DEPARTMENT OF THE ARMY
BRAVO COMPANY, TRAINING SUPPORT BATTALION
UNITED STATES ARMY SOLDIER SUPPORT INSTITUTE
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FORT JACKSON, SOUTH CAROLINA 29207-7025

REPLY TO ATTENTION OF:

ATSG-SB-B 27 October 2009

MEMORANDUM FOR RECORD

SUBJECT: POLICY STATEMENT #13 Prevention of Heat Injuries and Hyponatremia

1. References;

a. AR 385-10, 23 August 2007, The Army Safety Program

b. TRADOC Regulation 350-29, 16 July 2003, Prevention of Heat and Cold Weather Casualties

c. TRADOC Regulation 350-6, Appendix J-2, 08 May 2007, Heat Casualty Risk Management

d. FJ Regulation 385-11, 13 February 2006, Heat Injury prevention

e. SSI Commander's Safety Policy Memorandum # 8, 26 October 2003

2. Mission. Our mission, as leaders, is to prevent heat injuries and hyponatremia through sound risk management techniques and vigilant supervision.

3. Background.

a. Stay conscious of South Carolinas frequently changing weather, humidity and temperature. High temperatures coupled with South Carolinas high humidity contribute to Heat Category 5 on most training days in the summer. **Be Aware, Stay Alert!**

b. The body core temperature is the most accurate indicator of the severity of a heat injury. By using the ear thermometer as an indicator of body core temperature and by identifying the symptoms of heat injuries, we can accurately assess the condition of our Soldiers. If we do not take immediate measures once the body core temperature reaches 103 degrees, then our Soldiers are in danger.

c. Within 10-15 minutes, the core body temperature can go to 107 degrees and the body's internal processes and organs (liver, kidneys, blood clotting system, and heart) begin to fail and shut down. IN SHORT, THE INSIDE OF THE BODY COOKS. Do not rely on skin temperature to determine severity of danger. The skin may feel cool

when the body core temperature is rising. **Bottom Line: when in doubt, treat for heat stroke and get the Soldier to the hospital immediately.**

4. Definitions and Symptoms.

a. **Heat Cramps,** A sudden involuntary muscular contraction causing severe pain; often occurring in the leg, shoulder, or abdomen as a result of dehydration. Symptoms of heat cramps include muscle cramps, excessive sweating, and thirst.

b**. Heat Exhaustion,** A reaction to excessive heat, marked by prostration, weakness, and collapse resulting from dehydration. Symptoms of heat exhaustion include headaches, nausea, vomiting, dizziness, chills, rapid pulse of breathing, excessive sweating with pale moist skin, tingling of the hands and feet, and body core temperature between 98.6 and 102 degrees.

c. **Heat Stroke**, A severe illness caused by exposure to excessively high temperatures and characterized by severe headache, high fever with a dry hot skin and in serious cases collapse and coma. Symptoms of heat stroke include red, hot, dry skin, confusion, semi-consciousness or loss of consciousness, seizures and a body core temperature higher than 102 degrees.

d. **Hyponatremia,** "Water intoxication" is a condition that occurs when there is a less than normal concentration of sodium in the blood, caused by inadequate excretion of water or by excessive water in the circulating bloodstream. Soldiers should not drink more than 1 quart of water per hour. Symptoms of hyponatremia include repeated vomiting, seizures, and high output of clear urine. IN severe cases, the Soldier may develop confusion and lethargy, leading to muscle excitability, convulsions, coma, and possible death. If there is no improvement within 30 minutes and the Soldier doesn't improve to 100% in 60 minutes, then treat the Soldier like a heat casualty. **When in doubt…regardless...Evacuate!**

5. Guidance.

a. Soldiers assigned or attached to B.CO, TSB, should drink 1.0 quart of water per hour and no more than 12 quarts of water a day. Our Soldiers must replace electrolytes in their bodies lost through exercise and sweating. Sports drinks should be served with each meal; it is a good source of electrolytes. Consumption of sports drinks are taken into account when enforcing water intake guidelines. Teach Soldiers to do a self-check of their hydration levels by observing their urine color and checking it against the posters provided. Urine that is bright/dark yellow or orange indicates low hydration levels. Soldiers with light yellow or clear urine have good hydration levels and should continue

drinking fluids regularly. Another good indicator of dehydration is if a Soldier cannot spit easily.

b. Screen, identify and mark Soldiers as previous heat casualties. This includes left running shoe as part of the PT uniform. Check our Soldiers and, if in doubt, mark them in accordance with Fort Jackson Regulation 350-6, Appendix 1, paragraph h(2).

c. Develop and review training schedules and pace work according to heat category. Utilize sufficient rest periods when training in excessive heat. Conduct daily risk assessments based on heat temperature and training events- Commander's business.

d. During unit coordination meetings, leaders need to war game their procedures for evacuating Soldiers and should discuss the symptoms of Heat Stroke and Heat Exhaustion. Successive physical events over a week's time can contribute to dehydration in Soldiers. Especially watch Soldiers during road marches and review unit straggler control options during Cardio-Respiratory PT sessions.

e. Adequate hydration takes time. It cannot be done just prior to an event. Consider pre-hydrating prior to physical training and foot marches.

f. Watch for Soldiers with excessive sweating in relation to other Soldiers conducting the same training. This may indicate the first signs of dehydration.

g. Cadre must recognize when to pull Soldiers from training if they begin to show signs of dehydration or inability to deal with the heat. Often, highly motivated Soldiers will push themselves too far.

h. Put Soldiers in the shade-get them off their feet.

i. Develop systems to ensure Soldiers are checking their buddies for heat injuries. Consider using the "Buddy Check" card system.

j. The key to beginning the cooling process is to 1) get Soldier to a shaded area, 2) expose as much skin as possible to the air, and 3) apply ice sheets. Fans and ice packs placed on the neck, in armpits and groin regions can be used as additional means to facilitate the cool down. **EVACUATE IMMEDIATELY TO THE HOSPITAL.**

k. Combat Lifesaver Qualified Cadre should start an IV after 911 has been notified when warranted. Sections should have, as a minimum, one (1) combat lifesaver and bag per Division Inventory and check contents.

l. Maintain contact with range control during all training events to include local training areas (i.e. battalion and company) to ensure proper heat category sign is displayed.

m. Company cadre will have trunk radio communication at all training events. This is to facilitate evacuation in case of an emergency.

6. Emergency Communication.

a. Dial 911 to evacuate Soldiers. Ensure to ask for the Fort Jackson Emergency Services when using a cell phone on post. This includes heat casualties.

b. If land line is not available, contact Range Control via trunk radio (i.e. PT, FM's, FTX,)

c. Ensure company base stations are properly manned and operational to facilitate communications with all companies executing training.

d. Leaders need to war game straggler control and communication with all companies executing training.

7. Training. Units will conduct heat injury prevention training annually. Ensure new Soldiers receive this training within 30 days of in-processing. Focus on prevention, identification of symptoms and first aid procedures. Our primary concern at Fort Jackson is the prevention of heat related injuries during the long summer period.

8. **BOTTOM LINE:** If a Soldier displays symptoms of a heat injury or over hydration, do not hesitate to call 911 and evacuate to a medical facility. If in doubt, evacuate. A situation can quickly become life threatening as the body core temperature elevates to a dangerous level within minutes. Soldiers are an important asset; let's do our best to prevent heat injuries.

9. ***One Team, One Mission!***

PAUL A. NOCE
CPT, AG
Commanding