

ALARACT 042/2016

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UNCLAS

SUBJ/ALARACT 042/2016 - HEAT ILLNESS PREVENTION FOR 2016 HEAT SEASON

THIS ALARACT MESSAGE HAS BEEN TRANSMITTED BY JSP ON BEHALF OF HQDA
OTSG//DASG-HSZ-PPM//DAMO-DASG//

1. REFERENCES.

1.A. AR 40-5/PREVENTIVE

MEDICINE/25MAY07//[HTTPS://ARMYPUBS.US.ARMY.MIL/EPUBS/PDF/R40_5.PDF](https://armypubs.us.army.mil/epubs/pdf/r40_5.pdf)//

1.B. HQDA MEMORANDUM/SUBJECT: HEAT ILLNESS PREVENTION PROGRAM
2015/APR15/ (AKO URLS WILL NOT WORK IN UPPER CASE)//

1.C. ATP 4-25.12/UNIT FIELD SANITATION TEAMS/30APRIL14//
[HTTPS://ARMYPUBS.US.ARMY.MIL/DOCTRINE/DR_PUBS/DR_A/PDF/ATP4_25X12.PDF](https://armypubs.us.army.mil/doctrine/dr_pubs/dr_a/pdf/atp4_25x12.pdf)
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1.D. 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)//

1.E. TRADOC REGULATION 350-29/PREVENTION OF HEAT AND COLD
CASUALTIES/06JUL12//[HTTP://WWW.TRADOC.ARMY.MIL/TPUBS/REGS/TR350-29.PD](http://www.tradoc.army.mil/tpubs/regis/tr350-29.pdf)
F//

1.F. ATP 5-19, C1/RISK MANAGEMENT/08SEP14//
[HTTP://ARMYPUBS.ARMY.MIL/DOCTRINE/DR_PUBS/DR_A/PDF/ATP5_19_C1.PDF](http://armypubs.army.mil/doctrine/dr_pubs/dr_a/pdf/atp5_19_c1.pdf)//

1.G. AR 385-10/THE ARMY SAFETY PROGRAM/27NOV13//
[HTTP://WWW.APD.ARMY.MIL/PDFFILES/R385_10.PDF](http://www.apd.army.mil/pdf/files/r385_10.pdf)//

1.H. ARMY PUBLIC HEALTH CENTER (PROVISIONAL) RESOURCES//
[HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/CAMPAIGNS/PERFTRIAD/PAGES/DEFAULT.AS](http://phc.amedd.army.mil/topics/campaigns/perftriad/pages/default.aspx)
PX//

1.I. TECHNICAL BULLETIN MED 507/HEAT STRESS CONTROL AND HEAT
CASUALTY MANAGEMENT/07MAR03/
[HTTP://ARMYPUBS.ARMY.MIL/MED/DR_PUBS/DR_A/PDF/TBMED507.PDF](http://armypubs.army.mil/med/dr_pubs/dr_a/pdf/tbmed507.pdf)

1.J. ARMY PUBLIC HEALTH CENTER (PROVISIONAL) RESOURCES/
[HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/DISCOND/HIPSS/PAGES/HEATINJURYPREVEN](http://phc.amedd.army.mil/topics/discond/hipss/pages/heatinjuryprevention.aspx)
TION.ASPX//

2. SITUATION. HEAT ILLNESS CONTINUES TO THREATEN INDIVIDUAL
HEALTH AND PERFORMANCE OF OUR SOLDIERS, DA CIVILIANS, AND THE

COLLECTIVE HEALTH OF OUR FORCE ARMY-WIDE. IN 2015, 596 CASES OF EXERTIONAL HEAT ILLNESS WERE REPORTED TO ARMY PUBLIC HEALTH CENTER (PROVISIONAL), 98 WERE REPORTED AS HEAT STROKE. BOTH CATEGORIES WERE REDUCED APPROXIMATELY 50% FROM THE 2014 HEAT SEASON. OVER THE PAST DECADE, THE ARMY HAS REPORTED A YEARLY AVERAGE OF 2 TO 3 FATALITIES FROM HEAT STROKE, AND MANY MORE NONFATAL CASES OF EXERTIONAL HEAT ILLNESS.

