

Congress Workshop

HEAT READY: INJURY PREVENTION & MANAGEMENT TOOLKIT

COMPREHENSIVE 6-HOUR MEDICAL & FIELD RESPONSE TRAINING CURRICULUM

46th ICMM World Congress of Military Medicine

Gain up to **3.75** CME Hours

Date	Time	Venue	Capacity	Registration Fee
10 November 2026	11:00 AM - 16:00 PM	ADNEC Centre Abu Dhabi	30 Seats	50 USD

LEARNING OBJECTIVES

By the end of this 6-hour training program, participants will master the following clinical competencies:

Classify & Differentiate:
Broad spectrum of heat-related illnesses ranging from minor conditions to exertional and classic heat stroke.

Identify Clinical Signs:
Recognize key clinical presentation parameters, vital thresholds, and non-specific early warnings.

Apply Rapid Cooling:
Execute evidence-based field cooling modalities (including ice water immersion) targeting body temperature reduction below 39\degree\C within the golden hour.

Manage Life-Threatening Complications:
Handle Exertional Heat Stroke (EHS), Exertional Rhabdomyolysis, and Exertional Hyponatremia safely.

CLINICAL CASE SCENARIOS

Scenario 1 — Life-threatening

Exertional Heat Stroke

Recognise CNS dysfunction with high core temperature, then start whole-body cooling before transport.

Scenario 2 — Common

Minor Heat Illness

Tell cramps, exhaustion, and syncope apart from heat stroke, then treat with rest, cooling, and fluids.

Scenario 3 — Kidney risk

Exertional Rhabdomyolysis

Spot dark urine, severe pain, and swelling, then start fluids and arrange labs and monitoring.

Scenario 4 — Do not miss

Exertional Hyponatremia

Distinguish low sodium from heat illness, since the treatment differs: restrict fluids, give saline if severe.

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TRAIN TODAY.
SAVE LIVES TOMORROW.

HANDS-ON SKILL PRACTICE SHEETS

Step-by-step procedural guides utilized during active skill practice stations

Skill 1 : Ice Water Immersion

- Obtain baseline core temperature (rectal thermometer preferred).
- Continuously monitor ABCs during immersion. Track cooling rate
- Cease cooling immediately once temperature drops below 39\degree\C.

Skill 2: Cramp & Exhaustion Care

- Remove patient from heat source to shade/AC environment.
- Loosen or remove excess heavy clothing. Perform gentle stretching and light massage on affected areas.
- Administer oral balanced electrolyte rehydration solutions.
- Monitor vitals for 60 mins; escalate if unresolved.

Skill 3: Aggressive Fluid Resuscitation

- Secure large-bore intravenous (IV) access. Initiate fluid protocols targeting urine output >200\ mL/h.
- Administer normal saline (1 .5\ L/h) or balanced regimens.
- Maintain strict input/output charts alongside serial CK levels.

Skill 4: Hyponatremia Protocol

- Assess fluid history (identify excessive plain water intake).
- Enforce immediate water restriction (halt oral fluids).
- Prepare emergency seizure control measures.
- Draw blood samples for immediate sodium verification.
- Coordinate transfer to higher-level emergency care.

AGENDA

Time	Duration	Module / Topic	Description / Focus
13:00 - 13:40	40 mins	Module 1 & 2 (Condensed): Foundations, Pathophysiology & The "Golden Hour"	Rapid-fire review of heat illness categories (minor illnesses, EHS, rhabdomyolysis, hyponatremia) and the critical thermal thresholds (>42*degree*C) requiring immediate intervention.
13:40 - 14:10	30 mins	Module 3: Pre-Hospital & Clinical Management Modalities	Overview of rapid field cooling rates (misting, ice packs, cold water immersion at 0.15–0.25*degree*C/min) and fluid resuscitation protocols.
14:10 - 14:15	5 mins	Quick Transition	Move directly into the practical simulation floor.
14:15 - 16:30	2.15 hrs	Module 4: Expanded Hands-On Simulation Workshop	**Extended practical rotation.** Small groups rotate through 4 intensive skill stations: 1. Ice Water Immersion & Temperature Monitoring 2. Minor Heat Illness & Cramp Management 3. Aggressive Fluid Resuscitation for Rhabdomyolysis 4. Hyponatremia Protocol & Water Restriction
16:30 - 17:00	30 mins	Module 5: Debrief, Testing Rubrics & Q&A	Evaluation of practical testing sheets, collective plus-delta debrief of clinical errors/successes, final Q&A, and wrap-up