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CANADIAN FORCES HEALTH SERVICES

MEDICAL MATERIEL MANAGEMENT

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INTRODUCTION 10
GENERAL 10
Purpose 10
Distribution 10
Amendments 10
Deviations 10
Layout and Referencing 10
DEFINITIONS AND ABBREVIATIONS 11
Definitions 11
Standard Abbreviations 11
DEFINITION OF TERMS 12
ABBREVIATIONS 21
PART 1 – Abbreviations used in the Medical Materiel Management Manual 21
PART 2 – Abbreviations used in the Canadian Forces Health Services Group 23
1. Units of Issue (UI) (used in CF Med Cat) 23
2. Organizations and Publications 24
3. Units of Measurement 24
4. Miscellaneous abbreviations 26

PART 1 - ADMINISTRATION AND FINANCE 27
CHAPTER 1 - MATERIEL AUTHORIZATION 27
General 27
Documents 27
Amendments to MADs 28
Demands for Medical Materiel Subject to Materiel Authorization 29
CHAPTER 2 - MATERIEL IDENTIFICATION 30
Catalogue of Medical Supplies 30
Stock Numbers 30
Identification of Not-In-Catalogue (NIC) Pharmaceuticals and Medical Supplies 30
Restriction Codes 31
Accountability Codes 32
CF Med Cat Updates 33
Unit Responsibility 33
INDEX OF NATO SUPPLY GROUPS 34
INDEX OF RESTRICTION CODES 37
CHAPTER 3 - ACCOUNTING PROCEDURES 39
Transaction Vouchers 39
Voucher Number Control Register 39
Unit Accounting Procedures 40
Accountability Code A and B Items 40
Accountability Code C Items 40
Accountability Code D Items 40

Psychoactive Substances 41
Medical Materiel Stock Record Card (or Electronic Equivalent) 41
Signing Authority 42
Non-Medical Materiel 42
Not-in-Catalogue (NIC) Items 42
Disposal Of Accounting Documents 42
Deployed Unit Accounting Procedures 43
MEDICAL MATERIEL DEMAND/ISSUE/RETURN VOUCHER 44
STOCK RECORD CARDS 45
Sample PAPER STOCK RECORD CARD 45
Sample ELECTRONIC STOCK RECORD CARD: 46
CHAPTER 4 - DISTRIBUTION ACCOUNTS 47
Distribution Account Identification 47
Appointment of Distribution Account Holders 47
Responsibilities of DA Holders 47
Distribution Account Records 47
Transactions 48
Verification of Distribution Accounts 48
Regular Force Units 48
Reserve Force Units 48
Change of Command Handover/Unit Closure 49
Procedures for Verification 49
Reconciliation of Discrepancies 49
CERTIFICATE OF RESPONSIBILITY - DISTRIBUTION ACCOUNT HOLDER 50
DISTRIBUTION ACCOUNT VERIFICATION - SAMPLE COVERING LETTER 51
CHAPTER 5 – FINANCES 52
Definitions 52
Financial Management Process 52
Financial Administration Responsibilities of the Responsibility Centre Manager 52
Expenditure Planning and Initiation (FAA Section 32) 53
Account Verification (FAA Section 34) 53
Request for Payment (FAA Section 33) 54
Document Retention 54
Principles for Delegation of Authority for Financial Administration 55
Financial Codes 55
Fund Centre 55
Cost Centre 55
Fund 55
General Ledger Number 56
Internal Order Number 56
DELEGATION OF AUTHORITIES – Responsibility Centre MANAGER 57
DELEGATION OF AUTHORITIES – Responsibility Centre ADMINISTRATOR 58
CHAPTER 6 - LIAISON VISITS, INSPECTIONS AND REVIEWS 59
Liaison Visits and Inspections 59
Inspection Team 59
Inspection Report 59
Reviews 59

Change of Command/Unit Closure Board of Inquiry (BOI) 59
PHARMACY INSPECTION REPORT 60
CHAPTER 7 - CF DRUG EXCEPTION CENTRE 61
Regular Benefits 61
Special Authorization 61
Exception Products 62
Non-benefit Products 62
CHAPTER 8 - USER TRIALS 63
Route for User Trial Requests 63
Request Format 63
Instructions for Conducting User Trials 63
Evaluation Report 63
CF H Svcs Gp HQ/G4 Action 64
USER TRIAL REQUEST FORM 65
PRODUCT EVALUATION REPORT - USER TRIAL 68
CHAPTER 9 - UNSATISFACTORY CONDITION REPORTS 70
Standardization Agreements 70
Classification 70
Reporting 71
Submission of Report 71
UNSATISFACTORY CONDITION REPORT - DRUGS 72
UNSATISFACTORY CONDITION REPORT - MEDICAL MATERIEL AND EQUIPMENT/RAPPORT D'INSATISFACTION – MATERIEL ET EQUIPEMENT MEDICAL 74
CHAPTER 10 - WRITE-OFF OF MEDICAL MATERIEL 76
Definitions 76
Items Exempt from Write-Off Action 77
HMC Ships and Static Units 78
Recoveries 79
Quarterly Write-Off Report 79
MISCELLANEOUS LOSS REPORT 81
MEDICAL MATERIEL ADJUSTMENT REPORT / RAPPORT SUR LES AJUSTEMENT DU MATÉRIEL MEDICAL 83
QUARTERLY REPORT OF WRITE-OFFS 84

PART 2 - MEDICAL SUPPLY PROCEDURES FOR IN-GARRISON UNITS 85
CHAPTER 1 - PRIME VENDORS AND ALTERNATE SERVICE DELIVERY 85
Alternate Service Delivery 85
Standing Offer Agreements 85
National Individual Standing Offers (NISO) 85
Regional Individual Standing Offer (RISO) 85
National Master Standing Offer (NMSO) 85
Regional Master Standing Offer (RMSO) 85
Federal/Provincial/Territorial Committee on Group Purchasing of Drugs and Vaccines (FPT) 86
Using Prime Vendors 86
CHAPTER 2 - PROCUREMENT 87

Definitions 87
Limitations 90
General Conditions 90
Local Procurement Direct From Trade 91
Acquisition (Credit) Cards 93
Local Purchase Orders 94
Local Procurement Through PWGSC 94
Standing Offer Agreements 94
Requisitions to PWGSC 95
Specifications 95
Medical Purchase Descriptions (MPD) 95
FEDERAL-PROVINCIAL RECIPROCAL TAXATION AGREEMENTS 97
REQUEST FOR QUOTATIONS 98
LOCAL PROCUREMENT EXPENDITURE LIMITS 99
GOVERNMENT OF CANADA PURCHASE ORDER 100
CALL-UP AGAINST A STANDING OFFER (DSS 942) 101
REQUISITION FOR GOODS AND SERVICES (DSS 9200) 102
CHAPTER 3 - DEMANDS 103
Definition 103
Preparation of demands 103
Routing of demands 104
Back orders 105
Determination of Requirements 105
Guidelines 106
B-CLASS MEDICAL MATERIEL REQUEST FORM 108
CHAPTER 4 - RECEIPTS 109
Initial Inspection 109
Damage or Loss in Transit 109
Verification of Quantity 109
Stock Labelling 109
Voucher Processing 110
Discrepancies 110
Direct Delivery (DD) from Contractor/Supplier 110
A & B class items 110
C & D class items 111
Special Receipts Procedure 111
Refrigerated and Freezer Items 111
Flammable items, Medicinal Gases and Corrosives 111
Psychoactive Substances 111
Equipment for Repair 111
FINANCIAL DISCREPANCY FORM - MEDICAL MATERIEL PRIME VENDOR ORDERS 112
PRICE DISCREPANCIES - PHARMACEUTICALS 113
CHAPTER 5 - ISSUES 114
Definition 114
Basic Issue Procedures 114
Action on Receipt of Demand 114
Back Orders 114

Completion of Issue Vouchers 115
Transfer Between Units 115
Accountability Code A and B Items 115
Accountability Code C and D Items 115
Special Issues 116
Issues to Cadet Camps 116
Issues to Dental Units 118
First Aid Kits 118
Custom Orthopaedic Supplies and Assistive Devices 118
Issue of United Nations Military Observer (UNMO) Medical Supply Kit 118
Issues to Non-Medical Units for Training 119
Issues for Non-Medical Use 119
Issues to Medical Officers (MOs) 120
Transfer Between Medical Facilities 120
Permanent Issue to Patients 120
Sales to the United Nations (UN) and Other Organizations 121
SCALE OF ISSUE – CADET SUMMER TRAINING CAMPS 122
INVENTORY AND DISPENSING REGISTER FOR NARCOTICS AND CONTROLLED SUBSTANCES 123
ISSUE VOUCHER – KIT, MEDICAL OFFICER PERSONAL ISSUE 124
CHAPTER 6 - LOANS 125
Loan Records 125
Accountability Code A and B items 125
All Accountability Code Items 125
CHAPTER 7 – SURGEON GENERAL RESTRICTED ITEMS 126
Background 126
Policy Statement 126
Context 126
Abbreviation Table 127
Definitions used in this chapter 128
Attending Healthcare Professional 128
Authority to Possess and Issue 128
CF Responsible Physician 128
Controlled Substance 128
Handling 128
Medical Device 128
SG Restricted Products 129
Unlicensed Medical Products 129
Requirements 129
Accounting, Reporting and Handling 129
Responsible OPI 129
Communications 130
Requesting Any SG Restricted Product 130
Shipping 131
Medical Briefings 132
AF and ICWW 133
Civilian ICWI Forms 133

AE Reporting 134
Issue of SG Restricted Products to Individuals 134
Reporting Requirements for Issue/Administration/Use of SG Restricted Products 135
Receipt, Storage and Control 137
Product Returns/Destruction/Loss/Wastage/Unable to Locate 138
Returns/Receipts. 138
Unable to locate. 139
Destruction. 139
Loss/Wastage. 139
Taking Over/Handing Over 140
Coordinating Instructions 141
References: 142
SURGEON GENERAL RESTRICTED PRODUCTS FIELDED BY CF 143
KITS ANNOTATED AS SG RESTRICTED AS THEY CONTAIN SG RESTRICTED PRODUCTS 144
SURGEON GENERAL RESTRICTED PRODUCTS REGISTER – ACTIVE 145
SURGEON GENERAL RESTRICTED PRODUCTS REGISTER – QUARANTINED 146
AUTHORITY TO POSSESS AND ISSUE SURGEON GENERAL RESTRICTED PRODUCTS 147
SG RESTRICTED PRODUCT TAKING OVER/HANDING OVER CERTIFICATES 148
CHAPTER 8 - MEDICAL EQUIPMENT and MEDICAL TRAINING DEVICES 149
Equipment Requisition Procedures 149
A-Class (Major) Medical Equipment and Medical Training Devices 149
B-Class Medical Equipment and Medical Training Devices 151
DMMD 033 - PROCUREMENT OF MEDICAL EQUIPMENT 152
MAJOR MEDICAL EQUIPMENT REQUEST / DEMANDE D'ÉQUIPEMENT MÉDICAL MAJEUR 154
EQUIPMENT LIFE EXPECTANCIES 156
FRACTION OF USEFUL LIFE REMAINING 159
CHAPTER 9 – GENERAL PHARMACY PROCEDURES 160
Definitions 160
Procedures for Ordering Prescription (Pr) and Over-the-Counter (OTC) Pharmaceuticals 160
Placing an Order 161
Receiving an Order 161
Procedures for Ordering Vaccines 161
Placing an Order 161
Receiving an Order 162
Invoicing an Order 162
Issuing and Securing Narcotics and Controlled Substances 162
Monitoring Expiry Dates 162
Procedures for Disposal of Expired Pharmaceuticals 163
Disposal of Expired Prescription and OTC Drugs 163
Disposal of Narcotics and Controlled Drugs 163
Procedures for Ordering C and D class Medical Materiel Other than Pharmaceuticals 163

Placing an Order 163
Not-in-Catalogue (NIC) Items 163
Receiving an Order 164
Pharmacy Reference Library 164
VACCINE ORDER FORM 166
CERTIFICATE FOR CHANGE OF RESPONSIBILITY FOR NARCOTICS & CONTROLLED DRUGS - PHARMACIST OR SENIOR MEDICAL AUTHORITY 167
DESTRUCTION FORM FOR NARCOTICS AND CONTROLLED DRUGS 168
MEDICAL MATERIEL PRIME VENDOR ORDER FORM 169
REQUEST FOR C & D CLASS MEDICAL MATERIEL NOT CURRENTLY LISTED IN THE PRIME VENDOR / DND CATALOGUE 170
CHAPTER 10 - DISCREPANCY, LOSS AND DAMAGE 171
Definitions 171
Discrepancies In Shipments 171
Consignee Action 171
Consignor Action 171
Minor Discrepancies 172
Loss Or Damage In Transit 172
Notice of Claim 173
Claim Procedure 173
Documentation 174
CHAPTER 11 - REPAIR AND MAINTENANCE 175
Repair of Medical Equipment 175
Repair Limitations 175
Estimate of Repair Costs 175
Returns to Repair Facility 176
Civilian Repair Contractors 177
Electronic Medical Equipment Asset Register 177
MEDICAL EQUIPMENT WORK ORDER (DND 1070) 178
CERTIFICATE OF MEDICAL EQUIPMENT CLEANLINESS 179
CHAPTER 12 - SURPLUS AND EXCESS MATERIEL 180
Definitions 180
Accountability Codes A and B items 180
Accountability Codes C and D items 180
Closure of Units or Ship 180
REQUEST FOR DISPOSAL OF EXCESS MEDICAL EQUIPMENT/DEMANDE D'ÉLIMINATION DU MATÉRIEL MÉDICAL EXCÉDENTAIRE 182

PART 3 - MEDICAL SUPPLY PROCEDURES FOR DEPLOYED UNITS/INDIVIDUALS 183
CHAPTER 1 – MEDICAL RESUPPLY FROM CANADIAN SOURCES 183
Introduction 183
Definitions 183
Limitations 183
Entitlements 183
Amending Entitlements 184
Return of Medical Equipment No Longer Required or Authorized 185

Demanding Medical Materiel 185
Action by Supporting Unit on Receipt of Demands 186
Urgent Demands 186
Critical Stock Levels 186
Equipment Repair and Maintenance 187
Issue of Blood and Blood Products to Deployed Units 187
Optical Supplies 187
Dental Supplies 188
BLOOD PRODUCT RECORD 189
CHAPTER 2 - RESUPPLY FROM OTHER THAN CANADIAN SOURCES 190
Standardization Agreements 190
Units Receiving Medical Materiel Support from other than Canadian Resources 190
Resupply of Canadian Unique Items 190
Local Procurement 190

STANDARDIZATION AGREEMENTS FOR THE MEDICAL SUPPLY SERVICES 191
CHAPTER 3 - IDENTIFICATION OF MEDICAL MATERIEL 194
Identification of Medical Materiel Containers 194
Identification of Auto-Injector Devices 194
Identification of Medical Gas Cylinders 194
CHAPTER 4 - REPORTS 195
Unsatisfactory Medical Materiel and Drugs 195
Liaison Visits and Inspection Reports 195
CHAPTER 5 – GENERAL PHARMACY PROCEDURES 196
Monitoring Expiry Dates 196
Issuing & Securing Narcotics and Controlled Substances 196
Disposal of Expired Prescription and OTC Drugs 196
Disposal of Expired Narcotics and Controlled Drugs 196
Storage and Control of Surgeon General (SG) Controlled items 196
Donations of Medical Materiel 197
Storage Temperatures 197

INTRODUCTION
GENERAL

Purpose

1. This manual of medical materiel management instructions supersedes A-MD-175-003/AG-001 Medical Supply Manual, dated 25 March 1994, and provides a standardized description of activities and procedures applicable to the Canadian Forces Health Services Group (CF H Svcs Gp) Materiel Management System. The activities and procedures are based on current Canadian Forces (CF) policies outlined in existing orders, regulations and directives.

2. A-LM-007-014/AG-001, the Canadian Forces Supply Manual, is the principle reference source for general supply procedures within the Canadian Forces Supply System (CFSS) and should be consulted for all general supply matters. To determine which manual pertains to a specific item, refer to the management data for the item in question. CF H Svcs Gp items have been assigned to Item Management (IM) Advisory Codes 2E (medical items) or 2F (dental items). The management data for all items is available through the unit supply section, and can also be found in the Canadian Government Cataloguing System (CGCS) maintained by the Directorate of Technical Information and Codification Services (DTICS)

Distribution

3. This manual will be published on the CF H Svcs Gp website, available to all members of CF H Svcs Gp. Compact disc (CD) copies will also be available to medical units upon request.

Amendments

4. Suggestions for changes should be forwarded through the normal chain of command to the publication Office of Primary Interest (OPI), Canadian Forces Health Services Group Headquarters (CF H Svcs Gp HQ)/G4 Medical Materiel Management (Med Mat Mgt).

Deviations

5. Deviations from the policies and procedures outlined in this manual are not authorized without prior approval of Director General Health Services (DGHS). Requests for deviations shall be submitted, with complete justification, through command channels to CF H Svcs Gp HQ/G4 Med Mat Mgt. Background, experience, and the use of common sense will provide the flexibility to successfully handle unforeseen circumstances while policy and/or procedural changes are processed.

Layout and Referencing

6. This manual is divided into three parts: Administration and Finance, Medical Supply Procedures for In-Garrison Units, and Medical Supply Procedures for Deployed

Units/Individuals. The instructions are presented by chapter and paragraph within the parts. When it is necessary to make references throughout the text they shall be made as follows:

a. para 1 - when referring to a paragraph within the same chapter;

b. Chap 1 - when referring to a chapter within the same part;

c. Part 2, Chap 5 - when referring to a chapter within another part;

d. Part 2, Chap 1, para 3 - when referring to a paragraph within another part;

e. Annex A to Part 2, Chap 2 - when referring to an annex to this manual that is outside the current chapter and part; and

f. CF H Svcs Gp O 6-01, Part I, page 7 - when referring to a related article in another publication.

DEFINITIONS AND ABBREVIATIONS

Definitions

7. Definitions of terms used in the CF H Svcs Gp Materiel Management System are listed in Annex A.

Standard Abbreviations

8. Standard abbreviations used in this manual and in CF H Svcs Gp are listed in Annex B.

DEFINITION OF TERMS

Accountability:
the obligation on the part of the person(s) entrusted with the custody of materiel, to maintain an accurate record, automated or manual, of materiel holdings;

Accountable Items:
items for which complete accountability records of debits, credits and balances must be maintained;

Acquisition:
the process consisting of quantification, procurement and distribution by means of which a system requirement is satisfied. Acquisition in this sense includes contract definition, development, test and evaluation, procurement, production and installation;

Back Order:
the undelivered part of an order which the supplier agrees to ship later;

Call-Up Against A Standing Offer Agreement (SOA)
a purchase agreement which enables one or more customer departments to "call-up" directly, on an "as and when required" basis, from the contractor or his designated distributors, specified supplies, services, etc., at a pre-determined price. A "call-up" forms a contract;

Canadian Unique Item:
any Canadian medical item for which an equivalent item cannot be obtained from foreign medical resources;

Capital Procurement:
procurement against that portion of the Defence Services Program (DSP) containing approved capital projects judged to be affordable. The four components of the Capital Program are the following: Capital Equipment, Capital Construction, Miscellaneous Requirements, and Other Capital;

Catalogue Value:
the current, depreciated dollar value of the item, based on accrual accounting;

Certificate Issue Voucher (CIV):
a document used in the adjustment of inventory records to reflect inventory shortages;

Certificate Receipt Voucher (CRV):
a document used in the adjustment of inventory records to reflect inventory overages;

Competitive Contract:
a contract where the process used for the solicitation of bids enhances access, competition and fairness and assures that a reasonable and representative number of suppliers are given an opportunity to bid through the use of either electronic or traditional bidding procedures;

Consignee:

the (contractor, district, individual, unit) to whom goods are shipped. (Receiver).

Consignor:
the (contractor, district, individual, unit) who wishes the goods to be shipped to a consignee. (Sender).

Contract:
a written or oral legally binding agreement. For example, an agreement between a contracting authority and a person to provide goods, perform a service, construct a work, or to lease real property;

Contracting Officer:
(also known as the contracting authority as per DAOD 3004-1) an individual who has been delegated signing authority under Section 32 of the FAA. Before entering into contracts, a Contracting Officer must have written authorization to do so from the RC Manager;

Contract Splitting or Split Purchase:
the division of a requirement into two or more orders. This practice is prohibited. It does not provide industry with an accurate description of the total requirement, can result in loss of discounts applicable to large quantity purchases, circumvents financial limitations on contract signing authority, and frequently avoids the competition process. A purchase is considered split even if the procurement documents are not consecutive and the dates of issue are different for a single identified need. For example, if annual usage date indicates that the unit will need 600 knee braces for this year, and the RC Administrator decides to purchase 50 braces per month for 12 months instead of purchasing 600 at once, the purchase would be considered split. However, if normal usage indicates that 50 braces would be sufficient for the year and these are purchased, then after a few months it is clear that more will be required due to increased usage, an additional purchase would not be considered contract splitting;

Controlled Drug:
any controlled drug as defined in the Food and Drugs Act, Part III, that is, any drug included in Schedule "G" of the Food and Drugs Act, Part III. Controlled drugs bear the symbol "G" in the rest code column of the CF Med Cat;

Controlled Drug Preparation:
any preparation as defined in the Food and Drug Regulations, Part "G", i.e., any medication that contains a controlled drug and one or more active medicinal ingredients, in a recognized therapeutic dose, other than a controlled drug;

Controlled Item:
any item for which a proper authority exercises close supervision of distribution to individuals of units because the item is scarce, attractive, costly or of a highly technical or hazardous nature;

Crown Assets Distribution Centre (CADC):
a division of Public Works and Government Services Canada through which excess equipment which meets Canadian Standards Association (CSA) standards is disposed of. This includes repairable items that would meet CSA standards when repaired;

Dangerous Goods:
articles or substances which are capable of posing a significant risk to health, or present a hazard to the environment, safety or property;

Demand:
an authoritative request by an organizational element for an item of supply;

Deployed:
a unit is considered deployed when, in whole or in part, it is involved in such situations as international deployment (outside Canada) under DCDS command for war situations, peacekeeping operations, or operations other than war, such as humanitarian assistance, or when deployed within Canada, under DCDS control or the usual command chain for domestic operations

Direct Delivery:
the delivery of materiel to the point of use or consumption direct from a contractor;

Discrepancy:
a difference in quantity (surplus or deficient), identification, or condition between materiel received in a shipment and its associated documentation;

Disposal:
the removal of materiel from a supply system by sale, trade-in, or destruction;

Distribution Account (DA):
a record of accountable, non-expendable medical items held by a designated user;

Estimated Expenditure:
a funding amount including not only the total estimated payments to the supplier, but also additional charges such as sales tax, customs duties and transportation costs;

Excess Materiel:
that quantity of medical materiel held by a unit which exceeds approved and/or economic retention levels;

Federal/Provincial/Territorial Committee on Group Purchasing of Drugs and Vaccines (FPT):
a working group established to produce a bulk purchasing plan for consideration by the provinces. The FPT carries out an ongoing, voluntary arrangement for group purchasing of drugs and vaccines through the Department of Public Works and Government Services Canada;

Functional Command:
the applicable environmental/operational command of the unit initiating the write-off of materiel. The functional command is to be determined IAW DND Unit Identification Code Manual, A-AE-D18-001/AX-000. For deployed operations, the applicable Commander of a Command is the

Higher Approving Authority:
the environmental chain of command to which the initial approving authority is responsible;

Initial Approving Authority:
the CO of the unit responsible and accountable for the care and custody of stock or materiel-in-use. If the write-off value exceeds the Initial Approving Authority's level, the Initial Authority may only recommend write-off and submit to the Higher Approving Authority;

Inventory:
the total serviceable or repairable materiel in stock, in use, or for which ownership has passed to the CF, including materiel on loan to contractors, or any other materiel assets of the CF;

Inventory Control:
the control of materiel by means of established accounting and management methods and procedures;

Issue:
the release of materiel pursuant to a properly authorized demand or instruction;

Local Procurement:
the process of obtaining materiel supplies or services without prearranged contract or agreement;

Loss or Damage:
the state occurring when the department has been deprived the use, or ceases to have custody, of materiel because of mysterious disappearance, destruction, accidental or deliberate damage beyond economical repair, fire, theft, neglect, or unforeseen deterioration;

Medical Consumable Supplies:
non-repairable medical products provided to the Canadian Forces (CF) through the Canadian Forces Health Service (CFHS) Medical Materiel Management System under the supervision of the Surgeon General (Surg Gen);

Medical Diagnostic Tools:
Items used exclusively to calibrate, maintain, or diagnose equipment malfunctions in medical equipment or medical training devices. These items are provided to the Canadian Forces (CF) through the Canadian Forces Health Services (CFHS) Medical Materiel Management System under the supervision of the Surgeon General (Surg Gen).