3. MISSION. LEADERS, SOLDIERS, AND DA CIVILIANS AT ALL LEVELS SHOULD IMPLEMENT BASIC, EFFECTIVE MEASURES IN ORDER TO PREVENT, IDENTIFY, AND TREAT HEAT ILLNESS DURING THE 2016 HEAT SEASON. THIS ALARACT CONTAINS THE MOST RECENT UPDATE TO EXISTING POLICY ON HEAT INJURY PREVENTION. REFERENCE SOURCES INCLUDE ARMY REGULATIONS, TRADOC REGULATION, UNIT FIELD SANITATION (ATP 4-25.12), TECHNICAL BULLETIN (TB MED 507 (REF/I)) AND RECOMMENDATIONS AND RESOURCES AVAILABLE ON HEAT INJURY PREVENTION FROM ARMY PUBLIC HEALTH CENTER (PROVISIONAL), THE ARMY SAFETY PROGRAM, AND RISK MANAGEMENT.

4. EXECUTION.

4.A. CONCEPT OF THE OPERATION.

4.A.1. COMMANDERS AND LEADERS WILL ENSURE ALL PERSONNEL ARE EDUCATED ON THE PREVENTION, RECOGNITION AND TREATMENT OF HEAT ILLNESS (REF/A). HEAT ILLNESS REPRESENTS A CONTINUUM OF SEVERITY FROM MILD (HEAT EXHAUSTION) TO SEVERE (HEAT STROKE).

4.A.2. COMMANDERS WILL IMPLEMENT PROGRAMS TO AID IN THE PREVENTION OF HEAT INJURIES, WHICH WILL BE EXECUTED BY ALL LEADERS, INCLUDING SUPERVISORS OF DA CIVILIANS. SOLDIERS AND DA CIVILIANS ARE RESPONSIBLE FOR IMPLEMENTING PERSONAL PROTECTIVE MEASURES (REF/C).

4.A.3. WHEN TRAINING IN OR DEPLOYED TO WARM-WEATHER REGIONS, UNITS WILL BE VIGILANT IN ASSESSING THE HEALTH OF THEIR SOLDIERS. SOLDIERS WHO DEMONSTRATE SIGNS OR SYMPTOMS OF HEAT ILLNESS (I.E. CONFUSION, ABNORMAL BEHAVIOR) REQUIRE PROMPT ASSESSMENT AND TREATMENT AS A POSSIBLE HEAT CASUALTY PENDING MEDICAL EXAMINATION. UNITS WILL IMMEDIATELY CONSIDER ACTIVE COOLING MEASURES AND INITIATE MEDICAL EVACUATION PROCEDURES (REF/D).

4.B. COORDINATING INSTRUCTIONS.

4.B.1. LEADERS AT ALL LEVELS WILL:

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

4.B.1.B. ENSURE ALL CADRE AND STUDENTS IN TRAINING ENVIRONMENTS RECEIVE INSTRUCTION ON PREVENTION AND RECOGNITION OF HEAT ILLNESSES CONSISTENT WITH TRADOC GUIDANCE (REF/E).

4.B.1.C. 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 MILITARY TREATMENT FACILITIES FOR PLANNING AND TRAINING ASSISTANCE.

4.B.1.D. REVIEW SOLDIERS' AND DA CIVILIANS' MEDICAL AND PHYSICAL READINESS AND ACCLIMATIZATION STATUS AS PART OF UNIT RISK ASSESSMENT PROCEDURES FOR ALL TRAINING AND OPERATIONS (REF/F).

4.B.1.E. ENSURE THAT EACH SOLDIER AND DA CIVILIAN IS ABLE TO RECOGNIZE EARLY SIGNS AND SYMPTOMS OF HEAT ILLNESS IN HIS/HER BATTLE BUDDY.

4.B.1.F. CLOSELY MONITOR SOLDIERS AND DA CIVILIANS WHO ARE AT INCREASED RISK OF HEAT CASUALTIES.

