

ALARACT 025/2024

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SUBJ/ALARACT 025/2024 - HEAT ILLNESS PREVENTION FOR 2024-2025 HEAT SEASON

THIS ALARACT MESSAGE HAS BEEN TRANSMITTED BY JSP ON BEHALF OF HQDA, OTSG, DASG-HSZPPM/DAMO-DASG

1. (U) REFERENCES:

1.A. (U) AR 40-5, ARMY PUBLIC HEALTH PROGRAM

1.B. (U) AR 350-1, ARMY TRAINING AND LEADER DEVELOPMENT

1.C. (U) ATP 4-25.12, UNIT FIELD SANITATION TEAMS

1.D. (U) TC 4-02.3, FIELD HYGIENE AND SANITATION

1.E. (U) HEAT-RELATED ILLNESS PREVENTION AND SUN SAFETY, DEFENSE CENTERS FOR PUBLIC HEALTH – ABERDEEN (DCPH-A), 17 AUGUST 2023, (AVAILABLE AT [HTTPS://PH.HEALTH.MIL/TOPICS/DISCOND/HIPSS/PAGES/DEFAULT.ASPX](https://ph.health.mil/topics/discond/hipss/pages/default.aspx))

1.F. (U) TRADOC REGULATION 350-29, PREVENTION OF HEAT AND COLD CASUALTIES, 15 JUNE 2023, (AVAILABLE AT [HTTPS://ADMINPUBS.TRADOC.ARMY.MIL/REGULATIONS/TR350-29.PDF](https://adminpubs.tradoc.army.mil/regulations/tr350-29.pdf))

1.G. (U) ATP 5-19, RISK MANAGEMENT

1.H. (U) AR 385-10, THE ARMY SAFETY AND OCCUPATIONAL HEALTH PROGRAM

1.I. (U) TB MED 507, HEAT STRESS CONTROL AND HEAT CASUALTY MANAGEMENT, (AVAILABLE AT [HTTPS://ARMYPUBS.ARMY.MIL/EPUBS/DR_PUBS/DR_A/ARN35159-TB_MED_507-000-WEB-1.PDF](https://armypubs.army.mil/epubs/dr_pubs/dr_a/arn35159-tb_med_507-000-web-1.pdf))

1.J. (U) HQDA EXORD 226-21, HEAT ILLNESS PREVENTION FOR 2021-2024, 6 JULY 2021, (AVAILABLE AT [HTTPS://SAFETY.ARMY.MIL/](https://safety.army.mil/))

1.K. (U) AR 600–9, THE ARMY BODY COMPOSITION PROGRAM

1.L. (U) DOD DIETARY SUPPLEMENT RESOURCE, OPERATION SUPPLEMENT SAFETY, (AVAILABLE AT [HTTPS://WWW.OPSS.ORG](https://www.opss.org))

1.M. (U) EXERTIONAL HEAT ILLNESS PREVENTION GUIDE, DCPH-A, MARCH 2023, (AVAILABLE AT [HTTPS://PH.HEALTH.MIL/PAGES/DEFAULT.ASPX](https://ph.health.mil/pages/default.aspx))

1.N. (U) ARMED FORCES REPORTABLE MEDICAL EVENTS: GUIDELINES AND CASE DEFINITIONS, DEFENSE HEALTH AGENCY, ARMED FORCES HEALTH SURVEILLANCE BRANCH, OCTOBER 2022, (AVAILABLE AT <HTTPS://WWW.HEALTH.MIL/>)

1.O. (U) 29 CFR 1904.7(A), GENERAL RECORDING CRITERIA, BASIC REQUIREMENT, (AVAILABLE AT <HTTPS://WWW.ECFR.GOV/>)

2. (U) BACKGROUND: LEADERS AND SOLDIERS MUST UNDERSTAND THAT THE PREVENTION OF HEAT ILLNESS IS VITAL TO SUSTAINING COMBAT POWER AND ENSURING READINESS. HEAT STROKE IS THE MOST SERIOUS HEAT-RELATED ILLNESS AND CAN CAUSE DEATH OR LEAD TO PERMANENT DISABILITY. ARMY MEDICAL PROVIDERS HAVE TREATED BETWEEN 1,400 TO 2,200 CASES OF HEAT ILLNESS EACH YEAR FOR THE PAST 5 YEARS. HOT WEATHER AND HEAT ILLNESSES CONTINUE TO THREATEN THE INDIVIDUAL HEALTH AND PERFORMANCE OF OUR SOLDIERS, DEPARTMENT OF THE ARMY (DA) CIVILIANS, AND THE COLLECTIVE HEALTH AND READINESS OF OUR FORCE ARMYWIDE.