Medical Equipment:
medical materiel, exclusive of consumable medical supplies and medical training devices, that is used directly and exclusively for diagnosis, therapy, and management of patients' health. It is provided to the Canadian Forces (CF) through the Canadian Forces Health Services (CFHS) Medical Materiel Management System under the supervision of the Surgeon General (Surg Gen);

Medical Training Devices:
items used exclusively to train medical personnel in the correct procedures for completion of tasks associated with the diagnosis, therapy, and management of patients' health. These items are provided to the Canadian Forces (CF) through the Canadian Forces Health Services (CFHS) Medical Materiel Management System under the supervision of the Surgeon General (Surg Gen);

Memorandum Records:
records of materiel which are maintained for purposes other than accountability;

Mobile Unit:
a term used to describe all self-accounting, non-static first-line user units;

Narcotic Drug:
any narcotic as defined in the Controlled Drug and Substances Act, that is, any substance included in the Schedule of the Controlled Drug and Substances Act, or anything that contains any substance included in the Schedule. Narcotics bear the rest code "N";

No Substitute:
the only item of supply considered suitable and acceptable for the end use, notwithstanding the availability of equivalents;

Oral Prescription Narcotics:
any oral prescription narcotic as defined in the Narcotic Control Regulations, i.e., medication that:

1. contains, in addition to a narcotic, two or more ingredients other than a narcotic in a recognized therapeutic dose,
2. is not intended for parenteral administration, and
3. does not contain hydrocodone or oxycodone

Operations and Maintenance Procurement (O&M):
procurement against that portion of the DSP that provides funds for the materiel and services necessary for day-to-day maintenance of the CF;

Operations Other Than War (OOTW):
a term describing events including enemy action during conventional combat operations and action of Warring Factions or former Warring Factions in the case of peace-support missions;

Payment Authority:
the authority delegated by the MND to financial officers under Section 33 of the FAA. This delegation ensures that all payments and all other charges requisitioned against the Consolidated Revenue Fund are timely, properly authorized and legal as prescribed by the Policies on Account Verification and Payment Requisitioning. The persons to whom authority is delegated pursuant to Section 33 are required to ensure that a payment is a lawful charge

against an appropriation, does not result in an expenditure in excess of the appropriation, and does not reduce the balance available in the appropriation so that it would be insufficient to meet commitments charged against it;

Payment Officers/Clerks:
those incumbents of positions having the authority for exercising payment authority for non-pay (other operating costs) expenditures under Section 33 of the FAA;

Practitioner:
a person who is registered and entitled under the laws of a province to practice the profession of medicine or dentistry;

Procurement:
the process of obtaining materiel and services from a supply system or by purchase from the trade;

Procurement Direct from Trade:
purchasing materiel or services direct from a supplier using Government of Canada Purchase Order (GC 111-1), or Acquisition Card;

Procurement Document:
an approved document used to make a requisition or demand for an item or service from a supply system, for example, form DND 2227, CFSSU Supply Document;

Procurement through Public Works:
obtaining materiel or services by requisition on a Public Works and Government Services Canada (PWGSC) Contract Demand, or by call-up against a Standing Offer Agreement;

Produce:
unserviceable and non-repairable medical materiel with no resale or salvage value;

Purchase Order:
a purchaser's written offer to a potential supplier formally stating all terms and conditions of the proposed transaction;

Repairable:
medical materiel determined to have an economic repair potential;

Responsibility:
the obligation of every individual to ensure the proper custody, care and safekeeping of materiel entrusted to them. It is the individual's responsibility to ensure that they are fully aware of their own responsibilities with regard to materiel handling and accountability, tracking inventory, reviewing consumption and monitoring costs, use, loss and equipment performance;

Responsibility Centre (RC) Administrators:
those incumbents of positions having the written authority from the RC Manager to perform some or all of the administrative functions on his/her behalf;

Responsibility Centre Managers:
the incumbent of a position that is allocated a budget and who has spending authority under the Financial Administration Act (FAA) for this budget;

Responsible Signing Authority:
any person employed in a medical facility, as designated by the senior CFHS officer or the Commanding Officer;

Salvage:
damaged, worn, aged or specialized materiel that cannot economically be repaired or adapted for further use but has possible value other than scrap;

Scrap:
materiel that has no real value except for its basic materiel content;

Serviceable:
medical materiel which can be used, without restriction, for its intended purposes;

Spending Authority:
consists of the following elements:

1. expenditure initiation authority is the ability to make decisions to obtain goods or services that will result in the eventual expenditure of public funds.

2. commitment authority is the authority to confirm the availability of funds before a contractual arrangement is entered into to meet the requirements of section 32 of the FAA.

3. authority to contract is the authority delegated by the MND, to persons occupying specific DND/CF positions or fulfilling specific organizational functions, to enter into and sign contractual documents on behalf of the Department (RC Managers and their delegated subordinates). In addition to the restrictions imposed by the Government Contracts Regulations and the TB Contracts Directive, this authority is also subject to departmental policies and procedures as contained in the Departmental Administrative Orders and Directives (DAOD) related to contracting (series 3004); and

4. authority to confirm contract performance and price is the authority delegated by the MND to appropriate officers under Section 34 of the FAA. This delegation allows RC Managers and/or their delegated subordinates to certify that goods have been received, work or services rendered and that the payment requested is according to the arrangements of the contract or is reasonable. This is a prerequisite to requisitioning payments. Refer to FAM 1016-3, Account Verification – FAA Section 34.

Standing Offer Agreement (SOA):

a method of supply used by PWGSC to provide customers with direct access to sources of supply for goods and services at pre-arranged prices and delivery conditions for specific periods of time on an as required basis. A standing offer agreement (SOA) is not a contract because funds are not committed until requisitions (call-ups) are raised against the standing offer. There are four types of SOA:

1. National Individual Standing Offers (NISO) Arrangements that are national in scope and usable by only one customer department. These are placed at the national level by PWGSC upon receipt of specific requisition from the customer department.

2. Regional Individual Standing Offer (RISO) Arrangements that are regional in scope and usable by only one customer department. These are placed at the regional level by PWGSC Field Supply Offices upon receipt of a specific requisition from a customer department.

3. National Master Standing Offer (NMSO) Arrangements that are national in scope and usable by a number of customer departments. These are initiated and renewed by PWGSC without the necessity of requisitions from customer departments; and

4. Regional Master Standing Offer (RMSO) Arrangements that are regional in scope and usable by a number of customer departments normally resident within PWGSC Field Supply Office area. These are initiated and renewed by PWGSC Field Supply Offices without the necessity of requisitions from customer departments

Stock Control:
the control of stock items through the maintenance of accounting records;

Stocktaking:
the counting and reconciliation of stock records against actual holdings;

Supply:
the operations normally involved in furnishing, providing, or distributing items of medical supply to a user to satisfy stated requirement(s). The function includes all actions from the initial determination of requirements as to the kind and quality through testing, standardization, adoption, modification, procurement, acceptance, receipt, storage, issue, maintenance, distribution, evacuation, salvage, re-issue, disposal, accounting, responsibility and stock control;

Supporting Comptroller:
the officer responsible for financial matters pertaining to the unit reporting the loss or applicable Contingent Comptroller in the case of deployed operations, e.g. Base/Wing Comptroller, Depot Comptroller, Ship's Supply Officer;

Supporting Supply Officer:
the officer responsible for the management of the auditable account that held the materiel in

question. In most cases, for medical equipment held on a medical DA, this will be the DA holder. In the case of medical materiel held on CFFETs, this will usually be the Base Supply Officer;

Surplus:
materiel for which there is no known requirement. An item may become surplus because it is obsolete, uneconomical to repair, or in excess of forecasted requirements;

Targeted Substance:
any substance listed in the Benzodiazepines and Other Targeted Substances Regulations, Schedule I to the Controlled Drugs and Substances Act (e.g. diazepam, lorazepam) or any compound that contains such a substance.

Temporary Issue:
the issue of materiel for a stipulated period of time after which the materiel is returned;

Trivial Discrepancy:
a discrepancy, which may, within specified guidelines or policy, be accepted by the consignee without reference to the consignor.

Voucher:
the document used to support any supply transaction involving medical materiel;

Write-Off:
the approval process allowing for the amendment of stock records to account for the deletion of materiel that has been lost, and for which the catalogue value has not been recovered.

ABBREVIATIONS

PART 1 – Abbreviations used in the Medical Materiel Management Manual

ABCA countries	American, British, Canadian and Australian Forces
Acc code	Accountability Code
ADR	Adverse Drug Reactions
APL	Application Parts List; replaces ECL
ASD	Alternate Service Delivery
BC	Blue Cross
BE Tech	Biomedical Electronics Technician
CADC	Crown Assets Distribution Centre
CANOSCOM	Canadian Operational Support Command
CARF	Consignment Authorization and Receipt Form
CC	Cost Centre
CF	Canadian Forces
Cdn Fd Hosp	Canadian Field Hospital
CEFCOM	Canadian Expeditionary Force Command
CFDEC	Canadian Forces Drug Exception Centre
CF Med Cat	Canadian Forces Medical Supply and Publication Catalogue
CFFET	Canadian Field Force Equipment Table; replaced by EGC
CFHS	Canadian Forces Health Services
CF H Svcs Gp HQ	Canadian Forces Health Services Group Headquarters
CFHSO	Canadian Forces Health Services Order
CFMG HQ	Canadian Forces Medical Group Headquarters
CFMO	Canadian Forces Medical Order
CFS	Canadian Forces Scale
CFSS	Canadian Forces Supply System
CGCM	Canadian Government Catalogue of Materiel
Chap	Chapter
CIV	Certificate Issue Voucher
CMED	Central Medical Equipment Depot
CRV	Certificate Receipt Voucher
D H Svcs Ops	Director Health Services Operations
D Med Pol	Director Medical Policy
DMMD	Directorate Materiel Management and Distribution
DA	Distribution Account
DAOD	Defence Administrative Orders and Directive
DCPS	Director Contracting and Procurement Services
DGHS	Director General Health Services
DSCDS	Defence Subject Classification and Disposition System
ECL	Equipment Check List; replaced by APL
EDI	Electronic Data Interchange
EGC	Equipment Group Code; replaces CFFET
FAA	Financial Administration Act
FAM	Financial Administration Manual
FC	Fund Centre

Fd Amb	Field Ambulance
FHP	Force Health Protection
FHSU	Formation Health Services Unit
FMAS	Financial Management and Accounting System
FMED	Forward Medical Equipment Depot
FY	Fiscal Year
GL	General Ledger
HMC Ship	Her Majesty's Canadian Ship
HQ	Headquarters
HS Del	Health Service Delivery
HSHR	Health Services Human Resources
IAW	In accordance with
IO	Internal Order
JIT	Just-in-time
LCMM	Life Cycle Materiel Manager
LFCHQ	Land Forces Command Headquarters
LPO	Local Purchase Order
MA	Materiel Authorization
MAD	Materiel Authorization Document
MAST	Mobile Account Ship's Table
MCSP	Maintenance of Clinical Skills Program
MMM	Medical Materiel Management
Med Eqpt	Medical Equipment
Med Sup	Medical Supply
MIU	Materiel-In-Use
MIUSR	Materiel-In-Use Status Report
MLR	Materiel Loss Report
MME	Major Medical Equipment
MPD	Medical Purchase Description
MPP	Medical Provisioning Point
MPS	Medical Purchase Specifications
MSI	Medical Service Instruction
NATO	North Atlantic Treaty Organization
NIC	Not-In-Catalogue
NISO	National Individual Standing Offer
NMSO	National Master Standing Offer
NSN	NATO Stock Number
O&M	Operations and Maintenance
OPI	Office of Primary Interest
OTC	Over-the-Counter medication
para	Paragraph
PLCC	Personal Liability and Clearance Certificate
Pr	Prescription medication
PSCN	Permanent System Control Number
PV	Prime Vendor
PWGSC	Public Works and Government Services Canada
QR&O	Queen’s Regulations & Orders

QSTAG	Quadripartite Standardization Agreement
RC	Responsibility Centre
rest codes	Restriction codes
RFQ	Request for Quotations
RISO	Regional Individual Standing Offer
RMLO	Regional Medical Liaison Officer
RMSO	Regional Master Standing Offer
SLE	Shelf-Life Expired
SMA	Senior Medical Authority
SOA	Standing Offer Agreement
STANAG	Standardized NATO Agreement
TV	Transfer voucher
TWM	Trans World Medical
Txn Code	Transaction Code
UCR	Unsatisfactory Condition Report
UI	Unit of Issue
UIC	Unit Identification Code
UMS	Unit Medical Station
VAC	Veterans' Affairs Canada
WSBL	Waybill/Straight Bill of Lading

PART 2 – Abbreviations used in the Canadian Forces Health Services Group

1. Units of Issue (UI) (used in CF Med Cat)

BG	bag
BK	book
BT	bottle
BX	box
CA	cartridge
CC	cubic centimetre
CF	cubic foot
CK	cake
CN	can
CO	container
CS	case
CT	carton
DZ	dozen
EA	each
EN	envelope
FT	foot
GM	gram
GR	gross
IV	Intravenous
JR	jar

KG	kilogram
KT	kit
LB	pound
L	litre
ML	millilitre
OZ	ounce
PD	pad
PG	package
PK	pack
PL	pail
PR	pair
RO	roll
SH	sheet
SP	spool
TI	tin
TU	tube
UN	unit
YD	yard

2. Organizations and Publications

BP	British Pharmacopoeia
CFP	Canadian Forces Publication
CFPD	Canadian Forces Publication Depot
CSA	Canadian Standards Association
DRB	Defence Research Board
NDID	National Defence Identification Document
NF	National Formulary (US)
USP	United States Pharmacopeia

3. Units of Measurement

A	angstrom unit(s)
ac	alternating current
amp	ampere(s)
approx	approximately
btl	bottle(s)
C	Centigrade
cc	cubic centimetre(s)
cm	centimetre(s)
cu	cubic
d	diopter(s)
dc	direct current
deg	degree(s)
dia	diameter(s)
dm	dram

ea	each
F	Fahrenheit
f/	relative aperture speed
fl	fluid(s)
ft	foot; feet
gal	gallon(s)
g	gram(s)
gr	grain(s)
h	height; high
hp	horsepower
hr	hour(s)
Hz	Hertz (cycles per second)
id	inside diameter
in	inch(es)
iu	international units
kg	kilogram(s)
kHz	kiloHertz (1000 cycles per second)
KV	kilovolt
KVP	kilovolt peak
L	litre(s)
lb	pound(s) avoirdupois (libra)
lg	long; length
ma	milliampere(s)
max	maximum
mg	milligram(s)
MHz	MegaHertz (million cycles per second)
mL	millilitre(s)
mp	melting point
mv	millivolt(s)
No	number
O/A	overall
od	outside diameter
oz	ounce(s)
pct	percent
pH	hydrogen ion(s)
pkv	peak kilovolts
ppm	parts per million
psi	pounds per square inch
psig	pounds per square inch gage
pt	pint(s)
qs	quantity sufficient to make
qt	quart(s)
qty	quantity
rpm	revolutions per minute
sp gr	specific gravity
sq	square
tbsp	tablespoonful

thk	thick; thickness
tsp	teaspoonful
Tu	Tuberculin units
uf	microfarad
ug	microgram(s)
ul	microlitre(s)
v	volt(s)
w	watt(s)
w/v	weight in volume
X	magnification
yd	yard(s)

4. Miscellaneous abbreviations

cres	corrosion resistant steel
c/w	comes with
DPD	Diethyl-P-Phenylenediamine Sulfate
Hg	mercury
inc	inclusive
LDH	Lactic Dehydrogenase
MR-VP	methyl red test - Voges-Proskauer test
NPH	neutral protamine Hagedorn
OX	bacteriological strain symbol
rh	right hand
Rh	rhesus
SDAG	specially denatured alcohol grade
SGO-T	serum glutamic oxalacetic Transaminase
SGP-T	serum glutamic pyraric Transaminase
TB	tuberculosis
u/w	used with
w/	with
w/o	without

PART 1 - ADMINISTRATION AND FINANCE

CHAPTER 1 - MATERIEL AUTHORIZATION

General

1. Materiel Authorization (MA) is the authority to obtain, hold, and use specified materiel. Such authorization prescribes a user's maximum entitlement and is promulgated through the individual item entitlement. Queen's Regulations and Orders (QR&O) 36.01 should be read in conjunction with this chapter. In accordance with (IAW) QR&O 36.01, materiel not identified within specific MA documents, but identified by commanders as being required in the performance of CF functions, may be demanded and held, based on the availability of funds.

Documents

2. The following Materiel Authorization Documents (MADs) are relevant to medical supply operations. Only kit lists are medical documents; the remainder belong to general supply. Unit supply personnel should be consulted for assistance with these documents.

a. Kit Lists can be found on the Central Medical Equipment Depot (CMED) website and provide complete listings of items to be found in medical kits. The OPI for kits is CF H Svcs Gp HQ/G4 Med Plans. Kit lists are updated quarterly on the CMED website. The electronic database at CMED is the up-to-date corporate document regarding Kit Lists;

b. CF Scale (CFS) 5 Scale D05 - Medical Equipment and Supplies, Regular and Reserve Force contains materiel authorizations for medical supply items for use in medical facilities, including those on board Her Majesty's Canadian Ships (HMCS), submarines, auxiliary naval vessels and minesweepers, and those at reserve units. There is an OPI for CFS 5 in each environment; the coordinator for all OPIs is CF H Svcs Gp HQ/G4 Med Plans;

c. Many other CFS Scales, including D08 - Clothing and Equipment Cadets, and D09-113 – Search and Rescue (SAR);

d. On-Line Establishment Browser (OLEB) shows entitlements and holdings for various major pieces of equipment including weapons and radios (formerly found in Canadian Field Force Equipment Tables (CFFET)).

e. Mobile Account Ship's Tables (MASTs) provide authorization for accountable materiel other than repair parts, fitted equipment, and ammunition, for individual HMC Ships. Medical equipment for HMCS is listed on specific scales of issue for the ships, while medical equipment and supplies for the Navy are found on scale D05-103. The OPI is Directorate of Materiel Management and Distribution (DMMD).

f. Application Parts Lists (APLs) identify complimentary items and components that

together form a set. A report (CFR 135) of all APLs is available through general supply. Technical OPIs are identified on each list. (Formerly called Equipment Checklists (ECLs)).

Amendments to MADs

3. OPIs, in conjunction with the Supply Managers, are responsible for approving additions, deletions or amendments to MADs. A memorandum, letter, or fax, through G4 to the OPI, replaces the former Materiel Authorization Change Request (MACR) procedure. After approving a change to a MAD, the Life Cycle Materiel Manager (LCMM) or the OPI will advise DMMD, who will update the applicable MAD.

4. CF H Svcs Gp HQ/G4 Med Plans shall coordinate amendments to CF Scale D05 and to medical kit lists. Requests for changes to medical materiel entitlements shall be directed to CF H Svcs Gp HQ/G4 Med Plans through the chain of command and shall include the following information:

a. Account Number;

b. Section/Unit and Location;

c. Command - the originator's environmental command;

d. Base/Station;

e. Statement of Requirement - to include:

(1) Stock Number

(2) Item Description

(3) Present Entitlement

(4) Quantity Held

(5) Proposed Entitlement

(6) Quantity Required

(7) List of Accessories and Related Consumables required, as applicable; and

f. Substantiation of Request.

5. CF H Svcs Gp HQ/G4 will review the request to determine the following:

a. Whether the request is justified and supported by the appropriate office;

b. Whether assets and/or funds are available;

c. If the amendment should apply to other users; and

d. If an amendment to the MAD is required.

6. When final action has been determined, G4 will notify the originating unit of the outcome through the chain of command.

Demands for Medical Materiel Subject to Materiel Authorization

7. Demands for medical equipment and supplies by authorized users shall include the following information:

a. current materiel authorization document number;

b. entitlement quantity;

c. quantity presently held;

d. substantiation, if required; and

e. initials of the responsible officer or designated individual monitoring the entitlement.

8. Prior to issuing materiel, medical facilities shall ensure that materiel demanded is within the user's maximum entitlement.

CHAPTER 2 - MATERIEL IDENTIFICATION

Catalogue of Medical Supplies

1. The electronic medical materiel catalogue, Canadian Forces Medical Supply and Publication Catalogue (CF Med Cat), is available for download from the G4 website under Cataloguing. This database supersedes Canadian Forces Publication (CFP) 172, CF Medical Services Catalogue of Medical Supplies, and is updated for publication by CF H Svcs Gp HQ/G4 Med Mat Mgt

2. Medical materiel is identified using the North Atlantic Treaty Organization (NATO) Cataloguing and Identification System. This system is also used by Public Works and Government Services Canada (PWGSC). It follows a pattern common to the NATO Codification System and facilitates communications with other countries.

Stock Numbers

3. Materiel listed in the CF Med Cat is identified by a 13-digit number. These numbers follow the NATO numbering system and have the following form:

6505	-21	- 844-6723
NATO Supply Classification	Nation Code	Sequentially Assigned Number

4. An index listing some of the NATO Supply Classifications is shown at Annex A. These codes form the first four digits of the NATO Stock Number.

5. The Nation Code indicates the country that originally assigned the stock number:

00-United States	18-South Africa	27-Turkey
01-United States	20-Canada	28-Luxembourg
11-NATO	21-Canada	29-Argentina
12-Germany	22-Denmark	30-Japan
13-Belgium	23-Greece	31-Israel
14-France	24-Iceland	32-Singapore
15-Italy	25-Norway	66-Australia
17-Netherlands	26-Portugal	98-New Zealand
		99-United Kingdom

Identification of Not-In-Catalogue (NIC) Pharmaceuticals and Medical Supplies

6. Many medical materiel items have not been catalogued and therefore do not have NSNs. There is still a requirement for these items to be identified. For compatibility with the electronic materiel management system used by CF H Svcs Gp HQ, a 13-character alphanumeric identifier is required. G4 Med Mat Mgt shall either assign a CF number to the item, in the format 6505-CF-123-4567, or coordinate the assignment of a Permanent System

Control Number (PSCN) by DTICS, in the format 6505-20-A12-3456. If the items are to be part of medical kits, listed on ECLs, CFFETs, or other Equipment Group Codes (EGCs), or if they will be used operationally, DTICS will replace these numbers with permanent NSNs when requested by G4 Med Mat Mgt.

7. For standardization throughout the CF H Svcs Gp, G4 Med Mat Mgt will manage the NIC numbers incorporated into the system.

Restriction Codes

8. Restriction codes (rest codes) are assigned to items with a potency period, and to items requiring special storage and shipping. These particular rest codes apply mainly to drugs, vaccines, and serologicals (group classes 6505 and 6550), but may involve other medical materiel as well. Rest codes incorporate the requirements detailed in Quadripartite Standardization Agreement (QSTAG) 290, as well as codes previously referred to as note codes.

9. The rest codes imposed by QSTAG 290 generally refer to labile medical and dental materiel which may become physically or chemically unstable after a designated period of time, or if improperly stored.

10. The remaining rest codes are assigned to identify psychoactive substances or prescription drugs, and to impose restrictions on the procurement and issue of items. For further information regarding QSTAG 290, contact G4 Med Mat Mgt.

11. For a complete description of the various rest codes, refer to Annex B. Rest codes appear in the CF Med Cat in the following order:

a. shipping category:

(1) allowable values are 1,2,3, or 4.

(2) products shall have only one shipping category;

b. stability considerations which determine the shipping category:

(1) allowable values are D0, D1, D2, D3, or D4.

(2) products shall have only one of these five codes;

c. additional stability codes, D5 and D6:

d. freeze damage, "S", if applicable;

e. the number of days an item may be shipped without refrigeration;

f. potency period, "P", if applicable;

g. other rest codes as applicable:

(1) "N" - narcotic,

(2) "G" - controlled drug,

(3) "PR" - prescription drug,

(4) “T” – benzodiazepines and other targeted substances,

(5) "O" - general supply item,

(6) "NL" - non-labile item,

(7) "ML" - manufacture locally,

(8) "F" - flammable, explosive, and/or dangerous item,

(9) "SG" - Surgeon General approval required, and

(10) " LS" - limited supply.

Accountability Codes

12. An accountability code (Acc code) shall be assigned to each item in the CF H Svcs Gp Materiel Management System to identify the requirement for accounting on unit or Distribution Account (DA) records.

13. For accounting and control purposes, all medical materiel is assigned to one of the following codes:

a. Accountability code A (A-class). Also known as Major Medical Equipment (MME), A-Class medical materiel are those items of medical equipment and medical training devices that are both repairable and have an initial purchase price in excess of $2000;

b. Accountability code B (B-class). All non-consumable medical items with:

(1) an economic repair potential, and

(2) a unit value of $500 or more, but less than $2000;

c. Accountability code C (C-class).

(1) any item which is consumed or expended in use,

(2) any non-consumable item which has no economic repair potential, or

(3) any non-consumable item with a unit value of less than $500;

d. Accountability code D (D-class). Controlled Issue Items. Any item that meets the criteria for Acc code C but for which an issue control is considered necessary (e.g. all prescription drugs, stethoscopes, surgical instruments, medical training devices).

14. It should be noted that CFSS uses different accountability codes, with CFSS Acc codes E and A being equivalent to CF H Svcs Gp Acc codes A and B respectively. Acc codes C and D are equivalent in both systems.

CF Med Cat Updates

15. CF H Svcs Gp HQ /G4 Med Mat Mgt amends the CF Med Cat database. Notifications of change, referred to as Updates, are promulgated electronically.

16. Updates (formerly called Advance Notice of Changes, ANCs) advise units of deletions, additions, and modifications to items in the catalogue. Furthermore, they list important information regarding QSTAGS, Standardized NATO Agreements (STANAGS) and recently catalogued medical kits. As noted in Chap 1, para 2a, the CMED website holds the most up-to-date kit information.

Unit Responsibility

17. Upon receipt of an update, pharmacy OPIs shall ensure that all supported units are made aware of the changes.

INDEX OF NATO SUPPLY GROUPS

Adhesives	8040
Batteries, rechargeable	6140
Books and Pamphlets	7610
Bottles and Jars	8125
Boxes, Cartons and Crates	8115
Brooms, Brushes, Mops and Sponges	7920
Chemicals	6810
Chemical Analysis Instruments	6630
Coil, Flat and Wire Springs	5360
Combination and Miscellaneous Instruments	6695
Commercial and Industrial Gas Cylinders	8120
Compressors and Vacuum Pumps	4310
Dental Instruments, Equipment and Supplies	6520
Drugs and Biologicals	6505
Drums and Cans	8110
Dyes	6820
Electrical and Electronic Properties Measuring and Testing Instruments	6625
Electrical Contact Brushes and Electrodes	5977
Electrical Control Equipment	6110
Electric Lamps	6240
Electric Portable and Hand Lighting Equipment	6230
Electron Tubes and Associated Hardware	5960
Food Cooking, Baking and Serving Equipment	7310
Fuses, Arrestors, Absorbers, and Protectors	5920
Gases: Compressed and Liquefied	6830
Hand Tools, Edged, Non-powered	5110
Hand Tools, Non-edged, Non-powered	5120
Hand Tools, Power Driven	5130
Hazard Detecting Instruments and Apparatus	6665
Hospital and Surgical Clothing and Related Special Purpose Items	6532
Hospital Furniture, Equipment Utensils and Supplies	6530
Household and Commercial Utility Containers	7240
Household Furnishings	7210
In Vitro Diagnostic Substances, Reagents, Test Kits and Sets	6550
Kitchen Equipment and Appliances	7320
Kitchen Hand Tools and Utensils	7330

Laboratory Equipment and Supplies	6640
Liquid and Gas Flow, Liquid Level and Mechanical Motion Measuring Instruments	6680
Luggage	8460
Measuring Tools, Craftsmen's	5210
Medical and Surgical Instruments, Equipment and Supplies	6515
Medicated Cosmetics and Toiletries	6508
Memorials, Cemetery and Mortuary Equipment and Supplies	9930
Miscellaneous Chemical Specialties	6850
Miscellaneous Fabricated Non-Metallic Materials	9390
Miscellaneous Hardware	5340
Miscellaneous Printed Matter	7690
Notions and Apparel Findings	8315
Nuts and Washers	5310
Office Devices and Accessories	7520
Office Furniture	7110
Office Supplies	7510
Oils and Greases: Cutting, Lubricating and Hydraulic	9150
Ophthalmic Instruments, Equipment and Supplies	6540
Optical Instruments, Test Equipment, Components and Accessories	6650
Packing and Packing Bulk Materials	8135
Paint and Artists Brushes	8020
Personal Toiletry Articles	8530
Pest Control Agents and Disinfectants	6840
Photographic Projection Equipment	6730
Photographic Supplies	6750
Plastic Fabricated Materials	9330
Plate, Sheet, Strip, Foil and Wire: Precious Metals	9545
Power and Hand Pumps	4320
Pressure, Temperature and Humidity Measuring and Controlling Instruments	6685
Recreational and Gymnastic Equipment	7830
Refrigeration Equipment	4110
Replenishable Field Medical Sets, Kits and Outfits	6545
Rubber Fabricated Materials	9320
Safety and Rescue Equipment	4240
Scales and Balances	6670
Screws	5305
Surgical Dressing Materials	6510

Switches	5930
Tableware	7350
Textile Fabrics	8305
Time Measuring Instruments	6645
Toiletry Paper Products	8540
Toilet Soap, Shaving Preparations and Dentifrices	8520
Training Devices	6910
Waste Disposal Equipment	4540
Water Purification Equipment	4610
X-Ray Equipment and Supplies: Medical, Dental and Veterinary	6525

Annex B to Part 1, Chapter 2

INDEX OF RESTRICTION CODES

Category 1:
Items requiring constant freezing below minus 5 degrees Celsius during both storage and transport.