4.B.1.F.1. THOSE AT INCREASED RISK INCLUDE: LACK OF HEAT ACCLIMATIZATION, CUMULATIVE EXPOSURE TO HEAT, INADEQUATE HYDRATION, POOR PHYSICAL FITNESS, CONCURRENT ILLNESS, USE OF PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS (SUCH AS ANTIHISTAMINES, BLOOD PRESSURE MEDICATION, AND OTHERS), USE OF VARIOUS DIETARY SUPPLEMENTS, RECENT OR CONCURRENT ALCOHOL USE, PRIOR HISTORY OF SERIOUS HEAT ILLNESS, CERTAIN SKIN DISORDERS, AGE OLDER THAN 40, AND THOSE WHO ARE OVERWEIGHT.

4.B.1.F.2. LEADERS MUST BE AWARE OF THE PHYSICAL LIMITATIONS OF THEIR PERSONNEL.

4.B.1.F.3. A METHOD OF MARKING SOLDIERS AND DA CIVILIANS WHO ARE AT INCREASED RISK FOR HEAT ILLNESS IS CONTAINED IN REF/E.

4.B.1.F.4. CONSULT MEDICAL PERSONNEL TO DETERMINE APPROPRIATE LEVELS OF PHYSICAL ACTIVITY FOR THESE SOLDIERS AND DA CIVILIANS. PERSONNEL OBSERVED TO BE STRUGGLING DURING PHYSICAL FITNESS TRAINING OR TESTING, AND THOSE WHO ARE NOT ABLE TO COMPLETE AN EVENT WARRANT MEDICAL EVALUATION.

4.B.1.G. DIRECT UNITS TO 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. UTILIZE FIELD SANITATION TEAMS, AS APPROPRIATE, TO MONITOR, CONDUCT CHECKS AND PROVIDE INFORMATION ON HEAT INJURY/ILLNESS PREVENTION TO UNITS. COMMANDERS AND LEADERS SHOULD CONSIDER THE IMPACT OF CUMULATIVE HEAT STRESS ONTO PERSONNEL DURING PROLONGED OR REPEATED HEAT EXPOSURES OVER TWO OR MORE CONSECUTIVE DAYS.

4.B.1.H. FOLLOW THE WORK/REST CYCLE. ENSURE PERSONNEL REST IN THE SHADE AND MODIFY UNIFORM OR CLOTHING (E.G., REMOVE BODY ARMOR/HELMET, UNBLOUSE TROUSERS AND LOOSEN CUFFS) AS MISSION PERMITS. SEE WORK/REST AND WATER CONSUMPTION TABLE AT [HTTPS://PHC.AMEDD.ARMY.MIL/PHC%20RESOURCE%20LIBRARY/HEATILLNESS_FS_12-005-0915.PDF](https://phc.amedd.army.mil/phc%20resource%20library/heatillness_fs_12-005-0915.pdf).

4.B.1.I. INSTRUCT PERSONNEL TO LIMIT THEIR HOURLY FLUID INTAKE TO NO MORE THAN 1 QUART AND DAILY FLUID INTAKE TO NO MORE THAN 12 QUARTS DUE TO THE RISK OF OVER HYDRATION/WATER INTOXICATION (REF/I).

4.B.1.J. ENSURE SOLDIERS AND DA CIVILIANS HAVE ADEQUATE TIME TO EAT MEALS AND DRINK WATER.

4.B.1.K. DO NOT ALLOW THE USE OF SALT TABLETS BECAUSE THERE IS AN ADEQUATE AMOUNT OF SALT IN MEALS WHICH ARE GOVERNMENT SOURCED AND PROVIDED.

4.B.1.L. DO NOT ALLOW SOLDIERS OR DA CIVILIANS TO EMPTY CANTEENS OR HYDRATION PACKS TO LIGHTEN THEIR LOAD.

4.B.1.M. 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; CONDUCT PHYSICAL TRAINING DURING COOLER PARTS OF THE DAY; ALLOW ADDITIONAL COOL SHOWERS AS POSSIBLE).

4.B.1.N. ENSURE PERSONNEL KNOW HOW TO RECOGNIZE AND RESPOND TO POSSIBLE HEAT ILLNESSES. IMMEDIATE COOLING AND BUDDY AID IMPROVES THE LIKELIHOOD OF HEAT ILLNESS SURVIVAL WITH MINIMAL LASTING EFFECTS.

