



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042-5140

DASG-PPM-NC

10 OCT 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Cold Weather Injury Prevention Program, 2012-2013

1. Cold Weather Injuries (CWIs) remain a significant threat to individual health and unit performance during training and operations. Excessive cold stress degrades physical performance capabilities, significantly impacts morale, and eventually causes injuries. The Armed Forces Health Surveillance Center reported 235 cold weather injuries among Active and Reserve Soldiers during the 2011-12 cold weather season, of which 114 were frostbite and 30 were hypothermia.
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 Service Members, Civilians, and contractors. Leaders must ensure all personnel are adequately trained to protect themselves from CWI by using the appropriate clothing, equipment, and protective techniques. Personnel must receive training on the proper use of cold weather equipment. The buddy system is an effective means of enhancing risk management strategies. The enclosed information sheet provides leaders and medical personnel additional guidance on the Army CWI prevention program.
3. Our points of contact are LTC Bryony Soltis, Preventive Medicine Staff Officer, DSN 761-3160, commercial (703) 681-3160, or Bryony.W.Soltis@us.army.mil and CPT Jon Sharp, Preventive Medicine Science Staff Officer, DSN 761-2780, commercial (703) 681-2780, or Jon.M.Sharp1@us.army.mil. For technical information, the point of contact is Dr. John Castellani, US Army Research Institute of Environmental Medicine, DSN 256-4953, commercial (508) 233-4953, or John.Castellani@us.army.mil.

A handwritten signature in black ink, appearing to read "Patricia D. Horoho".

PATRICIA D. HOROHO
Lieutenant General
The Surgeon General and
Commanding General, USAMEDCOM

Encl

DASG-PPM-NC

SUBJECT: Cold Weather Injury Prevention Program, 2012-2013

DISTRIBUTION:

**Commanders, MEDCOM Major Subordinate Commands
Commander, US Army Test and Evaluation Command
Commander, US Army Criminal Investigation Command
Commander, US Army Combat Readiness/Safety Center
Surgeon, 18th MEDCOM
Surgeon, National Guard Bureau
Surgeon, US Army Reserve Command
Surgeon, US Army Training and Doctrine Command
Surgeon, US Army Forces Command
Surgeon, US Army Materiel Command
Surgeon, US Army Special Operations Command
Surgeon, US Army Central Command
Surgeon, US Army North
Surgeon, US Army South
Surgeon, US Army Pacific
Surgeon, US Army Europe
Surgeon, Eighth US Army**

**2012-2013 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 4 Oct 11).
- c. ATTP 3-97.11, Cold Region Operations, 10 Jun 11.
- d. DA Pam 40-11, Preventive Medicine, 22 Jul 05 (RAR 19 Oct 09).
- e. FM 5-19, Composite Risk Management, 21 Aug 06.
- f. TB MED 508, Prevention and Management of Cold-Weather Injuries, 1 Apr 05.
- g. TRADOC Regulation 350-29, Prevention of Heat and Cold Casualties, 6 Jul 12.

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. Cold weather injuries can also occur in warmer ambient temperatures when cold-wet exposures are experienced.

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. The program should be complemented by Army Risk Management doctrine, as detailed in FM 5-19, *Composite Risk Management*.² These documents provide the framework for early recognition and response to climatic injuries and an appropriate implementation of preventive measures.

4. Leaders must ensure Service Members receive adequate food, water, rest, training³ on wearing the appropriate cold weather clothing⁴ and keeping them dry, 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. Service Members 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

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

² http://armypubs.army.mil/doctrine/DR_pubs/DR_a/pdf/fm5_19.pdf

³ <https://www.us.army.mil/suite/folder/24486772> (AKO access required).

⁴ http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/attp3_97x11.pdf

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 enclosures.⁵ *Knowledge* Volume 4, Dec 10, the official US Army safety magazine, published by the US Army Combat Readiness/Safety Center, provides information on preventing cold injuries in personnel operating in snow-covered mountainous areas⁶.

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 <http://phc.amedd.army.mil/topics/healthsurv/de/Pages/DRSiResources.aspx> 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 Armed Forces Reportable Events Guidelines and Case Definitions.⁷ 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 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://phc.amedd.army.mil/PHC%20Resource%20Library/heaters-JusttheFacts05finalw-links.pdf>

⁶ https://safety.army.mil/Knowledge_Online/Default.aspx?alias=safety.army.mil/knowledge_online/december2010

⁷ <http://afhsc.army.mil/reportableEvents>