

LEADER POLICY GUIDANCE

For Management of Mild Traumatic Brain Injury/ Concussion in the Deployed Setting

Traumatic Brain Injury Center of Excellence



This fact sheet describes line leader responsibilities outlined in [DODI 6490.11](#), DOD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting.

DODI 6490.11

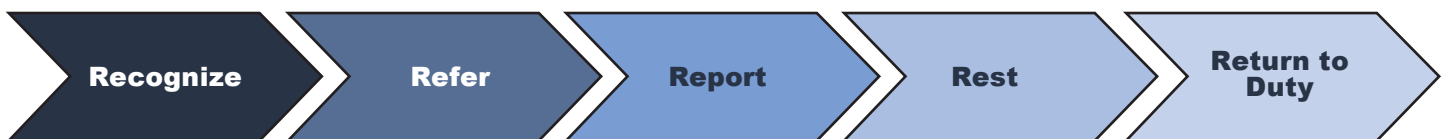
- Ensures appropriate evaluation and treatment of service members involved in potentially concussive events
- Directs leaders on required screening and reporting of exposure and injury events
- Mandates medical evaluation and guide treatment of service members
- Defines minimum mandatory rest periods

POTENTIALLY CONCUSSIVE EVENTS:

Events requiring a mandatory medical evaluation, rest period and reporting of exposure of all involved personnel include:

- Involvement in a vehicle blast event, collision or rollover
- Presence within 50 meters of a blast (inside or outside)
- A direct blow to the head or witnessed loss of consciousness
- Exposure to more than one blast event (the service member's commander shall direct a medical evaluation)

LEADERSHIP RESPONSIBILITIES



RECOGNIZE: Leaders are required to check all personnel involved in any potentially concussive event, including those without apparent injuries, as soon as safely possible using the Injury, Evaluation, Distance (or IED) Checklist.

IED CHECKLIST

I – INJURY:

Was the individual injured during the event? (Yes/No)

Is there physical damage to the body or body part of a service member? (Yes/No)

E – EVALUATION:

Are any of the “HEADS” symptoms present? (Yes/No)

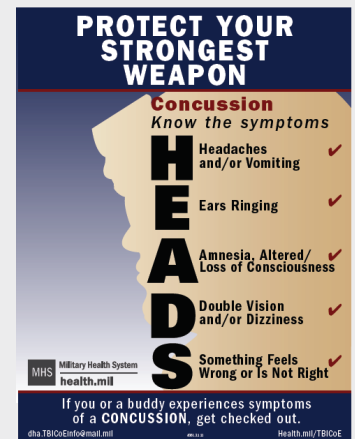
[see HEADS card]

D – DISTANCE/PROXIMITY TO BLAST:

Was the service member within 50 meters of the blast? (Yes/No)

Record the distance from the blast

NOTE: The IED checklist DOES NOT replace the mandatory medical evaluation.



REFER: Any service member involved in a PCE, indicating a “Yes” response on the IED checklist or demonstrating symptoms listed on the HEADS flyer must be medically evaluated by a health care professional, including a medic or corpsman.

REPORT: The leader is required to report all service members involved in a PCE event by completing a significant activities report.

- All reports should be completed within 24 hours from the time of injury.
- For U.S. Central Command, complete reports using the Blast Exposure and Concussion Incident Report portal located in the Combined Information Data Network Exchange.
- PCEs to Joint Trauma Analysis and Prevention of Injury in Combat Program Office monthly.

Date of blast/mandatory event	Unit
Type of mandatory event triggering evaluation	Results of IED leader screening (yes/no for each part, plus distance from blast)
Significant activities report (if applicable)	24-hour rest period waived by commander (Y/N)
Service (Army, Navy, Air Force, Marines)	Combatant command in which event occurred
Social security number/name	Disposition of any mandated medical evaluation (return to duty after 24 hrs)

REST:

Service members must receive a minimum of 24 hours of rest or downtime after a potentially concussive event, even if they are not diagnosed with a concussion. Service members should not engage in other activities that place them at risk for concussion (such as sports, combative training, etc.).

The 24-hour clock starts at the time of the event: There is a mandatory 24-hour recovery period for the first concussion within the past 12 months and a mandatory seven-day recovery period (after symptom resolution) for two or more diagnosed concussions within the past 12 months.

If three or more diagnosed concussions have occurred within the past 12 months, the service member receives a recurrent concussion evaluation before returning to duty.

Commanders may determine that mission requirements supersede individual service member welfare in certain circumstances and can waive the mandatory rest period. This waiver must be documented in the report.

RETURN TO DUTY: Return to duty is permitted after a 24-hour rest period if no concussion is diagnosed. Service members should not return to duty or engage in other activities that place them at risk for concussion (such as sports, combative training). Leaders should consult with medical personnel for return to duty recommendations.