- Maintain adequate hydration and ensure nutritional requirements are met Clean; O: svoid Overdressing; L: wear clothing Loose and in layers; D: keep clothing Dry)
  - Kemember the acronym C-O-L-D when wearing clothing in cold weather (C: Keep it

    - Italia soldiers on the proper use of cold weather clothing
      - Hypothermia
        - Prostbite
    - Carbon Monoxide Poisoning Snow Blindness Immersion toot (trench toot)
      - Dehydration Chilblain

## Cold Weather Casualties and Injuries:

## General Guidance for all Cold® Weather Training

Skin: Exposed skin is more likely to develop frostbite, therefore cover skin. Avoid wet skin (common around

the nose and mouth). Inspect hands, feet, face and ears frequently for signs of frostbite.

Soldiers must change into dry clothing at least daily and whenever clothing becomes wet, and must Clothing

wash and dry feet and put on dry socks at least twice daily.

**Nutrition:** 4500 calories/daylsoldier. Equivalent to 3 meal packets in meal-cold weather (MCW) or 3-4 MRE'S.

3-6 Liters (canteens)/day/soldier. Warm, sweet drinks are useful for re-warming. **Hydration:** 

Obscures detection of cold injuries; Consider not using below 32F, not recommended below 10'F. Camouflage:

Responsibilities: Soldiers are responsible for preventing individual cold injuries. Unit NCO's are responsible for the

health and safety of their troops.

These guidelines are generalized for worldwide use. Commanders of units with extensive extreme cold-weather training and specialized equipment may opt to use less conservative guidelines. Cold injury prevention is a command responsibility.

See http://chppm-www.apgea.army.mil/coldinjury for electronic of this document and other resources. POC: LTC Christine Scott (CHPPM)



## Wind Chill Temperature Table

Wind																		
Spee	d (mp	h)				Air T	empera	iture (°	'F)									
ļ	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
_0_	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
_5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95

## RISK OF FROSTBITE (see times on chart below)

■ LITTLE DANGER (frostbite occurs in >2 hours in dry, exposed skin)

■ INCREASED DANGER (frostbite could occur in 45 minutes or less in dry, exposed skin)

GREAT DANGER (frostbite could occur in 5 minutes or less in dry, exposed skin)

## Follow these Wind Chill Preventive Medicine Measures based on Wind Chill Temperature

Alert personnel to the potential for cold injuries

25°F and below Leaders inspect personnel for wear of cold weather clothing. Provide warm-up tents/areas/hot

beverages.

0°F and below Leaders inspect personnel for cold injuries. Increase the frequency of guard rotations to

warming areas. Discourage smoking.

Initiate the buddy system. Have personnel check each other for cold injuries.

Consider modifying or curtailing all but mission-essential field operations.

NOTE: TRENCH FOOT CAN OCCUR AT ANY TEMPERATURE - Always Keep Feet Warm and Dry

# Wind Chill Category

Work Intensity	Little Danger	Increased Danger	Great Danger		
High Digging foxhole, running, marching with rucksack, making or breaking bivouac	Increased surveillance by small unit leaders; Black gloves optional – mandatory below 0° F (-18° C);	ECWCS* or equivalent; Mittens with liners; No facial camouflage; Exposed skin covered and kept dry; Rest in warm, sheltered area; Vapor barrier boots below 0°F (-18°C) Provide warming facilities	Postpone non-essential training; Essential tasks only with <15 minute exposure; Work groups of no less than 2; Cover all exposed skin, Provide warming facilities		
Low Walking, marching without rucksack, drill and ceremony	Increased surveillance; Cover exposed flesh when possible; Mittens with liner and no facial camouflage below 10°F (-12°C); Full head cover below 0°F (-18°C). Keep skin dry - especially around nose and mouth.	Restrict Non-essential training; 30-40 minute work cycles with frequent supervisory surveillance for essential tasks. See above.	Cancel Outdoor Training		
Sedentary Sentry duty, eating, resting, sleeping, clerical work	See above; Full head cover and no facial camouflage below 10°F (-12°C); Cold-weather boots (VB) below 0°F (-18°C); Shorten duty cycles; Provide warming facilities.	Postpone non-essential training; 15-20 minute work cycles for essential tasks; Work groups of no less than 2 personnel; No exposed skin	Cancel Outdoor Training		