3. (U) PURPOSE: COMMANDERS OF ARMY COMMANDS, ARMY SERVICE COMPONENT COMMANDS, DIRECT REPORTING UNITS, ARMY NATIONAL GUARD, ARMY RESERVE, AND CIVILIAN SUPERVISORS WILL IMPLEMENT PROTECTIVE MEASURES AND UTILIZE PRINCIPLES OF RISK MANAGEMENT IN ORDER TO PREVENT, IDENTIFY, AND TREAT HEAT-RELATED ILLNESSES OF SOLDIERS AND CIVILIANS DURING THE 2024-2025 HEAT SEASON IN ACCORDANCE WITH REFERENCE 1.J.

4. (U) COMMANDER RESPONSIBILITIES:

4.A. (U) IMPLEMENT PROGRAMS TO AID IN THE PREVENTION OF HEAT ILLNESS, TO BE EXECUTED BY ALL LEADERS, INCLUDING SUPERVISORS OF DA CIVILIANS. SOLDIERS AND DA CIVILIANS ARE RESPONSIBLE FOR IMPLEMENTING PERSONAL PROTECTIVE MEASURES (SEE REF 1.C AND REF 1.D).

4.B. (U) ENSURE ALL PERSONNEL ARE EDUCATED ON THE PREVENTION, RECOGNITION AND NON-MEDICAL INITIAL TREATMENT OF HEAT ILLNESS. HEAT ILLNESS REPRESENTS A CONTINUUM OF SEVERITY FROM MILD (HEAT CRAMP) TO SEVERE (HEAT STROKE).

4.C. (U) ASSESS TRAINING OR MISSION HAZARDS FOR HEAT STRESS. ENSURE THAT TRAINING AND OPERATION PLANS INCORPORATE MITIGATIONS TO THE PERFORMANCE-DEGRADING EFFECTS OF HEAT STRESS BY ADDING REST (IN SHADE), HYDRATION STOPS, AND OTHER HEAT DISSIPATION MEASURES, AS FEASIBLE.

5. (U) TRAINING STANDARDS:

5.A. (U) TRAIN PERSONNEL ON PREVENTION, RECOGNITION, AND NON-MEDICAL TREATMENT OF HEAT-RELATED ILLNESSES AND ENSURE THEY KNOW HOW TO RECOGNIZE AND RESPOND TO POSSIBLE HEAT ILLNESSES. IMMEDIATE COOLING AND BUDDY AID IMPROVES THE LIKELIHOOD OF HEAT ILLNESS SURVIVAL WITH MINIMAL RISK OF LASTING EFFECTS. COOLING EFFORTS TAKE PRIORITY OVER HYDRATION.

5.B. (U) INTEGRATE MEDICAL SUPPORT INTO THE PLANNING OF UNIT ACTIVITIES THAT HAVE THE POTENTIAL FOR HEAT CASUALTY EVENTS. UNITS WITHOUT ORGANIC MEDICAL SUPPORT CAN COORDINATE WITH SUPPORTING MILITARY MEDICAL TREATMENT FACILITIES (MTFS) FOR PLANNING AND TRAINING ASSISTANCE. ONSITE MEDICAL CARE, EMERGENCY TRANSPORTATION VIA EMERGENCY MEDICAL SERVICES (EMS), AND EMERGENCY DEPARTMENT COORDINATION MUST BE PREPLANNED.

5.C. (U) CAPITALIZE ON OPPORTUNITIES TO REDUCE HEAT ILLNESS (FOR EXAMPLE, MARCH ON GRASS INSTEAD OF ASPHALT IF FEASIBLE; HOLD FORMATIONS IN SHADED AREAS INSTEAD OF DIRECT SUN; USE OPEN FORMATIONS; AND CONDUCT PHYSICAL TRAINING DURING COOLER PARTS OF THE DAY); IMPLEMENT USE OF COOL ZONES (FOR EXAMPLE, BREAK UNDER SHADE WITH WATER COOLERS, COOLING MISTERS, AND OTHER HEAT MITIGATION DEVICES); AND ALLOW ADDITIONAL COOL SHOWERS, IF POSSIBLE.

