



DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK
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FORT POLK, LOUISIANA 71459-5339

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MEMORANDUM FOR Field Medical Providers, Joint Readiness Training Center (JRTC) and Fort Polk, Fort Polk, LA 71459

SUBJECT: Command Policy Memorandum SURG-01– Heat Stress and Heat Casualty Handling at the JRTC and Fort Polk

1. References.

a. Field Manual 4-25.12, Unit Field Sanitation Team, 30 April 2014, Lesson 11: Heat Injuries, A73-A80.

b. Technical Bulletin MED 507/AFPAM 48-152 (1), Heat Stress Control and Heat Casualty Management, 7 March 2003.

c. Command Policy Memorandum #29 – Heat Injury Prevention and Reporting Procedures Policy, USAMEDDAC, Fort Polk, 29 January 2014.

d. MEDDAC Regulation 500a-20, Climatic Injuries, USAMEDDAC, Fort Polk, 9 November 2015.

e. Memorandum, Headquarters, US Army Medical Command, OTSG/MEDCOM Policy Memo 09-039, 22 June 2011, Subject: Heat Illness Medical Evaluation Board (MEB) and Profile Policy

2. Purpose. This memo provides guidance to rotational units (RTU) training at the JRTC for obtaining heat stress information, heat injury reporting, and forwarding heat casualties to Bayne-Jones Army Community Hospital (BJACH).

3. Wet Bulb Global Temperature (WBGT). The WBGT index is provided several ways:

a. Online at on the WBGT website:

<http://www.polk.amedd.army.mil/Public/Wetbulb/viewmeasurements.html>

This automated WBGT will update the reading every five minutes. In the event the automated WBGT is not available, the WBGT index and the corresponding heat category and recommendation will be recorded to the automated telephonic reporting system (337-531-6593) which will update hourly.

b. The Joint Aid Station Rear (JASR) will monitor the WBGT on site and provide a more accurate reading to the location closest to the training site. The JASR will report

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the WBGT index and heat category to the tactical operations center (TOC), who will then send the information to each training site hourly.

c. The automated WBGT and the JASR WBGT are not substitutes for on-site monitoring of the WBGT index. The rotational training unit (RTU) will set up a WBGT kit at each training forward operating base (FOB) to provide an accurate reading and heat stress assessment, since readings on main post may not accurately reflect field conditions.

4. Rotational Unit Responsibilities. The RTU medical officers have the responsibility to advise the unit leadership on the potential adverse effects of heat stress, propose practical options for heat injury prevention, and guide control measures to include hydration, nutrition, skin hygiene, work/rest cycles, and avoidance of risk factors. The Department of Preventive Medicine at BJACH will provide necessary assistance as requested.

5. Evaluation and Evacuation of Heat Casualties. Core body temperature is an important measurement to help identify heat injury, but physical symptoms should also be considered. Any casualty with symptoms of heat exhaustion (dizziness, headache, nausea, unsteady walk, weakness, muscle cramps, fatigue or chills) AND has a core temperature greater than 39°C (102.2°F) will be sent directly to the BJACH emergency room (ER) for further evaluation and treatment. In addition, any casualty that appears to be beyond the ability of providers in the field to appropriately manage should be transported to BJACH ER for evaluation regardless of their core temperature. The following provides general guidelines for treatment of possible heat injuries:

a. Casualties with an elevated core temperature **less than or equal to 101 F**: Move patient to a cool environment, hydrate with cool water, and reevaluate in one hour. After one hour, if their temperature has not normalized, they should be evaluated by an RTU medical provider. If the core temperature has normalized and their clinical status returns to baseline, they may be returned to duty (RTD).

b. Casualties who have a core temperature **greater than 101 F but less than 102.2 F**: Move casualty to a cool area, hydrate, and maintain in an air conditioned environment for a period of no less than 24 hours. If the casualty exhibits symptoms of heat exhaustion, provide active cooling (with ice sheets and cool mist) to bring core temperature to below 101 F. Monitor patient until core temperature normalizes and clinical status returns to baseline. Before returning to duty, the casualties should be reevaluated by a RTU medical provider to determine duty status and provide appropriate profiling, if necessary.

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c. Casualties with a core temperature **equal to or greater than 102.2 F**: Move casualty to a cool area, hydrate, provide active cooling with ice sheets, and send urgently to BJACH ER by ground or air depending on the clinical urgency (refer to d. below). Evaluation in the ER will be required before return to the JASR for continued observation. Upon release from the JASR, the casualty should be re-evaluated by a RTU medical provider to determine duty status and provide appropriate profiling.

d. Any Soldier who develops abnormal mental status (loss of consciousness, severe confusion, combativeness, seizure, or ataxia) should be treated as a heat stroke until proven otherwise, regardless of core temperature, and should be transported to the BJACH ER emergently by air for evaluation and treatment. Begin active cooling while awaiting and continue cooling during transport.

6. Follow-on Care. Soldiers evacuated to either the JASR or to BJACH for heat exhaustion, heat injury, or heat stroke will be kept in an air-conditioned environment for the length of time specified in the standard profile for their level of diagnosis before being released back to duty. All RTU medical providers should be thoroughly familiar with OTSG/MEDCOM Policy Memo 09-039 (or recent updates) regarding profiling policies and procedures for heat injuries. Upon returning to their unit, all casualties must be re-evaluated by their RTU medical provider to review/determine duty status and provide appropriate profiling.

7. Reporting. Heat casualties evaluated at either the JASR or BJACH ER will be reported to the Army Public Health Nursing Section, Department of Preventive Medicine, BJACH (337-531-2751/0261). An Exertional Heat Injury/Illness form (MEDDAC OP 9 of DA Form 4700) should be filled out on each heat casualty by the provider who treats the casualty. If the casualty goes to the ER, a copy of the MEDDAC OP 9 and the SF 600 (Record of Medical Treatment) needs to be attached. The Department of Preventive Medicine is responsible for reporting cases of heat injury to the Safety Officer of JRTC and US Army Safety Center as per AR 385-10, and as appropriate to the US Army Public Health Command via the Disease Reporting System internet (DRSi). The JRTC Surgeon Cell NCO (337-531-3171) will be responsible for receiving reports from the JASR and ER, and providing them to the BJACH Department of Preventive Medicine.

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8. The point of contact for this memorandum is the JRTC and Fort Polk Command Surgeon at (337) 531-6582.

A handwritten signature in black ink, appearing to read 'GARY M. BRITO', with a horizontal line extending to the right from the end of the signature.

GARY M. BRITO
Brigadier General, USA
Commanding