MEMORANDUM OF AGREEMENT (MOA)  
BETWEEN  
COMMANDER, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY, FORT SILL, OK  
also known as Reynolds Army Community Hospital (RACH)  
AND  
U.S. ARMY GARRISON (USAG), FORT SILL, OK  
also known as the Garrison  

SRMC-RACH-15-018  
USAG Agreement # PM01

SUBJECT: Support of the Installation Pre-Hospital Emergency Medical Services (EMS) Responsibilities at U.S. Army Garrison, Fort Sill, OK

This is a MOA between the RACH and the USAG. When referred to collectively, the RACH and USAG are referred to as the “Parties”.

1. REFERENCES.

   a. DoD Instruction 6055.06, DoD Fire and Emergency Services (F&ES) Program, dated 21 December 2006.


   e. Army Regulation 40-3, Medical Dental, and Veterinary Care, 23 April, 2013.

   f. Draft MOA between CDR, USAMEDCOM and CDR, USAIMCOM, Subject: Installation Pre-Hospital Emergency Medical Services Responsibilities at U.S. Army Installation Management Command (IMCOM) and U. S. Medical Command (MEDCOM) Installations.

   g. Applicable Installations Regulations and Policy.
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2. PURPOSE. This MOA identifies the specific Pre-Hospital EMS division of workload between the RACH and USAG, Fort Sill, OK. Responsibilities include funding, manning, organizing, managing, sustaining and execution as applicable.

3. BACKGROUND.

a. The Pre-Hospital EMS System is an effective and coordinated system of trained, certified, and properly equipped personnel who are organized to provide pre-hospital triage, treatment, and transport of the sick and injured on an installation to medical treatment facilities (MTF) for definitive medical care. Pre-Hospital EMS includes Basic Life Support (BLS), Advanced Life Support (ALS) services, and transportation. Pre-Hospital EMS begins with the initiation of an emergency "call," followed by dispatch, response, treatment and if necessary, evacuation to definitive care.

b. When determining the delivery of Pre-Hospital EMS for USAG, Fort Sill, OK, commanders should consider several factors, to include the installation’s size, mission, location, population, and available resources. First Responder, BLS and ALS services may be provided through organic assets, contract services, or through Fee for Service and local mutual aid agreements.

4. RESPONSIBILITIES OF THE PARTIES.

a. ALL PARTIES:

(1) Are bound to comply with applicable civilian accrediting agencies, state and local standards of the local surrounding community and local scope of practice as determined by the MTF commander. Local policy cannot violate service-specific health care requirements.

(2) Installation Pre-Hospital EMS will be provided as a shared service between RACH and the Garrison. Dispatch services are provided IAW a mutual aid agreement with City of Lawton who provides dispatch services to RACH and the Garrison. This provides a single, standard (911) phone number for personnel on the installation to call for emergency fire, police, or EMS help. EMS calls will be received by an emergency medical dispatcher trained and certified as a Telecommunicator 1 and/or II in accordance with National Academies of Emergency Dispatch or equivalent.

b. Responsibilities of Reynolds Army Community Hospital (RACH):
(1) Dispatch services – N/A.

(2) Provide administrative oversight of RACH EMS personnel and ambulances, and if applicable contract negotiation and maintenance.

(3) Provide operational oversight for Ambulance Services assigned to the RACH EMS to include personnel and equipment.

(4) Provide medical oversight and guidance. RACH will provide 24/7 day coverage via the Urgent Care Center (UCC) physician on duty, who can be reached at (580) 458-2770, DSN 866.

(5) Provide Pre-Hospital EMS BLS and ALS services, to include pre-hospital ground transportation for the Garrison.

(6) RACH provides Ambulance Services to respond to BLS/ALS incidents in accordance with (IAW) DODI 6055.06 ALS time lines.

(7) Use mutual aid support agreement assistance as needed to ensure response standards IAW DoDI 6055.06 are met for EMS first responders.

(8) Ensure RACH personnel qualification requirements are met. Quality Services Division verifies credentials/privileges of the RACH Medical Officers. Instructors at RACH are pre-approved Military Training Network (MTN) Affiliate Faculty.

(9) Provide medical training. Medical training taught at RACH meets the MTN and American Heart Association standards. RACH shall notify Garrison firefighters when RACH training classes are available in which they may participate.

(a) Advanced Cardiac Life Support, Pediatric Life Support, Basic Life Support, Heartsaver and Emergency Medical Training (military training only) are taught by Hospital Education and Staff Development (HESD).

