

ALARACT 107/2012

DTG: P 180103Z Apr 12

THIS ALARACT MESSAGE IS SENT ON BEHALF OF THE SURGEON GENERAL//

SUBJECT: HEAT ILLNESS PREVENTION FOR 2012 HEAT SEASON

REF/A/AR 40-5/PREVENTIVE MEDICINE/25MAY07//

REF/B/HQDA MEMORANDUM/SUBJECT: HEAT ILLNESS PREVENTION PROGRAM FOR THE 2012 HEAT SEASON/10 APRIL 12/(AKO URLS WILL NOT WORK IN UPPER CASE)//[HTTPS://WWW.US.ARMY.MIL/SUITE/DOC/35864420//](https://www.us.army.mil/suite/doc/35864420)

REF/C/TECHNICAL BULLETIN MED 507/HEAT STRESS CONTROL AND HEAT CASUALTY MANAGEMENT/07MAR03//

[HTTP://WWW.ARMY.MIL/USAPA/MED/DR_PUBS/DR_A/PDF/TBMED507.PDF//](http://www.army.mil/usapa/med/dr_pubs/dr_a/pdf/tbmed507.pdf)

REF/D/TRADOC REGULATION 350-29/PREVENTION OF HEAT AND COLD CASUALTIES/20JAN10//[HTTP://WWW.TRADOC.ARMY.MIL/TPUBS/REGS/TR350-29.PDF//](http://www.tradoc.army.mil/tpubs/reg350-29.pdf)

REF/E/FM 5-19/COMPOSITE RISK MANAGEMENT/21AUG06//

[HTTPS://ARMYPUBS.US.ARMY.MIL/DOCTRINE/DR_PUBS/DR_AA/PDF/FM5_19.PDF //](https://armypubs.us.army.mil/doctrine/dr_pubs/dr_aa/pdf/fm5_19.pdf)

REF/F/COMMANDERS', SENIOR NCOS' AND INSTRUCTORS' GUIDE TO RISK MANAGEMENT OF HEAT CASUALTIES [WWW.TRADOC.ARMY.MIL/SURGEON/PDF/HEAT%20RISK%20MANUAL.PDF//](http://www.tradoc.army.mil/surgeon/pdf/heat%20risk%20manual.pdf)

REF/G/US ARMY PUBLIC HEALTH COMMAND RESOURCES LOCATED

AT: [HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/DISCOND/HIPSS/PAGES/DEFAULT.ASPX.](http://phc.amedd.army.mil/topics/discond/hipss/pages/default.aspx)

1. (U) SITUATION. WARM WEATHER-RELATED ILLNESSES CONTINUE TO THREATEN INDIVIDUAL HEALTH AND PERFORMANCE FOR OUR SOLDIERS AND THE COLLECTIVE HEALTH OF OUR FORCE ARMY-WIDE. IN 2011, FIVE-SOLDIERS DIED OF HEAT-RELATED ILLNESS INVOLVING SOME TYPE OF PHYSICAL ACTIVITY. THE ARMED FORCES HEALTH SURVEILLANCE CENTER REPORTED 1,808 HEAT ILLNESSES IN 2011, OF WHICH 126-CASES WERE HEAT STROKE AMONG THE US ARMY ACTIVE COMPONENT.

2. (U) MISSION. LEADERS AND SOLDIERS AT ALL LEVELS WILL IMPLEMENT BASIC, EFFECTIVE MEASURES IN ORDER TO PREVENT, IDENTIFY AND TREAT HEAT ILLNESS DURING THE SPRING/SUMMER HEAT SEASON (01 APR 12 - 30 SEP 12).

3. (U) EXECUTION.

3.A. (U) CONCEPT OF THE OPERATIONS.

3.A.(1) (U) COMMANDERS AND LEADERS WILL ENSURE ALL PERSONNEL ARE EDUCATED ABOUT THE PREVENTION, RECOGNITION AND TREATMENT OF HEAT ILLNESS.

