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

REPLY TO
ATTENTION OF

DASG-PPM

03 NOV 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Cold Weather Related Injury Prevention Program, 2006-2007

1. The 2006 cold weather season has begun. Cold weather related injury prevention is a command and leadership responsibility. As medical advisors to Army commanders and leaders, you are responsible for providing guidance to prevent cold weather related injury among our Soldiers and DA civilians during training and deployments. Cold weather related injuries include cold injury [hypothermia, frost bite, etc], injury from heaters [carbon monoxide poisoning, burns], and accidents due to decreased physical and mental functioning due to cold stress. From 1998 to 2006, frostbite was the most commonly reported cold weather related injury among Soldiers.

2. Military leaders must pay attention to how Soldiers protect themselves from the cold. Younger, more inexperienced Soldiers tend to sustain cold injuries more often than others. Encourage Soldiers to follow the "buddy system" to help protect each other from fatigue and the elements.

3. Technical Bulletin Medical 508 (TB MED 508), Prevention and Management of Cold Weather Injuries, provides detailed guidance to healthcare providers, unit commanders, and leaders in preventing cold injuries. A variety of cold weather prevention products are available at http://chppm-www.apgea.army.mil/coldinjury/.

4. Our points of contact are Mr. Paul Repaci, Office of The Surgeon General, DSN 761-2949, Commercial (703) 681-2949, or e-mail Paul.Repaci@otsg.amedd.army.mil; and COL Scott Stanek, Office of The Surgeon General, DSN 761-3160, Commercial (703) 681-3160, or e-mail Scott.Stanek@otsg.amedd.army.mil.

FOR THE SURGEON GENERAL:

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Encl

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Information Sheet: 2006-2007 Cold Weather Related injury Prevention Program

1. All leaders developing an evidence-based cold weather prevention program to protect our military personnel from cold stress and adverse health effects should use as their main guidance TB MED 508, "Prevention and Management of Cold-Weather Injuries." This technical bulletin provides guidance to military and civilian healthcare providers, allied medical personnel, and unit commanders on all aspects of cold weather prevention including principles of preventing cold weather injuries during deployment and training, and cold weather deployment tips; physiologic responses and adaptation to cold; managing cold stress; proper use of cold weather clothing; identification of risk factors; diagnosis and treatment of cold weather injuries. All Soldiers should be familiar with self aid-buddy aid and early recognition of cold related injury. Cold weather related injuries include cold injury [hypothermia, frost bite, etc], injury from heaters [carbon monoxide poisoning, burns], and accidents due to decreased physical and mental functioning due to cold stress.

2. Military treatment facilities (MTFs) are required to report all* cases of CWI to the Army Medical Surveillance Activity (AMSA) as part of the Reportable Medical Events System (RMES) (http://amsa.army.mil). Preventive Medicine (PM) personnel at supporting MTFs should receive local reports of possible CWIs, investigate and compile required information, and report injuries electronically through the RMES. Providers and supporting Preventive Medicine activities will collect appropriate clinical information and report cases within 48 hours through the Reportable Medical Events System (RMES) IAW AR 40-5. PM personnel should coordinate with appropriate unit or organizational safety officers so that CWI data are also reported through Army Safety channels. In the "Comments" section of the report, indicate the following items when appropriate: anatomic location of the injury, degree of frostbite, core body temperature (for hypothermia cases), if injury was duty related, and circumstances resulting in injury.

3. In 2003, the Army approved a Family of Space Heaters (FOSH) for heating tents safely, and efficiently. Replacing the World War II-vintage M-1941 potbelly and M-1950 Yukon heaters, these approved heaters use the latest advances in combustion, power generation, and microprocessor technology. The CHPPM fact sheet provides guidance on use of heaters inside tents and other enclosures (http://chppm-www.apgea.army.mil/documents/FACT/55-007-1003.pdf). The Countermeasure Magazine articles published by the US Army Combat and Readiness Center provides information to Soldiers on the family of space heaters (Oct 2003) and an overview of the types of hazards seen during cold-weather operations (Sep 2005) (https://crc.army.mil/Multimedia/cat.asp?iCat=69&iChannel=19&nChannel=Multimedia).

4. The US Army Center for Health Promotion and Preventive Medicine in collaboration with the US Army Research Institute of Environmental Medicine provide a variety of cold weather prevention products (including posters, presentation, policies, regulations, and technical bulletins at the following website: http://chppm-www.apgea.army.mil/coldinjury/.

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*Please note that chilblain is no longer a reportable CWI