



**DEPARTMENT OF DEFENSE**  
**UNITED STATES SOUTHERN COMMAND**  
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MIAMI, FL 33172-1217

SC-COS

27 July 2022

**MEMORANDUM FOR DISTRIBUTION**

**SUBJECT:** Policy Memorandum 04-22, Service Component Reporting of Potentially Concussive Events (PCE).

1. References: See Appendix A

2. Purpose: This message provides guidance for reporting Potentially Concussive Events (PCE) in the deployed setting within the USSOUTHCOM AOR. It supplements DoDI 6490.11, DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting for military and civilian personnel mobilized and/or deployed across the range of military operations.

3. Applicability: This guidance applies to military personnel and DoD civilians traveling or deploying to the USSOUTHCOM AOR. Shipboard operations that are not anticipated to involve operations ashore are exempt from the requirements of this instruction except for recording individual daily deployment locations or when potential health threats indicate actions necessary beyond the scope of shipboard occupational health programs or per the decision of the commander exercising operational control.

4. Policy: The Command Surgeon is the senior medical advisor to the USSOUTHCOM Commander, as well as the command's senior staff for all health service support policy, plans, engagements, and exercises. The Office of the Command Surgeon oversees U.S. military medical operations across the USSOUTHCOM AOR. It is USSOUTHCOM policy that:

a. The Command shall identify, track, and ensure the appropriate evaluation and treatment of Service members exposed to potentially concussive events, to include blast events.

b. Service members exposed to a potentially concussive event shall be medically assessed as close to the time of injury as possible.

c. Medically documented mTBI/concussion in Service members shall be clinically evaluated, treated, and managed according to the most current DoD clinical practice guidance for the deployed environment found in the Traumatic Brain Injury Center of Excellence (TBI CoE) guidance, "Provider Resources".

d. Recurrent concussion shall be managed according to the most current DoD clinical practice guidance for the deployed setting.

e. Potentially concussive events, results of concussion screening, and diagnosed concussions shall be appropriately documented, to the maximum extent possible in the Service member's electronic health record.

f. All individually identifiable information will be protected in accordance with DoD Instruction 5400.11, DoD 5400.11-R, and DoD Manual 6025.18

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g. DoD civilian employees will be treated and managed the same as military service members to the extent practical and consistent with Directive-type Memorandum 17-004.

h. IAW Defense Health Agency Memorandum "Guidance for Evaluation of Anomalous Health Incidents," August 11, 2021, USSOUTHCOM and subordinate units will include any suspected Anomalous Health Incidents (AHI) that are also PCEs.

**5. Responsibilities:**

**a. USSOUTHCOM SURGEON. The USSOUTHCOM Surgeon shall:**

1. Develop command-specific procedures for service component reporting of potentially concussive events and support training programs for leaders on event-triggered screening guidelines.

2. Submit monthly tracking reports of potentially concussive events to the JTAPIC Program Office for service members.

3. Monitor service component compliance of monthly reporting requirements and quality management.


**b. USSOUTHCOM COMPONENT SURGEONS. Component surgeons shall:**

1. Submit monthly tracking reports of potentially concussive events for service members and DoD civilians deployed to the USSOUTHCOM AOR to the Command Surgeon, USSOUTHCOM using the PCE reporting tool in Appendix B IAW this policy.

6. Records Management: Records generated by the implementation of this regulation will be maintained in accordance with CJCSM 5760.01A, Vol II, Joint Staff Records Schedule. This policy memorandum will be reviewed every two (2) years or sooner, as needed.

7. The Point of contact for this Policy Memorandum is Chief of Clinical Operations, USSOUTHCOM Command Surgeon Office, commercial telephone: (305) 437-2486.

**FOR THE COMMANDER:**

  
SCOTT A. JACKSON  
Major General, USA  
Chief of Staff

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## APPENDIX A

### REFERENCES

- (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R)), June 23, 2008
- (b) Directive Type Memorandum 09-033, "Policy Guidance for Management of Concussion/ Mild Traumatic Brain Injury in the Deployed Setting," June 21, 2010 (hereby cancelled)
- (c) Traumatic Brain Injury Center of Excellence, "Provider Resources"
- (d) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Program," January 29, 2019, as amended
- (e) DoD 5400.11-R "Department of Defense Privacy Program," May 14, 2007
- (f) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DOD Health Care Programs," March 13, 2019
- (g) Directive-type Memorandum 17-004, "Department of Defense Expeditionary Civilian Workforce," January 25, 2017, as amended
- (h) DoD Manual 8910.01, Volume 1, "DoD Information Collections Manual: Procedures for DoD Internal Information Collections," June 30, 2014, as amended
- (i) DoD Instruction 6200.05, "Force Health Protection Quality Assurance (FHPQA) Program," June 16, 2016, as amended
- (j) DoD Directive 6025.21E, "Medical Research for Prevention, Mitigation, and Treatment of Blast Injuries," July 5, 2006, as amended
- (k) DoD Manual 6025.13, "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," October 29, 2013, as amended
- (l) DoD Instruction 6490.11, "DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting," September 18, 2012, Incorporating Change 3, Effective October 1, 2021
- (m) Defense Health Agency Memorandum "Guidance for Evaluation of Anomalous Health Incidents", August 11, 2021

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## APPENDIX B

### USSOUTHCOM PCE Reporting Tool



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