MEF units and provides specialized TBI consultation (enclosure (3)). Referral to DVBIC is the preferred means for providing post-deployment TBI follow-up.

ii. I MEF health care providers can provide the post-deployment follow-up. This follow-up may be provided (and documented in the EHR) in conjunction with the Post-Deployment Health Reassessment (PDHRA). Telephone referrals to DVBIC must augment this process in order to provide long-term tracking and follow-up (enclosure (3)).

iii. Supporting Medical Treatment Facility (MTFs) and Deployment Health Centers (DHCs) can also coordinate or facilitate post-deployment TBI follow-up. Contact information for supporting DHCs is provided in enclosure (1).

iv. In all cases, clinical follow-ups must occur within 4 months of redeployment.

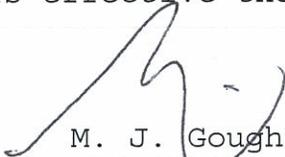
e. Complete annual/pre-deployment HSS TBI training and support unit annual/pre-deployment TBI training for non-HSS personnel in accordance with enclosure (2).

4. Administration and Logistics. Recommendations concerning the contents of this Order may be forwarded to the I MEF Health Service Support Element via the appropriate chain of command.

5. Command and Signal.

a. Command. This Order is applicable to all I MEF units.

b. Signal. This Order is effective the date signed.

  
M. J. Gough  
Chief of Staff

Automated Neuro-Psychological Assessment Metric (ANAM) Procedure

The completion of the ANAM is required for all personnel who are deploying for more than 30 days. It should be administered four-six months prior to deployment and should be sequenced with the Pre-deployment Training Plan (PTP). This sequencing allows the Commander and Command Surgeon time to evaluate service members who "screen positive" during the ANAM.

The ANAM is conducted by supporting MTFs. Delegated command representatives must coordinate with POCs at these facilities to schedule the ANAM at an appropriate time in the PTP.

Deployment Health Center, Naval Hospital Camp Pendleton  
(760) 763-9087 DSN (312) 361-9087

Deployment Health Clinic, Naval Hospital Twentynine Palms  
(760) 830-2948 /2785 DSN (312) 230-2948 /2785

Deployment Health Center, Naval Medical Center San Diego  
(619) 532-7152/6049 DSN (312) 522-7152/6049

Where supporting MTFs are not able to provide ANAM screening, command representatives should contact the U.S. Army Office of the Surgeon General ANAM Operations Center (AOC) for assistance.

[ANAM.Operations@amedd.army.mil](mailto:ANAM.Operations@amedd.army.mil) or (210) 916-9231  
<http://www.armymedicine.army.mil/r2d/anam.html>

## I MEF TBI Training Standard Operating Procedure

**PURPOSE AND SCOPE.** To provide annual and pre-deployment TBI training to all I MEF Marines, Sailors, and health service support (HSS) personnel.

**RESPONSIBILITIES.** MSC Surgeons ensure that there are a sufficient number of TBI Lead Trainers and TBI Instructors to support Commanders' training requirements. HSS personnel provide or support TBI training for non-HSS personnel. Commanding Officers ensure that assigned personnel complete TBI training requirements.

### **DEFINITIONS.**

- TBI Lead Trainers - Health care practitioners (HCP's include physicians, physicians assistants, nurse practitioners, psychologists and licensed clinical social workers), Independent Duty Corpsmen (IDCs), or Corpsmen above the rank of E-5 who have completed HQMC Health Services (HS) "Train-the-Trainer" TBI training. TBI Lead Trainers are able to train TBI Instructors and conduct all other didactic TBI training.
- TBI Instructors - Health care practitioners (HCP), IDCs, or Corpsmen who have completed "Train-the-Trainer" TBI training conducted by TBI Lead Trainers. TBI Instructors are able to conduct didactic TBI training for HSS and non-HSS personnel.
- Health Care Providers - Health Care Practitioners (HCP), IDCs, or Corpsmen who have completed "Medical Department Officer" or "Hospital Corpsman" TBI training conducted by TBI Lead Trainers or TBI Instructors. TBI-trained providers are able to conduct didactic TBI training for non-HSS personnel.
- Leaders - Marine Officers and SNCOs who have completed TBI "Marine and Leader" training conducted by TBI Lead Trainers or Instructors and have been designated by their Commanding Officer. Designated TBI-trained leaders are able to conduct TBI training for non-HSS personnel.

