

SAFETY TIP OF THE WEEK



HEAT INJURY

• There are more than 2,000 cases of heat injuries reported each year across the Army. Almost all (93%) occur during non-combat operations. During the Spring and Summer months heat-related injuries challenge Soldiers and Units training at the National Training Center.

• Well above normal temperatures are expected through the rest of the week. These conditions increase vulnerabilities for Soldiers and families with dehydration and disabling heat related illness.

• Although it is a unit responsibility, Fort Irwin Range Operations and Environmental Health Section (EHS) of Preventive Medicine track the Wet Bulb Globe Temperature (WBGT) index. Leaders must consider that wearing Individual Body Armor will add at least 5° F to the WBGT and that wearing of Chemical, Biological, Radiological and Nuclear (CBRN) clothing add at least 10° F to WBGT.

• From smartphone applications that can provide an early warning of an impending rise in the body's core temperature to heat sensors for Military working dogs Technologies continues to develop to mitigate heat related injuries. Products that are available now are the "Drip Drop" hydration powder assists with heat prevention by providing 3X the electrolytes, and 1/2 the sugar of sports drinks:

100 ea. Berry – NSN: 6505-01-646-2701

100 ea. Lemon – NSN: 6505-01-646-2692.

• Too much water can also present a condition know as Water intoxication. Confusion, weakness and vomiting are some of the symptoms. If a person has been eating, drinking and urinating a lot, yet exhibits these symptoms, MEDEVAC should be immediately requested. **Hourly fluid intake should not exceed 1.5 quarts.**



HEAT INJURIES

Heat Cramps: Heat cramps affects muscles such as those in the arms, legs and abdomen; the muscles which have been used while working. Heat cramps are a signal that the body has lost too much salt through sweating.

Heat Exhaustion: Heat exhaustion is a serious condition that needs immediate attention. Heat exhaustion is also a warning that the mechanism which controls heat for the body has become seriously overtaxed. Heat stroke may follow if heat exhaustion is not treated.

Heat Stroke: Heat stroke can be fatal if not treated. Skin is red and flushed. The victim has stopped sweating. This condition is a medical emergency and must be treated immediately.

ICE SHEETS – The following medical emergencies for Soldiers treated with Iced Sheets

- Loss of consciousness or mental status changes
- Vomits more than once
- No improvement after 30 min of rest and hydration.
- Gets worse during treatment.
- Rectal temp >104 (Medic or EMT task.

PREVENTING HEAT INJURIES

• Heat injuries have cumulative effects. Use the deliberate risk management process to assess and mitigate the potential risk of heat injuries:

1. Identify Hazards:

- High heat category.
- Exertion level of activity.
- Acclimatization and Time (length of activity and time of day).

2. Assess Hazards:

- Ambient temperatures (i.e., a heat category assessment using wet bulb globe temperature should be conducted and adjusted for temperature variance).
- Know your Soldiers (e.g., their hydration status, risk factors or certain medications that might increase risk).

3. Develop Controls:

- Include Heat Injury prevention in operating procedures.
- Planning: Develop a plan to have ample hydration sources available based on activity levels and provide rest cycles as needed.
- Identification: Identify and note previous heat casualties along with current illnesses.

4. Implement Controls:

- Ensure risk decisions are made at the appropriate level.
- Ensure controls are implemented.
- Enforce and monitor the hydration standard.

5. Supervise and evaluate:

- Enforce standing operating procedures through constant monitoring and frequent walk-through.
- Conduct spot checks.
- Develop contingency plans for injuries that might occur despite preventive measures.
- Continually re-evaluate the situation and adjust controls as needed.