Category 2:
Items requiring constant controlled refrigeration within the range 2 to eight 8 degrees Celsius during both storage and transport.

Category 3:
Items requiring refrigerated or climate controlled (air conditioned) storage with limited unrefrigerated shipping time. Items in this category should also be stored away from the effects of heat or direct sunlight. This category applies to temperature sensitive pharmaceuticals not classed as category 1 or 2 items.

Category 4:
Items requiring storage below 35 degrees Celsius. In-transit temperatures should not exceed 43 degrees Celsius. This category applies to the majority of pharmaceuticals, as well as labile medical and dental supplies, and sensitive medical and dental equipment. Based on environmental conditions, these items could require air conditioning or heat during transportation and/or storage.

D - Labile Items:
Unstable items subject to deterioration during storage and movement.

D0 - Deep Freeze Items:
Items requiring constant freezing below minus 5 degrees Celsius during both storage and transport.

D1 - Refrigerated Items:
Items requiring constant controlled refrigeration within the range 2 to 8 degrees Celsius during both storage and transport.

D3 - Thermolabile Items:
Items requiring storage within a range of 2 to 25 degrees Celsius. Items may be moved without refrigeration, providing the temperature to which they are subjected does not exceed 30 degrees Celsius, and the maximum time out of controlled storage does not exceed 14 days.

D4 - Perishable Items:
Items that are heat sensitive to a degree, and require controlled storage conditions below 35 degrees Celsius.

D5 - Photosensitive Items:
Items that are photosensitive. These items must be stored and transported in lightproof containers.

D6 - Delicate and/or Fragile Items:
Items of a delicate and/or fragile nature requiring careful storage and handling.

S – Freeze Damage:
Items subject to damage by freezing. Materiel can be stored and shipped under normal temperature conditions, but cannot be frozen without deterioration of the product or breaking of the container.

P - Potency Period:
Product with an expiry date which must be subject to strict stock rotation.

N - Narcotic:
A drug classified as a narcotic in accordance with the Schedule of the Controlled Drug and Substances Act, as well as any product which contains a drug in the Schedule.

G - Controlled Drug:
Any drug listed in Schedule G to the Food and Drugs Act, Part III.

Pr - Prescription Drug:
Any drug listed in Schedule F of the Food and Drugs Act and Regulations.

T – Benzodiazepines and Other Targeted Substances:
A drug listed in Schedule 1 of the Benzodiazepines and Other Targeted Substances Regulations of the Controlled Drug and Substances Act, as well as any product which contains such a drug.

O - General Supply Items:
Items procured, controlled, and issued through the Canadian Forces Supply System.

NL - Non-Labile Items:
Items that do not deteriorate.

ML - Manufacture Locally:
Items that require local manufacturing by medical depots or construction engineering personnel.

F - Flammable, Explosive and/or Dangerous Items:
Items requiring special storage and protective packaging during transport. Notification shall be made to the appropriate transport authority of the dangerous nature of the cargo and the flash point if applicable.

SG - Surgeon General Authority Required:
Items that shall only be issued on the authority of the Surgeon General. These items shall be stocked at depots unless otherwise directed by CFMG HQ/G4.

LS - Limited Supply:
Items that are to be retained in use, repaired if applicable, and continue to be issued until stocks are depleted. No further procurement is to be undertaken on these items since the restriction generally means the item has been superseded.

CHAPTER 3 - ACCOUNTING PROCEDURES

Transaction Vouchers

1. All transactions shall be supported by a voucher, as follows:

   a. Issue Voucher. All issues shall be supported by an issue voucher;

   b. Receipt Voucher. All transactions bringing items on charge shall be supported by a receipt voucher; and

   c. Transfer Voucher. A transfer voucher (TV) shall be created to support ledger entries whenever manufacturing is undertaken and whenever there is a change of NATO stock class, stock holding code or identification.

2. All vouchers may be created electronically by the user, provided an auditable trail is maintained. A sample voucher can be found at Annex A.

Voucher Number Control Register

3. Voucher Number Control Registers shall be maintained for all transactions. These registers may be either separate for each transaction type or consolidated, and shall be used as the source of voucher numbers, i.e. demands, receipts, issues, or transfers. All transactions shall be allotted a voucher control number in sequence from the register, beginning at 001 at the start of each fiscal year.

4. The following information regarding the transaction should be recorded in the Voucher Number Control Register:

   a. Transaction Code (Txn Code). A letter that identifies the type of transaction as follows:

      (1) Demand - Code "**D**",

      (2) Issue - Code "**I**",

      (3) Receipt - Code "**R**", or

      (4) Transfer - Code "**T**"; and

   b. Date. The date on which an item was demanded, issued, received or transferred.

5. A sample format of this register is illustrated below. The register is locally produced, may be electronic, and may be modified to accommodate local requirements.

Consolidated Voucher Number Control Register

Voucher Number	Txn Code	Date
001	D	31 Jan 2003
002	R	13 Feb 2003
003	I	15 Feb 2003

Unit Accounting Procedures

Accountability Code A and B Items

6. At units having a medical DA, as well as at in-garrison field units and on HMCS, accounting for A- and B-class medical items shall be IAW Chap 4.

7. Medical equipment issued to HMCS and to field units for in-garrison use will be accounted for in the same manner as for static units with a medical DA. Specific instructions are included in Chap 4.

8. It is imperative that DA postings are kept current, and that each entry is supported by a voucher. G4 Med Eqpt is responsible for posting entries on DAs.

Accountability Code C Items

9. All transactions shall be recorded and stock balances adjusted accordingly.

10. For audit purposes, all issues shall be supported by prescriptions, ward orders, requisitions, treatment records or other similar documents. OTC issues shall be recorded on patient profiles; bulk issues shall be recorded and documented with unit info for inventory management purposes.

Accountability Code D Items

11. Acc code D items, with the exception of psychoactive substances and prescription drugs, are accounted for in the same manner as C-class items; however, because of their value or attractiveness, they require additional local controls such as secure storage, and assurance that usage rates are justified. Selection of items to be designated D-class is the responsibility of G4 Med Mat Mgt.

12. At the unit level, when D-class items, other than drugs, become unserviceable and a replacement is requested, the unserviceable item will be returned in exchange for the replacement being requested. Unserviceable items shall be carefully examined to ensure they

require replacement. The loss or disappearance of a controlled item other than a pharmaceutical shall be reported to the SMA for action IAW QR&O 36.11.

Psychoactive Substances

13. Psychoactive substances shall be accounted for IAW Canadian Forces Medical Order (CFMO) 6-02.

Medical Materiel Stock Record Card (or Electronic Equivalent)

14. A manual or electronic materiel record shall be raised for the following transactions:

a. receipts and transfers for all Acc code C and D items;

b. issues of consumable supplies determined by recording the quantity on hand at the time new supplies are demanded, or at periodic stock checks;

c. demands for Acc code C and D items (indicating voucher number and quantity ordered).

15. A separate record shall be created for each item. Annex B provides examples of both electronic and manual stock record cards. All records shall include the following information as it appears in the CF Med Cat:

a. NSN or NIC number;

b. description;

c. unit of issue (UI); and

d. maximum, minimum and re-order stock levels (to be determined locally, not found in CF Med Cat).

16. When maintained manually, all entries shall be written legibly in ink. Entries shall not be erased but corrections shall be made as follows:

a. Correcting Extensions. Draw a single line through the incorrect extension and enter the new balance in the line below; and

b. Correcting Posting Errors. Reverse the original entry; post the correct entry; asterisk the incorrect entry and the correct entry.

17. Completed manual stock record cards shall be verified and balances transferred to new cards.

18. Manual stock record cards shall be filed in alphabetical sequence within each stock class.

Signing Authority

19. All vouchers shall be signed by a responsible signing authority. Vouchers supporting the movement of psychoactive substances (narcotics and controlled drugs), or prescription drugs, shall be signed by a pharmacist At units without pharmacists, vouchers shall be signed by a medical officer (MO) or the Commanding Officer (CO) of the demanding unit, IAW CFMO 6.02. Delegation of signing authority may be authorized for vouchers supporting the movement of all other items, subject to the concurrence of the CO.

Non-Medical Materiel

20. All non-medical materiel received shall be accounted for IAW A-LM-007-014/AG-001. Items received from other sources for re-issue within the medical materiel management system (e.g. components of kits, sets, outfits) shall be brought on charge and subsequently accounted for IAW instructions for the applicable accountability code.

Not-in-Catalogue (NIC) Items

21. NIC items shall be accounted for IAW accounting instructions for catalogue items of equivalent Acc code. G4 Med Mat Mgt shall assign the appropriate Acc code.

Disposal Of Accounting Documents

22. Disposal of accounting documents shall be as follows:

a. all accounting records shall be retained for at least five years, as prescribed in the Defence Subject Classification and Disposition System (DSCDS) and DAOD 6005-6, Disposal of Recorded Information;

b. accounting documents, except as noted in para c below, shall be disposed of on conclusion of the retention periods regardless of whether or not they have been subjected to an audit;

c. accounting documents for Surgeon General (SG) controlled items shall be retained indefinitely, while prescriptions for SG items shall be retained and disposed of in the same manner used for other prescriptions, i.e. retained for two years after last fill, with a copy of the electronic record attached to the member's medical file upon release and retained for the period specified in the DSCDS;

d. documents that become due for disposal while an audit is being conducted shall be retained until the audit file is closed; and

e. the four physical means of disposing of records due for destruction are sale as waste paper (only for unclassified records), shredding, burning, and pulping. Detailed instructions on the disposal of security-classified records can be found in the DND Security Policy.

23. On disbandment of a static unit, all medical supply accounting documents shall be finalized and forwarded to D H Svcs Ops/G4 for review and retention/disposal IAW DSCDS.

Deployed Unit Accounting Procedures

24. For accounting purposes, in-garrison field units and HMC Ships shall be treated as static units, IAW paras 6 - 19. Accounting procedures for deployed field units whose equipment entitlements are dictated by CFFETs, as opposed to Scales of Issue, shall be IAW Part 3.

MEDICAL MATERIEL DEMAND/ISSUE/RETURN VOUCHER

UNIT:_____

UIC _____

Initiated by:_____
(NAME,RANK,SIGNATURE)

VOUCHER#:_____

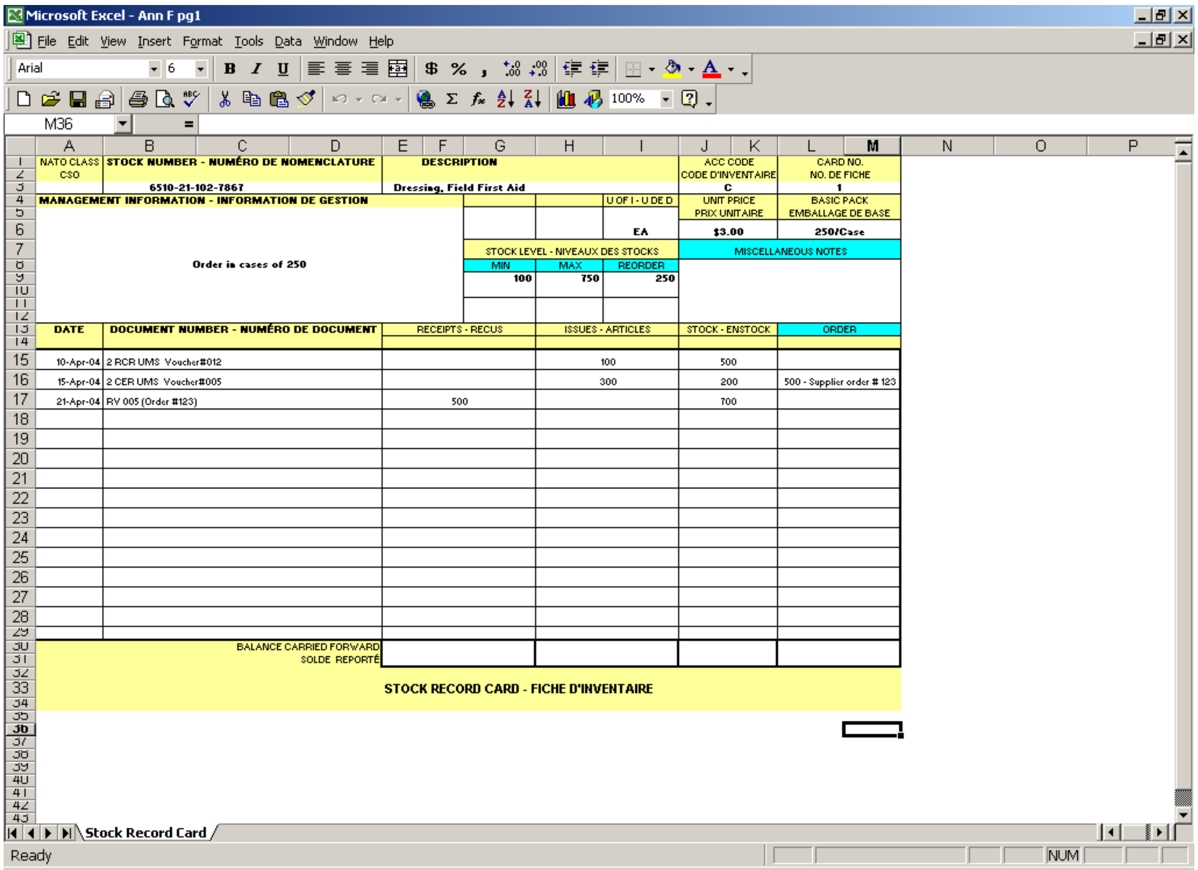
DATE:_____

PRIORITY (routine/urgent)_____

#	NSN	DESCRIPTION	UI	QTY	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

STOCK RECORD CARDS

Sample PAPER STOCK RECORD CARD



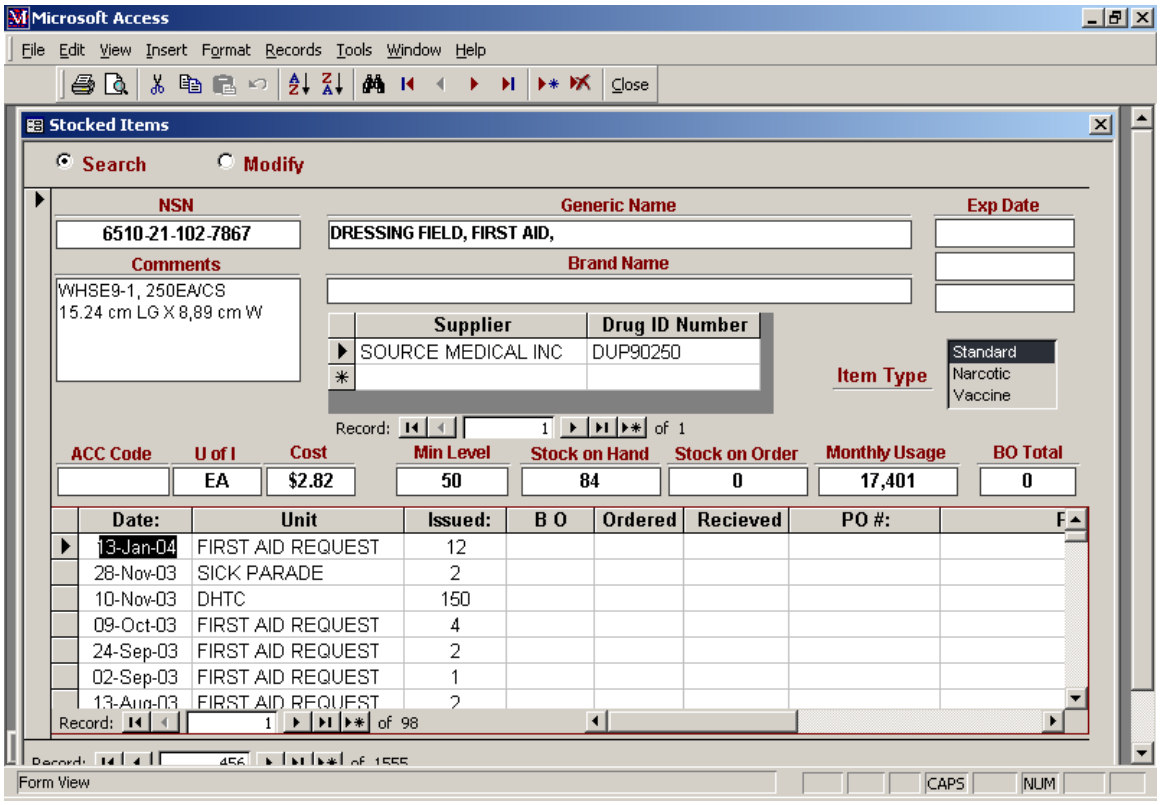
NATO CLASS CSO	STOCK NUMBER - NUMÉRO DE NOMENCLATURE	DESCRIPTION	ACC CODE CODE D'INVENTAIRE	CARD NO. NO. DE FICHE
	6510-21-102-7867	Dressing, Field First Aid	C	1

MANAGEMENT INFORMATION - INFORMATION DE GESTION			U OF I - U DE D	UNIT PRICE PRIX UNITAIRE	BASIC PACK EMBALLAGE DE BASE
			EA	$3.00	250/Case
Order in cases of 250	STOCK LEVEL - NIVEAUX DES STOCKS			MISCELLANEOUS NOTES	
	MIN	MAX	REORDER		
	100	750	250		

DATE	DOCUMENT NUMBER - NUMÉRO DE DOCUMENT	RECEIPTS - RECUS	ISSUES - ARTICLES	STOCK - ENSTOCK	ORDER
10-Apr-04	2 RCR UMS Voucher#012		100	500	
15-Apr-04	2 CER UMS Voucher#005		300	200	500 - Supplier order # 123
21-Apr-04	RV 005 (Order #123)	500		700	
	BALANCE CARRIED FORWARD SOLDE REPORTÉ				

STOCK RECORD CARD - FICHE D'INVENTAIRE

Sample ELECTRONIC STOCK RECORD CARD:



CHAPTER 4 - DISTRIBUTION ACCOUNTS

1. G4 Medical Equipment (Med Eqpt) shall maintain auditable DA records for all CF H Svcs Gp accountability code A and B items. For non-medical units, G4 Med Eqpt issues the item to the supporting medical facility's DA and the supporting pharmacist then loans it to the requesting unit, keeping appropriate documentation with the DA listing to support the loan.

Distribution Account Identification

2. Each DA shall be assigned an alphanumeric code (known as the DA number) by G4 Med Eqpt. The DA number shall contain the Unit Identification Code (UIC). The suffix for internal sub-distribution accounts may consist of up to four letters as determined by the overall DA holder for that particular unit. The DA number shall be quoted on all transactions affecting the account.

Appointment of Distribution Account Holders

3. The unit CO or officer in charge of the unit shall appoint individual DA holders. The member so appointed shall be an officer, senior NCM, or a Public Service employee of equivalent status. The DA holder shall appoint a representative to act on his behalf as an alternate. A certificate acknowledging responsibility for the account shall be completed as shown at Annex A. G4 Med Eqpt shall be notified of all appointments.

Responsibilities of DA Holders

4. DA holders shall be responsible for:

   a. care and custody of materiel on distribution to their account;

   b. supervision of maintenance and repair of accountable equipment IAW Part 2, Chap 11;

   c. maintenance of DA records for all medical Acc code A and B materiel on their account, which shall include the recording of serial numbers for all accountable equipment (computerized DA lists are available from G4 Med Eqpt); and

   d. prompt reporting of losses to the unit CO for investigation and action IAW Part 2, Chap 10.

5. DA holders at medical facilities with a large number of accountable items are encouraged to create sub-distribution accounts by individual sections (i.e. lab, physio, medical ward, etc.) The senior person in these sections should be appointed as the sub-DA holder by the CO, and be held accountable for the equipment on their charge.

Distribution Account Records

6. The following documents shall be maintained by G4 Med Eqpt:

a. a record that contains the following data for each DA:

(1) DA number,

(2) description of DA, including the name and location of the facility, and

(3) name and telephone number of the DA holder and the alternate.

b. a DA listing in the electronic materiel management system for each unit, which provides details of all accountable items (assets) on distribution to units; and

c. an electronic record for each asset on distribution to units, consisting of the asset's NSN, description, make, model, serial number, asset number, and value, as well as details of each transaction affecting the asset. Furthermore, copies of all related documents (vouchers, purchase orders, write-off reports, etc.), with signatures from the DA holders and unit commander when required, must be retained for at least six years for auditing purposes, as outlined in the DSCDS.

Transactions

7. Each transaction affecting a DA shall be approved by G4 Med Eqpt, documented, specifying the DA number, name and location of the facility and the relevant materiel authorization, work order report number, or write-off report number. All transactions changing a DA shall be annotated on the current DA listing by the DA holder or alternate.

Verification of Distribution Accounts

Regular Force Units

8. DAs for Regular Force units are subject to routine verification every two years. A responsible individual with no direct interest in the account shall be appointed by the CO of the facility to conduct an independent verification, and may be accompanied by the DA holder to assist in identification of items. This verification shall be initiated following notification from G4 Med Eqpt.

9. When a DA holder changes, the newly appointed holder shall initiate and conduct a verification, obtaining current DA listing and verification documents from G4 Med Eqpt prior to a handover from the out-going DA holder. When there has been a verification of a Regular Force DA as a result of a change in the holder, the next mandatory verification shall be two years from that date or when there is another change of holder, whichever occurs first.

Reserve Force Units

10. DAs for Reserve units are subject to verification annually. This verification shall be carried out by an individual appointed by the CO of the unit and shall be initiated following

notification from G4 Med Eqpt. In many instances, DA verifications of Reserve units may be carried out during annual liaison visits.

Change of Command Handover/Unit Closure

Procedures for Verification

11. After ensuring all applicable vouchers have been received and entered in the electronic materiel management system, G4 Med Eqpt shall create an updated report of the listing for each DA managed. The updated listings shall be sent to DA holders for review.

12. When a DA verification is required, a DA listing shall be forwarded to the CO of the unit with the covering letter at Annex B. The CO will appoint an individual to carry out the verification, who will in turn make a physical check of the account in the presence of the holder.

13. The results of verifications shall be reported to G4 Med Eqpt. The verification report shall consist of:

a. certification of completion of the verification;

b. list of surpluses;

c. list of deficiencies;

d. explanation for discrepancies with copies of adjusting documents where applicable; and

e. signature of the holder and the individual conducting the verification.

14. G4 Med Eqpt shall attempt to reconcile the discrepancies by reviewing records and reporting findings to the unit.

Reconciliation of Discrepancies

15. When a DA verification reveals deficiencies that cannot be resolved by G4 Med Eqpt, a letter shall be sent to the unit explaining that a review of the files has been conducted with negative results, and that action must be taken to write-off the equipment IAW Part 1, Chap 10.

16. When a DA verification reveals a surplus that cannot be resolved, G4 Med Eqpt shall create a Certificate Receipt Voucher (CRV) to bring the surplus item on charge to the unit's DA. An annotation should be placed on the voucher indicating that the item was found to be surplus during the DA verification that took place on the specified date.

Annex A to Part 1, Chapter 4

CERTIFICATE OF RESPONSIBILITY - DISTRIBUTION ACCOUNT HOLDER

I certify that I have been assigned the responsibility for:

_____

DA Number _____

and my particulars and those of my alternate are detailed below:

a. **ACCOUNT HOLDER**

_____ _____

Rank and Name of Account Holder Service Number

_____

Specimen Signature Date Phone #

b. **ALTERNATE**

_____

Rank and Name of Alternate Service Number

_____

Specimen Signature Date Phone #

c. **AUTHORITY**

Appointment approved by:

_____

Unit Commanding Officer Signature Date

Annex B to Part 1, Chapter 4

DISTRIBUTION ACCOUNT VERIFICATION - SAMPLE COVERING LETTER

(File Number)

(Date)

(Commanding Officer/Base Surgeon)
CFB (name)

DISTRIBUTION ACCOUNT VERIFICATION - (DA Number)

Reference: CF H Svcs Medical Materiel Management Manual, Part 1, Chapter 4

1. The Distribution Account for accountable medical equipment at your unit was last verified on [*insert date*] and, in accordance with reference, is again due for verification.

2. You are requested to appoint an individual, other than the DA holder or alternate, to do a verification of this account and submit a Certificate of DA Verification (Annex 1-F of reference) to CF H SVCS GP HQ/G4/Med Eqpt DA Section within 60 days of receipt of this letter. This verification should be done in the presence of the DA holder to assist in the identification of items.

3. For your information, our records indicate that [*insert name*] is the DA holder for this DA, and [*insert name*] is the alternate. A complete listing of the DA is enclosed. Should you require further information, please contact the G4 DA clerk at [*insert phone number*].

(Name)
LCol
CF H SVCS GP HQ/G4

Enclosure: 1

CHAPTER 5 – FINANCES

1. This chapter provides Responsibility Centre (RC) Managers with basic financial information necessary to allow tracking of a unit's funds. Delegation of Authorities for Financial Administration for DND and the CF (A-FN-100-002/AG-006), the Financial Administration Act (FAA) Sections 32-34, and Part 2, Chap 2 of this manual should be read in conjunction with this chapter. As defined below, pharmacists may be RC Administrators and may be delegated certain financial responsibilities by their RC Manager. An understanding of the process and responsibilities of RC Managers is necessary for completion of delegated functions.