### **MATERIALS.**

- Current TBI training presentation(s) available from Training and Education Command (TECOM) PTP Tool Kit SharePoint site:
  - o Hospital Corpsman Annual - PTP TBI Lecture (3 hours)
  - o Marine and Leader Annual - PTP TBI Lecture (1 hour)

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- o Medical Department Officer Annual - PTP TBI Lecture (3 hours)
  - o Train-the-Trainer TBI Lecture (1.5 days)
  - o Trainer Biannual Refresher TBI Lecture  
<https://vcepub.tecom.usmc.mil/genstaff/g3/ptp/default.aspx>
- Current TBI training pre-tests, post-tests, and evaluations available from the I MEF/MSC TBI Coordinators
  - Classroom or meeting space with a computer and projector
  - Current TBI algorithms and MACE pocket cards available from the DCoE or DVBIC web sites (see resources below).

#### **PROCEDURES.**

- TBI Lead Trainers & Instructors
  - o Initial - all must complete didactic TBI Train-the-Trainer training. This training includes all of the material provided to HSS personnel as described below.
  - o Sustainment - all must complete TBI Biannual Refresher training and conduct TBI training at least once per year. Lead Trainers and Instructors have no other TBI training requirements so long as they maintain their certification.
  - o The I MEF TBI Coordinator organizes training for TBI Lead Trainers in coordination with HQMC Homeland Security (HS).
  - o The MSC Surgeons organize training for TBI Instructors. Each MSC is responsible for training its own Instructors but mutual support for training is strongly encouraged. There are some locations where TBI Instructor training is best provided to all tenant I MEF units by specific MSCs (i.e., 1st Marine Division (MARDIV) at Marine Corps Air-Ground Combat Center (MCAGCC) and 3<sup>rd</sup> Marine Aircraft Wing (MAW) at Marine Corps Air Station (MCAS) Miramar and MCAS Yuma). The I MEF TBI Coordinator will synchronize MSC TBI Instructor training schedules and facilitate this mutual support of and attendance at TBI Instructor training.
- HSS Personnel Training
  - o Initial - all personnel must complete the appropriate didactic TBI training, for Hospital Corpsman (HM) or Medical Department Officers (MDO), within six months of assignment to a unit within I MEF. Completion of training at a formal school immediately prior to assignment will satisfy this requirement.
  - o Pre-deployment - all personnel must complete didactic HM or MDO TBI training during block 1A of pre-deployment training.

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- o Sustainment - all personnel must complete annual sustainment training using one of two options:
  - Complete didactic HM or MDO TBI training or
  - Complete the DCoE "Diagnosing Mild Traumatic Brain Injury" and "Use, Administration, and Interpretation of the MACE" online courses available through MHS Learn.
- Non-HSS Personnel Training must receive annual and block 1A pre-deployment TBI training. Didactic Marine and Leader TBI training is conducted in support of Commanders' requirements by TBI Lead Trainers, TBI Trainers, HSS personnel, or designated Marine Leaders.