(b) DOD Civilians of the EMS has its own Continuing Medical Education program and paramedic refresher courses that are operated through the military EMS program in San Antonio, TX.

(10) Maintain RACH pre-approved stock of medical supplies and equipment.

(a) Fund RACH pre-approved expendable medical supplies for the Ambulance Service function assigned to the RACH UCC. RACH agrees to provide RACH pre-
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approved expendable medical supplies used by the Garrison Fire & Emergency Services on medical runs, specifically refilling properly labeled O2 bottles.

(b) Maintain medical equipment for the Ambulance Service function assigned to the RACH UCC.

(c) Establish a meeting time for all EMS responders to meet (RACH, Garrison, contractors) and exchange equipment so equipment may be returned to its original owner as needed.

(11) Maintain stationing facilities. Ambulance garage is located next to the UCC. EMS personnel have offices located in the UCC.

(12) Public information and education is provided as needed (Call 911).

(13) Provide planning, programming and funding for EMS. The Resource Management Division in conjunction with the Department of Primary Care are responsible for the Planning and Programming.

(14) Support lead proponent for integration and coordination with public safety agencies and local communities in support of daily operations, installation consequence management, disaster planning and mutual aid agreements, to include interagency training and communications plans. RACH – Operations and Readiness prepares and updates the RACH Medical Emergency Management Plan. Humana Military Healthcare Services provides a contingency plan with local hospitals.

c. RESPONSIBILITIES OF THE GARRISON:

(1) Dispatch services are provided IAW a mutual aid agreement with City of Lawton who provides dispatch services to RACH and the Garrison. The Garrison will provide EMS First Responder and BLS services to RACH upon dispatcher requests or any EMS reported condition that presents a high risk to loss of life or limb.

(2) Develop the EMS program IAW standards provided by MEDCOM and with medical guidance from RACH. The program will, at a minimum, meet state and local standards of the surrounding community and shall comply with DoDI 6055.06 (reference a).

(3) Provide operational oversight for First Responder Services assigned to the Garrison Fire & Emergency Services to include personnel and equipment. Respond to EMS calls with an appropriate mix of EMS personnel (First Responder, EMT-basic
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(EMT-B), EMT-intermediate, and/or Paramedic), as determined by the Installation Commander with medical guidance provided by RACH.

(4) Request medical oversight and guidance from the UCC physician on call at RACH during EMS responses. This doctor will provide medical care direction to EMTs and paramedics providing pre-hospital medical care. The Garrison will provide no less than five 800 MHz radios for communications with off-post ambulance and medical direction.

(5) Provide emergency medical treatment by regulatory laws and guidance. USAG shall be able to provide BLS capabilities performed by EMT-Bs first responders.

(6) Assist with pre-hospital ground transportation. USAG does not have transport capability.

(7) EMS equipment and personnel are used as part of the firefighter department.

(8) Ensure EMS personnel are licensed and certified. EMS personnel will complete the training requirements of, and be certified by, a state government agency or national certifying organization. First Responders and EMTs will be certified by the National Registry of EMTs or equivalent. Assistant Chief of Training for Fire & Emergency Services verifies credentials/privileges of Fire & Emergency Personnel. The Garrison provides continuing medical education and re-certification training for all Fire & Emergency Services personnel.

(9) Obtain required refresher and continuing education courses to maintain certified EMS personnel.

(10) Maintain documentation of supplies and equipment used for RACH responses. Provide request for RACH pre-approved replacement of used supplies from RACH monthly. Request fill of oxygen cannisters.

(11) Maintain stationing facilities on the Garrison that can respond as required.

(12) Continue to provide public information for fire and accident prevention classes and education.

(13) Provide planning, programming and funding for EMS as necessary.

(14) Acts as lead agent in integration and coordination with public safety agencies and local communities in support of daily operations.
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(15) Review and evaluate the Garrison EMS plan as needed.

5. PERSONNEL. Each Party is responsible for all costs to its personnel, including pay and benefits, support, and travel. Each Party is responsible for supervision and management, of its personnel.