4.B.1.O. COMMANDERS AND LEADERS WILL ENSURE PERSONNEL ARE WELL HYDRATED BEFORE, DURING, AND AFTER OPERATIONS AND TRAINING. THIRST IS NOT A RELIABLE INDICATOR OF WATER NEEDS.

4.B.1.P. UNITS CONDUCTING OPERATIONS IN HOT WEATHER ENVIRONMENTS REQUIRING THE USE OF PROTECTIVE CLOTHING AND EQUIPMENT (PCE) WILL DEVELOP A WRITTEN HEAT STRESS PREVENTION PROGRAM. UNITS SHOULD COORDINATE WITH THEIR SUPPORTING PREVENTIVE MEDICINE (PM) ORGANIZATION AND MILITARY TREATMENT FACILITIES FOR GUIDANCE IN DEVELOPING A WRITTEN HEAT STRESS PREVENTION PROGRAM FOR PERSONNEL REQUIRING PCE.

4.B.1.Q. IMMEDIATELY RE-EVALUATE ALL UNIT PERSONNEL AND MITIGATION ACTIONS WHEN ANY HEAT ILLNESS OCCURS.

4.B.1.R. DIRECT UNITS TO REPORT AND TRACK (REFS/D/J) ALL HEAT ILLNESSES THAT REQUIRE MEDICAL INTERVENTION OR RESULT IN LOST DUTY TIME, AS FOLLOWS:

4.B.2. HEAT ILLNESS REPORTING.

4.B.2.A. DEPLOYED PERSONNEL SHOULD REPORT HEAT ILLNESSES AS OUTLINED IN THEIR HEALTH SERVICE SUPPORT/ANNEX TO THE OPERATIONS PLAN OR ORDER.

4.B.2.B. NON-DEPLOYED UNITS SHOULD COORDINATE WITH THEIR SUPPORTING PREVENTIVE MEDICINE (PM) ORGANIZATION AND MILITARY TREATMENT FACILITIES FOR REPORTING HEAT ILLNESSES. ARMY NATIONAL GUARD AND

RESERVE UNITS WITHOUT PM PERSONAL SHOULD REPORT HEAT INJURY THROUGH COMMAND CHANNELS AND COMMAND SAFETY THROUGH "REPORT IT" <HTTPS://REPORTIT.SAFETY.ARMY.MIL>. DA CIVILIANS WILL SUBMIT CA-1/CA-2 WORKERS COMPENSATION FORMS THROUGH APPROPRIATE OCCUPATIONAL HEALTH CHANNELS OR THROUGH THE DEPARTMENT OF LABOR ECOMP SYSTEM AT <HTTPS://WWW.ECOMP.DOL.GOV/#>. PM PERSONNEL SHOULD REPORT HEAT INJURIES TO THE ARMY PUBLIC HEALTH CENTER (PROVISIONAL) USING THE DISEASE REPORTING SYSTEM INTERNET (DRSI). INFORMATION IS AVAILABLE <HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/HEALTHSURV/DE/PAGES/DRSIREOURCES.ASPX> AND FROM THE DRSI HELP DESK, EMAIL: USARMY.APG.MEDCOM-PHC.MBX.DISEASE-EPIDEMIOLOGYPROGRAM13@MAIL.MIL COM: 410-417-2377, DSN: 867-2377.

4.B.2.C. UNITS WILL ENSURE AN ACCIDENT REPORT (DA FORM 285-AB) IS SUBMITTED THROUGH THEIR CHAIN OF COMMAND TO THE U.S. ARMY COMBAT READINESS CENTER/SAFETY CENTER AS REQUIRED BY AR 385-10 (REF/G).

4.B.3. ADDITIONAL RESOURCES AND GUIDANCE AVAILABLE TO LEADERS AND MEDICAL PERSONNEL.

4.B.3.A. THE ARMY PUBLIC HEALTH CENTER (PROVISIONAL) PROVIDES COMPREHENSIVE INFORMATION ON HEAT ILLNESS PREVENTION AT <HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/DISCOND/HIPSS/PAGES/HEATINJURYPREVENTION.ASPX>.

