



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 04-002

MCZX

20 FEB 2004

Expires 20 February 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Critical Information Requirements (CCIR)

1. References:

- a. Army Regulation 190-40, Serious Incident Report, 30 November 1993.
- b. Field Manual 101-5, Staff Organization and Operations, 31 May 1997.
- c. MEDCOM Supplement 1 to AR 190-40, Serious Incident Reports, 1 October 2002.

2. Purpose: This policy memorandum supercedes MCZX memorandum, subject as above, dated 29 Apr 02. It prescribes the duties and responsibilities of commanders and staff for reporting CCIR events to the Commander, US Army Medical Command (MEDCOM)/The Surgeon General (TSG).

3. Proponent: The proponent for this policy is the Executive Office, OTSG.

4. Responsibilities:

- a. MEDCOM/OTSG Staff develop the initial CCIR list for approval, provide periodic reviews of the list, and update as directed or as information requirements change.
- b. The Directorate of Health Care Operations is the focal point for collecting, reviewing, and forwarding CCIRs to the MEDCOM Cdr/TSG and responsible staff elements.
- c. Major Subordinate Commanders and AMEDD Executive Agency Directors report CCIRs by exception and develop internal procedures to ensure CCIRs are reported as prescribed.

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5. Policies:

a. CCIRs identify information needed to make timely critical decisions and to visualize operations within the command. They serve as a filter for information by defining what is important to the commander.

b. Enclosure 1 is a quick reference for CCIR situations requiring submission of an EXSUM; enclosure 2 further describes these reporting situations. Reporting is by exception, i.e., only when there is an occurrence of a reportable event. Commanders and Directors should report other situations that in their judgment merit attention of the MEDCOM Commander/TSG.

c. If an incident could be considered both a CCIR and a Serious Incident Report (SIR), report the incident only as an SIR. Submission of reports will not be delayed due to incomplete information. Additional required information will be provided in subsequent add-on reports. To report Category 3 SIRs, use the standards outlined in MEDCOM Supplement 1 to AR 190-40 to report the information to the MEDCOM Provost Marshal Office within the required time constraints, with concurrent notification to the MEDCOM/OTSG Operations Center (OPSCENTER21).

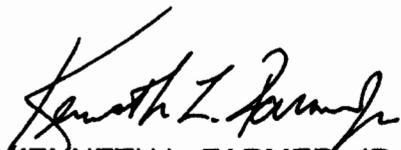
6. Procedures:

a. MEDCOM commanders; HQ MEDCOM/OTSG Directors; and Directors, AMEDD Executive Agencies will identify CCIR events and submit in standard EXSUM format (enclosure 3). Include where appropriate the impact on mission/patient care and as much detail on corrective actions/interim solutions as is known without delaying the report.

b. All CCIRs will be reported immediately by electronic means to OPSCENTER21 at EOC.OPNS@otsg.amedd.army.mil (listed as "OTSG, OPNSCENTER21 OPNS" on the AMEDD global directory). Or, if info is classified, send to otsgopscenter21opns@hqda-s.army.smil.mil. This office is staffed 24 hours a day/7 days a week. If electronic means are not available, the OPSCENTER21 telephone numbers are (703) 681-8052/5095 (DSN 761).

FOR THE COMMANDER:

Encls


KENNETH L. FARMER, JR.
Major General
Chief of Staff

MCZX

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DISTRIBUTION:

MEDCOM MSC Commanders

DCS, Force Projection

DCS, Force Sustainment

Assistant Chiefs of Staff, HQ MEDCOM/OTSG Principal Staff

Special Staff

Personal Staff

Directors, AMEDD Executive Agencies



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COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (FEB 04)



PERSONNEL	SPECIAL EVENTS	OPERATIONAL ISSUES	INFRASTRUCTURE
1. AMEDD Death/death on an AMEDD installation	1. Significant news media implications	1. Loss of accreditation	1. AMEDD Installation and facility issues/incidents
2. Accident involving MEDCOM/OTSG personnel	2. VIPs at AMEDD sites	2. Loss of significant operational capabilities	2. A Stop Work Order negatively impacting the AMEDD mission
3. Formal complaint, potentially embarrassing	3. Crisis with military medical implications	3. Sudden deployments	3. Significant changes to MHS IM/IT programs
4. PROFIS deployment	4. Decisions significantly affecting medical policies/ programs	4. Short notice tasking with significant impact	4. Procurement (Contracting) Fraud Alert
5. Court decisions or administrative agency legal decisions	5. External Audits and Inspections	5. Lack of required vaccine	5. A major contractor performance default
6. Military patients with amputations	6. Security incidents into AMEDD information systems	6. Sudden disease outbreak	6. Failure of the Total SPS (Standard Procurement System) PD2 (Procurement Desktop Defense) system
7. Unplanned admission of active duty Army General Officers	7. Items of potentially rapid bad publicity	7. Significant increase of disease occurrence/bioterrorism	7. Unforeseen financial crisis
8. AMEDD International Students visiting the National Capital Region	8. Unauthorized electronic release of classified information	8. Potential degradation of AMEDD information systems	8. Significant emergency support mission
9. Other Personnel Issues	9. Threats or attacks on MEDCOM	9. Unscheduled loss of major Information Management/Information Technology Systems	9. Event that impacts ability to fulfill the readiness mission
	10. JCAHO reviewable sentinel events	10. Other Operational Issues	10. Environmental Issues
	11. Other Special Event Issues		11. Other Infrastructure Issues

COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (Page 1 of 3)

