



UNITED STATES MARINE CORPS

I MARINE EXPEDITIONARY FORCE
U. S. MARINE CORPS FORCES, PACIFIC
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I MEFO 6490.1
SURG

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I MARINE EXPEDITIONARY FORCE ORDER 6490.1

From: Commanding General, I Marine Expeditionary Force
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, 1 Dec 2009

Encl: (1) Automated Neuro-Psychological Assessment Metrics (ANAM)
Procedures
(2) I MEF TBI Training Standard Operating Procedures
(3) Defense and Veterans Brain Injury Center - Camp Pendleton

1. Situation. Traumatic Brain Injury (TBI) is a condition that can have significant operational readiness impact and long term health consequences. TBI occurs in both the deployed and garrison environment. Reference (a) provides direction for a comprehensive United States Marine Corps TBI Program in order to ensure optimal readiness and provide appropriate care for all I Marine Expeditionary Force (I MEF) Personnel. 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.

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 personnel at all formal learning centers and career progression schools and as a part of unit-level annual and pre-deployment training.

2. Cancellation. IMEFO 6490.

3. Mission. To implement the USMC TBI Program within I MEF and establish procedures for completing assigned TBI tasks.

4. 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 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 status and are referred for a medical evaluation.

(c) Ensure that all personnel with other concerning symptoms or exposures (e.g. repeated exposures to potentially concussive events, 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) for 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 (PDHA) and Post Deployment Health Reassessments (PDHRA) for all deployed 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 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 Officers 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.

c. I MEF TBI Coordinator. Ensure a sufficient number of TBI Lead Trainers are assigned within I MEF to support Commander's training requirements. Specific tasks include:

(1) Coordinate with Headquarters Marine Corps Health Services and Defense and Veterans Brain Injury Center (DVBIC) Regional Education Coordinator to train and certify TBI Lead Trainers within I MEF.

(2) Maintain at least one physician and one Corpsman TBI Lead Trainer in the I MEF Information Group.

(3) Oversee and ensure MSCs/MSEs maintain TBI Trainer/Instructor rosters.

d. MSC/MSE TBI Coordinators.

(1) Coordinate with the I MEF TBI Coordinator to maintain at least two Health Care Providers and two Corpsman Lead Trainers in each MSC HSSE.

(2) Maintain a roster of all TBI Lead Instructors and trainers within each MSC.

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

e. I MEF Health Care Providers.

(1) Provide TBI care in accordance with current Clinical Practice Guidelines (CPG).

(a) The Military Acute Concussion Evaluation is used to screen and evaluate service members after all potentially concussive events. The MACE is available from the Defense Centers of Excellence (DCoE) (www.dcoe.health.mil) or the DVBIC (www.dvbic.org).

(b) When deployed, the most current deployment specific CPGs available from the DCoE or DVBIC websites will be utilized in accordance with reference (b).

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

(2) Document and track TBI exposures, evaluations and treatment in the appropriate electronic systems.

(a) Document all concussions and potentially concussive events in Expeditionary Health Management module of the 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.

(b) Document all medical evaluations, diagnoses, care, and disposition information in the medical record. Use of the Electronic Health Record (e.g. Armed Forces Longitudinal Technology Application - Theater (AHLTA-T), Theater Medical Data Store, Armed Forces Longitudinal Technology Application (AHLTA), MHS Genesis) is mandatory when available.

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

(3) Ensure that TBI-related diagnoses, past or present, are properly assessed and documented during Periodic Health Assessments and Deployment Health Assessments 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.

(4) Provide post-deployment face-to-face clinical follow-ups for all personnel diagnosed with a concussion or TBI during a deployment. A list of those individuals exposed can be found in MRRS, and can be used to generate the roster for clinical follow up. Additional support for providing these follow-ups include:

(a) The DVBIC aboard Marine Corps Base Camp Pendleton supports all I MEF units and provides specialized TBI consultation (enclosure (3)). Additional care, services, and consultation may be provided by DVBIC as well as through referral to the Concussion Care Clinic (Intrepid Spirit Center).

(b) Supporting Medical Treatment Facilities and Deployment Health Centers (DHCs) can also facilitate ongoing post-deployment TBI follow-up for those individuals who are discovered to be symptomatic at the time of their evaluation. Contact information for supporting DHCs is provided in enclosure (1).

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

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

5. 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.

6. Command and Signal.

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

b. Signal. This Order becomes effective on the date signed.


LEWIS A. CRAPAROTTA

Automated Neuro-Psychology Assessment Metric (ANAM) Procedures

The completion of the ANAM is required for all personnel who are deploying for more than 30 days. It should be administered four to 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 the supporting Medical Treatment Facilities (MTF). Delegated command representatives must coordinate with Point of Contacts (POCs) at these facilities to schedule the ANAM at an appropriate time in the PTP.