Definitions

2. In this chapter, the following definitions apply:

a. **Responsibility Centre (RC) Administrators** RC Administrators are those incumbents of positions having the written authority from the RC Manager to perform some or all of the administrative functions on his/her behalf. The form for delegation of authority to RC Administrators is at Annex A.

b. **Responsibility Centre (RC) Manager** An RC Manager is the incumbent of a position that is allocated a budget and who has spending authority under the Financial Administration Act (FAA) for this budget. The form for delegation of authority to RC Managers is at Annex B.

Financial Management Process

3. Financial management refers to the planning and utilisation of resources in the most economical, efficient and effective manner. Financial administration, on the other hand, refers to the systems and procedures to ensure financial visibility, accountability and control to satisfy parliamentary, central agency and managerial requirements.

Financial Administration Responsibilities of the Responsibility Centre Manager

3. The financial administration responsibilities of the RC Manager may include the following activities:

a. Budget Preparation

(1) preparing a list of forecasted activities for the coming fiscal year (FY);

(2) determining necessary financial resources to carry out assigned unit tasks.

b. Budget Control

(1) keeping expenditures in line with the allocated budget and keeping track of the free balance;

(2) maintaining accurately coded data in Financial Management and Accounting System (FMAS).

c. Expenditure Management

(1) properly exercising delegated financial authorities IAW A-FN-100-002/AG-006;

(2) achieving the results for which financial resources were granted;

(3) informing the Fund Centre (FC) Manager of any forecasted fiscal surpluses or deficiencies.

Expenditure Planning and Initiation (FAA Section 32)

4. Whenever RC Managers (or pharmacists with delegated responsibilities) enter into contracts or agreements, they make a commitment to spend public funds. All pharmacy purchase orders, including demands to Prime Vendors, are contracts or agreements. DND is obligated to honour these commitments. Therefore, before making a decision to spend public funds, the RC Manager (or pharmacist) must ensure that:

a. the acquisition will be a reasonable and cost-effective response to a legitimate operational or business requirement;

b. there are sufficient funds available to make the purchase;

c. proper authority has been obtained to spend funds on, and contract for, the particular good or service as designated in A-FN-100-002/AG-006.

5. Once a contract or agreement (commitment) is made, the details must be recorded. As a minimum, commitment records must contain the following information, normally recorded directly on the contract:

a. purpose or nature of the transaction;

b. name of the vendor or payee;

c. vendor number and address;

d. amount of transaction; and

e. financial coding.

Account Verification (FAA Section 34)

6. Once the goods or services have been received, the vendor will forward an invoice for payment. IAW Section 34 of the FAA, RC Managers (or pharmacists on their behalves) must ensure goods and/or services received are as specified in the contract or agreement. Prices and quantities being billed must be in compliance with the terms and conditions of the contract. Additionally, the RC Manager is responsible for ensuring that proper account verification is

being performed. Once the invoice has been reviewed under Section 34 of the FAA, an individual with delegated financial signing authority for Section 34 (e.g. a pharmacist) certifies the invoice for payment and the invoice is processed through FMAS.

7. FAA Section 34 verification must include the date the goods or services were received, the initials, surname, and position of the person certifying the payment, and the statement,

"CERTIFIED AS PER SECTION 34 OF THE FAA"

followed by the signature of the individual with certification authority. This information must be legible; it is recommended that units purchase and use a rubber stamp for this purpose.

8. In addition to the verification under Section 34 of the FAA, RC Managers must ensure that:

a. DND is not paying twice for the same good or service. It is the RC Manager's responsibility to obtain reimbursement from a vendor when a duplicate payment is made. In the event that the matter cannot be satisfactorily resolved, the local Comptroller should be contacted for assistance;

b. the policy on payment requisition and payment on due date is observed (e.g. 30 day payment term);

c. the Government of Canada, although exempt from paying provincial sales tax, and unless otherwise specified, pays the Goods and Services Tax (GST) or Harmonized Sales Tax (HST).

Request for Payment (FAA Section 33)

9. Payment Authority is the financial authority delegated by the Minister to financial/accounting officers under Section 33 of the FAA. This is the final authority to requisition payments and authorize their charge to appropriations, after ensuring:

a. the legality of the payment;

b. the adequacy of the free balance; and

c. the enforcement of all financial controls.

Document Retention

10. IAW direction in the DSCDS, proper documentation, such as contracts, receipt documents, invoices, Section 34 certification, etc., must be retained for a minimum of six fiscal years after last use, in either paper or electronic form. The office where the FAA Section 34 certification is performed may, at the comptroller's discretion, retain the documents. RC Managers may be required to submit all financial documentation for review by the comptroller. Following a review of activities, comptrollers have the discretion to remove Section 34 authority in circumstances where the comptroller is not satisfied with the practice or controls.

Principles for Delegation of Authority for Financial Administration

11. A complete list of delegation principles and definitions can be found in A-FN-100-002/AG-006. A few of the more notable principles are repeated here.

a. No person occupying a position on an acting basis shall exercise the financial authorities given to that position unless properly authorized in writing by an officer to whom the normal incumbent of the position reports. **Note**: Email "Out of Office" notification of temporary delegation of responsibility does not constitute written authorization; however, an email note to the people involved, indicating the delegation and time frame, is sufficient;

b. Delegated authority cannot be re-delegated. (A person who has been delegated authority may not re-delegate the authority to another person). Furthermore, a person who does not have the delegated authority may not sign on behalf of an individual who does (i.e. over a superior's signature block);

c. The superior of the position can withdraw authorities for financial administration delegated to a position if it is determined that the delegated authorities are being abused;

d. No person shall exercise either spending or payment authority with respect to a payment from which he/she can benefit personally.

Financial Codes

12. Financial codes (fin codes) are used to identify expenditures within the FMAS. Each character of the fin code represents information related to the location of funding, type of expenditure, or the purpose of the expenditure. An example is given below.

3777AA	47932A	C142	7203	1706561
Fund Centre	Cost Centre	Fund	General Ledger	Internal Order

Fund Centre

13. Fund Centres (FC) are hierarchal financial organizations that receive an allocation of a budget (monies), reflecting their business plan requirements. A Fund Centre identifies who is responsible for specific budgets, revenue and expenditures.

Cost Centre

14. Cost Centres (CCs) are primary cost collectors within FMAS. Usually, each unit identity code (UIC) within DND is issued with a corresponding CC. These CCs permit managers to plan, forecast, and identify expenditures at the lowest organization level within DND. CCs have no actual budget (monies), but receive spending authority from their superior FC and are accountable to that FC for their expenditure activity levels.

Fund

15. Fund numbers identify specific groupings of expenditures, such as operations and maintenance (O&M) and capital expenditures. For example, Fund C142 identifies medical O&M expenditures such as salaries, supplies, and services. Fund C542 is for minor medical capital

expenditures, such as Major Medical Equipment.

General Ledger Number

16. The General Ledger (GL) number identifies the type of service or supplies being purchased. GL numbers most commonly used for medical purchases are:

a. 7203 - Drugs (Pr, OTCs, unlicensed drugs, vaccines, IV solutions, etc) (NSN 6505 & 6508 classes)

b. 7204 - Bandages and dressings (6510 class)

c. 7206 - All other C & D class consumable medical supplies (medical/surgical supplies, small instruments, etc) (all medical classes not specified elsewhere)

d. 7226 - Optical supplies (glasses, combat spectacles, accessories) excluding eye exams (6540 class)

e. 7228 – Orthopaedic and Prosthetic supplies (e.g. physio supplies, braces)

f. 7240 - Diagnostic imaging supplies (x-ray films and reagents) excluding radiology exams (6525 class)

g. 7249 - Laboratory supplies (reagents, chemicals, consumable lab instruments) (6525, 6630, 6640, 6550 classes)

h. 5701 - Rental of medical equipment

i. 6210 - Repair of medical or dental equipment

Internal Order Number

17. Internal Order (IO) numbers are optional elements of a coding structure used to track expenditures for activities such as support provided to specific units, in-unit functions, and various operations or projects. For example, an IO could be used by a unit to determine how much money was spent during the pre-deployment phase of a specific operation, to help explain over-spending when asked. While the use of IOs is optional, units are strongly encouraged to use them, especially when supporting Operations.

Annex A to Part 1 Chapter 5

DELEGATION OF AUTHORITIES – Responsibility Centre MANAGER

"Ann A-1-5.pdf"

Annex B to Part 1 Chapter 5

DELEGATION OF AUTHORITIES – Responsibility Centre ADMINISTRATOR

"Ann B-1-5.pdf"

CHAPTER 6 - LIAISON VISITS, INSPECTIONS AND REVIEWS

Liaison Visits and Inspections

1. Health Services Delivery (HS Del) coordinates liaison visits and inspections for every medical unit as required. More frequent inspections may be conducted if deemed necessary or if requested by superior authorities such as Command Surgeons.

2. Pharmacists should inspect their supported units at least annually to ensure medical materiel management procedures are being followed.

Inspection Team

3. The inspection of units other than those mentioned in para 2 shall be conducted by a Pharmacist Officer as designated by CF H Svcs Gp HQ/Director Medical Policy (D Med Pol) in consultation with CF H Svcs Gp HQ/G4. Depending on the level of inspection, other staff such as a Biomedical Electronics technician (BE Tech) or DA clerk may take part in the inspection. It should be stressed that the inclusion of a BE Tech on an inspection team does not preclude the BE Tech from carrying out regular preventive maintenance visits as per CFMO 6.62

Inspection Report

4. The inspection team shall complete the Inspection Report at Annex A during the inspection. The report may be used for all units; however, since much of the information on the report does not apply to units without a pharmacist, inspecting teams and field ambulance pharmacists may create modified versions of the report to accommodate liaison visits and inspections of minor units.

5. The inspecting team shall submit a copy of the inspection report to the Senior Medical Authority (SMA) of the unit inspected, to the appropriate Command Surgeon (Comd Surg), and to CF H Svcs Gp HQ/G4.

6. Field ambulance pharmacists shall submit Unit Medical Station (UMS) inspection reports to the Brigade Surgeon for transmission to the CO of the unit that the UMS supports. A copy shall be maintained on file for review by CF H Svcs Gp HQ inspection teams during their liaison visit to the field ambulance.

Reviews

Change of Command/Unit Closure Board of Inquiry (BOI)

7. In the event of a change of command or the closure of a CF H Svcs Gp unit, a BOI shall be convened. A review of the unit's medical stores and equipment shall be completed IAW Annex E to CF H Svcs Gp policy and guidance document 3100-08.

Annex A to Part 1, Chapter 6

PHARMACY INSPECTION REPORT

"Ann A-1-6.xls"

CHAPTER 7 - CF DRUG EXCEPTION CENTRE

1. The Canadian Forces Drug Exception Centre (CFDEC) was introduced to make drug therapy decisions that are based on documented evidence of improved health outcomes and to manage drug costs.

2. This drug management program embodies several principles:

   a. Operational readiness. It ensures that CF H Svcs Gp HQ is able to meet medical supply requirements in operational settings. For example, a soldier on medication can be assured that it can be re-supplied while deployed.

   b. Fairness. It ensures all members are entitled to the same drugs whether the prescription is filled at a base or civilian pharmacy.

   c. Equality. It ensures that Canadian Forces members have access to drug therapy similar to that provided by other federal departments and provincial governments.

   d. Health Outcome. To ensure that positive health outcomes are achieved with all drug therapy funded by the Canadian Forces.

3. There are five categories into which drugs and/or medical products may be placed by the CFDEC.

Regular Benefits

4. Regular benefits are those drugs and products on the list that will be provided without restriction. Regular benefit products include acute care medications and certain chronic care medications as determined by the Canadian Forces Pharmacy and Therapeutics Committee (CF PTC). The CF PTC tailors recommendations of the Federal Government Pharmacy and Therapeutics Committee to be consistent with the CF Spectrum of Care (SoC). Products are selected by a group of clinical experts using the concept of evidence-based medicine. The Drug Benefit List is continuously under review to reflect current standards of therapy.

Special Authorization

5. Special authorization benefits are those drugs and products that are of value in specific circumstances. A product is designated for special authorization when:

   a. it has the potential for widespread use outside the indications for which benefit has been demonstrated;

   b. it has proven effectiveness, but is associated with predictable severe adverse effects;

   c. it is usually a second or third line choice for treatment and is required because of allergies, intolerance, treatment failure or non-compliance with a first line alternative; or

d. it is very costly and a more cost-effective alternative is available as a benefit.

6. Specific criteria, developed by the Federal Government Pharmacy and Therapeutics Committee and endorsed by the CF PTC, must be met for these drugs to be eligible for coverage. Using the established criteria, pharmacists working in a military base pharmacy are able to authorize drugs that are considered special authorization products.

Exception Products

7. These are drugs that, under normal circumstances, the CF will not approve because of an operational requirement to limit the number of drugs in theatre or because, based on clinical evidence, they have not been shown to be more effective than other agents available on the CF Drug Benefit List. Exception products are not included in the Drug Benefit List. However, recognizing that sometimes patients have unique needs or that special situations exist, the need for these drugs is assessed on a case-by-case basis. Only the CFDEC can authorize drugs that are considered exception products. The Base pharmacist must consult the CFDEC for authorization. The CFDEC pharmacists guide Base pharmacists through the selection of a medication on the drug benefit list.

Non-benefit Products

8. These drug products will not be covered under any circumstance because:

a. published evidence does not support the value of the drug relative to existing therapies;

b. the agent is not part of the SoC, e.g., hair loss products, non-therapeutic vitamins and homeopathic remedies; or

c. there is insufficient clinical evidence to support its value.

CHAPTER 8 - USER TRIALS

1. User trials are conducted in accordance with CF H Svcs Gp policy and guidance document 4200-69 as an official means of evaluating medical materiel to determine its suitability for use within CF H Svcs Gp facilities, or to determine the most appropriate product from a group of similar items.

2. CF H Svcs Gp HQ/G4 is the focal point for all user trials. Items may be reviewed by any of a number of Surgeon General committees, such as the CF Pharmacy and Therapeutics (P&T) Committee and the Medical Product Evaluation Review Committee (MPERC), as well as by Health Service Delivery (HSD), for approval for user trials, but G4 remains the coordinator in all cases. If funding of a user trial is required, CF H Svcs Gp HQ/G4 will determine the source. In certain instances, funding may have to come from local budgets, particularly if the user trial involves consumable medical materiel; however, CF H Svcs Gp HQ/G4 will generally coordinate funding for user trials of Acc code A and B medical equipment.

Route for User Trial Requests

3. When a user unit considers a product to be worthy of evaluation by user trial within the CF H Svcs Gp, a user trial request shall be submitted to CF H Svcs Gp HQ/G4.

Request Format

4. The request shall be submitted using the form at Annex A User Trial Request, completed in detail, including the proposed use and anticipated benefits. A covering letter shall indicate whether the item is available on a loan basis from the manufacturer. When applicable, training costs and a list and estimated cost of consumable materiel to be used during the trial are to be provided.

Instructions for Conducting User Trials

5. Following approval of user trials, CF H Svcs Gp HQ/G4 will ensure the issue of a tasking message to the selected unit, indicating the proper chain of command for reporting trial results. The message shall include:

a. unit selected to conduct the user trial;

b. specific criteria to be followed and reported on; and

c. target date for completion of the trial and submission of the report to CF H Svcs Gp HQ/G4.

Evaluation Report

6. A Product Evaluation Report - User Trial (Annex B) shall be completed in detail and submitted to CF H Svcs Gp HQ/G4 for all items approved for user trial.

CF H Svcs Gp HQ/G4 Action

7. Upon completion of the trial, CF H Svcs Gp HQ/G4 and any pertinent committee(s) will review the evaluation report and advise the originator and the evaluating unit regarding the acceptability of the item for use within the CF H Svcs Gp.

Annex A to Part 1 Chapter 8

USER TRIAL REQUEST FORM

1. ORIGINATOR

UNIT & SECTION:_____ DATE:_____

FINANCIAL CODING AND AUTHORITY (if trial is to be funded by other than CF H SVCS GP HQ)_____

_____

NAME, RANK, AND POSITION OF ORIGINATOR:_____

SIGNATURE:_____

2. IDENTIFICATION OF ITEM FOR TRIAL

ITEM NAME:_____ QUANTITY:_____

DESCRIPTION (Make, model, manufacturer):

ESTIMATED COST (each):

REQUIRED ACCESSORIES AND QUANTITIES per item & COSTS:

TRAINING REQUIRED:

CONSUMABLES TO BE USED WITH THIS ITEM:

3. **SUBSTANTIATION:**

a. What will this item be used for and what frequency of use is anticipated?

b. Why is this item required? (Is this a new requirement, or is currently held item considered obsolete, insufficient, etc?)

c. Who will use this item? (i.e., will it be for physicians only, or Med Techs? This will determine if any input from others is required regarding performance of medical acts).

4. **PHARMACIST COMMENTS:**

SIGNATURE (name, rank, position)_____DATE:_____

5. ENDORSEMENT BY CO OR FLEET/BASE/WING SURGEON:

SIGNATURE (name, rank, position):_____DATE:_____

6.	**ENVIRONMENTAL HEALTH SERVICES ADVISOR COMMENTS:**

SIGNATURE (name, rank, position):_____DATE:_____

7.	**FORMATION/AREA SURGEON COMMENTS:**

SIGNATURE (name, rank, position):_____DATE:_____

8.	**FOR CF H Svcs Gp HQ USE:**

Annex B to Part 1 Chapter 8

PRODUCT EVALUATION REPORT - USER TRIAL

EVALUATING UNIT

Unit name:_____
Evaluating Dept:_____
User Trial Coordinator:

Name and Rank	Position	Phone No.

PRODUCT IDENTIFICATION

Product Name:_____
Product Number:_____
Manufacturer:_____
Cost:_____
Received for Testing, Quantity_____ Date:_____
Specific Consumable Items Used and Costs: (attach separate sheet if necessary)

EVALUATION

Trial Duration:_____
Area(s) of Evaluation:

Reaction to Product:
a. From Staff:

b. From Patients (if applicable):

Will this product:
a. Save labour? (How?)

b. Save time? (How?)

COMPARISON WITH PRESENT ITEM

What is currently being used?

What are the advantages and the disadvantages of the item being trialed compared with the present item?

Advantages	Disadvantages

SUMMARY

Summary of Analysis and Recommendations for use in the CFHS:

Signature (Name and Rank)	Position	Date

CF H Svcs Gp HQ/G4 USE

Decision:

Signature (Name and Rank	Position	Date

CHAPTER 9 - UNSATISFACTORY CONDITION REPORTS

1. This section details the standard CF H Svcs Gp procedure for reporting and processing complaints concerning medical supplies and equipment. However, this procedure does not cover reporting adverse drug reactions (ADR), drug and biological idiosyncrasies or sensitivities of individuals, which shall be reported to the CFDEC on Health Canada's adverse drug reaction forms found in the appendices to the Compendium of Pharmaceuticals and Specialties (CPS), IAW D Med Pol direction.

2. The complex nature of modern medical materiel and drugs has increased the incidence of hazards to patients and operators from:

a. deterioration due to unsuitable packaging and/or storage;

b. errors in labelling and other identification or operation methods;

c. errors in manufacture;

d. component and/or complete item failure; or

e. any other hazards related to usage.

Standardization Agreements

3. Standardization agreement QSTAG 287, detailing procedures for reporting and initial disposition of unsatisfactory medical materiel in a theatre of operations, has been ratified. The aim of this agreement is to standardize, for the use of the Quadripartite Armies (American, British, Canadian and Australian), the procedures for reporting and recalling unsatisfactory medical materiel and drugs when a cross-servicing of medical supplies exists. Therefore, the CF H Svcs Gp procedure to report unsatisfactory condition of medical materiel reflects the procedure outlined in this agreement and is governed by CF H Svcs Gp policy and guidance document 4200-68.

Classification

4. Materiel complaints encompass unsatisfactory conditions of stock discovered at all levels of distribution. Such complaints shall be reported on different Unsatisfactory Condition Report (UCR) forms, for drugs (Annex A) or medical supplies and equipment (Annex B).

5. The types of defective or unsatisfactory medical materiel and drugs are as follows:

a. Type I. Drugs or medical materiel that have been determined to be harmful or defective to the extent that use may cause death, injury or illness;

b. Type II. Drugs or medical materiel (other than equipment) that are suspected of being harmful, defective, deteriorated or otherwise unsuitable for use; and

c. Type III. Equipment that has been determined to be unsatisfactory because of malfunction, design, or defects attributable to faulty materiel, workmanship and/or quality inspection or performance. Equipment that becomes unsatisfactory because of fair wear and tear is not to be reported on a UCR. Note that drugs are not involved in type III UCRs.

Reporting

6. A UCR may originate from any unit having unsatisfactory materiel in use or in stock. When defective or unsatisfactory stock is discovered, the user unit/facility shall report complaints to the Medical Supply source from which the unsatisfactory item was received. In the case of a deployed unit receiving medical materiel from a source other than the CF H Svcs Gp materiel supply system, the procedure is outlined in Part 3, Chap 4.

7. In all circumstances regarding medical materiel or drugs, the following action shall be taken:

a. Types I and II. The entire quantity of the item on hand is to be immediately suspended from issue or use. A brief report is to be made by the most expeditious means of communication to the medical supply source and to CF H Svcs Gp HQ/G4. Subsequently, a detailed UCR shall be prepared and submitted utilizing the form at Annex A for a drug or the form at Annex B for medical materiel; and

b. Type III. Further issues of equipment shall be suspended. A UCR shall be prepared and submitted utilizing the form at Annex B, or by message including all information requested at Annex B. Continued use of items already held by user units shall be at the discretion of the local senior medical authority.

8 When the report is prepared, it is very important that the originator of the UCR be identified and the type of complaint be clearly specified.

Submission of Report

9. UCRs shall be submitted to the unit PharmO, who shall review the total stock of the lot or model in question, conduct a detailed investigation and forward the report, with recommendations, through the local SMA to CF H Svcs Gp HQ/G4. Action to be taken shall be coordinated by CF H Svcs Gp HQ/G4 Med Mat Mgt, who will distribute the response through appropriate channels back to the originator and to any other units affected by the UCR.

10. The recipients of type I reports are to acknowledge receipt without delay.

Annex A to Part 1, Chapter 9

UNSATISFACTORY CONDITION REPORT - DRUGS

UNIT IDENTIFICATION/IDENTIFICATION D'UNITÉ:

Unit/ Unité	
Date	
Type of complaint:/Type de plainte:	<select>

ITEM IDENTIFICATION/IDENTIFICATION DU PRODUIT:

NSN		Drug Name/Nom du médicament	
DESCRIPTION (strength, form, etc)/(force, forme, etc)		Manufacturer/Fabricant	
Lot Number/Numéro de lot		Expiry Date/Date de peremption	
Qty on hand/Qté en stock		Source	

SPECIFIC COMPLAINT/PLAINTE PRÉCISE:

Cause of Complaint/Sujet de plainte:
Description of Reactions/Description des réactions:
Total number of reactions: Number of severe reactions: Nombre total de réactions: Nombre de reactions graves:
Number of hospitalizations and length of each: Nombre de cas d'hospitalisation et pour chacun, la durée:
Circumstances of administration, techniques employed/Circonstances de l'administration, techniques employées:
Statement of hazards inherent in continued use/Énoncé des risques inhérents à l'utilisation:

ORIGINATOR/AUTEUR: (Name, rank, position, phone/Nom, grade, position, téléphone)
Signature **DATE**:

PHARMACIST COMMENTS/COMMENTAIRES DU PHARMACIEN:	
Name, rank, position, phone / Nom, grade, position, téléphone	
Signature	**DATE:**

SENIOR MEDICAL AUTHORITY COMMENTS / COMMENTAIRES DE L'AUTORITÉ MÉDICALE SUPERIEURE:	
Name, rank, position, phone / Nom, grade, position, téléphone	
Signature	**DATE:**

CF H Svcs Gp HQ/G4 USE - Action Taken / A L'USAGE DU QG GMFC/G4 - Exécution:	
Name, rank, position, phone / Nom, grade, position, téléphone	
Signature	**DATE:**

Annex B to Part 1, Chapter 9

UNSATISFACTORY CONDITION REPORT - MEDICAL MATERIEL AND EQUIPMENT/RAPPORT D'INSATISFACTION – MATERIEL ET EQUIPEMENT MEDICAL

UNIT IDENTIFICATION/IDENTIFICATION D'UNITÉ:

Unit/ Unité	
Date	
Type of complaint:/Type de plainte:	Type I; Type II; Type III (circle/encirclez)

ITEM IDENTIFICATION/IDENTIFICATION DU PRODUIT:

NSN		Item Name/Nom de l'article	
Description		Manufacturer/Fabricant	
Lot Number/Numéro de lot		Expiry Date/Date de peremption	
Qty on hand/Qté en stock		Source	
Model Number/ Numéro de modèle		Serial Number/ Numéro de série	

SPECIFIC COMPLAINT/PLAINTE PRÉCISE:

Cause of Complaint/Sujet de plainte:
Description of Reactions/Description des réactions:
Patient involvement/Rôle joué par le patient:
Operator involvement/Rôle joué par l'opérateur:
Circumstances of patient and operator involvement (techniques employed)/Circonstances dans lesquelles le patient et l'opérateur sont intervenus (techniques employées):
Statement of hazards inherent in continued use/Énoncé des risques inhérents à l'utilisation:

ORIGINATOR/AUTEUR: (Name, rank, position, phone/Nom, grade, position, téléphone)	
Signature	**DATE**:

PHARMACIST COMMENTS/COMMENTAIRES DU PHARMACIEN:	
Name, rank, position, phone / Nom, grade, position, téléphone	
Signature	**DATE:**

SENIOR MEDICAL AUTHORITY COMMENTS / COMMENTAIRES DE L'AUTORITÉ MÉDICALE SUPERIEURE:	
Name, rank, position, phone / Nom, grade, position, téléphone	
Signature	**DATE:**

CFMG HQ/G4 USE - Action Taken / A L'USAGE DU QG GMFC/G4 - Exécution:	
Name, rank, position, phone / Nom, grade, position, téléphone	
Signature	**DATE:**

CHAPTER 10 - WRITE-OFF OF MEDICAL MATERIEL

1. This chapter details procedures regarding the write-off of medical materiel and should be read in conjunction with A-FN-100-002/AG-006 and DAOD 1006-1, Write-Off of Materiel.