#### PROCESS METRICS.

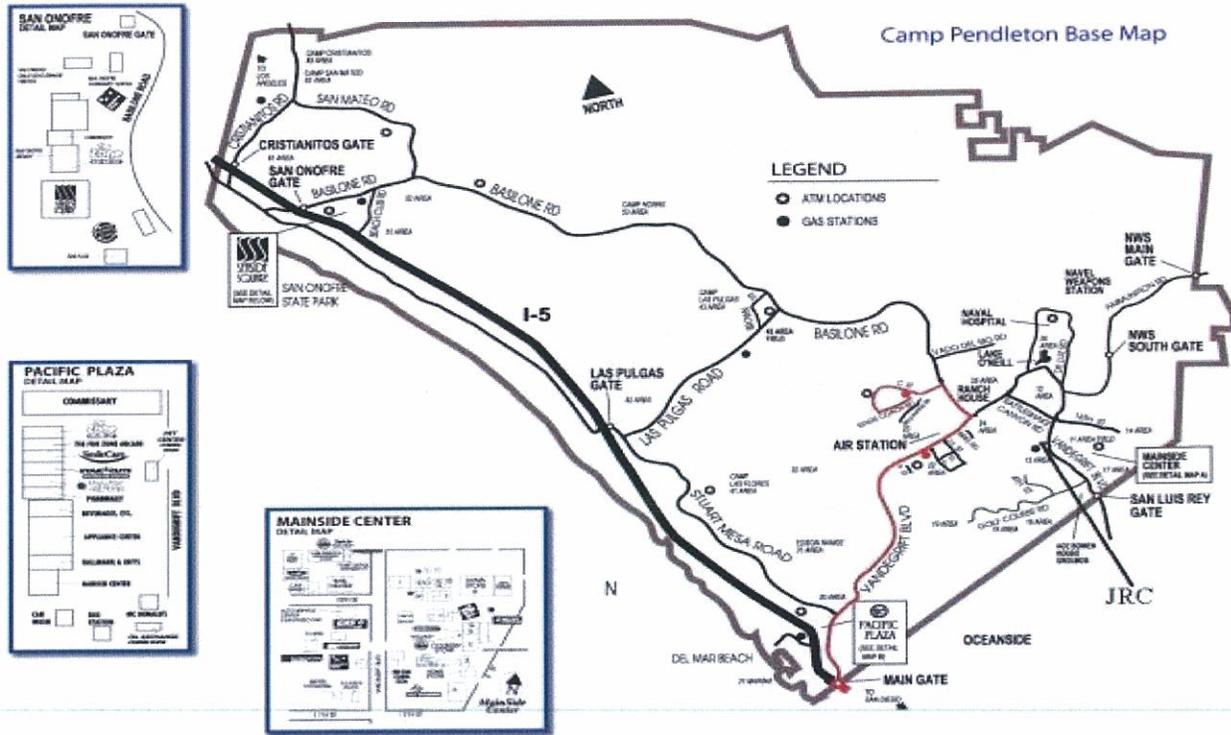
- Number and currency of TBI Lead Trainers and Trainers
  - o Tracked and managed by the I MEF and MSC TBI Coordinators.
  - o Each MSC must maintain at least two physician and two Corpsman TBI Lead Trainers. The I MHG must maintain at least one physician and one Corpsman TBI Lead Trainer.
- TBI training effectiveness
  - o Evaluation of TBI training by learners will feed continued improvement in the TBI training curriculum.
  - o HSS personnel will complete pre-tests, post-tests, and training evaluation forms with each didactic TBI training session. The tests and evaluations will be delivered to the TBI Coordinators for review.

#### RESOURCES.

- DCoE: <http://www.dcoe.health.mil/>
  - o DHCC: <http://www.pdhealth.mil/TBI.asp>
  - o DVBIC: <http://www.dvbic.org/>  
<http://www.dvbic.org/location/camp-pendleton-ca>
  - o T2: <http://www.t2health.org/>
- NICOE: <http://www.nicoe.capmed.mil/>
- MHS Learn: <https://mhslearn.csd.disa.mil/>
  - o "Diagnosing Mild Traumatic Brain Injury" by DCoE
  - o "Use, Administration, & Interpretation of the MACE" by DCoE

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## Defense and Veterans Brain Injury Center - Camp Pendleton



33 Area DVVIC  
Building 33305  
Camp Pendleton, CA 92055-5380  
Phone: 760.763.1693 (DSN 312.361.1693)  
<http://www.dvbic.org/location/camp-pendleton-ca>



DVBIC Camp Pendleton serves active duty service members from all military branches across Southern California, Arizona, Hawaii and Nevada. Service members referred to DVBIC-Camp Pendleton receive specialized TBI consultation to include:

- TBI screenings and neuropsychological assessments
- Coordination of other specialty services
- Duty status determinations and recommendations
- Continuing follow-up for up to 24 months extending beyond PCS/PCA moves and the end of active duty service