

June 9, 2010

**SCREENING AND EVALUATION OF OPERATION ENDURING FREEDOM (OEF)
AND OPERATION IRAQI FREEDOM (OIF) VETERANS WITH EMBEDDED
FRAGMENTS**

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy and procedure for screening and evaluation of embedded fragments in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans.

2. BACKGROUND

a. The signature wound of the current conflict in Iraq, and increasingly in Afghanistan, is the traumatic injury incurred by contact with improvised explosive devices (IEDs) resulting in wound contamination with toxic metals, plastics, and composite materials. The Department of Defense (DOD) has estimated that approximately 5,000 Servicemembers have shrapnel or embedded fragment wounds. Studies have shown that embedded metal fragments are not inert in the body, are slowly absorbed over time, and can result in health problems. The recognition of potential short and long-term health effects of embedded fragments in soldiers and the large number of soldiers with injuries resulting in embedded fragments led to the Returning Global War on Terror Heroes Presidential Task Force's recommendation P-7 that directed VHA to establish a registry and medical surveillance program for Veterans with retained fragments.

b. In response to this need, the Toxic Embedded Fragment Surveillance Center (TEFSC) has been established at the Department of Veterans Affairs (VA) Medical Center in Baltimore, Maryland. The TEFSC developed a screening tool to assist in identifying OEF and OIF Veterans who have embedded fragments, and a protocol for further evaluation of those identified with embedded fragments.

c. A national clinical reminder, the Iraq and Afghanistan Post-Deployment Screening Reminder, has been modified to include a question to identify Veterans with embedded fragments. The reminder asks individuals if they have, or suspect they have, retained fragments or shrapnel as a result of injuries they received while serving in the area of conflict. The injuries can be the result of small arms fire, or a blast or explosion caused by an IED, Rocket-Propelled Grenade (RPG), landmine, grenade, or enemy or friendly fire. If an embedded fragment is suspected or present as indicated by a 'yes' response to the Iraq and Afghanistan Post-Deployment Screening Reminder, a second clinical reminder, the Evaluation of Embedded Fragments Reminder, must be completed by appropriate clinical staff. If the Iraq and Afghanistan Post-Deployment Screening was completed before the question on embedded fragments was made available on October 20, 2008, the Embedded Fragments Screen clinical reminder must be completed. The Embedded Fragments Screen asks the same questions included in the Iraq and Afghanistan Post-Deployment Screening Reminder and Evaluation of Embedded Fragments clinical reminder.

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3. POLICY: It is VHA policy that all OEF and OIF Veterans receiving medical care in VHA facilities are screened for embedded fragments, and that the TEFSC is consulted for guidance on medical surveillance for any Veteran who, on the basis of the screen, might have embedded fragments.

4. ACTION

a. **The Office of Information and Technology (OI&T) Enterprise Operations and Field Development.** OI&T is responsible for:

(1) Installing patch PXR2*11 that implements the updated VA Iraq and Afghanistan Post-Deployment Screening clinical reminder and reminder dialog. *NOTE: This patch was made available on October 20, 2008.*

(2) Installing patch PXR2*12 that implements the Evaluation of Embedded Fragments clinical reminder and the Embedded Fragments Screen clinical reminder. *NOTE: This patch was made available as a national patch on November 16, 2009.*

b. **Deputy Chief Patient Care Services Officer for Primary Care.** The Deputy Chief Patient Care Services Officer for Primary Care is responsible for ensuring that:

(1) Screen captures and training material for the current version of the Iraq and Afghanistan Post-Deployment Screen are posted at: <http://vista.med.va.gov/reminders/index.html>.

(2) The reminders are kept up-to-date and modified, as needed, with advances in clinical knowledge. *NOTE: Any updates in the reminders are implemented using a national information technology (IT) patch.*

c. **Director, TEFSC.** The Director, TEFSC is responsible for:

(1) Maintaining a defined protocol for evaluation of those who might have an embedded fragment, based on responses to screening.

(2) Providing training materials on the protocol for health care providers and other medical center staff who are responsible for completing the protocol.

(3) Within 30 days of receiving the referral, ensuring that TEFSC staff:

(a) Review information captured in the Embedded Fragment Registry and contact the VA medical center staff person to identify the primary health care provider, if not already identified.

(b) Contact the primary health care provider, or appropriate VA medical center staff person (see subpar. 4d(3)(c)), to discuss medical surveillance for Veterans at highest risk. Medical surveillance may include fragment analysis and biological monitoring (analyzing urine for concentrations of various metal and nonmetal components found in fragments).

(c) Requests, as appropriate, urine and fragment specimens, which are to be submitted by mail, to TEFSC, at the Baltimore VA Medical Center.