Definitions

2. The following definitions are provided to clarify specific aspects of write-off applicable to this chapter:

a. **Catalogue value.** The current, depreciated dollar value of the item, based on accrual accounting.

b. **Functional Command.** The applicable environmental/operational command of the unit initiating the write-off of materiel. For medical materiel, this is CF H Svcs Gp HQ/G4 Med Eqpt.

c. **Higher Approving Authority.** The environmental chain of command to which the initial approving authority is responsible. For medical items, this chain starts at DGHS;

d. **Initial Approving Authority.** The CO of the unit responsible and accountable for the care and custody of stock or materiel-in-use. If the write-off value exceeds the Initial Approving Authority's level, the Initial Authority may only recommend write-off and submit to the Higher Approving Authority;

e. **Inventory.** The total serviceable or repairable materiel in stock, in use, or for which ownership has passed to the CF, including materiel on loan to contractors, or any other materiel assets of the CF;

f. **Loss.** Occurs when the department has been deprived the use, or ceases to have custody, of materiel because of mysterious disappearance, destruction, accidental or deliberate damage beyond economical repair, fire, theft, neglect, or unforeseen deterioration;

g. **Operations Other Than War (OOTW).** This includes enemy action during conventional combat operations and action of Warring Factions or former Warring Factions in the case of peace-support missions.

h. **Responsibility.** The obligation of every individual to ensure the proper custody, care and safekeeping of materiel entrusted to them. It is the individual's responsibility to ensure that they are fully aware of their own responsibilities with regard to materiel handling and accountability, tracking inventory, reviewing consumption and monitoring costs, use, loss and equipment performance;

i. **Supporting Comptroller.** The officer responsible for financial matters pertaining

to the unit reporting the loss. This is generally the comptroller of the base/unit reporting the loss;

j. **Supporting Supply Officer.** The officer responsible for the management of the auditable account that held the materiel in question. For medical equipment held on a medical DA, this will be the medical DA holder. In the case of medical materiel held on CFFETs, this will usually be the Base Supply Officer;

k. **Surplus materiel** is materiel for which there is no known requirement. An item may become surplus because it is obsolete, uneconomical to repair, or in excess of forecasted requirements.

l. **Write-off.** The approval process allowing for the amendment of stock records to account for the deletion of materiel that has been lost, and for which the catalogue value has not been recovered.

3. The authorities empowered to approve the write-off of materiel, and their limitations, shall be IAW A-FN-100-002/AG-006, issued by the MND. This write-off authority is determined by position and may not be re-delegated. No incumbent of a position that is the signing authority may delegate such authority to another person.

4. The following discrepancies will require write-off action, with exceptions as noted in para 5:

a. stock and materiel-in-use shortages or surpluses discovered as a result of stocktaking or account verification; and

b. stock and materiel-in-use shortages due to destruction, fire, theft or other reasons documented on a Miscellaneous Loss Report (MLR), shown at Annex A.

Items Exempt from Write-Off Action

5. The following items are exempt from write-off action and shall be removed from charge by creating an issue voucher (see Chap 3 for procedure). This summary includes only those items that may affect medical materiel holdings.

a. Damage to or demolition of equipment during War or Operations Other Than War (OOTW) in operational theatres as defined at para 2 above. The authority to approve the deletion of such losses from public accounts will be delegated to the Contingent Commander, subject to the request for approval being accompanied by the appropriate investigation report (e.g. Summary Investigation (SI), Board of Inquiry (BOI)). The investigation, in the case of a UN support mission, must include mission UN staff, and a copy of their documentation is to be included in the contingent investigation report. This documentation will be archived IAW DCDS Direction to Commanders of Operational Deployments and will be included within the Terms of Reference for the national Rotation Staff Assistance Teams (RSAT) and Deactivation Teams (DATS);

b. shelf-life expired (SLE) materiel, including C-and D-class medical supplies, shall be acknowledged as operating losses and removed from the materiel records by creating an issue voucher sending the item(s) to disposal; and

c. materiel consumed during planned activities, such as medical supplies used during training.

6. The items above do not constitute a loss to DND since full value has been received through intended consumption. In the case of dated C- and D-class medical supplies, all effort should be made to adjust stocking levels to reduce the quantity of supplies becoming outdated.

7. Submission for write-off approval is not required when the responsible party accepts personal responsibility for the loss, and reimburses the full catalogue value of the item. For audit purposes, a MLR must be raised for each occurrence in which a responsible party accepting financial responsibility reports a loss of equipment valued at over $200.00.

HMC Ships and Static Units

8. HMC ships, and static units such as clinics, in-garrison medical inspection rooms (MIRs), and reserve units, shall process requests for write-off through local functional/operational channels using the following procedures:

a. The unit discovering a loss or surplus shall initiate write-off action. The DA holder will create an appropriate voucher as described in Chap 3, notify G4 Med Eqpt to adjust the unit's DA record, and raise a Medical Materiel Adjustment Report (Annex B) for the Initial Approving Authority's signature;

b. before signing, the Initial Approving Authority shall consider all circumstances relevant to the loss and determine:

(1) how the loss, destruction or theft occurred;

(2) whether recovery action should be initiated on behalf of the Crown. If the loss is approved for write-off with partial or full recovery by payment or administrative deduction against the member(s) responsible for the loss, action shall be taken IAW QR&O articles 38.01 and 38.03;

(3) whether a SI or a BOI should be ordered, IAW QR&O Volume I, Chap 21; and

(4) whether the write-off submission is within the Initial Approving Authority's power of write-off. If the submission exceeds the Initial Approving Authority's power of write-off, it shall be prepared for submission to the next level of authority for action.

10. When the Initial Approving Authority approves a write-off, the unit shall retain a copy of the Medical Materiel Adjustment Report and forward the original to G4 Med Eqpt.

11. Action to obtain approval from a write-off authority does not preclude the adjustment of the appropriate materiel records. G4 Med Eqpt shall delete all deficient items from the DA as soon as the discrepancies have been confirmed.

12. When required, submission of the Medical Materiel Adjustment Report to the Higher Approving Authority shall normally be effected by G4 Med Eqpt. The procedures are as follows:

a. the Initial Approving Authority shall retain a copy of the report and forward the submission for write-off to G4 Med Eqpt with endorsement for submission to the Higher Approving Authority;

b. G4 Med Eqpt shall ensure that all details of the loss are enclosed with the submission. If deemed necessary, a covering letter should be prepared to assist the Higher Approving Authority (DGHS) in reaching a decision;

c. the original report and two copies, with all applicable documentation, shall be submitted to DGHS by G4 Med Eqpt; and

d. G4 Med Eqpt shall retain one copy for reference and follow-up purposes.

13. Once DGHS has reached a final decision, the original copy of the endorsed report shall be returned to G4 Med Eqpt, who shall forward a copy to the originating unit and retain the original for preparation of the Quarterly Write-off report as per para 15.

Recoveries

14. When a unit recovers a lost item after it has been written off, the recovered item shall be brought on charge by a receipt voucher cross-referenced to the Medical Materiel Adjustment Report on which the materiel was submitted for write-off. There is no adjustment to the original Medical Materiel Adjustment Report; however, the authority to whom the report of lost materiel has been made shall be informed on the subsequent Quarterly Write-off Report, under the recoveries column.

Quarterly Write-Off Report

15. Quarterly, the supporting Comptroller will prepare a Quarterly Report, found at Annex C. This report is a listing by account of write-offs approved during the quarter and will include the following information:

a. Unit UIC;

b. voucher number with active status code defining the cause of loss;

c. quantity and total dollar value;

d. item description; and

e. if necessary, a short explanation of the cause of loss, whether a summary investigation or board if inquiry was required, and if so, the file or other reference number of the applicable investigation report.

Annex A to Part 1, Chapter 10

MISCELLANEOUS LOSS REPORT

(to be attached to Medical Materiel Adjustment Report: Annex S)

1. MEDICAL DISTRIBUTION ACCOUNT HOLDER:

Medical DA# _____ Report No. _____Date_____

The materiel listed in the following table has been determined to be lost:

MATERIEL LOSSES				
Asset #	Description	NSN	Unit Price	Extended Price

CIRCUMSTANCES SURROUNDING LOSS (include the cause of loss, e.g., fire, theft, neglect, accident, etc.)

DA Holder: Rank _____ Name and Initials _____

DA Holder Signature _____

2. INDIVIDUAL (when required, for losses only; circle letter associated with appropriate response)

a. I hereby accept responsibility for the loss and agree to financial recovery. I prefer to make payment in the form of:

(1) pay deduction

(2) cheque/other payment to the Receiver General

b. I do not accept responsibility for the loss.

Rank:_____Name:_____Date:_____

Signature _____

3. COMMANDING OFFICER

a. No financial recovery.

b. Financial recovery in the amount of $_____.

c. Submit to higher authority for financial recovery action.

Date _____

Commanding Officer Signature_____

ANNEX B to Part 1 Chapter 10

MEDICAL MATERIEL ADJUSTMENT REPORT / RAPPORT SUR LES AJUSTEMENT DU MATÉRIEL MEDICAL

UNIT - UNITÉ	**DATE OF STOCKTAKING, ACCOUNT VERIFICATION OR INCIDENT, BOI, OU MISCELLANEOUS LOSS REPORT** **DATE DE L'INVENTAIRE, DE LA VÉRIFICATION, DE L'INCIDENT, BOI OU RAPPORT SUR LES PERTES DIVERSES** _____	**REPORT CONTROL NUMBER** **NUMÉRO DE CONTRÔLE DU RAPPORT** _____	**PAGE** ____ **OF/DE** _____
ACCOUNTS – COMPTES **MS**_____	**Reason for Submission - Motif de la Demande**		**Reason Code/** **Code de raison**

Stock Class, Stock No. or Reference No. / Catégorie de stock, N° de nomenclature ou n° de renvoi	**Description of Item** **Description de l'article**	**Adjustment Document No.** **N° du document de rajustement**	**Unit Price** **Prix unitaire**	**Unit of Issue** **Unité de dotation**	**Quantity Deficient** **Quantité manquante**	**Extended Price Deficient** **Prix total des articles manquants**	**Quantity Surplus** **Quantité excédentaire**	**Extended Price Surplus** **Prix total des articles excédentaires**
					TOTAL		**TOTAL**	

1. ORIGINATOR(DA HOLDER) / ORIGINATEUR (DETENTEUR DU COMPTE):
I certify that all efforts have been made to locate listed items which cannot be located or found surplus/Je certifie que tous les efforts ont été faits pour retrouver les items inscrits et qu`ils nont pas été localisés ou ils sont surplus. (Attach supporting documentation/ Inclus la documentation de soutien)

_____ _____
Signature of DA HOLDER/ **Date**
Signature du DETENTEUR DE COMPTE

2. INITIAL APPROVING AUTHORITY/ AUTORITÉ APPROBATRICE
í **Approved - Approuvé**
í **Recommended, submit to Higher Authority/Recommandée, envoyer à l'autorité supérieure**

_____ _____
Signature Unit CO / Signature Cmdt Unité **Date**

3. G4 MED EQPT
This section is responsible to managing accounts to proceed with the adjustments transactions/ Ce department est responsable de la gestion des comptes et de procéder aux transactions d' ajustements nécessaires.

_____ _____
Signature / Signature **Date**

4. HIGHER APPROVING AUTHORITY (WHEN REQUIRED)
AUTORITÉ APPROBATRICE SUPÉRIEURE (SI NÉCESSAIRE)
í **Approved - Approuvé**

_____
Signature / Signature **Date :**

5. LOCAL COMPTROLLER
Copy to Comptroller for inclusion in Adjustment Register
Copie au contrôleur pour inscription au registre des ajustement
"Certified that calculations are correct and totals posted to Adjustment Register"
"J'atteste que les calculs sont exacts et que les totaux ont été inscrits au registre des ajustement"

Signature _____ _____
Finance Clerk/ **Comptroller/**
Commis comptable **Contrôleur**

Annex C to Part 2, Chapter 1

QUARTERLY REPORT OF WRITE-OFFS

Unit: Quarter ending:

	WRITE-OFF					C
Stock Class	Damaged or destroyed by accident	Stocktaking deficiency	Outdated Materiel	Other Causes	Total of Write-offs	Stocktaking Surpluses
Total for Quarter						

Certified that this report includes all write-offs, surpluses and recoveries for the specified quarter

PART 2 - MEDICAL SUPPLY PROCEDURES FOR IN-GARRISON UNITS

CHAPTER 1 - PRIME VENDORS AND ALTERNATE SERVICE DELIVERY

Alternate Service Delivery

1. Alternate Service Delivery (ASD) means the receipt of services from outside the CF. The CF H Svcs Gp has reorganized the supply and distribution of its pharmaceuticals and medical materiel, shifting the majority of this responsibility away from CMED. CF H Svcs Gp HQ/G4 has established Prime Vendor National Individual Standing Offers (NISOs) with suppliers of medical/surgical consumable materiel and pharmaceuticals. Each Prime Vendor (PV) supplies and distributes products from a wide range of manufacturers, enabling units to order all necessary materiel from one supplier in most cases. Each PV has been contracted to provide items to all medical units on a JIT basis, meaning that most orders will be received within 72 hours and are often received the following working day.

2. Essentially, using PVs ensures that the cost of pharmaceuticals and medical supplies remains at the prices identified in existing Standing Offer Agreements (SOAs), generally far below regular wholesale and civilian retail prices. In addition, with the availability of JIT delivery, units no longer need to stock large quantities of materiel to meet routine demands.

Standing Offer Agreements

3. Standing Offer Agreements (SOAs) are one method of supply used by Public Works and Government Services Canada (PWGSC) to provide customers with direct access to sources of supply for goods and services at pre-arranged prices and delivery conditions for specific periods of time on an as required basis. An SOA is not a contract because funds are not committed until requisitions (call-ups) are raised against the standing offer. (As noted in Chap 2, para 2b, a call-up is a contract.)

National Individual Standing Offers (NISO)

4. Arrangements that are national in scope and usable by only one customer department. These are placed at the national level by PWGSC upon receipt of specific requisition from the customer department.

Regional Individual Standing Offer (RISO)

5. Arrangements that are regional in scope and usable by only one customer department. These are placed at the regional level by PWGSC Field Supply Offices upon receipt of a specific requisition from a customer department.

National Master Standing Offer (NMSO)

6. Arrangements that are national in scope and usable by a number of customer departments. These are initiated and renewed by PWGSC without the necessity of requisitions from customer departments; and

Regional Master Standing Offer (RMSO)

7. Arrangements that are regional in scope and usable by a number of customer departments normally resident within PWGSC Field Supply Office area. These are initiated and renewed by PWGSC Field Supply Offices without the necessity of requisitions from customer

departments.

Federal/Provincial/Territorial Committee on Group Purchasing of Drugs and Vaccines (FPT)

8. The FPT is a continuing program for the combined purchase of drugs and vaccines, with voluntary participation. The Chairperson is the representative from PWGSC, and there are representatives from all provinces and territories, as well as federal representation from Health Canada, DND, Correctional Services Canada, and the Health Care Coordination Initiative.

9. Meetings are held once yearly. The function of the Committee is to determine items to be purchased, suppliers to be solicited, the type of procurement to be used, and the time frame for procurement for the upcoming year. The Committee also discusses any pertinent issues that may affect pricing and supply.

10. Being a member of this committee obligates DND to purchase the specific drug and vaccine brands agreed upon by the FPT, because usage data provided by DND and other participants was considered in the various suppliers' price offers. See Chap 9, para 5, for additional information regarding placing drug orders.

Using Prime Vendors

11. Electronic catalogues that contain DND pricing and display all items available to DND are provided by the PVs. In addition to using the conventional methods indicated in Chap 3 to place orders, medical units have the capability to use an electronic data interface (EDI) or a web-based system for ordering both pharmaceuticals and medical supplies from the PVs.

12. Although CMED is no longer the main supplier of medical materiel to in-garrison CF units, it continues to provide pharmaceuticals and other medical materiel that cannot be provided by a PV, such as kits and other unique military items. In addition, CMED provides medical materiel support to operations.

13. All units shall use the PVs in lieu of local procurement for medical items and CF H Svcs Gp HQ/G4 must approve exceptions in advance. As agreements will be renewed at varying intervals, additional information regarding SOAs, PV contracts, and ASD can be obtained from G4 Med Mat Mgt. Current procedures for ordering from the PVs can be found at Chap 9.

CHAPTER 2 - PROCUREMENT

1. This chapter outlines procedures for procurement of medical materiel and services that have been designated for local procurement. DAOD 3004-0, Contracting; DAOD 3004-1, Procedural Overview – Contracting; DAOD 3004-2 Service Contracts; and A-LM-007-014/AG-001, volume 3, chapter 4, Procurement, should be read in conjunction with this chapter. The following source references are also applicable:

a. Treasury Board Contracting Manual;

b. Delegation of Authorities for Financial Administration for the Department of National Defence and the Canadian Forces, A-FN-100-002/AG-006;

c. Government Security Policy;

d. National Defence Security Policy; and

e. Statement of Defence Ethics

Definitions

2. In this chapter, the following definitions apply:

a. **Acquisition** The process consisting of quantification, procurement and distribution by means of which a system requirement is satisfied. Acquisition in this sense includes contract definition, development, test and evaluation, procurement, production and installation.

b. **Call-up Against a Standing Offer Agreement** A purchase agreement which enables one or more customer departments to "call-up" directly, on an "as and when required" basis, from the contractor or his designated distributors, specified supplies, services, etc., at a pre-determined price. A "call-up" forms a contract.

c. **Capital Procurement** Procurement against that portion of the Defence Services Program (DSP) containing approved capital projects judged to be affordable. The four components of the Capital Program are the following: Capital Equipment, Capital Construction, Miscellaneous Requirements, and Other Capital.

d. **Competitive Contract** A contract where the process used for the solicitation of bids enhances access, competition and fairness and assures that a reasonable and representative number of suppliers are given an opportunity to bid through the use of either electronic or traditional bidding procedures.

e. **Contract** A contract is a written or oral legally binding agreement. For example, an agreement between a contracting authority and a person to provide goods, perform a service, construct a work, or to lease real property.

f. **Contracting Officer** A Contracting Officer (also known as the contracting authority as per DAOD 3004-1) is an individual who has been delegated signing authority under Section 32 of the FAA. Before entering into contracts, a Contracting Officer must have written authorization to do so from the RC Manager.

g. **Contract splitting or split purchase** Contract splitting is the division of a requirement into two or more orders. This practice is prohibited. It does not provide industry with an accurate description of the total requirement, can result in loss of discounts applicable to large quantity purchases, circumvents financial limitations on contract signing authority, and frequently avoids the competition process. A purchase is considered split even if the procurement documents are not consecutive and the dates of issue are different for a single identified need. For example, if annual usage date indicates that the unit will need 600 knee braces for this year, and the RC Administrator decides to purchase 50 braces per month for 12 months instead of purchasing 600 at once, the purchase would be considered split. However, if normal usage indicates that 50 braces would be sufficient for the year and these are purchased, then after a few months it is clear that more will be required due to increased usage, an additional purchase would not be considered contract splitting.

h. **Direct Delivery** The delivery of materiel to the point of use or consumption direct from a contractor.

i. **Estimated Expenditure** This funding amount includes not only the total estimated payments to the supplier, but may also include some additional charges such as sales tax, customs duties and transportation costs.

j. **Local Procurement** The process of obtaining materiel supplies or services without prearranged contract or agreement.

k. **No Substitute** The only item of supply considered suitable and acceptable for the end use, notwithstanding the availability of equivalents.

l. **Operations and Maintenance Procurement (O&M)** Procurement against that portion of the DSP that provides funds for the materiel and services necessary for day-to-day maintenance of the Canadian Forces.

m. **Payment authority** This is the authority delegated by the MND to financial officers under Section 33 of the FAA. This delegation ensures that all payments and all other charges requisitioned against the Consolidated Revenue Fund are timely, properly authorized and legal as prescribed by the Policies on Account Verification and Payment Requisitioning. The persons to whom authority is delegated pursuant to Section 33 are required to ensure that a payment is a lawful charge against an appropriation, does not result in an expenditure in excess of the appropriation, and does not reduce the balance available in the appropriation so that it would be insufficient to meet commitments charged against it.

n. **Payment Officers (Officers/Clerks)** Payment Officers are those incumbents of positions having the authority for exercising payment authority for non-pay (other operating costs) expenditures under Section 33 of the FAA.

o. **Procurement through PWGSC** Obtaining materiel or services by requisition on a Public Works and Government Services Canada (PWGSC) Contract Demand, or by call-up against a Standing Offer Agreement.

p. **Procurement "direct from trade"** Purchasing materiel or services direct from a supplier using Government of Canada Purchase Order (GC 111-1), or Acquisition Card;

q. **Purchase Order** A purchase order is a purchaser's written offer to a potential supplier formally stating all terms and conditions of the proposed transaction.

r. **Responsibility Centre (RC) Administrators** RC Administrators are those incumbents of positions having the written authority from the RC Manager to perform some or all of the administrative functions on his/her behalf.

s. **Responsibility Centre (RC) Manager** An RC Manager is the incumbent of a position that is allocated a budget and who has spending authority under the Financial Administration Act (FAA) for this budget.

t. **Spending Authority** Spending Authority consists of the following elements:

(1) expenditure initiation authority is the ability to make decisions to obtain goods or services that will result in the eventual expenditure of public funds.

(2) commitment authority is the authority to confirm the availability of funds before a contractual arrangement is entered into to meet the requirements of section 32 of the FAA.

(3) authority to contract is the authority delegated by the MND, to persons occupying specific DND/CF positions or fulfilling specific organizational functions, to enter into and sign contractual documents on behalf of the Department (RC Managers and their delegated subordinates). In addition to the restrictions imposed by the Government Contracts Regulations and the TB Contracts Directive, this authority is also subject to departmental policies and procedures as contained in the Departmental Administrative Orders and Directives (DAOD) related to contracting (series 3004); and

(4) authority to confirm contract performance and price is the authority delegated by the MND to appropriate officers under Section 34 of the FAA. This delegation allows RC Managers and/or their delegated subordinates to certify that goods have been received, work or services

rendered and that the payment requested is according to the arrangements of the contract or is reasonable. This is a prerequisite to requisitioning payments. Refer to the Financial Administration Manual (FAM) 1016-3, Account Verification – FAA Section 34.

u. **Standing Offer Agreement** A method of supply used by PWGSC to provide customers with direct access to sources of supply for goods and services at pre-arranged prices and delivery conditions for specific periods of time on an as required basis. A standing offer agreement (SOA) is not a contract because funds are not committed until requisitions (call-ups) are raised against the standing offer. (As noted in para b above, a call-up is a contract.) The four types of SOA are defined in Chap 1, para 3.

Limitations

3. The Minister of PWGSC is responsible for procurement of goods and services for all government departments and agencies, but has delegated limited procurement authority to the Minister of National Defence. This authority can only be exercised in the specific circumstances agreed to by the Ministers and set out in the delegation documents.

4. The Departmental limit for local procurement is $5,000 per transaction. This limit may be reduced by local authorities as required. The limit for call-ups against SOAs is generally set at $40,000 per call-up, unless otherwise specified on the SOA.

General Conditions

5. A single purchase shall not be split in order to evade the maximum limits described in para 4 above.

6. The transportation charges resulting from the local procurement of materiel are to be considered as part of the overall cost of the materiel, but are **not** charged to the resource code under which the materiel is identified. There is a separate general ledger (GL) number for these charges.

7. DND pays the Goods and Services Tax (GST) on purchases. This was prompted by the government's desire to minimize the administrative burden on suppliers, and to be consistent with the overall strategy for the GST. A non-budgetary working capital advance account has been set up for DND called the GST Refundable Advance Account (RAA). GST paid must be identified separately on payment requisitioning forms and charged to the financial code specified for the RAA. Further clarification can be obtained by contacting G4 Finance.

8. Federal-Provincial reciprocal taxation agreements have been established which preclude DND from paying any retail sales tax levied by a province. If an item being procured is normally subjected to a provincial sales tax, then the following statement should be placed on the procurement document:

"Certified that this purchase is for the sole use of the Department of National Defence

and is exempt provincial sales tax under licence number _____in accordance with federal/provincial agreement."

Annex A lists the various licence numbers and the conditions under which they apply.

Local Procurement Direct From Trade

9. RC Managers have a responsibility to monitor the actions of other members of their unit in the accomplishment of their functions. As funds are expended, the RC Manager must review the purchasing practices, track the expenditures to ensure sound budgeting practice, account for the items, and manage the financial account.

10. The RC Manager must first ensure that only authorised personnel carry out contracting functions. The unit CO will formally authorise individuals with Contracting Authority, as described in DAOD 3004-0.

11. Policy, conditions, and financial authorities governing local procurement through PWGSC or direct from trade are contained in DAOD 3004-0, Contracting; DAOD 3004-1, Procedural Overview – Contracting; DAOD 3004-2, Service Contracts; and A-FN-100-102/AG-006. Subject to the financial limitations outlined in A-FN-100-102/AG-006, (an excerpt from this document, detailing general authorities for RC Managers and Administrators, can be found at Annex V) procurement direct from trade may only be used if at least one of the following conditions applies:

a. the materiel or service cannot be procured through a Standing Offer and the value of the materiel or service is $5000 or less per transaction (normal low dollar purchases);

b. the time required to obtain the materiel or service through other means would jeopardize operations or involve the safety of personnel (emergency purchases, see Treasury Board Contracting Policy, paras 10.2.2 and 11.2.9, and Treasury Board Contracts Directive, Part III);

c. the remoteness of the user or the nature of the materiel or service is such that it is clearly impractical or uneconomical to procure through PWGSC; or

d. authorization to procure direct from trade has been given by CF H Svcs Gp HQ/G4.

12. Individuals authorized to procure direct from trade must ensure that they are aware of the restrictions on the purchase of controlled goods under Controlled Technology Access and Transfer (CTAT). Further information can be found on the CTAT website.

13. The contracting authority is responsible to review the request with the originator and determine exactly what is required. Contracting for goods and/or services is a complex process involving several steps, each designed to ensure the correct goods and/or services have been acquired at the best overall value to the Department and within the legal framework. Where the

total value of a contract, including amendments, is above local contracting authority, CF H Svcs Gp HQ/G4 must be contacted to assist in the process.

14. The first step is to confirm there are sufficient funds available to obtain the item or service. If necessary, funds must be obtained by re-allocation from within the existing budget or through additional resources from the appropriate chain of command before proceeding.

15. Next, based on the dollar amount involved, up to three vendors as sources of supply must normally be identified and price quotations must be requested from each vendor, as detailed in A-LM-007-014/AG-001, vol 3, chap 4, article 3-455:

a. under $999.99, no quotes are needed;

b. from $1000.00 up to and including $2499.99, two quotes are required; and

c. from $2500.00 to $5000.00, three quotes are required.

When quotes are required, an audit trail of communications must be kept.

16. A sample Request for Quotations (RFQ) form can be found at Annex B. Following the submission of an RFQ to vendors, the contracting authority will conduct an assessment based on the replies obtained from each respective vendor. This consists of an evaluation of product availability, price, technical merit, service, warranty, compatibility with existing assets, etc, to determine the best overall value to the Department as determined by set criteria. All financial transactions must meet standards set by DND, Treasury Board and the Financial Administration Act (FAA) governing the use of public funds. As such, decisions must be fair and impartial and be able to withstand public scrutiny.