5.D. (U) REVIEW SOLDIERS' AND DA CIVILIANS' MEDICAL AND PHYSICAL READINESS AND ACCLIMATIZATION STATUS AS PART OF UNIT RISK ASSESSMENT PROCEDURES FOR ALL TRAINING AND OPERATIONS (SEE REF 1.G.).

5.E. (U) ENSURE THAT EACH SOLDIER AND DA CIVILIAN IS ABLE TO RECOGNIZE EARLY SIGNS AND SYMPTOMS (FOR EXAMPLE, DIZZINESS, HEADACHE, NAUSEA, WEAKNESS, UNSTEADY WALK, AND MUSCLE CRAMPS) OF HEAT ILLNESS IN BOTH THEMSELVES AND THEIR BATTLE BUDDY.

5.F. (U) WHEN TRAINING IN OR DEPLOYED TO HOT OR HUMID REGIONS, UNITS WILL CLOSELY MONITOR AND TREAT ANYONE WHO EXHIBITS CONFUSION OR ABNORMAL BEHAVIOR (FOR EXAMPLE, COMBATIVENESS, VOMITING, CONVULSIONS, PASSING OUT, OR UNCONSCIOUSNESS). ANYONE SUSPECTED OF HAVING EXERTIONAL HEAT ILLNESS MUST HAVE EARLY INITIATION OF COOLING. DELAY IN COOLING IS THE SINGLE MOST IMPORTANT FACTOR LEADING TO DEATH OR RESIDUAL SERIOUS DISABILITY IN THOSE WHO SURVIVE (SEE REF 1.J.).

5.F.1. (U) THE USE OF COOLED SHEETS OR ICED SHEETS IS A COMMON METHOD OF RAPID COOLING. ICED SHEETS MAY BE APPLIED ANYTIME AN INDIVIDUAL HAS A CHANGE IN THEIR MENTAL STATUS AND ENVIRONMENTAL HEAT EXPOSURE IS THE LIKELY CAUSE OF THIS CHANGE. COOLING SHOULD BE CONTINUED UNTIL EMS ARRIVES. EVACUATE INDIVIDUALS WHO REQUIRE

COOLING WITH ICED SHEETS TO THE NEAREST EMERGENCY DEPARTMENT BY EMS.

5.F.2. (U) PROPER COOLING TECHNIQUES OF ROTATING THE USE OF ICE SHEETS IS DESCRIBED IN REFERENCE 1.F. THE IMPROPER PRACTICE OF APPLYING AND LEAVING ICE SHEETS IN PLACE FOR EXTENDED PERIODS OF TIME WITHOUT ROTATING COULD REDUCE COOLING EFFICACY AND POTENTIALLY RESULT IN WARMING (SEE REF 1.F. AND REF 1.J.).

5.G. (U) ENSURE ALL CADRE AND STUDENTS IN TRAINING ENVIRONMENTS RECEIVE INSTRUCTION ON PREVENTION AND RECOGNITION OF HEAT ILLNESSES CONSISTENT WITH THE U.S. ARMY TRAINING AND DOCTRINE COMMAND (TRADOC) GUIDANCE (SEE REF 1.F.).

5.H. (U) CLOSELY MONITOR SOLDIERS AND DA CIVILIANS WHO ARE AT INCREASED RISK OF BECOMING HEAT CASUALTIES.

5.H.1. (U) RISK FACTORS FOR HEAT ILLNESS INCLUDE PRIOR HISTORY OF SERIOUS HEAT ILLNESS, LACK OF HEAT ACCLIMATIZATION, CUMULATIVE EXPOSURE TO HEAT, INADEQUATE HYDRATION, POOR PHYSICAL FITNESS, CONCURRENT ILLNESS, RECENT OR CURRENT ILLNESS OR INFECTION, USE OF PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS (SUCH AS ANTIHISTAMINES AND BLOOD PRESSURE MEDICATION), USE OF VARIOUS DIETARY SUPPLEMENTS, INADEQUATE DIET, RECENT OR CONCURRENT ALCOHOL USE, CERTAIN SKIN DISORDERS, AGE OLDER THAN 40, AND THOSE WHO ARE OVERWEIGHT OR OBESE.