6. FINANCIAL DETAILS.

   a. This MOA does not document nor provide for the exchange of funds or manpower between the Parties nor does it make any commitment of funds or resources. Any funding or manpower requirements that cannot be accommodated within the Parties’ existing budgets must be separately addressed through normal budget processes. If these conditions should change, the MOA will be formally amended in writing and signed by the Parties beforehand.

   b. This MOA is assumed to be resource neutral for the purposes of funding transfers between IMCOM and MEDCOM. Any additional unfunded requirements (UFRs) identified to meet minimum prescribed EMS standards shall be submitted through appropriate command channels as a UFR. Resource information is provided in Table 1.

7. GENERAL PROVISIONS.

   a. EFFECTIVE PERIOD: This MOA is effective on the date the last party signs and expires 9 years from the effective date per DODI 4000.19.

   b. REVIEW/MODIFICATION/TERMINATION: The Parties shall review the agreement triennially in its entirety. This agreement may only be modified by written agreement of the Parties, duly signed by their authorized representatives. This agreement may be terminated by either party by giving at least 180 days written notice to the other Party. If any significant change in EMS service levels or delivery method is planned (e.g., make-buy decisions, discontinuation of garrison-provided EMS that would increase beneficiary TRICARE claims, etc.) by either party (MTF or Garrison), a 180 day notice, if practicable, will be provided. The MOA may also be terminated at any time by mutual written consent of the Parties. In case of mobilization or other emergency, this agreement will remain in force only within the supplier's capabilities.

   c. CANCELLATION OF PREVIOUS AGREEMENT: This MOA cancels and supersedes the previously signed agreement between the same Parties with the Subject “Support of the Installation Pre-Hospital Emergency Medical Services Responsibilities at U. S. Army Garrison, Fort Sill, OK”, Agreement #MCUA-018/ and effective date of 14 April 2009.
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d. **DISPUTES:** Any disputes relating to this MOA will, subject to any applicable law, Executive Order, Directive or Instruction, be resolved by consultation between the Parties or elevated through their respective chains of command for resolution per DODI 4000.19.

e. **TRANSFERABILITY:** This MOA is not transferable except with the written consent of the parties.

f. **ENTIRE AGREEMENT:** It is expressly understood and agreed that this MOA embodies the entire agreement between the Parties regarding the MOA’s subject matter.

g. **FUNCTIONAL POINTS OF CONTACT (POCS).** The following POCs will be used by the parties to communicate in the implementation of this MOA. Each party may change its POCs, or their contact information, upon reasonable notice to the other party.

**RACH**

Resource Management Division  
MCUA-RMB (Sue Croft)  
4301 Wilson Street  
Fort Sill, OK 73503  
(580) 558-2047, DSN 495, FAX 2057  
Email: brenda.s.croft.civ@mail.mil

**USAG**

Resource Management Office  
IMIS-RMM  
909 NW Hamilton Road, Suite 112  
Fort Sill, OK 73503  
(580) 442-3560, DSN 639, FAX 7978  
Winona.f.morris.civ@mail.mil

8. AGREED.

FOR RACH

[Signature]

NOEL J. CARDENAS  
COL, MS  
Commanding  
4 February 2015

(Date)

FOR USAG

[Signature]

GLENN A. WATERS  
COL, FA  
Garrison Commander  
17 February 2015

(Date)

Enclosure
<table>
<thead>
<tr>
<th>TABLE 1: Installation Pre-Hospital EMS Reference Chart</th>
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<tbody>
<tr>
<td><strong>INSTALLATION NAME:</strong></td>
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<tr>
<td><strong>SERVICE</strong></td>
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<tr>
<td>Dispatch services</td>
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<tr>
<td>Admin oversight, Contract negotiation/management if applicable</td>
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<tr>
<td>Operational Oversight</td>
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<tr>
<td>Medical oversight &amp; guidelines</td>
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<tr>
<td>Emergency Medical Treatment</td>
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<tr>
<td>Basic Life Support (BLS)</td>
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<tr>
<td>Advanced Life Support (ALS)</td>
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<tr>
<td>Pre-hospital ground transportation</td>
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<tr>
<td>Cross utilization of assets</td>
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<tr>
<td>Personnel Qualification Requirements</td>
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<tr>
<td>Medical training</td>
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<tr>
<td>Medical supplies/equip</td>
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<tr>
<td>Stationing Facilities</td>
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<tr>
<td>Public information &amp; education</td>
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<tr>
<td>Planning, Programming &amp; Funding for EMS</td>
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<tr>
<td>Integration &amp; coordination</td>
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<tr>
<td>Review &amp; evaluation of the Installation EMS program</td>
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<tr>
<td><strong>DISCUSSION:</strong></td>
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