3.A.(2) (U) HEAT ILLNESS REPRESENTS A CONTINUUM OF SEVERITY FROM MILD (HEAT EXHAUSTION) TO SEVERE (HEAT STROKE).

3.A.(3) (U) COMMANDERS WILL IMPLEMENT PROGRAMS DESIGNED TO AID IN THE PREVENTION OF HEAT ILLNESSES. UNIT NON-COMMISSIONED OFFICERS (NCOS) WILL EXECUTE THE HEAT ILLNESS

PREVENTION PROGRAM FOR THE HEALTH AND SAFETY OF THEIR SOLDIERS. SOLDIERS ARE RESPONSIBLE FOR IMPLEMENTING PERSONAL PROTECTIVE MEASURES.

3.A.(4) (U) WHEN TRAINING OR DEPLOYED TO WARM-WEATHER REGIONS, UNITS WILL TREAT ANY SOLDIER WHO EXHIBITS CONFUSION OR ABNORMAL BEHAVIOR AS A LIKELY HEAT STROKE CASUALTY PENDING MEDICAL EXAMINATION. UNITS WILL IMMEDIATELY BEGIN ACTIVE COOLING MEASURES AND INITIATE MEDICAL EVACUATION PROCEDURES (REF/F).

3.B. (U) COORDINATING INSTRUCTIONS.

3.B.(1) (U) LEADERS AT ALL LEVELS WILL:

3.B.(1)(A) (U) ENSURE THEIR PERSONNEL ARE TRAINED ON PREVENTION, RECOGNITION AND BASIC TREATMENT OF HEAT-RELATED ILLNESS.

3.B.(1)(B) (U) ENSURE ALL CADRE IN TRAINING ENVIRONMENTS RECEIVE TRAINING IN PREVENTION AND RECOGNITION OF HEAT ILLNESSES CONSISTENT WITH TRADOC GUIDANCE (REF/D).

3.B.(1)(C) (U) ENSURE SOLDIERS FOLLOW THE BASIC, AND EFFECTIVE PREVENTIVE MEASURES OUTLINED BELOW.

3.B.(1)(D) (U) INTEGRATE MEDICAL SUPPORT INTO THE PLANNING OF UNIT ACTIVITIES WITH THE POTENTIAL FOR HEAT CASUALTY EVENTS. UNITS WITHOUT ORGANIC MEDICAL SUPPORT SHOULD COORDINATE WITH SUPPORTING MEDICAL TREATMENT FACILITIES FOR PLANNING AND TRAINING ASSISTANCE.

3.B.(1)(E) (U) REVIEW SOLDIERS' MEDICAL AND PHYSICAL READINESS AND ACCLIMIZATION STATUS AS PART OF UNIT RISK ASSESSMENT PROCEDURES FOR ALL TRAINING AND OPERATIONS (REF/E).

3.B.(1)(F) (U) EACH SOLDIER SHOULD BE AWARE OF HIS/HER BATTLE BUDDY'S EATING, DRINKING, AND FREQUENCY OF URINATION TO HELP RECOGNIZE EARLY SIGNS AND SYMPTOMS OF HEAT ILLNESS.

3.B.(1)(G) (U) CLOSELY MONITOR SOLDIERS WHO ARE PRONE TO HEAT ILLNESS (E.G., THOSE WHO ARE OVERWEIGHT, DIETING, HAVE CHRONIC MEDICAL CONDITIONS, ARE TAKING PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS, OR HAVE RECENT ILLNESS). A METHOD OF MARKING SOLDIERS WHO ARE AT RISK FOR HEAT ILLNESS IS CONTAINED IN REF/D. CONSULT MEDICAL PERSONNEL TO DETERMINE APPROPRIATE LEVELS OF PHYSICAL ACTIVITY FOR THESE SOLDIERS.