4.B.3.B. U.S. ARMY TRAINING AND DOCTRINE COMMAND (TRADOC) PROVIDES GUIDANCE TO COMMANDERS AND LEADERS FOR PREVENTION OF HEAT CASUALTIES AT <HTTP://WWW.TRADOC.ARMY.MIL/TPUBS/REGS/TR350-29.PDF>.

4.B.3.C. U.S. ARMY COMBAT READINESS/SAFETY CENTER (USACRC) INFORMATION ON SPRING/SUMMER SAFETY IS AVAILABLE AT: <HTTPS://SAFETY.ARMY.MIL/MULTIMEDIA/CAMPAIGNSINITIATIVES/KNOWTHESIGNS/TABID/2369/DEFAULT.ASPX>.

4.B.3.D. THE PERFORMANCE TRIAD IS A COMPREHENSIVE PLAN TO IMPROVE READINESS AND INCREASE RESILIENCE THROUGH PUBLIC HEALTH INITIATIVES AND LEADERSHIP ENGAGEMENT. THE FOCUS OF THE PERFORMANCE TRIAD IS ON SLEEP, ACTIVITY, AND NUTRITION, EACH OF WHICH HAS AN IMPACT ON THE BODY'S SUSCEPTIBILITY TO HEAT-RELATED ILLNESSES.

4.B.3.D.1. SLEEP: LACK OF ADEQUATE SLEEP CAN REDUCE THE BODY'S PHYSIOLOGICAL ABILITY TO RESIST HEAT STRESS AND LEAD TO BEHAVIORAL PATTERNS THAT INCREASE SUSCEPTIBILITY TO HEAT INJURY. DEHYDRATION CAN ALSO ADVERSELY AFFECT SLEEP QUALITY BY DISTURBING SLEEP RHYTHM (REF/H).

4.B.3.D.1.A. ACTIVITY: USE THE PERFORMANCE TRIAD ACTIVITY TARGETS TO STAY IN TOP CONDITION. TRAINING SMART AND GETTING REGULAR EXERCISE, LIKE ACHIEVING PERFORMANCE TRIAD GOALS, HELPS SOLDIERS AND DA CIVILIANS ACCLIMATE TO HOT WEATHER AND AVOID HEAT INJURIES (REF/H).

4.B.3.D.1.B. NUTRITION: SOLDIERS AND DA CIVILIANS SHOULD STAY HYDRATED BY DRINKING PLENTY OF WATER AND OTHER HYDRATING FLUIDS THROUGHOUT THE DAY (AT LEAST 4 LITERS (136 OZ) PER DAY). DEHYDRATION AS LITTLE AS 2%, WHICH CAN HAPPEN QUICKLY IN HOT ENVIRONMENTS, SIGNIFICANTLY IMPAIRS PERFORMANCE, DECREASES APPETITE, AND INCREASES RISK OF HEAT INJURY. HOT ENVIRONMENTS INCREASE INDIVIDUAL CALORIE NEEDS BY 10% AND CAN DECREASE THE APPETITE. WORKING IN HOT ENVIRONMENTS CAN EVEN FURTHER INCREASE CALORIC REQUIREMENTS DEPENDING ON THE INTENSITY AND DURATION OF THE WORK. FLUIDS CONTAINING CARBOHYDRATES, EATING SMALLER VOLUMES, AND CHOOSING CALORIE DENSE FOOD CHOICES EVERY FEW HOURS HELPS TO MEET THE INCREASED CALORIC NEEDS IN THE FACE OF DECREASED APPETITE DUE TO HEAT (REF/H).

4.B.3.D.2. INFORMATION ON THE PERFORMANCE TRIAD IS AVAILABLE AT: [HTTP://ARMYMEDICINE.MIL/PAGES/PERFORMANCE-TRIAD.ASPX](http://armymedicine.mil/pages/performance-triad.aspx).

5. SUSTAINMENT. N/A.

6. COMMAND AND SIGNAL. HQDA POCs: OTSG/MEDCOM PREVENTIVE MEDICINE STAFF OFFICER: DUNCAN.A.GILLIES.MIL@MAIL.MIL COM: 210-221-7029 ALT: JAMES.J.STEIN.MIL@MAIL.MIL COM: 703-681-3447.

7. THIS ALARACT MESSAGE EXPIRES ON 18 MAY 2017.