# SUBJECT: Innovative Readiness Training (IRT) Program Guidelines from the Office of the Assistant Secretary of Defense for Reserve Affairs

## General

These guidelines apply to any IRT project conducted under the authority of Section 2012 of Title 10, U.S. Code and DoD Directive 1100.20, dated January 30, 1997. A General/Flag Officer level signature is required on all project submissions. Each State and Organization have unique and specific legal requirements, therefore a legal review must be accomplished for each project to ensure that these legal requirements are satisfied. DoD and military leadership must ensure that they afford only the best support and services to the civilians they serve.

**A. PROGRAM TITLE**: Civil-Military Innovative Readiness Training (IRT). This program is a partnership between requesting community organizations and the military, therefore resource support is a "shared" responsibility. Individual IRT Projects provide commanders another option to meet their mobilization readiness requirements, enhancing morale and contributing to military recruiting and retention. As in overseas deployments, these projects should be incorporated into future unit training plans and budgets.

**B. FUNCTIONAL AREAS**: Engineering, Medical/Healthcare/Human Services, Transportation

**C. AUTHORITY**: Department of Defense Directive 1100.20, " Support and Services for Eligible Organizations and Activities Outside the Department of Defense," January 30, 1997.

**D. TERM AND CONDITIONS**: Approval to execute these projects is based on the following terms:

**All IRT project submissions shall: (Note: the following 9 factors cover both guidelines (1-4) and requirements (5-9))**

1. Consist of activities **essential** to the accomplishment of military readiness training and offer **incidental** benefits to the community in which the training activities occur.

2. Provide support and services that: (a) in the case of assistance by a unit, will accomplish valid unit training requirements; and, (b) in the case of assistance by an individual member, will involve tasks directly related to the specific military occupational specialty of the member and fall within the member's scope of duties.

3. Be conducted in a Federally-funded training status under Title 10 or Title 32, U.S.C. **NOTE:** The Federal Tort Claims Act applies to personnel operating within the scope of his or her duty for approved IRT projects for members in Title 10 or Title 32 status.

4. Not endorse, or favor any non-governmental entity (whether profit or non-profit), commercial venture, religion, sect, religious or sectarian group, or quasi-religious or ideological movement.

5. Identify a military officer responsible for conducting each project who will be responsible for:
   (a) Obtaining all required documents for package submission, and
   (b) Coordinating with other Service/Component POCs participating in the project (to include gathering final project costs for After Action Reports).

6. Include certification of non-competition with other available public and private sector service organizations.

7. Include review and endorsement by the military:
   (a) Staff Judge Advocate/Legal Officer
   (b) United States Property and Fiscal Officer (USPFO) or Federal Budget Officer responsible for obligating and disbursing federal funding to verify that:



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[1] supplies and equipment items are on the GSA schedule or local purchase and that the prices are fair and reasonable

[2] estimated cost for each project is delineated by Operation and Maintenance (O&M) and Pay and Allowances (P&A) for each Service or Component participating

[3] fiscal accountability be in accordance with current comptroller directives

(c) Plans, Operations and/or Training officials

(d) Medical, Nursing, or Dental officials (if applicable) for regulation compliance

(e) Adjutant General of the project state(s)

(f) Inter-governmental agencies (if applicable)

8. Include (if applicable):

(a) Appropriate Environmental Protection Documentation

(b) Coordination with the Army Corps of Engineers

(c) Land Use Agreements

9. Identify emergency evacuation of civilians (if applicable) by other than military vehicles, except in the event of a life threatening emergency or other exigent circumstance as authorized by Military Service Regulation.

**All Medical IRT project submissions shall:**

1. Identify the Federal, regional, state, or local governmental Civilian Health Organization (CHO) governing entity that agrees to all medical/healthcare procedures and activities performed by military personnel. The CHO shall conform to all applicable federal, state, and local laws that regulate healthcare delivery within the state or territory, and all state practice acts specific to the participating healthcare professionals. Military personnel shall follow the military regulations specific to the healthcare professionals participating, however, if there is a difference between the state practice acts and military regulations, the strictest application shall apply to the military healthcare personnel participating.