5.H.2. (U) LEADERS MUST BE AWARE OF THE PHYSICAL LIMITATIONS OF THEIR PERSONNEL.

5.H.3. (U) REFERENCE 1.F PRESCRIBES A METHOD OF MARKING SOLDIERS AND DA CIVILIANS TRAINING IN TRADOC UNITS WHO ARE AT INCREASED RISK FOR HEAT ILLNESS. OTHER UNITS MAY FOLLOW THIS PRACTICE. THIS ACTION WILL BE A COMMANDER'S DECISION AT THE APPROPRIATE UNIT LEVEL.

5.I. (U) CONSULT MEDICAL PERSONNEL TO DETERMINE APPROPRIATE LEVELS OF PHYSICAL ACTIVITY FOR SOLDIERS OBSERVED TO BE STRUGGLING DURING PHYSICAL FITNESS TRAINING OR TESTING AND THOSE WHO ARE NOT ABLE TO COMPLETE AN EVENT WHO DEMONSTRATE SIGNS OR SYMPTOMS OF HEAT ILLNESS.

5.J. (U) DIRECT UNITS TO MONITOR WET BULB GLOBE THERMOMETER (WBGT) HOURLY WHEN AMBIENT TEMPERATURE IS EQUAL TO OR GREATER THAN 75 DEGREES FAHRENHEIT. USE THE WBGT HEAT CATEGORIES TO DETERMINE ACTIVITY LEVELS (SEE REF 1.E AND REF 1.I). WBGT HEAT CATEGORIES 4 AND 5 (RED AND BLACK) SHOULD BE AVOIDED BASED ON APPROVED DD FORM 2977 (DELIBERATE RISK ASSESSMENT WORKSHEET), ESPECIALLY ON CONSECUTIVE DAYS. PERFORM MONITORING AS CLOSE TO LOCATIONS OF ACTIVITY AS POSSIBLE. COMMANDERS AND LEADERS MUST CONSIDER THE

IMPACT OF CUMULATIVE HEAT STRESS ON PERSONNEL DURING PROLONGED OR REPEATED HEAT EXPOSURES OVER 2 OR MORE CONSECUTIVE DAYS.

5.J.1. (U) FOLLOW THE WORK/REST CYCLE. ENSURE PERSONNEL REST IN THE SHADE AND MODIFY UNIFORM OR CLOTHING (FOR EXAMPLE, REMOVE BODY ARMOR AND HELMET, UNBLOUSE TROUSERS, AND LOOSEN CUFFS) AS MISSION PERMITS (SEE REF 1.I.).

5.J.2. (U) PREVENT HYPONATREMIA (OVER HYDRATION) AND ENCOURAGE CONSISTENT FLUID INTAKE, BUT DO NOT EXCEED 1 QUART PER HOUR UNDER MOST CONDITIONS; WITH A MAXIMUM OF 1.5 QUARTS PER HOUR OR 12 QUARTS PER DAY UNDER VERY STRENUOUS CONDITIONS (WALKING IN SAND, 2.5 MILES PER HOUR, WITH LOAD; FIELD ASSAULTS UNDER HEAT CATEGORY 5 CONDITIONS). IF USING REFILLABLE BLADDER SYSTEMS, LIMIT REFILLS TO 3 LITERS EVERY 3 HOURS. PERSONNEL MUST SEE A MEDIC IF MORE FREQUENT REFILLS ARE NEEDED (SEE REF 1.E. AND REF 1.I.).

5.K. (U) COMMANDERS AND LEADERS ENSURE PERSONNEL ARE PROPERLY HYDRATED BEFORE, DURING, AND AFTER OPERATIONS AND TRAINING. THIRST IS NOT A RELIABLE INDICATOR OF WATER NEEDS. ENCOURAGE USE OF THE URINE COLOR TEST FIRST THING IN THE MORNING TO GAUGE INITIAL HYDRATION STATUS.