17. Finally, the contracting authority will choose the vendor based on selection criteria such as those listed above and award a contract by placing an order with the applicable vendor. When the order is placed, whether in writing, by phone or through acquisition card, the expenditure of funds is authorised under FAA Section 32.

18. As funds are committed, the RC Manager will amend the financial management account to reflect the amount of the purchase. Upon receipt of the item or completion of services, the RC Manager will be advised by the contracting authority in order to confirm contract performance.

19. All materiel, whether purchased directly by user units or obtained through CMED, is public property and as such, must be accounted for until either expended or declared surplus to requirements. The degree of accountability varies according to the nature of each item.

20. Once the invoice has been received as a result of the goods being delivered, RC Managers will be responsible to confirm contract performance under FAA Section 34 and process the invoice for payment.

Acquisition (Credit) Cards

21. Acquisition cards may be used for the purchase of medical materiel that would otherwise have been procured using petty cash and local purchase and to reduce the paperwork associated with performing low dollar and low risk purchases. They shall not be used as a replacement for purchases that would normally be made from a Standing Offer Agreement, or using a Government of Canada Purchase Order. DND units are restricted to a limit of $5000 per transaction for purchase from Trade, consistent with their delegated contracting authority. Individual cardholders' limits may be less. The use of acquisition cards over the Internet is forbidden due to security concerns. To obtain an acquisition card, units must contact their supporting Comptroller. Policies concerning the use of acquisition cards are found in FAM 1016-7-1, Use of Acquisition Cards.

22. Although the acquisition card system is administered through the supporting Comptroller, policies and restrictions pertaining to the use of cards for procurement are prescribed nationally. The RC Manager is directly responsible to ensure proper use of acquisition cards within the unit, IAW DND policy.

23. When the card is received, the local (Base/Wing) co-ordinator will issue it to the applicant IAW FAM 1016-7-1, which includes the requirement for the applicant to read responsibilities of cardholder, sign an Employee Acknowledgement of Responsibility and Obligations Form**,** sign a register as having received the card, and finally, sign the acquisition card.

Contracting Authority *versus* Acquisition Card Limit

24. Cardholders must understand the difference between delegated contracting authority limit and the monthly credit limit applied to acquisition cards. Delegated contracting authority limit is the maximum value for any single order placed with a supplier. The monthly credit limit is the authorised total value of all contracts placed when using the acquisition card throughout the month. For example, the delegated contracting authority could be $5,000, while the monthly acquisition card limit may be $10,000. The individual could therefore process several contracts under the $5,000 individual order limit before the acquisition card credit limit of $10,000 is reached.

Cardholder *versus* Contracting Authority

25. Possession of an acquisition card does not necessarily mean the holder possesses Contracting Authority. Cardholders do not need to be delegated contracting authority in all situations to utilise an acquisition card. However, purchases made by the cardholder must be authorised by an individual who possesses contracting authority (e.g. RC Manager).
In other words, obtaining goods or services through the use of an acquisition card could be conducted two ways. The first would be to obtain the required quotations, assess the quotations and award the contract to the successful bidder. This is known as exercising contracting authority. In order to exercise contracting authority, an individual must be designated as a Contracting Officer or hold delegated contracting authority IAW A-FN-100-002/AG-006. The second would be for someone else to simply use a card on the direction of an individual with Contracting Authority. In this latter case, the Contracting Officer or authority must "award the

contract" or decide on exactly what supplier to use and direct the individual to obtain the item or service. Normally, individuals appointed as Contracting Officers are also issued with an acquisition card so that a single person is responsible for both the contracting function and use of the card.

Local Purchase Orders

26. Under normal circumstances, Local Purchase Orders (LPOs) are used for low dollar purchases IAW para 11a, when an acquisition card cannot be used. This normal low dollar limitation may be exceeded for emergency purchases IAW para 11b, subject to the limits established in Annex C.

27. A form similar to the GC 111-1 Government of Canada Purchase Order (Annex D) shall be used for this type of transaction.

Local Procurement Through PWGSC

Standing Offer Agreements

28. SOAs are defined in para 2u. CF H Svcs Gp HQ/G4 shall initiate SOAs with suppliers where requirements substantiate the need. These SOAs will be negotiated by the local office of PWGSC. Units wishing to initiate an SOA shall contact G4 Med Mat Mgt.

29. Copies of all NMSOs and NISOs are available to medical units. The procedure to be followed when requisitioning items from a Standing Offer Agreement is described below:

a. obtain the correct description, package size, and price of the items being ordered from the Standing Offer Agreement;

b. complete form DSS 942 Call-Up Against a Standing Offer (Annex E). For transactions involving multiple line items, continuation sheets for Standing Offer requisitions are available. Alternatively, a fax order is acceptable containing at least the following information:

(1) call-up number;

(2) date;

(3) SOA number;

(4) Item information: NSN or vendor product number; product description; quantity; and

(5) FAA section 32 Contracting Officer signature with printed name below.

c. attempt to meet the minimum order requirement, if applicable, by consolidating

requisitions for the supplier involved; and

d. distribute form DSS 942 IAW the instructions on the form, and local procedures.

30. The maximum value per transaction for medical materiel or services requisitioned against a standing offer shall be the limit stated on the SOA, or the unit local purchase policy, whichever is less. Should this value be exceeded, units shall contact CF H Svcs Gp HQ/G4.

Requisitions to PWGSC

31. G4 Med Mat Mgt will initiate requisitions to PWGSC that are used for the procurement of medical materiel and services that exceed the limits listed in Annex C and do not meet the conditions described in para 11.

32. Form DSS 9200 Requisition For Goods and Services (Annex F) is used for these transactions.

Specifications

33. A specification is a document intended primarily for use in procurement. It clearly and accurately describes the essential and technical requirements for materiel or services, including the procedures by which it will be determined that the requirements have been met. Specifications for materiel may also contain preservation, packaging, packing and labelling requirements.

34. Where applicable, procurement documents shall contain suitable clauses or details in respect to acceptance or quality assurance of the materiel and services ordered. Normally, specification standards or purchase descriptions will be used to describe the requirement.

Medical Purchase Descriptions (MPD)

35. A medical purchase description is a specification used for purchasing certain types of items in which short lead time, relative cost and supply considerations are factors, and where the quality is very well established. A purchase description may be used for:

a. simple, easily manufactured items;

b. catalogued items, either off-the shelf or current production with slight modifications (such as colour or marking);

c. simple, low-volume items of a non-recurring nature; and

d. limited or single purchases of one-time, off-the-shelf items of known quality.

36. The majority of medical materiel procured IAW this chapter meets accepted standards (i.e. pharmaceuticals with DINs or GP numbers, and medical supplies conforming to standards established by the Standards Council of Canada or the Canadian General Standards Board)

and therefore do not require a MPD.

37. CF H Svcs Gp HQ/G4 will prepare MPSs and MPDs when deemed necessary and will maintain a listing of all active specifications.

38. Whenever a contract demand or requisition is raised quoting a MPD as the specification, a current copy of the specification shall be forwarded to the supplier with the purchase document.

Annex A to Part 2 Chapter 2

FEDERAL-PROVINCIAL RECIPROCAL TAXATION AGREEMENTS

The Contractor shall not invoice or collect any retail sales tax levied by the province in which the goods or services are delivered to federal government departments and agencies under authority of the following provincial sales tax licences:

Newfoundland	32243-0-09
Prince Edward Island	OP-10000-250
Nova Scotia	U84-00-03172-3
New Brunswick	P87-60-01648
Quebec	Q-398-SS-3921-1-P
Ontario	11708174G
Manitoba	390516-0
British Columbia	005521

In Alberta and Saskatchewan, provincial retail sales taxes do not apply to goods or taxable services delivered to the federal government under this contract.

The Contractor is not relieved of any obligation to pay provincial sales taxes on goods or taxable services used or consumed in the performance of this contract.

The above licence numbers are not to be quoted in contract documents for the acquisition of the following:

a. construction or repair of a building or structure;

b. petroleum products subject to provincial fuel taxes;

c. tobacco products;

d. meals and hotel accommodations;

e. broadcast advertising services in Quebec and all advertising in Newfoundland.

REQUEST FOR QUOTATIONS

"Ann B-2-2.xls"

LOCAL PROCUREMENT EXPENDITURE LIMITS

"Ann C-2-2.xls"

GOVERNMENT OF CANADA PURCHASE ORDER

"Ann D-2-2.doc"

CALL-UP AGAINST A STANDING OFFER (DSS 942)

"Ann E-2-2.pdf"

REQUISITION FOR GOODS AND SERVICES (DSS 9200)

"Ann F-2-2.pdf"

CHAPTER 3 - DEMANDS

1. This chapter outlines procedures to be followed by authorized units when demanding medical materiel from within the CF H Svcs Gp Materiel Management System.

Definition

2. A "**demand**" is a request by an organizational element for an item of supply.

Preparation of demands

3. All demands for accountability codes C and D medical materiel which are not authorized for direct order from the Prime Vendors shall be submitted to the supporting medical facility by fax, mail or message. B-class medical materiel requests shall be submitted on the B-class Medical Materiel Request form found at Annex A. Requests for A-class medical equipment are dealt with in Chap 8.

4. The minimum information that must be provided on the demand is as follows:

a. UIC;

b. Unit ;

c. Requisition Number (Voucher number);

d. Signing authority name and signature;

e. Priority (Routine or Urgent);

f. NATO Stock number (NSN) if ordering from a CF source;

g. Description of item(s) ordered;

h. Quantity required;

i. Unit of Issue (UI); and

j. Special instructions (substantiation for Urgent requests and SG items).

5. The voucher form found at Annex A to Part 1, Chap 3 may be reproduced locally and used for regular demands of C- and D-class medical materiel. More than one line item may be listed on each demand, with the exception of Restriction Code N and SG items, which must be demanded separately from other items. (See Annex B to Part 1, Chap 2 for a description of restriction codes).

6. All demands shall be recorded on unit stock records, indicating the voucher number and

quantity.

Routing of demands

7. Medical care facilities shall submit demands as follows:

   a. Routine demands for C- and D-class medical items are sent to the supporting pharmacist for action. For example, a UMS shall normally route demands for consumable items through the Field Ambulance Pharmacist for recommendation and consolidation of demands (see Part 3 for deployed unit procedures);

   b. Demands for B-class medical items are sent to the supporting pharmacist for comments and onward transmission to G4 Med Eqpt through the applicable routing as detailed on the B-Class Materiel Request Form (Annex A).

   c. Demands for Rest Code SG items are sent to the supporting pharmacist with substantiation for the request. The pharmacist shall obtain necessary approval through G4 Med Plans (see Chap 7 for ordering procedures);

   d. Demands for vaccines shall be directed to Director Contracting and Procurement Services (DCPS)/Health Procurement (see Chap 9 for ordering procedures);

   e. Urgent requirements are sent to the supporting pharmacist by telephone, email or fax (except for Rest Code N and G items - refer to CFMO 6-02). A realistic target date shall be included, with adequate substantiation where applicable.

   f. Demands for medical training devices are routed according to the accountability class assigned to them. A- and B-class medical training devices shall be procured following procedures for medical equipment, found in Chap 8. For C- and D-class medical training devices not currently available from the Prime Vendor, the requesting unit shall complete an NIC request form (Annex E to chap 9) and submit it through the appropriate channels to G4 Customer Service, who will seek authorization from Health Services Human Resources (HSHR), the approving authority for medical training.

8. MPP/Base/Wing pharmacists shall review all medical materiel requests. B-class requests shall then be submitted through the MPP/Base/Wing Senior Medical Authority (SMA) to Formation/Area/Division Surgeon (Fmn/Area/Div Surg) for comment and then to G4 Med Eqpt for approval. If local funding is to be used for procurement, requests must include fin code and authority to purchase. Only B-class replacement items supported by a BE Tech work order or preventative maintenance inspection report AND which are to be funded by CF H Svcs Gp HQ/G4 may be forwarded directly from MPP/Base/Wing SMA to G4 Med Eqpt.

9. Demands from non-medical units for accountable medical items listed on MADs (Part 1, Chap 1, para 2) or for medical items recorded on personal clothing documents shall be processed as follows:

a. the unit requesting the materiel will submit a demand to the Base Supply section;

b. the Base Supply section will confirm that the item belongs to the CF H Svcs Gp materiel management system and forward a request to the local medical facility (i.e. Base/Wing Pharmacist) with the following information as a minimum:

(1) UIC

(2) Address;

(3) Requisition Number (Voucher number);

(4) Authorized signing authority name and signature;

(5) Priority (Routine or Urgent);

(6) NATO Stock number (NSN);

(7) Nomenclature;

(8) Quantity required;

(9) Unit of Issue (UOI); and

(10) Special instructions (substantiation for Urgent requests).

c. the pharmacist will confirm entitlement and either fill the demand from stock, or sign the recommended block and forward the demand to CF H Svcs Gp HQ/G4. In all cases, the materiel should be issued to the Base Supply section for subsequent issue to the requesting unit.

Back orders

10. Procedures for advising units of back orders for items that are out of stock or in short supply are detailed in Chap 5, para 5.

Determination of Requirements

11. The key to efficient inventory control is the establishment and maintenance of realistic stock levels related to forecasted requirements.

12. Stock levels shall be established for all items as follows:

a. Maximum Stock Level. The maximum quantity required on hand and "due in" to sustain current operations and meet predictable requirements. This is the level to which stock is replenished when the re-order level is reached;

b. Re-Order Level. The level of stock at which an item is considered for replenishment. It shall be sufficient to meet the forecasted demand during the replenishment lead time; and

c. Minimum Stock Level. The level below which stocks should not normally fall.

Guidelines

13. General guidelines for determining unit requirements are as follows:

a. Accountability Code A Items. Submissions for A-class items shall normally be made on the unit's Major Medical Equipment Program (MMEP) forecasts. These forecasts shall be submitted annually on request from G4 Med Eqpt. Instructions for the preparation and submission of these forecasts are detailed in Chap 8. Submissions for A-class items will not be accepted at any other time unless it can be demonstrated that the items involved are urgently required owing to unforeseen circumstances beyond user unit control;

b. Accountability Code B Items. Unit entitlement for B-class items shall be governed by Scales of Issue, e.g. Canadian Field Force Equipment Tables (CFFETs), Canadian Forces Scales and Materiel Authorization Check Lists.

(1) Demands for items within unit entitlement shall refer to the appropriate scale or checklist and shall specify entitlement, present holdings and quantity requested.

(2) All demands for B-class items shall be accompanied by a B-Class Medical Materiel Request form, found at Annex AA.

(3) Demands for related B-class items with a combined value of $2,000.00 or more shall be submitted under the annual MMEP IAW Chap 8.

c. Accountability Code C and D Items. Requirements for C- and D-class items shall be carefully assessed and quantities maintained commensurate with the need at each facility. Just-in-time (JIT) delivery, available from most suppliers, generally removes the need to maintain large quantities. In most cases, items will be received the day following placement of an order. There will occasionally be abnormal or special requirements that cannot be justified on the basis of previous issue experience alone. Such requirements shall be supported by a brief explanation typed in the "special instructions" block of the demand, or be the subject of a covering letter. The following factors should be considered when calculating requirements:

(1) present stock balance;

(2) "due in" from previous demands;

(3) nature of the item, e.g. materiel subject to deterioration or with a short potency period;

(4) seasonal fluctuations in demand;

(5) abnormal or special requirements;

(6) storage space limitations; and

(7) normal supply lead-time.

d. Rest Code SG Items. These items are only issued on CF H Svcs Gp HQ/D H Svcs Ops authority. Details for demanding unlicensed drugs/biologics and other SG items may be found in Chap 7.

Annex A to Part 2, Chapter 3

B-CLASS MEDICAL MATERIEL REQUEST FORM

"Ann A-2-3.doc"

CHAPTER 4 - RECEIPTS

Initial Inspection

1. Upon receipt of medical shipments the consignee shall carry out the following tasks, as applicable:

   a. check the packing slip to ensure the shipment is consigned to them;

   b. physically inspect all containers for evidence of damage or pilferage;

   c. verify that the correct number of containers has been received;

   d. sign the carrier's waybill if everything is in order;

   e. sign the form DND 690 Consignment Authorization and Receipt Form (CARF) (7530-21-898-1938) and DND 750, Waybill/Straight Bill of Lading (WSBL) (7530-21-898-1942); and

   f. ensure that accountability code A and B equipment is checked by a Biomedical Electronics technician (BE Tech).

   g. where applicable, verify temperature probe readings and return temperature probe as directed.

Damage or Loss in Transit

2. Damage or loss detected during inspection of incoming shipments shall be reported in accordance with (IAW) Chap 10.

Verification of Quantity

3. As soon as practical, each shipment shall be unpacked. The consignee shall:

   a. ensure the item and quantity received agrees with the item and quantity shown on the packing note, and purchase order or contract; and

   b. ensure that expiration dates are satisfactory.

4. Shipments containing psychoactive substances (Rest Code N, G, SG) shall be inspected and signed for by an authorized officer as designated in CFMO 6-02.

Stock Labelling

5. Before placing receipts in stock, the consignee shall ensure that each item subject to deterioration has an expiry date. If such an item has no expiry date assigned, the manufacturer should be contacted for a recommended shelf life. If such information is not available from the

manufacturer, the item should be assessed for integrity at least every two years.

6. Care shall be taken to avoid covering the manufacturer's trade name, lot number and expiry date.

Voucher Processing

7. After verification of quantity, stock quantities shall be adjusted accordingly.

8. If an incoming shipment has no receipt voucher, a locally produced receipt voucher shall be raised to comply with Part 1, Chap 3.

Discrepancies

9. When a discrepancy is found in a shipment, an immediate investigation shall be conducted by the consignee, and the consignor shall be advised by fax, message or telephone of the particulars of the discrepancy including stock numbers, quantities involved, container numbers, etc.

10. Price discrepancies from the two Prime Vendors must be addressed via the appropriate discrepancy form, Annex A for medical supplies and Annex B for pharmaceuticals. Distribution directions are printed on the forms.

11. Chap 10 provides further guidance for the processing of discrepancies.

Direct Delivery (DD) from Contractor/Supplier

12. Because of contracts with Prime Vendors for accountability codes C and D medical supplies, materiel will often be received by a unit from sources outside the CF. This may also occur when items, such as major medical equipment, are ordered for a unit by CF H Svcs Gp HQ/G4.

A & B class items

13. For Acc codes A and B medical materiel delivered directly from a contractor to a unit, G4 Med Eqpt/Asset Management shall notify the Distribution Account (DA) Holder of an incoming DD. If a Repair Section is on-site, the notification goes through the BE Techs;

14. Upon receipt of the item(s), the DA Holder shall immediately notify DCPS/Health Procurement and forward copies of the shipping documents via mail or fax. This procedure is necessary to complete the Receipt Voucher (RV) action.

15. The DA Holder of the receiving unit shall notify G4 Med Eqpt/Asset Management immediately upon receipt of the Acc code A or B materiel with the make, model, and serial number of the item(s). The Asset Manager will generate an Asset Number and forward this to the DA Holder to be attached to the item.

C & D class items

16. For Acc codes C and D medical materiel delivered directly from a contractor to a unit, the procedure shall be as described in paras 1 to 4 above, as applicable.

Special Receipts Procedure

Refrigerated and Freezer Items

17. All items requiring cold storage shall be checked to ensure that the cold chain was maintained at all times while in transit (most companies use temperature monitoring devices) and processed immediately upon receipt and placed in refrigeration. Frozen items are to be checked and placed in a freezer.

Flammable items, Medicinal Gases and Corrosives

18. All items in these categories must be segregated and stored in a flammable stores building of an approved design.

Psychoactive Substances

19. Psychoactive substances (narcotic and controlled drugs) must be stored in a secure area IAW CFMO 6-02.

Equipment for Repair

20. Chap 11 outlines procedures to be followed when processing the receipt of medical materiel for repair.

Annex A to Part 2 Chapter 4

FINANCIAL DISCREPANCY FORM - MEDICAL MATERIEL PRIME VENDOR ORDERS

"Ann A-2-4.xls"

PRICE DISCREPANCIES - PHARMACEUTICALS

McKesson Canada

Dept. of National Defence / Public Works

Date: _____ Contact Name: _____

Contact Phone #: _____ Contact Fax #: _____

Pharmacy Name:_____
Account Number: _____ Province: _____

Invoice #: _____ Item #: _____ Quantity: _____

Manufacturer: _____

Amount Charged: _____ Should Be: _____

Customer PO #: _____

Send to Niki Muhle in Edmonton by fax at (800) 830-6436 or by email at niki.muhle@mckesson.ca.

Comments or Additional Information:
_____
_____
_____
_____
_____
_____

Confirm Fax: yes _____ Confirm Date: _____

CHAPTER 5 - ISSUES

1. This chapter details the basic procedures to be followed by all medical units for issue of materiel.

Definition

2. An "**issue**" is defined as the release of materiel pursuant to a properly authorized demand or instruction.

Basic Issue Procedures

Action on Receipt of Demand

3. Issues of medical materiel pursuant to a unit demand shall be processed as follows:

   a. upon receipt, demands shall be dated;

   b. requested items shall be selected from stock, with lot numbers and expiry dates noted on the issue voucher;

   c. items shall be packed in suitable containers for shipping;

4. An issue voucher shall be used to support the transaction, with copies as follows:

   a. retain one copy to support the issue or for accounting procedures, such as psychoactive substance reports or distribution account updates, if applicable, and

   b. enclose one copy in shipment as a packing note and record of receipt for consignee.

Back Orders

5. A back order shall be created as follows by the issuing unit when stocks are insufficient to fill a demand:

   a. where the total demand is back ordered and further delay is anticipated, the issuing unit shall annotate the demand voucher with the term "Back Order" and return a copy of it to the demanding unit as notification;

   b. when a demand is partially filled, the outstanding quantity shall be noted on the demand voucher and a copy shall be sent to the demanding unit; and

   c. when Rest Code N and G items are back ordered, the issuing unit shall annotate all paperwork with the actual amount available for issue, and shall notify the

consignee by message or telephone that the demand is being amended to reflect the quantity available for issue. No backorders shall be created for N and G items. Requesting unit shall reorder as required.

Completion of Issue Vouchers

6. Routine issues shall be supported by an issue voucher. The original demand voucher may be used, with annotations as required. The issue voucher shall include the following information, as a minimum:

a. Unit Identification Code (UIC) of issuing unit;

b. the date upon which the item is issued;

c. the NSN, when military materiel is issued;

d. the basic item name;

e. the unit of issue;

f. the quantity issued by the issuing unit;

g. the quantity to follow if stock is on back order;

i. issue approval, with the date and signature of the designated approving authority;

j. initials of the individual who packaged the items selected from the inventory;

7. When an issuing unit is required to create an issue voucher on behalf of a unit (e.g. for verbal orders) a modification of the demand process must be used.

Transfer Between Units

Accountability Code A and B Items

8. Acc code A items may be transferred between units on approval of G4 Med Eqpt; Acc code B items, on approval of G4 Med Eqpt Asset Manager. All requests shall be sent to the approving authority via email, noting asset number of item to be transferred, reason for transfer, origin and proposed destination of item, and dates involved.

Accountability Code C and D Items

9. These items may be issued or transferred between units under local arrangements. The receiving unit shall create a demand for the item IAW Chap 3.

Special Issues

Issues to Cadet Camps

10. As directed by D H Svcs Ops, the Regional Medical Liaison Officer (RMLO) will indicate camp requirements to the supporting pharmacist, clarification being sought where required. All items ordered must be IAW the Scale of Issue – Cadet Summer Training Camp (Annex A). The supporting pharmacy will place the orders with the Prime Vendors, indicating

a. name of the Cadet Camp OPI;

b. UIC;

c. phone number;

d. delivery address; and

e. delivery date.

Prescription and OTC Medication and General Medical Materiel

11. The Prime Vendors may deliver directly to the camp if a full postal address and building location are provided, but will generally deliver medical supplies to the supporting pharmacy. Delivery to the camp or pick-up by the camp staff shall be coordinated through the supporting pharmacist, who will be responsible for ensuring that the requirements of Sect 34 of the FAA are followed.

12. Prescription items will only be supplied to cadet camps with a physician. A physician may request items not indicated in the Scale of Issue. These items will be issued directly to the physician as an emergency supply, and are to remain under the care and custody of the physician.

13 Resupply orders should be sent to the supporting pharmacy. Items such as stethoscopes, otoscopes, glucometers, etc., and all A- and B-class items, shall be issued by the supporting pharmacy on loan cards or by other comparable means that allow for signature of the OPI and easy retrieval and audit of the information. These items, as well as all dated items and any consumable items that cannot be adequately secured at the camp, shall be returned to the supporting pharmacy at the end of the summer.

Filling Cadet Prescriptions

14. Cadets are requested to bring their own chronic care medications to camp. Prescriptions for acute conditions will be filled on-site in a CF pharmacy, where possible, or in a civilian pharmacy as arranged by the supporting medical facility (see para 15). All CF Benefit List items will be covered. If the medication is not on the Benefit List, the pharmacist shall contact the physician to suggest an alternative. If the physician cannot be reached, or if the physician does not agree to prescribe a listed alternative, the pharmacist shall exercise professional judgment

and document the action taken on the cadet prescription file.

15. The supporting pharmacist shall arrange for a community pharmacy to provide services when there is no CF pharmacy within 25 km, as well as for evening and weekend emergencies. The supporting pharmacist will coordinate this service with the camp OPI prior to the start of cadet camp. Whenever possible, arrangements will be made to allow the cadet to present the prescription to the community pharmacy, with the bill forwarded to the support pharmacy for payment. If the community pharmacy requires payment at time of service, the OPI must be informed. Accounts from community pharmacies should be submitted promptly for reimbursement.

16. The supporting pharmacist shall provide the community pharmacy with a copy of the CF Benefit List and shall ask that they dispense within its bounds when possible. This may result in some non-benefit items being dispensed; this is acceptable for emergency coverage.

17. In provinces where cadets may be completely covered IAW a private drug plan (e.g. patients with Quebec drug plan, and aboriginals) the Medicare card is to be used for filling prescriptions off-site, where possible.

Finances

18. Only summer training taking place at regional cadet training centres will be supported by local bases. During summer cadet camps, all regular medical supplies are to be charged to the supporting pharmacy, quoting Cadet Internal Order 1706561. When the summer camps are not in operation, all supplies requested shall be paid for by the Cadet organization, using financial coding assigned to them.

Narcotics

19. Narcotics must be ordered from the supporting pharmacy separately. Any narcotics provided shall be considered an emergency supply, under the direct control and supervision of the physician, who will take all appropriate steps to ensure the custody and control of these items.