<sup>\*</sup> Extended cold weather clothing system

# Cold Weather Casuallies and Injuries

## frostbite Dehydration Chilblain Cause Repeated exposure of bare skin for prolonged Cause · Freezing of tissue, eg.: Fingers, toes, ears, and Cause Depletion of body fluids Symptoms other facial parts Dizziness periods from 20°-60°F with high humidity (for those Exposure to bare skin on metal, extremely cool Weakness not acclimated to cold weather) **Symptoms** • Swollen, red skin (or darkening of the skin in darkfuel and POL\*, wind chill, and tight clothing - Blurred vision first-Aid particularly boots - can make the problem worse Replace lost water. Water should be sipped, not skinned soldiers) Symptoms Numbness in affected area Tender, hot skin, usually accompanied by itching aulped First • Aid Warm affected area with direct body heat Tingling, blistered, swollen, or tender areas. Get medical treatment Pale, yellowish, waxy-looking skin (grayish in dark-Prevention At a minimum, consume 3-6 quarts of water per day Do not massage or rub affected areas Do not wet the area or rub it with snow or ice Snow Blindness Frozen tissue that feels wooden to the touch Do not expose affected area to open fire, stove, or first-Aid Frostbite can lead to amoutation. Evacuate any other intense heat source Prevention Cause Burning of the cornea of the eye by exposure to immediately! Use contact gloves to handle all equipment; never Start first-aid immediately. Warm affected area with intense UV rays of the sun in a snow-covered use bare hands to handle equipment direct body heat Use approved gloves to handle all fuel and POL\* environment Symptoms First+Aid Do not thaw frozen areas if treatment will be delayed. Pain, red, watery or gritty feeling in the eyes products Do not massage or rub affected areas Rest and total darkness; bandage eyes with gauze In the extreme cold environment, do not remove Do not wet the area or rub it with snow or ice Evacuate if no improvement within 24 hours clothing immediately after heavy exertion (PT); wait until Prevention Use sunglasses with side protection in a snow- Do not expose affected area to open fire, stove, or you are in a warmer location any other intense heat source covered environment Never wear cotton clothing in the cold weather Prevention Use contact gloves to handle all equipment; never environment If sunglasses are not available, use improvised slit use bare hands to handle equipment Use approved gloves to handle all fuel and POL Carbon Monoxide Poisoning Hypothermia Never wear cotton clothing in the cold weather environment Cause Prolonged cold exposure and body-heat loss. Keep face and ears covered and dry Cause Replacement of oxygen with carbon monoxide Keep socks clean and dry in the blood stream caused by burning fuels May occur at temperatures above freezing, Avoid tight socks and boots without proper ventilation especially when a person is wet Symptoms Headache, confusion, dizziness, excessive vawning Symptoms Shivering may or may not be present Immersion foot (trench foot) Drowsiness, mental slowness, lack of coordination. Cherry red lips and mouth (in light skinned) individuals), grayish tint to lips and mouth (in dark Can progress to unconsciousness, irregular heartbeat. Cause Prolonged exposure of feet to wet conditions at skinned individuals) and death First-Aid 32°-60°F. Inactivity and damp socks and boots (or Unconsciousness This is the most serious cold exposure medical First-Aid tightly laced boots that impair circulation) speed Move to fresh air emergency and can lead to death! Get the soldier onset and severity CPR if needed to a medical facility as soon as possible! Symptoms Cold, numb feet may progress to hot w/shooting pains Administer oxygen if available Evacuate Even if a victim is cold and is not breathing, never Prevention assume someone is dead until determined by Swelling, redness, and bleeding Use only Army-approved heaters in sleeping areas, First • Aid If you suspect trench foot, get medical help immediately and ensure that personnel are properly licensed to medical authorities! Rewarm feet by exposing them to warm air Strip off wet clothing and wrap victim in blankets or a operate the heaters Do not allow victim to walk on injury Never sleep in running vehicles Place another person in sleeping bag as an additional Evacuate victim to a medical facility Always post a fire guard when operating a heater in Do not massage, rub, moisten, or expose affected sleeping areas area to extreme heat For the person with unconsciousness and very low Prevention Keep feet clean and dry: change wet or damp socks heartbeat, minimize handling of the victim so as to as soon as possible \* POL - petoleum, oil, lubricants not induce a heart attack • Wet or damp socks should be dried out as soon as Prevention Never wear cotton clothing in the cold weather possible to allow them to be re-used environment The inside of Vapor Barrier boots should be wiped Anticipate the need for warming areas for soldiers dry at least once per day, or more often as feet sweat exposed to cold, wet conditions Dry leather boots by stuffing with paper towels