5.K.1. (U) ENSURE SOLDIERS AND DA CIVILIANS HAVE ADEQUATE TIME TO EAT MEALS AND DRINK WATER.

5.K.2. (U) DO NOT ALLOW THE USE OF SALT TABLETS BECAUSE THERE IS AN ADEQUATE AMOUNT OF SALT IN MEALS WHICH ARE GOVERNMENT-SOURCED AND PROVIDED.

5.K.3. (U) DO NOT ALLOW SOLDIERS OR DA CIVILIANS TO EMPTY CANTEENS OR HYDRATION PACKS TO LIGHTEN THEIR LOAD.

5.L. (U) IMMEDIATELY RE-EVALUATE ALL UNIT PERSONNEL AND MITIGATION ACTIONS WHEN ANY HEAT ILLNESS OCCURS.

6. (U) HEAT ILLNESS REPORTING:

6.A. (U) REPORT ALL HEAT ILLNESSES REQUIRING MEDICAL INTERVENTION OR RESULTING IN LOST DUTY TIME.

6.A.1. (U) DEPLOYED PERSONNEL REPORT HEAT ILLNESSES AS OUTLINED IN THEIR HEALTH SERVICE SUPPORT OR ANNEX TO THE OPERATIONS PLAN OR ORDER.

6.A.2. (U) NON-DEPLOYED UNITS COORDINATE WITH THEIR SUPPORTING PUBLIC HEALTH (PH) ORGANIZATION, EXAMINING PROVIDER, AND MTFs TO ENSURE THAT HEAT ILLNESSES DIAGNOSED AT ANY LEVEL OR LOCATION ARE REPORTED.

6.A.2.A. (U) PH PERSONNEL WILL REPORT HEAT ILLNESS IN ACCORDANCE WITH REFERENCE 1.N, USING THE DISEASE REPORTING SYSTEM INTERNET (DRSI) WHICH IS COLLECTED BY DCPH-A. TIMELY IDENTIFICATION AND REPORTING OF HEAT ILLNESS CASES WITH ALL AVAILABLE INFORMATION IS CRITICAL TO PREVENT OR DECREASE THE IMPACT OF HEAT ILLNESS.

6.A.2.B. (U) INFORMATION IS AVAILABLE FROM THE DRSI HELP DESK, COMMERCIAL: 410-417-2377, DSN: 867-2377, EMAIL: DHA.APG.PUB-HEALTH-A.MBX.DISEASE-EPIDEMIOLOGYPROGRAM13@HEALTH.MIL.

6.A.3. (U) ARMY NATIONAL GUARD AND RESERVE UNITS WITHOUT PH PERSONNEL WITH DRSI ACCESS WILL REPORT HEAT ILLNESS THROUGH COMMAND CHANNELS AND THROUGH COMMAND SAFETY.

6.B. (U) LEADERS MUST ENSURE ALL HEAT ILLNESSES TREATED BEYOND FIRST AID ARE REPORTED THROUGH THE ARMY SAFETY MANAGEMENT INFORMATION SYSTEM 2.0 AT [HTTPS://MISHAP.SAFETY.ARMY.MIL](https://mishap.safety.army.mil) (SEE REF 1.H).

6.C. (U) CIVILIANS WHO INCUR REPORTABLE HEAT-RELATED ILLNESSES SHOULD BE REPORTED IN ACCORDANCE WITH OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION RECORDKEEPING AND REPORTING REQUIREMENTS (SEE REF 1.A. AND REF 1.H.).

7. (U) ADDITIONAL RESOURCES AND GUIDANCE:

7.A. (U) THE DCPH-A PROVIDES COMPREHENSIVE INFORMATION ON HEAT ILLNESS PREVENTION (SEE REF 1.E. AND REF 1.M.).

7.B. (U) TRADOC PROVIDES ADDITIONAL RESOURCES TO COMMANDERS AND LEADERS FOR PREVENTION OF HEAT CASUALTIES, AVAILABLE AT [HTTPS://WWW.MILSUITE.MIL/BOOK/GROUPS/TRADOC-ENVIRONMENTAL-HEALTH-PROTECTION](https://www.milsuite.mil/book/groups/tradoc-environmental-health-protection).