20. The physician shall create and maintain a Controlled Substance Register (see Annex B) for all narcotics, controlled and targeted substances, and verbal narcotics. Every prescription dispensed for narcotics and/or controlled substances will be recorded as an issue in the Inventory, noting

a. the date when the prescription was filled;

b. the prescription number (allotted as a separate series from regular prescription drugs);

c. the patient’s name;

d. the drug name, unit strength, form and quantity issued;

e. the practitioner's name;

f. the signature of the person dispensing the item.

21. The prescription shall also be recorded in the Narcotic and Controlled Drug File or in a computer system from which a report may be readily obtained on request. Issues are to be recorded immediately, or as soon as practicable. The supporting pharmacist shall ensure that the physician is aware of the requirement to maintain these records. A copy of the above information, where it pertains to a CF member, will be recorded on the pharmacy record for information only.

Issues to Dental Units

22. The dental supply function is the responsibility of CFSSU; however, a number of the CF H Svcs Gp-controlled items will continue to be issued directly to dental units. The following guidelines apply:

a. all issues of consumable medical materiel to in-garrison dental units shall be cost recovered by the medical units issuing the materiel;

b. medical facilities will continue to fill prescriptions written by a Dental Officer and related to the practice of dentistry;

First Aid Kits

23. Original Issue. Original supply of first aid kits (FAKs) to a building or vehicle shall be charged to the requesting unit's fin code, as part of the unit's checklist or requirement list.

24. Replacement. To justify the replacement of a kit, the broken or unserviceable kit should be returned to the supporting medical facility for exchange. For lost kits, an investigation into the loss should be conducted prior to issue of a replacement kits. (see Chap 10 for details on investigations into losses).

25. Replenishment. Replenishment of FAKs shall be completed at no cost to the requesting unit, if items from the kit were used in medical treatment of unit personnel. To monitor usage, all treatments should be documented on the treatment register included in the FAK. FAK contents should not be used for training purposes or other non-medical reasons.

Custom Orthopaedic Supplies and Assistive Devices

26. Directions for purchasing orthotics, prosthetics, or other assistive devices can be found in CF H Svcs policy and guidance document 4090-20.

Issue of United Nations Military Observer (UNMO) Medical Supply Kit

27. If required for deployment, the UNMO Medical Supply Kit will be listed on the individual's tasking message under Health Service Support. These CF members will only receive the

UNMO Medical Supply Kit after confirmation of successful completion of the Enhanced First Aid Training and the training related to the Medical Kit contents. In most cases, the UNMO Medical Supply Kit will be sent automatically to the supporting pharmacy, as directed by NDHQ /COS 3/J3 International Ops and coordinated through G4 Medical Operations/Plans-2 (Med Plans/Ops). Advance notification will be sent to supporting pharmacists. Kits will be issued from CMED to the supporting pharmacy, for issue to the individual a few days prior to deployment. A temporary loan card shall be completed and signed by the individual receiving the kit. If a member requires a kit and no advance notification has been received from G4 Med Plans/Ops, the supporting pharmacist shall request the kit from G4 Med Plans/Ops, who will confirm the requirement and obtain approval for issue from D H Svcs Ops.

28. Prior to issue of the kit, the responsible MO will brief the CF member regarding the use of the morphine auto-injector, an unlicensed drug, and will have the member sign an acknowledgement form. The pharmacist will prepare proper documentation for the UNMO to carry on deployment. To avoid problems in-theatre or with Customs & Immigration, the following documentation is required:

a. prescriptions for all narcotics and benzodiazepines in the kit;

b. labels for all narcotics and other prescription drugs not in original containers; and

c. a letter, signed by D H Svcs Ops, naming the individual appointed as UNMO and mentioning that this member is carrying narcotics and prescription drugs, and other medical materiel listed in the kit contents, such as needles, for this individual's personal use in treatment of medical conditions only. These items are not for sale or for use on other individuals, except for materiel used in performing first aid as trained.

29. Unless otherwise directed, the UNMO will return the kit to the supporting pharmacy upon return from deployment. Under no circumstances is the pharmacist to issue the UNMO kit to an individual other than the one identified in the G4 Med Plans/Ops instructions. If a CF member who cannot deploy is replaced by another member, G4 Med Plans/Ops will provide amended instructions. CF personnel on the International Standby List are not provided with a kit until they are tasked to a mission that requires the UNMO Medical Supply kit.

Issues to Non-Medical Units for Training

30. From time to time, non-medical units will require consumable medical supplies to conduct training exercises. All demands from non-medical units for medical materiel for training shall be accompanied by the demanding unit's financial coding for cost recovery.

Issues for Non-Medical Use

31. Issue of medical materiel for non-medical use shall not normally be made since less expensive non-medical grades are usually listed in the Canadian Government Catalogue of Materiel (CGCM), and are available through General Supply channels. In cases where the CF H Svcs Gp is the sole manager of an expendable item, issue shall be made when demanding

units quote specific regulations requiring the use of medical grade materiel and provide financial codes for cost recovery by the medical unit issuing the item.

Issues to Medical Officers (MOs)

32. Upon enrolment into the CF, medical officers and medical students are entitled to an initial issue of a Medical Officer's bag – personal kit items that are to be retained by the members throughout their military career. The Medical Officer Personal Items Issue Voucher (Annex C) provides for the issue of these miscellaneous medical items through the supporting medical facility. These medical items shall be supplied and funded by the member's supporting medical facility upon request from a MO (including students enrolled in medical school) and Annex C, once completed, shall be retained with the member's personal medical documents throughout his/her military career as a record of this issue.

Transfer Between Medical Facilities

33. On the posting of a MO who wishes to transfer specialist equipment to the new facility, requests shall be submitted to G4 Med Eqpt for approval and shall include:

a. a list of the items involved, showing make and model, where applicable,

b. availability of similar items at the gaining facility, and

c. requirement for replacement items at the losing facility,

34. Shipping and accounting instructions shall be issued by G4 Med Eqpt to the medical facilities involved following approval for the transfer.

Permanent Issue to Patients

35. Medical equipment may be issued to patients on a permanent basis when ordered by a specialist medical practitioner. In such cases, the equipment shall be issued to the patient using a copy of the specialist's order, which shall be placed in the patient's CF 2034 - Medical Envelope. Upon release of the member, the Medical Officer performing the release medical shall assess the future requirement for the equipment. If still required by the individual, the equipment may be retained following their release from the military; however, DND will no longer provide for the repair or replacement of the equipment. If the equipment is no longer required by the patient, disposal instructions for the equipment shall be sought from the supporting repair facility.

36. Such items, although sometimes quite costly, are considered non-reusable and therefore are not A- or B-class equipment. Procurement of these items is the responsibility of the supporting medical facility. In cases where no SOA exists, purchase may be coordinated by PWGSC, through G4 Med Mat Mgt, to obtain better pricing.

37. If such an item becomes unserviceable and the unit or member is able to present the item to a repair facility, the BE Techs will do what they can to repair it; however, they will not

travel to service personal equipment.

Sales to the United Nations (UN) and Other Organizations

38. Medical equipment and supplies may be sold to the UN, to other federal Departments or other customers outside DND. IAW Supplementary Supply Instructions A-LM-182-001/JS-001, Chap 3, para 309. Specifically, requests for medical supply items will be forwarded by Director Materiel Management and Distribution (DMMD) to CF H Svcs Gp HQ/G4, who will advise Director Disposals, Sales, Artefacts, Loans (DDSAL) on the availability and cost of the materiel. CF H Svcs Gp HQ/G4 will respond to the requirement through DMMD.

Annex A to Part 2 Chapter 5

SCALE OF ISSUE – CADET SUMMER TRAINING CAMPS

"Ann A-2-5.doc"

Annex B to Part 2 Chapter 5

INVENTORY AND DISPENSING REGISTER FOR NARCOTICS AND CONTROLLED SUBSTANCES

Item Name:			**NSN or Item Number:**			**Unit of Issue:**	
DATE	**VOUCHER or Rx #**	**RECEIPTS**	**ISSUES**	**BALANCE**	**PATIENT (when applicable)**	**PRACTITIONER NAME**	**DISPENSER SIGNATURE**

Note: When taking over responsibility for the narcotics and controlled substances, a stock count shall be conducted by the incoming pharmacist/SMA. Any discrepancies should be identified and investigated prior to the changing of responsibility for the drugs.

Directions for Completion of Narcotic and Controlled Substance Register:

1. A separate record shall be used for each item being monitored, showing the drug name, NSN or item number and unit of issue as detailed in the CF Med Cat. All register entries shall be made in ink.

2. Always indicate the date of the transaction and the voucher number or prescription number for the transaction being recorded.

3. Record the amount being used under the correct column – receipt or issue – and subtract that amount from the balance.

4. If the medication is being dispensed to a patient, record the patient's name.

5. The name of the practitioner who prescribed the medication is required, as well as the initials of the dispenser. For receipts, only the signature of the individual receiving the item is required.

6. It is advisable to verify the balance whenever an issue or receipt takes place, to ensure that the record is accurate.

ISSUE VOUCHER – KIT, MEDICAL OFFICER PERSONAL ISSUE

PERSONAL INFORMATION

SN	**Individual's service number.**	
NAME	**Individual's surname followed by initials, both printed in block letters.**	
RANK	**Individual's rank.**	
UNIT	**Individual's unit.**	
CONTACT INFO	**Individual's phone number.**	

ITEM MANAGEMENT INFORMATION

ITEM IDENTIFICATION	**Items are IAW Kit, Medical Officer Personal Issue 6545-20-002-2641.** Mbr to initial each line item in column to right indicating that each line item has been received.	**6545-20-002-2641 includes the fol:** **6515-21-907-7430: tuning forks, set of 3 qty=1** **6515-00-363-8800: scissors, bandage qty=1** **6515-01-469-8665: stethoscope qty = 1** **6515-20-A04-1759: accessory pouch qty = 1** **6515-01-318-3468: sphygmomanometer qty=1** **6515-01-318-3470: hammer reflex testing qty=1** **6515-21-259-2742: oto/ophthalmoscope set qty=1** **issue/return voucher qty=1 (initial not required)**
QTY ISSUED	**Quantity actually issued to mbr. Mbr is entitled to qty=1 kit**	
DESCREPANCIES NOTED	**Individual/supporting medical personnel are to identify any discrepancies or deficiencies in issue of kit contents.**	
DATE ISSUED	**Day/Month/Year item was issued to individual.**	
SUPPORTING MEDICAL FACILITY	**Supporting medical facility effecting the issue of item.**	
CONTACT INFO	**Individual's surname, initials (and rank if applicable) responsible for issue of item at supporting medical facility. Incl phone number.**	
ITEM RECEIVED BY	**Signature of individual who has been issued item.**	

CHAPTER 6 - LOANS

1. Medical equipment may be loaned to individuals under the following circumstances:

   a. when approved by a health care provider and required for the treatment, or during the convalescence, of patients (e.g. wheelchairs, crutches);

   b. when required by Medical Officers, Nursing Officers or Medical Assistants for use within a medical facility (e.g. bandage scissors, stethoscopes); or

   c. when authorized by CF H Svcs Gp HQ/G4 to meet special circumstances (CFAO 36-30).

Loan Records

Accountability Code A and B items

2. Prior approval from G4 Med Eqpt is required to loan Acc code A and B items to another unit. When an Acc code A or B item is loaned to another unit, even for a short period of time, distribution account (DA) records shall be adjusted accordingly, with an estimated return date.

All Accountability Code Items

3. Temporary loans of items in all Acc codes shall be recorded on form DND 638 Temporary Issue To An Individual (7530-21-874-0213). Entries shall be signed by the person receiving the equipment (or the military member in the case of loans to authorized dependants), and the loan card kept on file by the issuing unit. An estimated return date should be included, if possible. As an added measure of control, the individual's Personal Liability and Clearance Certificate (PLCC) should be annotated to ensure the individual clears through the department prior to departure.

4. Loan records shall be reviewed quarterly. Loans that are deemed to be no longer required shall be terminated by having the individual/unit return the equipment to the issuing unit, at which point the loan record may be destroyed. Administrative procedures shall ensure that personnel return all medical equipment on loan when posted, unless the equipment is still required for on-going treatment. In these circumstances, the DND 638 shall be forwarded to the medical facility supporting the member's new unit. DA records shall be adjusted accordingly.

5. When medical equipment on loan to an individual has been lost or damaged, an administrative deduction against that individual shall be initiated, if warranted, IAW CFAO 38-1.

CHAPTER 7 – SURGEON GENERAL RESTRICTED ITEMS

Prior to using this chapter as a guide for action to be taken, please refer to the CF H Svcs Gp policy and guidance document, 4200-01, to ensure that no procedural changes have been made since the last revision of this manual, and to the Regulatory Affairs webpage for the most up-to-date list of SG items.

Background

1. The CF requires the use of certain drugs/biologics/medical devices that are not currently licensed in Canada. These products provide CF personnel with the optimum available protection against and treatment for exposure to biologic and chemical agents, ionizing radiation or diseases not generally encountered in Canada. Several are licensed by the manufacturer in other countries, but are not licensed in Canada due to the limited market. It is not in the financial interest of the manufacturer to expend funds to license a product where little/no profit is anticipated. These unlicensed medical products are procured under the auspices of the HC SAP. Certain other products used by the CF also require an additional level of control. This Policy outlines the accounting, reporting and handling requirements for these SG Restricted Products. Products currently designated as SG restricted are listed at Annexes A and B. These lists will change from time to time to reflect current CF requirements. Up-to-date lists can be found on the Regulatory Affairs webpage (see link at para 58. b.).

2. This policy and guidance document, 4200-01, issued under the authority of the Surgeon General, applies to all military members of the Canadian Forces Health Service and to civilians providing health services for the CF. It supersedes DGHS 020 261333Z Jul 99.

3. Inquiries should be directed to Policy and Liaison Pharmacist, Regulatory Affairs, Director Health Services Operations

Policy Statement

4. The Canadian Forces fields several drugs, biologics, medical devices and kits, which require an additional level of control. These products include unlicensed drugs, biologics, and medical devices, which provide CF personnel with the optimum available protection against, and treatment for exposure to biologic and chemical agents, ionizing radiation or diseases not generally encountered in Canada. In addition, certain other products such as the licensed Diazepam Autoinjector and some kits require additional control because of their nature or value. These products will be designated by D H Svcs Ops as *Surgeon General Restricted Products* and will be subject to specific safeguards and restrictions with respect to their accounting, reporting and handling.

Context

5. This Policy is effective upon receipt. It identifies the obligations of the MO (including civilian physicians, hereafter referred to as “Physician”), PharmO (including civilian pharmacists, hereafter referred to as “Pharmacist”), NO (including civilian nurses, hereafter referred to as “Nurse”), PA, CO and other staff (see CMP Instruction XXX), for the accounting, reporting, and

handling of all SG Restricted Products.

6. In accordance with Canadian Food and Drug Regulations Sect C.08.010, HC has specific reporting and accounting requirements when it authorises access to unlicensed medical products through the HC SAP. Failure to comply fully with these requirements threatens further CF use of operationally essential medical products. HC may deny access to these unlicensed medical products. The *Canadian Food and Drugs Act* Sect 31 states that every person who contravenes any provision of the act or regulations is guilty of an offence and liable to fine and/or imprisonment. The CF and DND and/or professional colleges may also take action for non-compliance with the *Act and Regulations*, and with this Policy (see Refs I and J).

Abbreviation Table

7. The table below explains the abbreviations used in this chapter.

Abbreviation	Title or Term in Full
AE	Adverse Event(s)
AF	Acknowledgement Form(s)
CAMMS	Computer Assisted Materiel Management System
CDS	Chief of Defence Staff
CBRN	Chemical, Biological, Radiological, Nuclear
CF	Canadian Forces
CF DEC	Canadian Forces Drug Exception Center
CF H Svcs Gp HQ	Canadian Forces Health Services Group Headquarters
CFMS	Canadian Forces Medical Service
CFMO	Canadian Forces Medical Order
CMED	Central Medical Equipment Depot
CO	Commanding Officer
DFHP	Director Forces Health Protection
DGHS	Director General Health Services
D H Svcs Ops	Director Health Services Operations
D Med Pol	Director Medical Policy
DOB	Date of Birth
HC	Health Canada
ICWI	Informed Consent and/or Waiver and Indemnification
ICWW	Informed Consent Without Waiver
Med CM	Medical Countermeasures
Med Mat Mgt	Medical Materiel Management
MO	Medical Officer
NO	Nursing Officer
NSN	NATO Stock Number
OPI	Office of Primary Interest
PA	Physician Assistant

PharmO	Pharmacy Officer
PMed	Preventative Medicine Technician
RSDL	Reactive Skin Decontamination Lotion
SAP	Special Access Program
SG	Surgeon General
SIV	Staff Inspection Visit
SN	Service Number
UNMO	United Nations Military Observer

Definitions used in this chapter

Attending Healthcare Professional

8. In this policy, Attending Healthcare Professional will be defined as Physician, Nurse (e.g. Immunization Nurse, Treatment Room Nurse, Ward Nurse, General Duty Nurse, Nurse Practitioner) or PA specifically delegated the responsibility by D H Svcs Ops.

Authority to Possess and Issue

9. In the absence of a Pharmacist or Physician, the authority to possess and issue SG Restricted Products, including controlled substances, is conferred on the CO. The Authority to Possess and Issue form is required to establish the chain of responsibility for medical products, including controlled substances, which leave the medical supply chain without being prescribed.

CF Responsible Physician

10. The CF Responsible Physician is the Medical Officer designated as responsible for unlicensed medical products accessed through SAP. The Responsible Physician provides a report to HC on the results of the use of SG Restricted Products, including any adverse events. The Surgeon General has delegated the duty of CF Responsible Physician to D H Svcs Ops.

Controlled Substance

11. Any narcotic, controlled or targeted substance as defined in *Use of Foreign Medication(s) by CF Physicians on CF Members* (Reference C). The only SG Restricted Products that currently are controlled substances are Diazepam Autoinjectors and Morphine Autoinjectors.

Handling

12. In this Policy, handling of medical products will be defined as their acquisition, storage, issue, administration, use, transport, return, loss, wastage, destruction, and taking over/handing over.

Medical Device

13. Medical Device (as defined in the Food and Drugs Act) covers a wide range of health or medical instruments used in the treatment, mitigation, diagnosis or prevention of a disease or abnormal physical condition, e.g. an oxygen generator.

SG Restricted Products

14. SG Restricted Products are drugs/biologics/medical devices for which an additional level of control is required. They include all unlicensed medical products, some licensed medical products, and kits containing these products.

Unlicensed Medical Products

15. Unlicensed medical products are drugs/biologics/medical devices, which have not been granted market authorization by HC.

Requirements

Accounting, Reporting and Handling

16. Rigorous accounting, reporting and handling of SG Restricted Products is required. CBRN Med CM, which comprise the bulk of the SG Restricted Products, are not only potentially lifesaving, they are expensive, may be difficult to acquire, and have intelligence value. The security measures for the control of SG Restricted Products are the same as the requirements for controlled substances (Ref C), with a few minor exceptions as detailed in para 43. When a product is both SG restricted and a controlled substance, Ref C must be satisfied before consideration is given to this Policy.

17. A Surgeon General Restricted Products Register (Annex C) will be maintained (indefinitely) at all units holding SG Restricted Products. The Register will contain one page per product lot number for active stock and one page per product lot number for quarantined stock, and include entries for all transactions pertaining to that product lot number. All authorization references will be retained in the SG Register. Receipts and stock counts will be entered in red ink and issues will be entered in blue ink. Holdings will be verified monthly and the stock count entered into the Register with signature. Examples are included at Annex C. When a unit/operation is terminated the SG Register will be returned to Regulatory Affairs.

Responsible OPI

18. Within the CF, the ultimate responsibility for SG Restricted Products is held by the Responsible Physician, D H Svcs Ops, as delegated by the Surgeon General. The responsibility at unit level for SG Restricted Products lies with the Pharmacist. If there is no Pharmacist on staff, the responsibility lies with the senior Physician, or, if neither is on staff, responsibility lies with the CO. If responsibility devolves to the senior Physician or CO, the supporting Pharmacist will conduct monthly audits of SG Registers and, as required, annual SIVs. When SG Restricted Products are placed under the responsibility of a CO, a Physician will issue an Authority to Possess and Issue form (Annex D). This form is in lieu of a prescription. This form will state:

a. the name, rank and Unit of the senior CF member being given the responsibility;
b. that the product will only be used in case of medical emergency;
c. the name, quantity, unit strength and form of the product (one product per page);
d. specific directions for use;
e. date; and,
f. authority as per CF H Svcs Gp PG 4200-01

19. On issuing the product(s) the Pharmacist will include a photocopy of the Authority to Possess and Issue form, instructions for use, common side effects and precautions, instruction to record name, rank, SN and date of any recipients and circumstances of any damage or loss. On deployment the Authority to Possess and Issue will be annotated in the mission log. On return, the Authority to Possess and Issue will be returned to the issuing Pharmacist who will record any instances of issue, administration or use in the SG Register, the Narcotic and Controlled Substance Register (if applicable) and the patient pharmacy profile.

Communications

20. If the operational situation warrants, communications regarding mission specific medical products, such as requests for initial issue or replenishment, pre-positioned stock, reports of quantities held and their location, or other communications pertaining to the medical capability to respond to threats, must be classified as CONFIDENTIAL or SECRET and communicated via secure means. Once the operational sensitivity has passed, the communications may be declassified. In order to determine if secure means are required, refer to CANFORGEN 145/01 (Reference D) or contact G4 Med Plans/Ops. Reports of issue to, use by or administration to individuals that contain personal information must be designated as PROTECTED B.

Requesting Any SG Restricted Product

21. The CDS is the releasing authority for all operational Med CMs, including those identified in Annex A. Release of SG Restricted Products for all other situations is on the authority of D H Svcs Ops. Demands for all SG Restricted Products will be directed through the supporting Pharmacist to G4 Med Plans/Ops. No SG Restricted Products may be procured from any source without prior approval coordinated by G4 Med Plans/Ops. Prior to the supporting pharmacy ordering an SG Restricted Product, the member will present a tasking message or other documentation from CF H Svcs Gp HQ, D H Svcs Ops. G4 Med Plans/Ops authorization to issue/administer will be obtained prior to conducting the medical briefing (see paras 24 through 27), since there are occasions when the demand may be denied.

22. Drugs, biologics or medical devices that do not have a Drug or Medical Device Identification Number, require HC SAP approval before they can be purchased from outside sources. It is the prescriber's responsibility to ensure that all medical products have the proper Health Canada approval prior to purchase. Any questions regarding a product's regulatory status will be directed to D H Svcs Ops Regulatory Affairs. Specific direction for requesting SG Restricted Products is provided below:

a. For individuals. The supporting Pharmacist will submit the demand to G4 Med

Plans/Ops, with the individual's information and substantiation (e.g. tasking message). If the demand is received by CMED, it will be redirected to G4 Med Plans/Ops. Individual information will include:

i. first and last name, initials and rank;
ii. SN or unique identifier (e.g. employee number);
iii. sex;
iv. DOB;
v. home unit and home base; and,
vi. tasking information, including name of Operation.

b. For kits. Demands to G4 Med Plans/Ops for SG Restricted Products for inclusion in kits will include the following:

i. kit Name;
ii. kit NSN;
iii. kit Asset Number; and,
iv. reason for request (e.g. replenish, expired or new Op).

c. For prepositioned stock. The supporting Pharmacist will submit a demand to G4 Med Plans/Ops in accordance with sub-paras 22 a. and b. (above) as appropriate. No pre-positioned stock or stock on hand will be issued/administered without proper authorization.

d. Once the demand for issue is authorized by D H Svcs Ops or delegate, G4 Med Plans/Ops will provide instructions for one of the following to occur, and carbon copy D H Svcs Ops Regulatory Affairs and CF DEC (for issues to individuals only):

i. CMED to release the product;
ii. G4 Med Mat Mgt to order the product from the supplier for direct delivery; or,
iii. Pharmacist to release from pre-positioned stock. The Pharmacist will advise G4 Med Plans/Ops and D H Svcs Ops Regulatory Affairs of the issue including information reflected at para 42.

e. In an emergency, a CO/Task Force Commander may order the release and use of CBRN Med CMs, in accordance with CDS 041 121300Z Jun00 – CBRN Med CMs for CF Operations (CONFIDENTIAL).

Shipping

23. The following will apply to the shipment of all SG Restricted Products:

a. products will be packed and sealed such that the package cannot be opened without breaking the seal:

b. products will always be shipped by traceable means, using temperature

controlled and monitored transportation; and,

c. the shipping unit will identify on each packing slip or DND 728 (locally produced, if necessary) that copies of the signed packing slip/DND 728 will be returned to the shipping unit and G4 Med Plans/Ops (for deployed Ops) or D H Svcs Ops Regulatory Affairs (for in-garrison), with a third copy retained on the receiving unit's file. Each packing slip/DND 728 will contain the NSN, product name, quantity and the lot number of the SG Restricted Product. If the product has been removed from a kit, the kit asset number must also be included. The recipient is to check the condition of products and any errors or problems will be annotated on the packing slip/DND 728. The packing slip/DND 728 will be returned via secure means in accordance with para 20. Regulatory Affairs will contact units if the signed packing slip/DND 728 has not been returned within 5 days, to ensure the product was received. The date on which the product is shipped/received and the unique tracking number will be recorded in the SG Register, as reflected at para 43.

Medical Briefings

24. A Physician will provide all medical briefings for SG Restricted Products, except kits. This is a medical and legal responsibility delegated by D H Svcs Ops, who is the CF Responsible Physician; therefore, *the briefing duty cannot be delegated to a non-physician*. This medical briefing is not to be confused with the pre-deployment threat briefings, which may include the training demonstration.

25. The Physician will ensure that individuals are well informed of the benefits and possible risks of each SG Restricted Products, by providing a medical briefing which will include indication, side effects, contra-indications, precautions, regulatory status, safety and efficacy data, and whether the data was obtained in humans and/or animals. The Physician will also be available to answer questions posed by the individual. The Physician will brief the individual on each product and provide the individual with patient information sheets. The Physician will emphasise the requirement for the individual to report the use of any self–administered product and all AEs to a Healthcare Professional. The patient/healthcare provider information sheets, the medical briefing template and blank AF and ICWW forms are available from D H Svcs Ops Regulatory Affairs, or accessed via the Regulatory Affairs webpage (see link at para 58. b.).

