



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
2ND BATTALION, 6TH AIR DEFENSE ARTILLERY
1612 RANDOLPH ROAD
FORT SILL, OKLAHOMA 73503

ATSA-TPY

25 AUG 2025

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter #6 - Heat Injury Prevention and Evacuation Procedures

1. Between the months of May and September, the hot weather in Oklahoma drastically increases the chance of a Serious Heat Injury. This policy provides guidance and instructions to all Soldiers in the Battalion on the specific tasks required to prevent and react to a heat casualty event.
2. References:
 - a. FS 385-10, 6 Jun 18, Safety Regulations
 - b. FS 385-1, 24 Jun 16, Post Range Regulation
 - c. TRADOC Heat Illness Prevention Program 2012
 - d. TR 350-6, 30 Jan 2018, Enlisted IET Policies and Administration
 - e. TR 350-29, 18 Jul 2016, Prevention of Heat and Cold Casualties
 - f. TR MED 507, 7 Mar 03, Heat Stress Control and Heat Casualty Management
3. Commanders and First Sergeants are responsible for ensuring that the Cadre and Soldiers in their Battery receive the necessary Heat Injury Prevention Training, understand this policy, and have the authority to modify training and uniform in the event the outside temperature exceeds 100°F or 37.78°C.
4. Between the months of May through September, or when the temperature exceeds 80 degrees Fahrenheit, all units will maintain:
 - a. One large cooler of ice water (1/3 ice, 1/3 water).
 - b. Ten (10) bed sheets.
 - c. A thermometer for taking body thermometer (manual or electronic).
 - d. A wet bulb globe thermometer (manual or electronic).
5. When anyone recognizes the signs and symptoms of a Serious Heat Injury, he or she will take the immediate action listed:

a. Signs of a Serious Heat Injury

- (1) High temperature (A temperature reading of 101 + degrees).
- (2) Confusion or deliriousness.
- (3) Absence of sweating or chills with red, flushed skin.
- (4) Vomiting and/or Involuntary bowel movement.
- (5) Convulsions, unresponsive, or loss of consciousness.
- (6) Weak or rapid pulse coupled with the symptoms of a mild heat injury.

b. Immediate Actions

- (1) STOP: Stop the individual's activity immediately.
- (2) MOVE: Move the heat-stricken Soldier to a shaded/cool location if available.
- (3) REST: Rest the Soldier flat with feet elevated. If unconscious, roll to one side (help prevent casualty from chocking on vomit).
- (4) STRIP: Remove ACU top and boots. Loosen belt and pant cuffs. In extreme cases, remove Soldier's clothing leaving only undergarments (e.g., underwear, bras, etc.) to facilitate cooling.
- (5) COOL: Cool the heat-stricken Soldier with iced sheets. Cover everything except the Soldier's face. Ensure the Iced Sheets are soaked prior to applying them to casualty. Massage large muscles while cooling. When the sheets warm up, remove, and replace them with a set of fresh iced sheets. The same person should observe casualty during cooling and evacuation in order to spot symptoms changes.
- (6) CALL: Call for evacuation.
- (7) NOTE: COOL AND CALL FOR EVACUATION SIMULTANEOUSLY
- (8) CHECK OTHER SOLDIERS: Reassess situation and adjust training as necessary.

c. Evacuation Procedures

- (1) Call 911 when on main post and inform of EMS of the situation. Provide body temperature with patient information. Do not evacuate by TMP unless there is no other alternative or EMS directs it.

(2) When on a range or in a training area, units will not contact EMS directly. Direct all requests for evacuation/MEDEVAC to Range Control by phone or radio (Freq. 38.50 EAST SIDE, 34.50 WEST SIDE, 30.50 QUANAH ALTERNATE). Units will likely be required to move injured personnel to an Ambulance Exchange Point (AXP) designated by Range Control.

(3) Notify Battery Commander and First Sergeant within one (1) hour.

(4) Battery Command Team will notify Battalion Commander, Command Sergeant Major, and Battalion Executive Officer within two (2) hours.

6. When anyone recognizes the signs and symptoms of a Mild Heat Injury, he or she will take the immediate action listed:

a. Signs of a Mild Heat Injury

(1) Heavy sweating with muscle cramps

(2) Headache, dizziness, or nausea

(3) Clumsiness or unbalanced

b. Immediate Actions:

(1) Stop the individual's activity immediately

(2) Rest Soldier in a shaded, cool environment if available

(3) Loosen clothing

(4) Have Soldier sip water

(5) Evaluate the Soldier's status after 1 hour

(6) Monitor the patient and check temperature every 15 minutes. Evaluate the Soldier's status after 1 hour. Evacuate the Soldier if the conditions worsens and he or she displays the symptoms of a Serious Heat Injury.

7. Batteries will identify and mark personnel who have had previous heat injury or are at a higher possible risk due to medication IAW BN SOP (e.g., red ID tags, red tape on CamelBak / hydration gear, etc.).

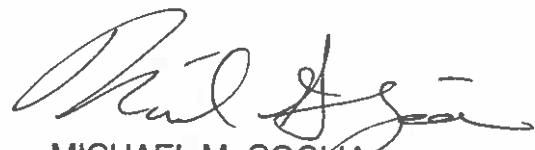
8. Battery Cadre will rehearse evacuation procedures and battle drills monthly. Units will annotate this training on their weekly training schedules.

9. Battery Commanders will report current training status to the Battalion S3 shop, utilizing a by-name MFR format, NLT the first business day of each month.

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10. Point of contact for this memorandum is the undersigned at
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