3.B.(1)(H) (U) FOLLOW THE WORK/REST CYCLE. ENSURE SOLDIERS REST IN THE SHADE AND MODIFY UNIFORM (E.G., REMOVE BODY ARMOR/HELMET, UNBLOUSE TROUSERS AND LOOSEN CUFFS) AS MISSION PERMITS. SEE WORK/REST AND WATER CONSUMPTION TABLE AT [HTTP://USAPHCAPPS.AMEDD.ARMY.MIL/HIOSHOPPINGCART/VIEWITEM.ASPX?ID=53](http://usaphcapps.amedd.army.mil/hioshoppingcart/viewitem.aspx?id=53).

3.B.(1)(I) (U) ENSURE SOLDIERS HAVE ADEQUATE TIME TO EAT MEALS AND DRINK WATER.

3.B.(1)(J) (U) DO NOT ALLOW SOLDIERS TO USE SALT TABLETS BECAUSE THERE IS AN ADEQUATE AMOUNT OF SALT IN MEALS.

3.B.(1)(K) DO NOT ALLOW SOLDIERS TO EMPTY CANTEENS OR CAMELBAKS(r) TO LIGHTEN THEIR LOAD.

3.B.(1)(L) (U) CAPITALIZE ON OPPORTUNITIES TO REDUCE HEAT ILLNESS. (E.G., MARCH ON GRASS INSTEAD OF ASPHALT IF FEASIBLE; HOLD FORMATIONS IN SHADED AREAS INSTEAD OF DIRECT SUN; USE OPEN FORMATIONS; ALLOW ADDITIONAL COOL SHOWERS AS POSSIBLE).

3.B.(1)(M) (U) SOLDIERS NEED TO RECOGNIZE AND RESPOND TO POSSIBLE HEAT ILLNESSES. IMMEDIATE COOLING AND BUDDY AID IMPROVES THE LIKLIHOOD OF HEAT ILLNESS SURVIVAL WITH MINIMAL LASTING EFFECTS.

3.B.(1)(N) (U) THIRST IS NOT A RELIABLE INDICATOR OF WATER NEEDS. COMMANDERS AND LEADERS

WILL ENSURE SOLDIERS ARE WELL HYDRATED BEFORE, DURING, AND AFTER OPERATIONS AND TRAINING.

3.B.(1)(O) (U) A SOLDIER'S HOURLY FLUID INTAKE SHOULD NOT EXCEED 1 1/2-QUARTS AND DAILY INTAKE SHOULD NOT EXCEED 12-QUARTS DUE TO THE RISK OF OVER HYDRATION/ WATER TOXICITY.

3.B.(1)(P) (U) UNITS WILL MONITOR WET BULB GLOBE THERMOMETER HOURLY WHEN AMBIENT TEMPERATURE IS EQUAL TO OR GREATER THAN 75-DEGREES FAHRENHEIT. PERFORM MONITORING AS CLOSE TO LOCATIONS OF ACTIVITY AS POSSIBLE. COMMANDERS SHOULD CONSIDER THE IMPACT OF CUMULATIVE HEAT STRESS ON SOLDIERS DURING PROLONGED OR REPEATED HEAT EXPOSURES OVER TWO OR MORE CON(SEC)UTIVE DAYS.

3.B.(1)(Q) (U) LEADERS MUST IMMEDIATELY RE-EVALUATE ALL UNIT PERSONNEL AND MITIGATION ACTIONS WHEN ANY HEAT ILLNESS OCCURS.

3.B.(1)(R) (U) UNITS WILL CONTINUE TO REPORT ALL HEAT ILLNESSES THAT REQUIRE MEDICAL INTERVENTION OR RESULT IN LOST DUTY TIME.

3.B.(2) (U) HEAT ILLNESS REPORTING.

3.B.(2)(A) (U) DEPLOYED PERSONNEL SHOULD REPORT HEAT ILLNESSES AS OUTLINED IN THEIR MEDICAL ANNEX.