Deployment Health Center, Naval Hospital Camp Pendleton
(760)504-8903
(760)763-9087
DSN (312)361-9087

Deployment Health Clinic, Naval Hospital Twentynine Palms
(714)930-6204
(760)830-2948
DSN (312)230-2948

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 or (210)916-9231

Enclosure (1)

I MEF TBI Training Standard Operating Procedure

PURPOSE AND SCOPE. To provide annual and pre-deployment TBI training to all I MEF Marines and Sailors.

RESPONSIBILITIES. MSC Surgeons ensure that there are a sufficient number of TBI Lead Trainers and TBI Instructors to support Commanders' training requirements. Health Services(HS) Personnel provide or support TBI training for non-HS personnel. Commanding Officers ensure that assigned personnel complete TBI training requirements. Defense and Veterans Brain Injury Center (DVBIC) can support this training.

DEFINITIONS

- TBI Lead Trainers - Health Care Practitioners (HCP) (HCP's include physicians, physician assistants, nurse practitioners, psychologists and licensed clinical social workers), Independent Duty Corpsmen (IDC), or Corpsmen above the rank of E-5, who have completed the HQMC HS "Train-the-Trainer" TBI training. TBI Lead Trainers are able to train TBI Instructors and conduct all of their didactic TBI training.

- TBI Instructors - HCPs, IDCs, Corpsmen who have completed the "Train-the-Trainer" TBI training conducted by TBI Lead Trainers. TBI Instructors are able to conduct didactic TBI training for HS and non-HS personnel.

- Health Care Providers - HCPs, IDCs, or Corpsmen who have completed "Medical Department Officer" or "Hospital Corpsman" TBI training conducted by Lead TBI Trainers or TBI Instructors. TBI trained providers are able to conduct didactic TBI training for non-HS personnel.

- Leaders - Marine Officers and Staff Non-Commissioned Officers (SNCOs) who have completed TBI "Marine and Leaders" training conducted by TBI Lead Trainers or Instructors and have been designated by the Commanding Officer. Designated TBI trained leaders are able to conduct TBI training for non-HS personnel.

MATERIALS

- Current TBI training presentation(s) available from Training and Education Command (TECOM) Pre-Deployment Training (PTP) Tool Kit Sharepoint site:

- o Hospital Corpsman Annual - PTP TBI Lecture (3 hours)
- o Marine and Leader Annual - PTP TBI Lecture (1 hour)
- o Medical Department Officer Annual 0 PTP TBI Lecture (3 hours)
- o Train-the-Trainer TBI Lecture (1.5) days
- o Trainer Biannual Refresher TBI Lecture

- Current TBI training pre-tests, post-tests, and evaluations available from the I MEF/ MSC TBI Coordinators.

- Classroom or a meeting space with a computer and projector.

- Current TBI algorithms and MACE pocket cards available from the Defense Centers of Excellence (DCoE) or DVBIC websites (see resources below).

Enclosure (2)

PROCEDURES

- TBI Lead Trainers & Instructors
 - Initial - all must complete didactic TBI train-the-Trainer training. This training includes all of the material provided to HS personnel as described below.
 - 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 as long as they maintain their certification.
 - The I MEF TBI Coordinator organizes training for TBI Lead Trainers in coordination with HQMC Health Services and DVBIC.
 - The MSC Coordinators 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 (MCAGC) and 3rd 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.
- HS Personnel Training
 - Initial - all personnel must complete the appropriate didactic TBI training for Hospital Corpsman 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.
 - Pre-deployment - all personnel must complete didactic HM or MDO TBI training during block 1A of pre-deployment training.
 - Sustainment - all personnel must complete annual sustainment training.
- Non-HS Personnel must receive annual and block 1A pre-deployment TBI training. Didactic Marine and Leaders TBI training is conducted in support of Commanders' requirements by TBI Lead Trainers, TBI Trainers, or designated Marine Leaders (SNCO and above) that have completed Marine and Leaders TBI training.

PROCESS METRICS

- Roster of current TBI Lead Trainers and Trainers
 - Tracked and managed by the I MEF and MSC TBI Coordinators. Each MSC must maintain at least two physicians and two Corpsmen TBI Lead trainers. The I Marine Expeditionary Force Information Group (MIG) must maintain at least one physician and one Corpsman TBI Lead Trainers.
- TBI Training Effectiveness
 - Evaluation of TBI training by students will feed continuous improvements in the TBI Training Curriculum.
 - HS 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.

Enclosure (2)

Defense and Veterans Brain Injury Center - Camp Pendleton

33 Area DVBIC 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

Enclosure (3)