



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY TRAINING AND DOCTRINE COMMAND  
950 JEFFERSON AVENUE  
FORT EUSTIS, VIRGINIA 23604-5700

REPLY TO  
ATTENTION OF

S: 15 Apr 12

ATBO-M

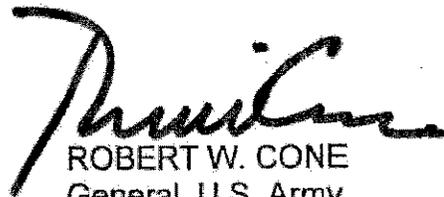
01 MAR 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: TRADOC Heat Illness Prevention Program 2012

1. Reference TRADOC Regulation 350-29, Prevention of Heat and Cold Casualties, 20 Jan 10, located at <http://www.tradoc.army.mil/tpubs/regs/tr350-29.pdf>.
2. Heat illnesses continue to impact the health and operational readiness of our Soldiers. Last year, 313 Soldiers in TRADOC suffered from heat illnesses, compared to 281 the previous year. The increase in heat illnesses during the past 2 years demonstrates the importance of risk management and implementation of heat illness prevention measures.
3. As we train our Soldiers to effectively operate in a more transparent, complex, decentralized operational environment, our leaders must also identify the risks associated with training and operating in warm weather conditions. Leaders must be familiar with the risk factors, prevention, and treatment in order to reduce the number of heat illnesses affecting our Soldiers.
4. TRADOC senior commanders will review and update their installation/unit's Heat Illness Prevention plans and ensure leaders and cadre receive training in accordance with the reference above by **15 Apr 12**.
5. Training products and resources are cited in the enclosed information paper.
6. Victory Starts Here!

Encl

  
ROBERT W. CONE  
General, U.S. Army  
Commanding

DISTRIBUTION:  
(see next page)

ATBO-M

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Deputy Chiefs of General and Chiefs of Special Staff Offices,  
HQ TRADOC

## INFORMATION PAPER

**SUBJECT:** TRADOC Heat Illness Prevention Program 2012

1. **Purpose.** To provide Heat Illness Prevention references and training resources; additional information on sickle cell trait and rhabdomyolysis; and TRADOC Heat Illness Prevention lessons learned.

### 2. **Facts.**

#### a. References:

(1) TRADOC Regulation 350-29, Prevention of Heat and Cold Casualties, 20 Jan 10, <http://www.tradoc.army.mil/tpubs/regs/tr350-29.pdf>. Note: Update link in para 1-3e(1) to <http://www.tradoc.army.mil/surgeon/information.htm>.

(2) TRADOC Regulation 350-6, Enlisted Initial Entry Training Policies and Administration, para H-11, 28 Jan 11, <http://www.tradoc.army.mil/tpubs/regs/tr350-6.pdf>.

(3) Technical Bulletin 507, Heat Stress Control and Heat Casualty Management, 7 Mar 03, [http://armypubs.army.mil/med/dr\\_pubs/dr\\_a/pdf/tbmed507.pdf](http://armypubs.army.mil/med/dr_pubs/dr_a/pdf/tbmed507.pdf).

(4) TRADOC Heat Illness Prevention training guidance and downloads, <https://www.us.army.mil/suite/folder/34737450> and <https://usaphcapps.amedd.army.mil/hioshoppingcart/>; "Heat Can Kill" videos, <https://www.us.army.mil/suite/page/630102>.

b. Conditions associated with heat illness. (Note: The term "illness" is being now used instead of "injury," based on tri-service agreement.)

(1) Sickle Cell Trait (SCT) - SCT is common and generally harmless to those who possess this trait. More than 3 million Americans have SCT – about 1 in 12 African Americans, about 1 in 100 Hispanic Americans/Latinos, and 1 in 2,000 non-Hispanic Caucasians – and almost all live normal, healthy lives. However, for some carriers, SCT can pose some health issues. Recent analysis has shown that individuals who have the SCT are more prone to deaths when they have an exerted heat stroke or other heat-related illness. Often, these exerted heat-related illnesses occur during Army physical fitness tests (APFTs). Therefore, those Soldiers who fail an APFT three consecutive times during initial military training should undergo an SCT screening and be allowed at least 36-hours rest before conducting another APFT.

(2) Rhabdomyolysis - Overexertion can cause this condition where there is a breakdown of muscle fibers, resulting in the release of muscle fiber contents (myoglobin) into the bloodstream. Myoglobin is harmful to the kidneys and frequently results in kidney damage. Some common symptoms are abnormal urine color (dark,

red, or cola colored); general weakness; muscle stiffness, aching, or tenderness; fatigue; joint pain; and seizures. Implementation of the Composite Risk Management Process of ensuring proper hydration throughout the training period can prevent rhabdomyolysis.

c. TRADOC lessons learned from previous heat season.

(1) Conduct pre-season Heat Illness Prevention training starting in March and require cadre to be trained NLT **15 Apr** each year. All new cadre must receive Heat Illness Prevention training before assuming their duties. Include the "Heat Can Kill" video as part of the training material (para 2a(4)).

(2) Ensure Soldiers in training receive Heat Illness Prevention training so battle buddies will recognize heat illness and immediately notify cadre.

(3) Conduct heat response drills to prepare units for heat illnesses. Well-trained units should conduct "man down" drills with their Soldiers on a regular schedule.

(4) Be prepared to treat all personnel who collapse as a heat casualty with immediate cooling treatment (iced sheets). Contact your local emergency medical services and leave the determination of where to take a victim to them. When in doubt, call 911 and apply iced sheets. Do not attempt to evacuate a casualty yourself.

(5) Use wet bulb globe thermometers (WBGTs) at each company unit to monitor heat conditions in the local area. The local temperature should be compared with the range control posted temperature, and the unit should use the higher of the two readings. The highest heat category of the day should remain in effect until 0300 hrs. the following morning.

(6) Provide heat awareness products (i.e., posters, fliers, pocket cards) throughout the unit and training areas. Several awareness products can be downloaded from the Surgeon's AKO files or U.S. Army Public Health Command Web site; see para 2a(4).

(7) Be aware that foot marches from field training are most likely to produce a heat illness/stroke than any other training activity. Implement appropriate control measures (such as hydration) prior, during, and after an event; use work/rest tables; reduce road march distances; if appropriate, make iced sheets available on support vehicles; and use effective internal and external communications.

(8) Recognize and use mental status changes as a quick and reliable means to determine if a Soldier has a heat illness. Ask the victim a few simple questions that any conscious person should be able to answer easily (for example, "What is your name?"). Failing this simple field test is often an indication of heat illness and should be treated accordingly.

(9) Use Ogden cords or other means to identify the amount of water consumed by Soldiers. This identification method assists the Soldier and the cadre in ensuring personnel are consuming sufficient fluids.

(10) Use Heat Illness Prevention cards to assist with heat hazard tracking. These cards provide a list of Soldiers in the unit with various risk factors that put them at a higher risk to become heat casualties (i.e., poor fitness, overweight, minor illness, prescriptions, prior heat illness, skin rash, not acclimatized, exposure). This is not a substitute for the Risk Management Process, but should be used as a supplementary tool.

~~(11) Conduct quick safety inspections periodically. These can be conducted by installation safety personnel or designated unit personnel to obtain quick assessments, with the results reported to battalion commanders or higher. Items to check for during the quick assessment are: WBGTs, iced sheets, use of Ogden cords, leader cards, and current risk assessments.~~

Mr. Ellyson/ATBO-M/(757) 501-5632  
APPROVED BY: COL Tiffany