**The CHO Lead is to provide an on-site supervisor for each exercise.**

(a) The CHO shall certify that these projects:

[1] Accommodate an identified **underserved healthcare need** that is not being met by current public or private sector assistance.

**(The CHO shall provide a description of the criteria they use to identify the medically underserved community and the specific services they require.)**

[2] Are provided in a manner that does not compete with private sector medical/dental/healthcare assistance in the underserved area.

(b) The CHO verifies and documents the responsible agent (whether military or civilian) ensuring compliance for each operational site for the following:

[1] Medical waste handling and disposal

[2] Clinical Laboratory Improvement Act (CLIA)

[3] Credentialing/Privileging of Military Health Care Providers to include Basic Life Support and, if applicable, Advance Trauma/Cardiac requirement - The strictest requirement applies

[4] Emergency evacuation of a "real Life incident"

[5] Follow-up care of patients for continuity of care

[6] Handling of patients' records for continuity of care and privacy act issues

2. Be conducted when all participating military personnel:

(a) In direct contact with the patient population, use universal body substance isolation precautions as developed by the Center for Disease Control and Occupational Safety and Health.

(b) Have completed required immunizations (to include the Hepatitis B series) IAW their service regulations.

(c) Have a current negative Human Immunodeficiency Virus (HIV) test IAW their service regulations.



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**E. PROGRAM MANAGEMENT**: The DoD program sponsor is the Office of the Assistant Secretary of Defense for Reserve Affairs, responsible for policy and guidance oversight.

1. OASD/RA will not approve incomplete package submissions.
2. Organizations may not conduct projects without OASD/RA approval.
3. OASD/RA will provide Memorandums of Agreement (MOAs) to organizations at the beginning of each FY after overall project approvals.

**F. FUNDING AND COST ACCOUNTING:**

1. OASD/RA may allocate supplemental funds to Service and Component Fiscal Points of Contact (POCs).

2. Project Lead Agents are responsible for **identifying all funds and Fiscal POCs** to receive the funding.

**(NOTE: Services and Components cannot transfer the OASD/RA programmed MILPERS funding from one Service/Component to another, therefore OASD/RA must be able to program to the correct source at the start of the fiscal year)**

3. Project Lead Agents are responsible for reporting **total project cost** to OASD/RA, using **After Action Reports (AARs)** as described, below.

4. Services and Components are responsible for identifying a procedure that determines whether conducting the IRT project causes a "significant increase in the cost of training " (DoDD1100.20, para D4b(3)).

**G. AFTER ACTION REPORTS FOR OASD/RA**

1. Forward to OASD/RA no later then 60 days after project completion.
2. Participating units shall forward their AAR information to project Lead Agents no later then 30 days after project completion.
3. Use the following format for mandatory information:
   (a) Identify project name with location(s) and date(s).
   (b) Identify the number of military participants in each grade category by Service/Component and Unit.
   For example:

| Grade Category | Service/Component | Number of Participants | Unit(s) |
|---|---|---|---|
| Enlisted | AFRC | 20 | Red Horse |
| Officer | MARFORRES | 2 | 4th FSSG |

   (c) Identify the type of service(s) with numerical data.
   For example:

| Type of Service | Numerical Data |
|---|---|
| Water Transportation, LCM-8 | # of hours logged |
| Airlift by Aircraft | # of hours logged |
| Dental | # of patients |

   (d) Identify all fiscal obligations (O&M and P&A) used to support the entire project. Delineate OASD/RA funding obligations from Service/Component funding obligations.
   (e) Include any media/public affairs activities and community, state, or congressional involvement.
   (f) Include any other relevant information.

**H. POINT OF CONTACT:** The OASD/RA POC for IRT is Col Fleek at (703) 693-8618, DSN 223-8618, FAX (703) 697-6072, email: dfleek@osd.pentagon.mil