



# Line Leader Fact Sheet

## Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting

This document describes the line leader responsibilities for the Department of Defense (DoD) mandated policy (DoD Instruction 6490.11) that covers service members involved in potentially concussive events in deployed settings.

### DoDI 6490.11 is intended to:

- Protect service members involved in potentially concussive events
- Direct leaders on required screening and reporting of injury events
- Mandate medical evaluation and guide treatment of service members
- Define minimum mandatory rest periods

### Potentially concussive events requiring mandatory rest period, medical evaluation and reporting 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 IED/HEADS checklist.
  - The IED/HEADS checklist DOES NOT replace the mandatory medical evaluation.

<u>IED Checklist</u>	
<b>I – Injury</b>	Was the individual injured during the event? (Yes/No)
<b>E – Evaluation</b>	Are any of the 'HEADS' symptoms present? (Yes/No)
<b>D – Distance/proximity</b>	to blast. Was the individual within 50 meters? (Yes/No)

**PROTECT YOUR STRONGEST WEAPON**

**Concussion**  
*Know the symptoms*

<b>H</b>	Headaches and/or Vomiting	✓
<b>E</b>	Ears Ringing	✓
<b>A</b>	Amnesia, Altered/Loss of Consciousness	✓
<b>D</b>	Double Vision and/or Dizziness	✓
<b>S</b>	Something Feels Wrong or Is Not Right	✓

DVBIC

If you or a buddy experiences symptoms of a **CONCUSSION**, get checked out.



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- **Refer:** Any service member involved in a potentially concussive event must be:
  - Medically evaluated by a medic or health care provider
  - Re-evaluated and medically cleared before returning to duty
- **Report:** The leader is required to report all service members involved in a potentially concussive event by completing the significant activities (SIGACT) report.
  - All reports should be completed within 24 hours from the time of injury.
  - For CENTCOM, complete reports using the Blast Exposure and Concussion Incident Report (BECIR) portal located in the Combined Information Data Network Exchange (CIDNE).
  - Completed reports must include the following data fields:

Date of potentially concussive event	Service member's name
Type of potentially concussive event triggering evaluation	Unit name, unit identification code and home duty station
SIGACT number (if applicable)	COCOM in which event occurred
Personal identifier (DoD identification number or Battle Roster Number)	Service member's distance from blast when applicable
Disposition following the medical evaluation (return to duty after 24 hours, commander's justification to return to duty prior to 24 hours, or did not return to duty after 24 hours)	

- **Rest:** Service members must receive a minimum of 24 hours of rest/downtime after a potentially concussive event, even if they are not diagnosed with a concussion.
  - The 24-hour clock starts at the time of the event.
  - If two diagnosed concussions have occurred within the past 12 months, the service member receives seven additional days of rest after symptoms resolve.
  - If three 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 reports.
- **Return to Duty:** Service members should not return to duty or engage in other activities that place them at risk for concussion (i.e. sports, combatives, etc.). Leaders should consult with medical personnel for return to duty recommendations.