7.C. (U) THE WARRIOR HEAT- AND EXERTION-RELATED EVENTS COLLABORATIVE IS A TRI-SERVICE, MULTIDISCIPLINARY ADVISORY GROUP FOCUSED ON POLICIES AND PROCEDURES RELATED TO THE PREVENTION AND MANAGEMENT OF HEAT ILLNESS AND RELATED DISORDERS. HEAT ILLNESS PREVENTION AND TREATMENT RESOURCES ARE AVAILABLE AT [HTTPS://WWW.HPRC-ONLINE.ORG/RESOURCES-PARTNERS/WHEC](https://www.hprc-online.org/resources-partners/whec).

7.D. (U) U.S. ARMY COMBAT READINESS CENTER INFORMATION ON SUMMER SAFETY IS AVAILABLE AT [HTTPS://SAFETY.ARMY.MIL/MEDIA/SEASONAL-SAFETY-CAMPAIGNS/SPRING-SUMMER-SAFETY-2024](https://safety.army.mil/media/seasonal-safety-campaigns/spring-summer-safety-2024).

7.E. (U) LACK OF ADEQUATE SLEEP CAN REDUCE THE BODY'S PHYSIOLOGICAL ABILITY TO RESIST HEAT STRESS AND LEAD TO BEHAVIORAL PATTERNS THAT INCREASE SUSCEPTIBILITY TO HEAT ILLNESS. DEHYDRATION CAN ALSO ADVERSELY AFFECT SLEEP QUALITY BY DISTURBING SLEEP RHYTHM.

7.F. (U) USE THE PERFORMANCE TRIAD ACTIVITY TARGETS TO STAY IN TOP CONDITION. TRAINING SMART AND GETTING REGULAR EXERCISE, LIKE ACHIEVING PERFORMANCE TRIAD GOALS, HELP SOLDIERS AND DA CIVILIANS ACCLIMATE TO A HOT ENVIRONMENT AND AVOID HEAT ILLNESS.

7.G. (U) SOLDIERS AND DA CIVILIANS WILL STAY APPROPRIATELY HYDRATED BY DRINKING PLENTY OF WATER AND OTHER HYDRATING FLUIDS THROUGHOUT THE DAY (AT LEAST 4 LITERS (136 OUNCES) PER DAY BUT NO MORE THAN 12 LITERS). DEHYDRATION AS LITTLE AS 2 PERCENT, WHICH CAN HAPPEN QUICKLY IN HOT ENVIRONMENTS, SIGNIFICANTLY IMPAIRS PERFORMANCE, DECREASES APPETITE, AND INCREASES RISK OF HEAT ILLNESS. HOT ENVIRONMENTS INCREASE INDIVIDUAL CALORIE NEEDS BY 10 PERCENT AND CAN DECREASE THE APPETITE. WORKING IN HOT ENVIRONMENTS CAN FURTHER INCREASE CALORIC REQUIREMENTS DEPENDING ON THE INTENSITY AND DURATION OF THE WORK. FLUIDS CONTAINING CARBOHYDRATES, EATING SMALLER VOLUMES, AND CHOOSING CALORIE DENSE FOOD CHOICES EVERY FEW HOURS HELPS TO MEET INCREASED CALORIC NEEDS WITH DECREASED APPETITE DUE TO HEAT.

8. (U) POINTS OF CONTACT:

8.A. (U) OTSG/U.S. ARMY MEDICAL COMMAND PUBLIC HEALTH: COMMERCIAL: 703-681-4752, USARMY.NCR.HQDA-OTSG.LIST.DCSPUBLIC-HEALTH-OPS@HEALTH.MIL.

8.B. (U) ARMY HEAT CENTER DIRECTOR: LIEUTENANT COLONEL DAVID W. DEGROOT, HEAT CENTER DIRECTOR, COMMERCIAL: 762-408-2154, EMAIL: DAVID.W.DEGROOT.MIL@HEALTH.MIL.

8.C. (U) DCPH-A: DISEASE EPIDEMIOLOGY BRANCH, COMMERCIAL: 410-417-2377, EMAIL: DHA.APG.PUB-HEALTH-A.MBX.DISEASE-EPIDEMIOLOGYPROGRAM13@HEALTH.MIL.

9. (U) THIS ALARACT MESSAGE EXPIRES ON 26 APRIL 2025.