(d) Coordinates the analyses of all samples and provides the interpretation of results and consultation to the appropriate VA health care providers and Veterans.

d. **Facility Director.** Each Facility Director is responsible for ensuring that:

(1) The National VHA Iraq and Afghanistan Post-Deployment Screening, the Evaluation of Embedded Fragment, and the Screen for Embedded Fragments clinical reminders are assigned at the “system” level, or “division” level at all divisions, in the Computerized Patient Record System (CPRS).

(2) These reminders must be available to all users and “locked” so that they can not be removed by individual users.

(3) The Iraq and Afghanistan Post-Deployment Screening reminder is completed, by appropriate clinical staff, for all OEF and OIF Veterans who present at the facility for medical care, regardless of the clinic in which they are seen, or the reason for presentation.

(a) After implementation of Patch PXR*2*11, the reminder asks individuals if they have, or suspect they have, retained fragments or shrapnel as a result of injuries they received while serving in the area of conflict. The injuries can be the result of small arms fire or a blast or explosion caused by an IED, RPG, landmine, grenade, or enemy or friendly fire.

(b) If the Veteran responds negatively, the screen is negative and the reminder is complete.

(c) If the individual responds affirmatively, indicating the presence or suspected presence, of an embedded fragment, a second clinical reminder, the Evaluation of Embedded Fragments, becomes active within CPRS.

(4) The Evaluation of Embedded Fragments clinical reminder is completed for all Veterans who respond affirmatively to the question related to "embedded fragments" on the Iraq and Afghanistan Post-Deployment Screening clinical reminder.

(a) The Evaluation of Embedded Fragments clinical reminder is completed by the individual completing the Iraq and Afghanistan Post-Deployment Screening Reminder or any VA staff member designated by the VA medical center.

(b) If a Veteran refuses to answer, or is unable to answer questions due to an acute illness or chronic severe cognitive impairment, the individual completing the reminder must check “unable to evaluate” and indicate the reason.

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(c) When completing the reminder, a primary point-of-contact (with telephone number and e-mail address) must be identified, i.e., a VA medical center staff person who can coordinate the recommended follow-up activities by assisting the TEFSC in reaching the Veteran and contacting the Veteran's primary health care provider. *NOTE: This staff person may be a nurse, social worker, OEF and OIF Clinical Coordinator, environmental health coordinator, mental health specialist, primary health care provider, or any other individual the VA medical center deems appropriate.*

(d) The evaluation first asks the Veteran if the injury was from a bullet and then the question asks if the injury was the result of a blast or explosion. If the individual responds affirmatively to either question, subsequent questions ask if fragments, shrapnel, or bullet(s) were removed during surgery, if they remain in the body, and if they were documented by radiograph.

(e) Upon completion of the Evaluation of Embedded Fragments clinical reminder, the Veteran is automatically added to the VA Embedded Fragment Registry. This completes an electronic referral to the TEFSC and does not require any additional steps. The individual completing the evaluation automatically receives a brief message describing the Veteran's risk of having an embedded fragment and the contact information for the TEFSC. *NOTE: In addition, this information is automatically captured in the Veterans medical record within CPRS.*

(5) The Screen for Embedded Fragments clinical reminder is completed for all Veterans who completed the Iraq and Afghanistan Post-Deployment Screening reminder, prior to implementation of patch PXRМ*2*11, which added the embedded fragment screening question.

(a) The reminder asks individuals if they have or suspect they have retained fragments or shrapnel as a result of injuries they received while serving in the area of conflict. The injuries can be the result of small arms fire or a blast or explosion caused by an IED, RPG, landmine, grenade, or enemy or friendly fire.

(b) If the Veteran responds negatively, the screen is negative and the reminder is complete.

(c) If the individual responds affirmatively, indicating the presence or suspected presence of an embedded fragment, follow subparagraphs 4d(4)(b-d) to completion.

(6) When a Veteran screens positive for embedded fragments or possible embedded fragments, the findings are discussed with the patient by the appropriate clinical staff member.

(7) Health care providers and other appropriate VA medical center staff are aware that if they are unsure of how to complete the clinical reminder process, they may contact the TEFSC directly at 1-800-815-7533.

5. REFERENCE: The Task Force Report to the President. Returning Global War on Terror Heroes, April 2007, found at:

http://www.va.gov/op3/docs/gwotaskforce/gwot_tf_report_042407.pdf.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant for Primary Care and the Chief Consultant for Environmental Health are responsible for the contents of this Directive. Questions are referred to the Office of Public Health and Environmental Hazards at (202) 461-7220.

7. RESCISSIONS: None. This VHA Directive expires May 31, 2015.

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