PERSONNEL ISSUES

1. **Death** of an AMEDD Soldier, contractor or civilian, or anyone on an AMEDD post.
2. **Accidents** involving MEDCOM/OTSG personnel where there is a loss of life, permanent disability, significant property loss or mission disruption.
3. A **formal complaint** (e.g., IG, EEO, grievance) that may potentially embarrass the Command.
4. Any requirement to **deploy PROFIS** that has a significant impact on the mission capabilities of one or more MEDCOM MTFs.
5. **Court decisions** or administrative agency legal decisions significantly affecting senior AMEDD military/civilian personnel.
6. Military patients with **amputations** hospitalized at an Army MTF or under administrative control at a civilian hospital.
7. **Unplanned admission** of active duty Army General Officers will be reported as CCIR. Planned GO and other VIP admissions are reported IAW MEDCOM Reg 40-7.
8. **AMEDD International Students** visiting the National Capital Region in an official capacity.
9. **Any other personnel issue** that in the judgment of Commanders or Directors merits the attention of the MEDCOM Commander/TSG.

SPECIAL EVENT ISSUES

1. AMEDD or MTF in the news or with **significant news media implications**.
2. **VIPs** at AMEDD sites/organizations (e.g., CSA, VCSA, Congressman, Senator, Sec Army, CJCS, Sec Def, President, Foreign Dignitaries).
3. **International or national crisis** with military medical implications.
4. **Court decisions** or administrative agency legal decisions significantly affecting DOD or Army medical policies/programs.

COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (Page 2 of 3)

5. **External Audits and Inspections** within MEDCOM/OTSG.
6. **Security incidents** into AMEDD information systems resulting in a Category 1 (Root access) or Category 2 (Under level access) compromise or a vulnerability scan by a Computer Emergency Response Team indicating an unpatched Information Assurance Vulnerability Alert or high/medium vulnerability on an AMEDD information system.
7. Items of potentially **rapid spreading bad publicity**, including: pediatric deaths, wrong site surgery, impaired provider mishap and acts of gross negligence.
8. **Unauthorized electronic release** of classified information/loss of COMSEC key material or equipment.
9. **Threats or attacks** on MEDCOM facilities operations or personnel.
10. Patient incidents determined to be JCAHO reviewable **sentinel events**.
11. **Any other special event issue** that in the judgment of Commanders or Directors merits the attention of the MEDCOM Commander/TSG.

OPERATIONAL ISSUES

1. **Loss of accreditation** of a major program (e.g., NRC Licensure).
2. Loss of significant **operational capabilities** (including bed capabilities) at an MTF.
3. Sudden **deployment** of MEDCOM Units and SMART teams, or major troop deployments.
4. **Short notice taskings**, equipment or personnel, that impact MTF capabilities.
5. MTF runs **out of a vaccine** required for immunization of recruits in basic training reception, or during SRP processing.
6. Sudden foodborne or animal **disease outbreak**.
7. Significant increase of **disease occurrence** for a specific military population.
8. Malicious logic (virus, Trojan horse, worm, etc.) or Denial of Service event (mass mailing of chain letters, hoaxes, etc.) that penetrate existing security screens and have the **potential to seriously degrade** AMEDD mission performance.

COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (Page 3 of 3)

9. **Unscheduled loss** of major Information Management/Information Technology systems that impact normal facility operations.
10. **Any other operational issue** that in the judgment of Commanders or Directors merits the attention of the MEDCOM Commander/TSG.

INFRASTRUCTURE ISSUES

1. **AMEDD Installation and facility issues/incidents** (e.g., storm damage, arson, flooding, critical building system failures.).
2. A lodged protest regarding a contract issue resulting in GAO issuing a **Stop Work Order**, thus negatively impacting the AMEDD mission.
3. Significant changes to the **MHS IM/IT programs**.
4. Procurement (Contracting) **Fraud Alert** (DIS, CID, FBI etc.) involving MEDCOM personnel or contractors.
5. A major contractor **performance default** or termination with AMEDD mission implications.
6. Failure exceeding 72 hours of the **Total SPS (Standard Procurement System) PD2** (Procurement Desktop Defense) system for awarding and payment of contractors.
7. **Unforeseen financial crisis**.
8. Significant **emergency support missions**.
9. Event that impacts MEDCOM's **ability to fulfill readiness mission** (e.g., change in status of prepositioned stocks).
10. **Environmental Issues** (e.g., significant incidents, New Environmental Enforcement Actions/Notices of Violations).
11. **Any other infrastructure issue** that in the judgment of Commanders or Directors merits the attention of the MEDCOM Commander/TSG.

UNCLASSIFIED
EXECUTIVE SUMMARY

20 April 20XX

(U) PREPARATION OF CCIR EXECUTIVE SUMMARY (EXSUM). (U) (DASG-XX)
An EXSUM is a brief summary of information either in response to a question or to provide information. The EXSUM should not exceed 15 lines. CCIR EXSUMs will contain the basic information required to report the situation in a coherent, informative manner (i.e., what happened, who was involved and from what unit, when and where did it occur, why, and how). It should be prepared in concise but informative style, making use of only approved acronyms and abbreviations. Normally, abbreviations are spelled out before using. Use Arial 12 pitch font and 1-inch margins. The EXSUM should begin with the overall classification, followed by the subject (underlined). The originator's organization will appear next, followed by the body of the summary text. Ensure that the originator is identified and the EXSUM approved as shown below. "PREPARE MEMO" should end the summary. PREPARE MEMO_____.

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APPROVED BY: COL Boss

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