



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY FIRES CENTER OF EXCELLENCE AND FORT SILL
455 MCNAIR AVENUE, SUITE 100
FORT SILL, OKLAHOMA 73503

ATZR-C

21 Jan 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CG Policy Memorandum #3B, Heat Illness and Cold Weather Injury Investigation and Reporting

1. References:

- a. TB MED 507, Heat Stress Control and Heat Casualty Management, 7 March 2003.
- b. TB MED 508, Prevention and Management of Cold Weather Injuries, 1 April 2005.
- c. TRADOC REG 350-29, Prevention of Heat and Cold Casualties, 18 July 2016.
- d. Army Regulation 385-10, Army Safety Program, 24 February 2017.
- e. DODI 6055.07, Mishap Notification, Investigation, Reporting, and Record Keeping, 6 June 2011.
- f. TRICARE Information Paper, Disclosure of PHI to DOD Safety Offices, HIPAA Privacy, February 2012.

2. Purpose: To provide guidance for the investigation and reporting of heat illness and cold weather injury to all Fires Center of Excellence and tenant organizations on Fort Sill.

3. General: Heat illness and cold weather injury is a serious medical condition that requires immediate action and treatment for the life, safety, and health of personnel. Equally important is the immediate investigation and reporting of any occurrence to provide insight and lessons learned for future mitigation strategies.

4. Policy: All cases of heat illness and cold weather injury will be thoroughly investigated and promptly reported by the experiencing organization.

- a. The organization's senior leader, in the grade of O-6, will personally review each case of military or civilian heat illness or cold weather injury experienced. Within 4 or 8 hours, the senior leader will provide SIR 2.23 or 3.5 respectively for possible heat injury or cold weather injury to the Commanding General.

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b. All cases of heat illness or cold weather injury will be reported to the Fort Sill Safety Office via the on-line accident reporting system and Reynolds Army Public Health Nursing to facilitate consistent evaluation and categorization of heat or cold injury. Non-TRADOC organizations will provide the safety office a courtesy copy of their accident report.

c. Within five working days the unit will complete a report describing the category of heat illness or cold weather injury, prevention taken prior to incident, root cause, corrective action, and current disposition. To ensure accurate reporting and collaboration between medical and safety personnel, Reynolds Army Health Clinic and associated clinics will provide a weekly listing of military recorded heat illness and cold weather injury to the Fort Sill Safety Office. This listing will include name, rank, organization, date(s) treated, and category of heat illness or cold weather injury.

5. Additional guidance for heat illness reporting is published annually via ALARACT.

6. I expect all Soldiers, leaders, and Department of the Army Civilians to stay engaged and plan accordingly to prevent heat illnesses and cold weather injuries.

7. This CG Policy Memorandum supersedes CG Policy Memorandum, ATZR-C 18 January 2018, subject: Heat Illness Investigation and Reporting, CG Policy Memorandum 16-03.

8. The Safety Office point of contact is Mr. John Cordes at (580) 442-4701 or by email at john.e.cordes.civ@mail.mil.



KENNETH L. KAMPER
Major General, USA
Commanding

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Investigation and Reporting

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