MEDICAL ALERT

DEPARTMENT OF THE ARMY
HEADQUARTERS, III CORPS AND FORT HOOD
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FORT HOOD, TEXAS 76544-5000

AFZF-MD

2 3 JUL 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Heat Injury Prevention

1. Over the past week, three Soldiers were hospitalized for heat related injuries on Fort Hood. One of these Soldiers suffered a severe heat stroke and is fortunate to be recovering due to prompt medical attention. Severe heat injuries result in both an immediate and long-term loss of combat power and often cause irreparable damage to the individuals involved.

2. The extreme temperatures of Central Texas, combined with the natural physical challenges of military training, make heart injuries the top medical threat to Soldiers here at Fort Hood between the months of April and September. In addition, this is also the time when many new Soldiers are arriving here at Fort Hood. Therefore the threat of heat injury is even greater due to an increase of Soldiers that are not acclimated to the Central Texas weather. Proper acclimatization can take up to 30 days and both leaders and Soldiers need to be aware of this when planning and executing training.

3. Heat injuries are preventable, but leaders and Soldiers need to be educated on heat injuries and how to best mitigate the risk involved.

a. **Commanders and Leaders at all levels:** (1) Ensure that all Soldiers are properly trained on heat injury prevention and the signs and symptoms of heat injury IAW OPERATION ORDER PW 12-04-358 (Heat Illness Prevention Program 2012) and Fort Hood Regulation 350-16 (Prevention of Heat and Cold Injury). (2) Ensure units monitor the Wet Bulb Globe Temperature (WBGT) hourly at all unit training sites and follow the recommended work/rest cycles. (3) Always consider the impact of cumulative heat stress on Soldiers during prolonged heat exposures of two or more consecutive days. (4) Closely monitor Soldiers who are prone to heat injury (e.g. overweight, dieting, chronic medical condition, taking prescriptions or over the counter medications, previous heat injury, or dealing with a recent/current illness). (5) Apply these individual medical and physical facts into the composite risk management process IAW FM 5-19.

b. **Soldiers:** (1) Ensure that you stay properly hydrated on and off duty. However, hourly fluid intake should not exceed 1 ½ quarts and daily intake should not exceed 12 quarts due to the risk of over-hydration/water toxicity. (2) Avoid consumption of caffeinated drinks, alcohol, and supplements. (3) Use sunscreen. (4) Take care of your battle buddy and monitor their eating, drinking, and frequency of urination. Do not skip meals. (5) **If you or your battle buddy feel ill or exhibit any signs of heat injury immediately report it to your Leaders and seek medical attention.**

4. Preventing heat injuries is a team effort. Leaders must ensure that composite risk management and risk assessments are being conducted and that Soldiers are being continuously monitored. Soldiers need to look out for their battle buddies and inform their chain of command if there is an issue. This is about preserving combat power and preventing a potential tragedy.

5. Heat injury prevention is a team effort. Every Leader and Soldier must continue to do their part!

ENSURE WIDEST DISSEMINATION AND POST ON BULLETIN BOARDS

Let's all do our part to prevent Heat injuries.

DONALD M. CAMPBELL, JR.
Lieutenant General, USA
Commanding

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