



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

DASG-PPM-NC

26 October 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Cold Weather Injury Prevention Program, 2010-2011

1. Cold weather injuries (CWIs) are a major threat to individual health and unit performance during training and operations. The Armed Forces Health Surveillance Center reported 282 cold weather injuries among Soldiers during the 2009-2010 cold weather season.
2. Commanders, supervisors, and leaders at all levels are responsible for CWI prevention. Medical advisors to Commanders are responsible for developing guidance to prevent CWIs among our Soldiers, civilians, and contractors. Leaders must ensure Soldiers are adequately trained to protect themselves from CWI by using the appropriate clothing, equipment, and techniques. Inexperienced Soldiers must receive proper training on the use of cold weather equipment. The buddy system is an effective means of enhancing unit prevention. The enclosed information sheet provides leaders and medical personnel additional guidance on the Army CWI prevention program.
3. Our points of contact are COL Robert Mott, Preventive Medicine Staff Officer, DSN 761-3160, commercial (703) 681-3160, or Robert.L.Mott@us.army.mil, and Mr. Paul Repaci, Health Systems Specialist, DSN 761-2949, commercial (703) 681-2949, or Paul.Repaci@us.army.mil.

FOR THE SURGEON GENERAL:

A handwritten signature in black ink, appearing to read "Timothy K. Adams".

Encl

TIMOTHY K. ADAMS
Brigadier General, US Army
Functional Proponent for Preventive Medicine

DASG-PPM-NC

SUBJECT: Cold Weather Injury Prevention Program, 2010-2011

DISTRIBUTION:

Commanders, MEDCOM Major Subordinate Commands

Commander, US Army Test and Evaluation Command, Park Center IV, 4501 Ford Avenue, Alexandria, VA 22301-1458

Commander, US Army Investigation Command, 6010 Sixth Street, Fort Belvoir, VA 22060

Commander, US Army Combat Readiness/Safety Center, Bldg., 4905, 5th Ave., Fort Rucker, AL 36362-5363

Surgeon, 18th MEDCOM, Unit 15281, APO AP 96205-0054

Surgeon, National Guard Bureau, 111 South George Mason, Arlington, VA 22204-1382

Surgeon, US Army Reserve Command, 1401 Deshler Street, SW, Fort McPherson, GA 30330-2000

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Surgeon, Eighth US Army, Unit 15237 APO AP 96205-5237

2010-2011 Cold Weather Injury Prevention Program Information Sheet for Commanders, Leaders, and Medical Advisors

1. References:

- a. AR 40-5, Preventive Medicine, 25 May 07.
- b. AR 385-10, The Army Safety Program, 23 Aug 07 (RAR 14 Jun 10).
- c. DA Pam 40-11 Preventive Medicine, 22 Jul 05 (RAR 20 Oct 08).
- d. TB MED 508, Prevention and Management of Cold-Weather Injuries, Apr 05

2. Cold weather-related injuries include: Injuries due to decreased temperature, (hypothermia, frostbite, nonfreezing cold injury); injuries due to heaters; carbon monoxide poisoning; and accidents due to impaired physical and mental function resulting from cold stress.

3. Commanders, leaders, and medical advisors should use TB MED 508, Prevention and Management of Cold Weather Injuries (CWIs)¹, to develop their CWI prevention program. This technical bulletin provides guidance on all aspects of CWI prevention. This program should be complemented with Army Risk Management doctrine, as detailed in FM 5-19 and FM 3-100.4, Environmental Considerations in Military Operations. These documents provide the framework for early recognition of climatic injuries and implementation of preventive measures.

4. Leaders must ensure Soldiers receive adequate food, water, rest, training on wearing the appropriate cold weather clothing and keeping them dry², and avoiding the use of alcohol and tobacco to prevent CWIs. Soldiers must use the buddy system to monitor performance and health and report to the unit medic/medical officer any signs or symptoms of CWIs. Soldiers should not sleep in vehicles that are running due to risk of carbon monoxide poisoning.

5. Commanders should only allow the use of US Army-approved vented space heaters due to hazards from fire and carbon monoxide poisoning. In 2003, the Army approved a family of space heaters for heating tents safely and efficiently. These approved heaters replaced the World War II-vintage M-1941 potbelly and M-1950 Yukon heaters and use the latest advances in combustion, power generation, and microprocessor technology. A US Army Public Health Command (USAPHC) fact sheet provides guidance on the use of heaters inside tents and other enclosures³. In *Knowledge*⁴ Volume 4, Jan 10, the official US Army safety magazine, published by the US Army

¹ http://www.army.mil/usapa/med/DR_pubs/dr_a/pdf/tbmed508.pdf

² http://phc.amedd.army.mil/PHC%20Resource%20Library/36-012-1106-Wearing_Combat_Boots-Cold_Weather.pdf

³ <http://phc.amedd.army.mil/PHC%20Resource%20Library/heaters-JusttheFacts05finalw-links.pdf>

⁴ https://safety.army.mil/Knowledge_Online/Default.aspx?alias=safety.army.mil/knowledge_online/january2010

Combat Readiness/Safety Center, provides information on preventing cold injuries in personnel operating in cold, snow-covered mountainous areas.

6. Preventive Medicine (PM) personnel are required to electronically report all CWI cases to USAPHC using the Disease Reporting System internet (DRSi). Information on DRSi is available at <https://data.nmcphc.med.navy.mil/adrsi/Login.aspx> and from the DRSi HelpDesk (email: disease.epidemiology@amedd.army.mil, phone: 410-417-2377 (DSN 867-2377)).

a. CWI cases should be reported as soon as possible after the diagnosis has been made or within 48 hours in accordance with (IAW) AR 40-5 paragraph 2-18.d.

b. Clinical case definitions for CWIs are contained in the Tri-Service Reportable Events Guidelines & Case Definitions⁵. Carbon monoxide poisoning is no longer a reportable event. Multiple types of cold weather injuries may occur in the same individual. Enter the DRSi report for the most severe injury (Hypothermia> Frostbite> Immersion) and specify additional injuries in the comment field.

c. PM personnel should coordinate with appropriate safety officers to ensure CWI data are also reported through Army Safety channels IAW AR 385-10, Chapter 3, Accident Investigation and Reporting.

7. USAPHC, in collaboration with the US Army Research Institute of Environmental Medicine, provides a variety of cold weather injury prevention products (including posters, presentations, policies, regulations, and technical bulletins) located at the following website: <http://phc.amedd.army.mil/topics/discond/cip/Pages/default.aspx>.

⁵ <http://afhsc.army.mil/reportableEvents>