3.B.(2)(B) (U) NON-DEPLOYED UNITS SHOULD COORDINATE WITH THEIR SUPPORTING PREVENTIVE MEDICINE (PM) ORGANIZATION FOR REPORTING USING THE DISEASE REPORTING SYSTEM INTERNET (DRSI).

3.B.(2)(C) (U) NON-DEPLOYED MEDICAL TREATMENT FACILITIES SHOULD COORDINATE WITH THEIR SUPPORTING PM ORGANIZATION FOR REPORTING HEAT ILLNESSES. PM PERSONNEL SHOULD REPORT HEAT ILLNESSES TO THE US ARMY PUBLIC HEALTH COMMAND (USAPHC) USING DRSI. INFORMATION IS AVAILABLE AT [HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/HEALTHSURV/DE/PAGES/DRSIREOURCES.ASPX](http://PHC.AMEDD.ARMY.MIL/TOPICS/HEALTHSURV/DE/PAGES/DRSIREOURCES.ASPX) AND FROM THE DRSI HELPDESK (EMAIL: DISEASE.EPIDEMIOLOGY@AMEDD.ARMY.MIL, COM: 410-417-2377, DSN: 867-2377).

3.B.(3) (U) ADDITIONAL RESOURCES AND GUIDANCE AVAILABLE TO LEADERS AND MEDICAL PERSONNEL.

3.B.(3)(A) (U) USAPHC PROVIDES COMPREHENSIVE INFORMATION ON HEAT ILLNESS PREVENTION AT [HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/DISCOND/HIPSS/PAGES/HEATINJURYPREVENTION.ASPX](http://PHC.AMEDD.ARMY.MIL/TOPICS/DISCOND/HIPSS/PAGES/HEATINJURYPREVENTION.ASPX).

3.B.(3)(B) (U) TRADOC PROVIDES GUIDANCE TO COMMANDERS FOR PREVENTION OF HEAT CASUALTIES AT [HTTPS://WWW.US.ARMY.MIL/SUITE/FOLDER/34737450](https://www.us.army.mil/suite/folder/34737450).

3.B.(3)(C) (U) US ARMY COMBAT READINESS/SAFETY CENTER (USACRC) LAUNCHED THE 2012 SPRING/SUMMER SAFETY CAMPAIGN WHICH RUNS FROM 01 APR 12 - 30 SEP 12 TO RAISE AWARENESS OF COMMON SEASONAL HAZARDS. INFORMATION ON THE USACRC SPRING/SUMMER SAFETY CAMPAIGN 2012 IS AVAILABLE AT: [HTTPS://SAFETY.ARMY.MIL/MULTIMEDIA/CAMPAIGNSINITIATIVES/SPRINGSUMMERSAFETY2012/TABID/2310/DEFAULT.ASPX](https://safety.army.mil/multimedia/campaignsinitiatives/springsummersafety2012/TabID/2310/default.aspx).

4. (U) SUSTAINMENT. (U) N/A.

5. (U) COMMAND AND SIGNAL.

5.A. (U) HQDA POCS:

5.A.(1) (U) MR. PAUL REPACI, HEALTH SYSTEM SPECIALIST, COM: 703-681-2949, DSN 761; EMAIL: PAUL.REPACI@US.ARMY.MIL.

5.A.(2) (U) LTC BRYONY SOLTIS, PREVENTIVE MEDICINE STAFF OFFICER: COM: 703-681-3160, DSN: 761; EMAIL: BRYONY.W.SOLTIS@US.ARMY.MIL.

5.A.(3) (U) HQDA AOC-CAT: SURGEON ACTION OFFICER, COM: 703-693-4821, DSN: 223-4821, EMAIL: OTSG.AOCCAT@CONUS.ARMY.MIL.

5.B. (U) EXPIRATION DATE: 30 APR 13.