26. The medical briefing will be provided by a Physician prior to each deployment/tasking or live agent training, and take place within a reasonable timeframe, such that the individual will understand and retain the information provided for the period of the deployment/tasking. If there is a prolonged period between the initial briefing and product issue, there may be a requirement to repeat the briefing to ensure that the individual remains informed. If the individual is to be deployed several times over a defined period to the same operation, eg 56 day rotations, the individual will receive a full medical briefing prior to the initial deployment and sign the appropriate form(s). The individual may not require the full briefing for subsequent closely repeated deployments for that operation, however, they will, as a minimum, see a physician to discuss the relevant SG Restricted Products prior to each deployment. At that point, the physician will determine whether the individual still understands and will retain the information previously provided or whether another full briefing is appropriate. The individual will undergo

this physician consultation and sign a new form prior to each deployment.

27. Units without a Physician may have the briefing provided by an authorized Physician via telephone to afford the individual the opportunity to ask questions. A patient information sheet should be provided to the individual prior to the briefing. The briefing Physician and individual will sign, and have witnessed by a Commissioned Officer, the appropriate medical briefing form, e.g. AF, ICWW or ICWI (as identified below). Forms may be circulated via fax for signature. Arrangements will be made through the individual's supporting Unit.

28. SG Restricted Products are not necessarily issued immediately after the briefing. A pre-deployment medical briefing alleviates the administrative difficulty of coordinating a just-in-time briefing while in theatre. In the event of an operationally constrained pre-deployment time scale the medical briefing may be conducted in theatre, but must occur prior to the individual issue of the SG Restricted Products.

AF and ICWW

29. Immediately following the briefing, the military member will sign the appropriate form confirming that they have been briefed. An AF will be signed for all SG restricted CBRN Med CMs to be used on operations mandatorily (see Annex A), as ordered by the CDS (CDS 041 121300Z Jun 00). An ICWW will be signed for SG restricted CBRN Med CMs to be used voluntarily or in non-operational situations (e.g. chemical munitions disposal in Suffield) and all other SG Restricted Products (e.g. Morphine Autoinjectors). D H Svcs Ops Regulatory Affairs Policy and Liaison Pharmacist may be contacted for direction if unsure as to which form is appropriate.

30. The member will be provided with a copy of the signed AF or ICWW. A copy of the AF or ICWW will be placed on the member's CF 2034 Medical Envelope Insert. The Physician will annotate the CF 2016 medical attendance record booklet, if available, to reflect that an AF or ICWW has been signed. The supporting unit Med Records Clerk is responsible for sending the original AF or ICWW to D H Svcs Ops Regulatory Affairs within seven days and filing a copy in the CF 2034.

31. H Svcs Ops Regulatory Affairs can forward a list of relevant AF or ICWWs to a Task Force Surgeon, on request.

32. For vaccines, the member need only sign an AF or ICWW at the initiation of the series. For subsequent doses, the Attending Healthcare Professional will review the CF 2016 or 2034 to confirm that an AF or ICWW has been signed.

33. If an AF or ICWW is not on the member's file, D H Svcs Ops Regulatory Affairs will be contacted to determine whether a copy has been received centrally. If no copy can be located, the member will be sent to a Physician for a briefing prior to proceeding with subsequent dosing.

Civilian ICWI Forms

34. On rare occasions, civilian personnel may be authorized to receive CF–owned, SG Restricted Products. G4 Med Plans/Ops will be contacted prior to issue/administration to civilians, as each issue/administration is authorised on a case-by-case basis. D H Svcs Ops Regulatory Affairs will be contacted to ascertain which form is required. The same procedures will be followed for issue/administration to civilians, except that the individual must sign the appropriate ICWI Agreement, instead of an AF or ICWW. All authorized civilians must sign a new form prior to each issue/immunization. The individual will present a copy of the signed ICWI Agreement to the Pharmacist prior to issue/administration of product. The supporting unit Med Records Clerk is responsible for sending the original ICWI to D H Svcs Ops Regulatory Affairs.

AE Reporting

35. Active follow-up after use or administration and immediate reporting of all AE will occur to enable the required reporting to HC. Active follow-up means that every person who self-administers or is administered an SG Restricted Product will be sought out by the Attending Healthcare Professional and asked if an adverse event occurred.

36. Reporting of Adverse Reactions to Drugs and Vaccinations (Reference E) and the Compendium of Pharmaceuticals and Specialties (CPS) Appendixes on Special Access and Adverse Reaction Reporting (Reference F) both provide a summary of AE reporting.

37. *All* AE, regardless of nature or severity, will be reported to D Med Pol AE Reporting Section, in accordance with Reporting of Adverse Reactions to Drugs and Vaccinations (Reference E), within seven days of the event, using the appropriate form as found in Compendium of Pharmaceuticals and Specialties (CPS) Appendixes on Special Access and Adverse Reaction Reporting (Reference F). A copy of the completed AE form will be filed on the member's CF 2034. For serious, unexpected or systemic AE, a copy of the relevant pages of the CF 2016 will also be forwarded to D Med Pol AE Reporting Section along with the AE form. D Med Pol AE Reporting Section will compile all AE and forward AE reports for all SG Restricted Products to D H Svcs Ops Regulatory Affairs immediately upon receipt.

38. Note that no personal identification information is forwarded to HC. The individual's SN or employee number should be used as the patient identifier. The form and any attachments will be designated as PROTECTED B.

Issue of SG Restricted Products to Individuals

39. All SG Restricted Products issued directly to the individual will be ordered by physician prescription. In the case of a unit or operation where the CO holds products under an Authority to Possess and Issue, a nominal role will be used, as per para 40. The issuing Pharmacist will require a loan card to be signed for all SG Restricted Products that are issued to individuals, including Morphine Autoinjectors in UNMO kits. The loan card will separately list the SG Restricted Products contained within a kit to ensure that when the kit is returned, the proper quantity of SG Restricted Products is also returned. The individual will be instructed that the product must be returned at the end of each deployment/tasking. If the individual will pass through customs onto foreign soil carrying an SG Restricted Product that is also a controlled

substance, they must be supplied with a letter on DND letterhead signed by a physician stating:

a. member's name, rank and occupation;

b. country to which the individual is deployed;

c. authorisation for possession;

d. name, strength, form and quantity of product;

e. that the product will not be sold or otherwise disposed of;

f. that the product will be used for the treatment of appropriate emergency medical conditions or for emergency first aid of CF members;

g. that on completion of the deployment in (country), the CF member (rank and last name) will return the remaining product to a CF Pharmacy or Canadian Forces Medical Equipment Depot (CMED).

40. In the case of a requirement to issue to a large group of individuals while deployed, the CDS authorization to issue will be considered acceptable in lieu of a physician's prescription, given that all individuals will already have received a medical briefing. In this case, a copy of the nominal role will be used in place of a loan card and will include columns for name/lot number of each SG product issued, quantity, and signature, with each individual's signature acknowledging receipt of the SG products. Each page will be signed/dated by the Pharmacist and serve as a dispensing record. This record will be treated as classified/designated in accordance with para 20.

41. The issue of all SG Restricted Products to individuals will be recorded on the pharmacy patient profile and mission log (or equivalent) as well as in the SG Register. SG Restricted Products, which are controlled substances, i.e. Diazepam Autoinjectors and Morphine Autoinjectors, will also be recorded in the narcotic and controlled substance register. Pharmacists will add a comment to the patient profile when the product is returned. The loan card is to be retained in the issuing pharmacy until the product is returned. At units without a Pharmacist, the Physician or CO (where there is no Physician) is responsible for ensuring a loan card is signed and retained for the supporting Pharmacist, who will ensure the information is recorded in the pharmacy patient profile.

Reporting Requirements for Issue/Administration/Use of SG Restricted Products

42. These requirements consist of a report, which will include the information identified below. All reports containing the below identified information will be forwarded to G4 Med Plans/Ops (for deployed Ops) or D H Svcs Ops Regulatory Affairs (for in-garrison) within seven days of each issue, administration or use. Reporting templates can be found on the Regulatory Affairs webpage (see link at para 58. b.). All reports of administration or use will be designated PROTECTED B. A copy of the report will also be filed on the member's CF 2034:

a. Issue to individual or Attending Healthcare Professional. For all individually issued products, the Pharmacist (or Physician/CO at units without a Pharmacist) will submit a report to include information described at para 42 e. 1. through 8., 12. and 13. If a kit is issued to an individual, the report of issue will identify each SG Restricted Product within the kit, as per above. For vaccines and other administered products, the Pharmacist will record the issue to the Attending Healthcare Professional, in the SG Register, along with the name of the patient for whom the product was issued. The Pharmacist will inform the Attending Healthcare Professional of the requirement to report administration in accordance with para 42 d.

b. Issue to kits. When products are issued to kits, the asset number of the kit will be recorded in the SG Register, as well as reporting requirements specified in para 42 e. 7., 12. and 13. for each product.

c. Issue to lodger units. Issues to lodger units from the supporting medical unit or CMED, will include para 42 e. 6., 7., 12. and 13.

d. Administration/Use of SG Restricted Products. For individually issued products that have been self-administered, the Attending Healthcare Professional will submit a report consisting of para 42 e. 1. through 9., 14. and 15. to G4 Med Plans/Ops (for deployed Ops) or D H Svcs Ops Regulatory Affairs (for in-garrison). For all products administered, the Attending Healthcare Professional will report to G4 Med Plans/Ops (for deployed Ops) or D H Svcs Ops Regulatory Affairs (for in-garrison), para 42 e. 1. through 11. and 15., and provide a copy of the report to the pharmacy for input into the pharmacy patient profile. If the issue of product is for an immunization parade, this should be indicated in the SG Register. The Immunization Nurse will also be responsible for ensuring that the name of the manufacturer, lot number and expiry date are noted in the International Certificate of Vaccination, NSN 7530-21-029-7161. The Immunization Nurse will ensure that an AF/ICWW/ICWI is on file prior to administering the vaccine. Initiation of a vaccine series will not automatically entitle the individual to complete the series. If the tasking/deployment is completed prior to completion of the series, no further immunization is to occur unless authorized by D H Svcs Ops. If an individual is requesting additional doses in a vaccine series, a demand must be submitted in accordance with para 22, with information about the dose number in the series requested and supporting justification. If an SG Restricted Product is administered under an Authority to Possess and Issue, see para 19.

e. Reporting Requirements. The following information is required for the above:

i. individual’s first, last name, initials and rank;
ii. SN or unique identifier;
iii. sex;
iv. DOB;
v. individual’s home unit and home base;
vi. tasking/operation and location;
vii. NSN, product name, lot number, and expiry date;
viii. confirmation that AF/ICWW/ICWI was signed and forwarded to D H Svcs Ops Regulatory Affairs;

ix. AE - Nil reports required;
x. date of each administration,
xi. number in series;
xii. date of issue;
xiii. quantity issued;
xiv. date of use; and,
xv. quantity administered/used.

Receipt, Storage and Control

43. The following receipt, storage and control measures are required for all SG Restricted Products:

a. upon receipt, all SG Restricted Products will be verified, counted and packing slips/DND 728s signed, then copies returned by the Pharmacist to the shipping unit and G4 Med Plans/Ops (for deployed Ops) or D H Svcs Ops Regulatory Affairs (for in-garrison), within five days, in accordance with para 23. At units without a Pharmacist, the senior Physician or CO will ensure the signed packing slips/DND 728s are returned (see para 18);

b. if SG Restricted Products are issued to a unit or lodger unit that does not have a Pharmacist or Physician as medical custodian, the CO of the lodger unit is responsible for all requirements identified in this Policy (including ensuring that the lodger unit is properly maintaining their SG Register). An individual at the lodger unit may be designated to report to the supporting Pharmacist on the status of all SG Restricted Products and maintain the lodger unit SG Register; however, the lodger unit CO remains responsible;

c. all SG Restricted Products, including RSDL and all opened vials, will be stored in the pharmacy, or other controlled area if there is no pharmacy. Storage in the narcotic vault is only required for SG Restricted Products that are also controlled substances, i.e. Diazepam Autoinjectors and Morphine Autoinjectors;

d. all SG Restricted Products will be accounted for in a register similar to that maintained for narcotics, with one page for each product lot number. An example of an SG Register page (Annex C) can be found on the Regulatory Affairs webpage (see link at para 58. b.). A copy of this Policy will be retained in the SG Register. All locations (units and lodger units) holding SG Restricted Products will maintain an SG Register. The register may be written or electronic; however, an electronic register must permit electronic signatures to authenticate product movement/counts. If maintained electronically, the register must be backed up daily to avoid loss of information in the event of a system failure;

e. all SG Registers will be retained indefinitely as they are considered part of the medical records system. A note to that effect will be affixed to the front of every SG Register. When a unit/operation is terminated the SG Register will be returned to Regulatory Affairs;

f. all CMED and unit SG purchase orders (including contracts, local purchase orders and standing offer agreements), archived stock counts and yearly in/out analysis reports will also be retained indefinitely for historical tracking purposes;

g. all product movement, e.g. receipts, issues, returns and destruction, will be entered in the SG Register and accounted for by lot number. Stores of SG Restricted Products will be counted at least monthly to ensure all products are accounted for. A written record of the verification is required in the SG Register (except CMED which has it's own inventory verification method). D H Svcs Ops Regulatory Affairs is authorized to conduct audits (SIVs);

h. SG Restricted Products will be stored in a manner appropriate to their storage requirements in order to protect from spoilage due to fluctuations in temperature or humidity. Custodians will ensure that they are familiar with the storage requirements. If more information is required on proper storage conditions for a particular product, contact CMED Material Control Officer or Warehouse Officer;

i. if an SG Restricted Product has exceeded its storage temperature limits, or has passed its labelled expiry date, that stock will be quarantined, clearly labelled with detailed information on the circumstances, and be held under proper storage conditions (i.e. secured and at recommended temperature/ humidity conditions). Direction is to be sought on destruction or return to CMED, in accordance with para 44 through 49;

j. products issued to and returned by individuals will be quarantined, as their integrity cannot be confirmed; and,

k. under no circumstances are quarantined stocks to be co-located with active stocks; nor are separate stocks that are each quarantined for different reasons to be co-located.

Product Returns/Destruction/Loss/Wastage/Unable to Locate

Returns/Receipts.

44. No SG Restricted Product will be returned to CMED or the supplier without prior approval coordinated by G4 Med Plans/Ops. A report, consisting of the particulars in para 49.a., will be submitted by the Pharmacist to G4 Med Plans/Ops (for deployed Ops) or to D H Svcs Ops Regulatory Affairs (in-garrison) within seven days for all returns/receipts.

45. Immediately upon receipt of an SG product with questionable integrity, the unit Pharmacist will record the receipt in the SG Register and contact G4 Med Plans/Ops to determine whether the product is to be returned to active stock, quarantined or destroyed. Returns to pharmacy from individuals will also be recorded on the patient profile. The SG Register will refer to the patient profile record. If the individual is from another unit, the receiving unit will notify the issuing unit of the receipt and reconcile issued against returned. The loan card (identified in para 39) will be returned to the individual or destroyed upon return of product

or confirmation and reporting of use. If kits are returned without SG Restricted Products, substantiation is required. The receiving unit will immediately notify G4 Med Plans/Ops of the deficiency.

Unable to locate.

46. The Pharmacist will locate individuals who have not returned SG Restricted Products within six weeks of tasking completion. A report, consisting of the particulars in para 49.b. will be submitted by the Pharmacist to G4 Med Plans/Ops (for deployed Ops) or to D H Svcs Ops Regulatory Affairs (in-garrison) within seven days, for all SG products that cannot be located.

Destruction.

47. No SG Restricted Product will be destroyed without prior approval coordinated by G4 Med Plans/Ops. A CO responsible for SG Restricted Products will not destroy, but will return products to the supporting pharmacy. G4 Med Plans/Ops will consult G2 and G3 to determine sensitivity of destruction information, prior to seeking final destruction approval from D H Svcs Ops. Destruction will be conducted by a licensed biohazardous waste management company. In addition, destruction will comply with regulatory requirements. Disposal of controlled substances, i.e. Morphine Autoinjectors, requires two steps of authorization for disposal: G4 Med Plans/Ops and subsequently HC Office of Controlled Substances. SG Restricted Products will not be destroyed in theatre unless a licensed biohazardous waste management company can be contracted to conduct the destruction in accordance with Canadian standards. If such a company is not available, the SG Restricted Products will be returned to CMED for destruction, after authorization to ship has been coordinated by G4 Med Plans/Ops. A report consisting of the particulars in para 49.c., will be submitted by the Pharmacist to G4 Med Plans/Ops (for deployed Ops) or to D H Svcs Ops Regulatory Affairs (in – garrison) within seven days, when destruction of SG products is complete.

Loss/Wastage.

48. A report, consisting of an explanation of the circumstances surrounding the loss or wastage and the particulars in para 49.d. will be submitted by the Pharmacist to G4 Med Plans/Ops (for deployed Ops) or to D H Svcs Ops Regulatory Affairs (in – garrison) within seven days.

49. The reports for returns, destruction, loss or wastage and unable to locate may be obtained from D H Svcs Ops Regulatory Affairs Policy and Liaison Pharmacist or accessed via the Regulatory Affairs webpage (see link at para 58. b.).

a. The report for returns will include the information at para 49. e. i. through xi;

b. The report for unable to locate will include the information at para 49.e. i. through vi. and xiv through xix.

c. The report of destruction will include the information at para 49. e. i. through v., vii., xi. and xii.;

d. The report for loss or wastage will include the information at para 49. e. i. through v. and xiii.; and,

e. The following information is required for the above:

i. NSN;

ii. product name;

iii. quantity;

iv. lot number;

v. expiration date;

vi. kit name and asset number (if applicable);

vii. sub-unit returned from, or name and SN of member returned from;

viii. did the product leave medical custody;

ix. was the product maintained under proper storage conditions;

x. if not, for how long was it exposed to extreme temperatures;

xi. date of return;

xii. title and date of authorization e-mail/message;

xiii. date of loss or wastage, and explanation of circumstances;

xiv. first and last name, initials and rank;

xv. SN or unique identifier;

xvi. sex;

xvii. DOB;

xviii. home unit and home base; and,

xix. tasking information, including name of Operation.

Taking Over/Handing Over

50. In addition to direction found in Ref C, taking over/handing over will be conducted as directed below. A taking over/handing over certificate will be signed each time there is a change in the person (Pharmacist, Physician, CO) responsible for the SG Restricted Products. An SG Restricted Product Taking Over/Handing Over certificate is available at Annex E or on the Regulatory Affairs webpage (see link at para 58. b.). The signed form will be retained in the SG Register and a copy forwarded to G4 Med Plans/Ops (for deployed Ops) or D H Svcs Ops Regulatory Affairs (for in-garrison), within seven days. Where the person taking over/handing over is not a Pharmacist or Physician, an Authority to Possess and Issue form will be required, as per para 18.

51. The Taking Over/Handing Over procedure is:

a. acquire an Authority to Possess and Issue form, if handing over to a CO;

b. verify all records;

c. conduct a physical inventory count of all SG Restricted Products that are the Pharmacist's responsibility. The recorded count will be witnessed and signed by both parties – incoming and outgoing;

d. verify the records and inventory of lodger units for whom the Pharmacist is responsible; and

e. in the event that there is a delay between the departure of the incumbent and the arrival of the replacement Pharmacist, records and inventories will be checked by the incumbent Pharmacist, in the presence of a Physician or CO who will sign the SG Register as a witness and assume responsibility for control and custody until the replacement arrives and assumes this function. If this function is performed by a CO, an Authority to Possess and Issue form is required.

Coordinating Instructions

52. Annex A is a list of SG Restricted Products. This list will change to reflect requirements. An up-to-date list can be found on the Regulatory Affairs webpage (see link at para 58. b.).

53. Annex B is a list of kits that contain SG Restricted Products and as such have been annotated SG restricted for administrative reasons. An up-to-date list can be found on the Regulatory Affairs webpage (see link at para 58. b.)

54. Procurement questions may be directed to G4 Med Plans/Ops at 613 945-6998 or G4 Med Plans/Ops 2 at 613 945-6527, or by fax 613 945-6668.

55. Reporting questions may be directed to D H Svcs Ops Regulatory Affairs Policy and Liaison Pharmacist at 613 945-6600 ext 3233, or by fax 613 945-6668.

56. Clinical questions may be directed to D H Svcs Ops Med CM at 613 945-6600 ext 3217, or by fax 613 945-6668.

57. Storage and shipping questions may be directed to CMED Material Control Officer at 613 687-5511 ext 6896 or CMED Warehouse Officer ext 5579.

58. The following websites are available for more information:

a. Central Medical Equipment Depot (CMED)

b. D H Svcs Ops Regulatory Affairs webpage

c. Health Canada Special Access to Drugs and Health Products

References:

A. Canadian Food and Drug Regulations Sect C.08.010

B. Canadian Food and Drugs Act Sect 31

C. CF H Svcs Gp PG 4200-70 Use of Foreign Medication(s) by CF Physicians on CF Members

D. CANFORGEN 145/01 DCDS 218 202030Z DEC 01 Security of Information

E. CF H Svcs Gp PG 4200-57 Reporting Adverse Drug Reactions

F. Compendium of Pharmaceuticals and Specialties (CPS) Appendixes on Special Access and Adverse Reaction reporting

G. CDS 041 121300Z June 00 – CBRN Med CM for CF Operations (Confidential)

H. CMP Instruction XXX

I. National Defence Act Part II Div 2 para 129

J. DAOD 5016-0 Standards of Civilian Conduct and Discipline

SURGEON GENERAL RESTRICTED PRODUCTS FIELDED BY CF

Note: This list will change to reflect requirements.
Note: CMED holds inactive SG products (not in this list).

SG Product	NSN
Operationally Mandatory (unless otherwise specified)	
ANTHRAX VACC ADSORBED 10 DOSE - 5ML	6505-01-399-6828
DECONTAMINANT KIT (SKIN) 45ML (RSDL)	6505-21-912-5229
DIAZEPAM AUTO INJECT (USP)5MG/ML 2ML (although this product is licensed in Canada, it will be treated as unlicensed for handling purposes)	6505-21-912-6377
HI-6/ATROPINE SULFATE (STERILE) 2.4 ML AUTOINJECTOR	6505-21-909-0622
PYRIDOSTIGMINE BROMIDE 30 MG – VALIENT	6505-21-886-9604
Voluntary (unless otherwise specified)	
ATROPINE SULFATE MULTIDOSE INJ 2MG/ML-50ML	6505-CF-001-7349
CALCIUM TRISODIUM PENETATE 1000MG AMPS (Ca-DTPA)	6505-CF-001-7711
DECONTAMINANT KIT REACTIVE SKIN LOTION 500ML (RSDL)	6505-21-912-5230
4-DIMETHYLAMINOPHENOL HCL INJ 50MG/ML (DMAP)	6505-12-174-1823
DMPS (2,3 DIMERCAPTOPROPANE) 100MG CAPS	6505-CF-001-7709
DMPS (2,3 DIMERCAPTOPROPANE) 250MG AMPS	6505-CF-001-7710
DOXYCYCLINE HYCLATE FOR INJ (USP) I.V.	6505-01-108-4828
FALCIPARUM MALARIA RAPID TEST	6550-21-920-4293
GLOBULIN, VACCINIA IMMUNE 5ML (USP)	6505-01-053-2600
IRON HEXACYANOFERRATE 500MG CAPS “Prussian Blue”	6505-CF-001-7712
MORPHINE SULFATE INJ 1OMG/ML (1ML) AUTOINJECTOR	6505-99-147-0945
QUININE DIHYDROCHLOR 600MG/lOML 10 ml vial	6505-21-259-2597
SMALLPOX VACCINE FREEZE DRIED (although this product is licensed in Canada, it will be treated as unlicensed for handling purposes)	6505-21-116-0390
POGS- PORTABLE OXYGEN GENERATION SYSTEM	6515-CF 001-9285
ZINC TRISODIUM PENETATE 1000 MG AMPS (Zn-DTPA)	6505-CF-002-0307

Annex B to Part 2 Chapter 7

KITS ANNOTATED AS SG RESTRICTED AS THEY CONTAIN SG RESTRICTED PRODUCTS

Note: This list will change to reflect requirements.

TMT KIT (CBRN) NUCLEAR DEFENCE Contains unlicensed medical products	6545-21-904-7700
TMT KIT TROPICAL DISEASE LG Contains unlicensed medical products	6545-21-852-6351
TMT KIT TROPICAL DISEASE SM Contains unlicensed medical products	6545-21-855-3922
DIAGNOSIS KIT TROPICAL DISEASE Contains unlicensed medical products	6545-21-848-3724

Annex C to Part 2 Chapter 7

SURGEON GENERAL RESTRICTED PRODUCTS REGISTER – ACTIVE

PRODUCT NAME and LOT NUMBER (***One product lot number per page***)		EXPIRY DATE	NSN	UNIT OF ISSUE

DATE	Individual (+SN) or (Lodger) Unit	Authorization Reference (e.g. Email title/date)	RECEIPTS (*Quantity)	ISSUES/ ADMINISTERED (*Quantity)	BALANCE	SIGNATURE (for each entry)

Receipts and stock counts will be entered in red ink and issues will be entered in blue ink.

* Where possible, the quantity in Receipts/Issues should be counted by dose, i.e. where there exists a standard dose (e.g. 0.5ml =1dose) indicate 1 dose (from a 10 dose/5 ml vl). For multidose vials where there is no standard dose, use a standard increment e.g. 1 ml from a 5 ml vl.

Example also available on **Regulatory Affairs Webpage**

Annex C to Part 2 Chapter 7

SURGEON GENERAL RESTRICTED PRODUCTS REGISTER – QUARANTINED

PRODUCT NAME and LOT NUMBER (***One product lot number per page***)		EXPIRY DATE	NSN	UNIT OF ISSUE

DATE	Individual (+SN) or (Lodger) Unit	Authorization Reference (e.g. Email title/date)	**RECEIPTS (*Quantity)	***ISSUES (*Quantity)	BALANCE	SIGNATURE (for each entry)

Receipts and stock counts will be entered in red ink and issues will be entered in blue ink.

* Where possible, the quantity in Receipts/Issues should be counted by dose, i.e. where there exists a standard dose (e.g. 0.5ml =1dose) indicate 1 dose (from a 10 dose/5 ml vl). For multidose vials where there is no standard dose, use a standard increment e.g. 1 ml from a 5 ml vl.
** Receipts – includes return from individual (therefore can not reissued) or (lodger) unit, or transferred from active stock (e.g. expired or compromised).
*** Issues – includes return to active status, return to supporting unit/CMED or destroyed.

Example also available on **Regulatory Affairs Webpage**

AUTHORITY TO POSSESS AND ISSUE SURGEON GENERAL RESTRICTED PRODUCTS

(Note: One Drug/Vaccine/Medical Device per page)

Name and Rank of Authorized Holder

_____

Unit/Operation Name

_____

Drug/Vaccine/Medical Device Name

Quantity
Unit strength and form
Specific directions for use

Date_____

This Drug/Vaccine/Medical Device will only be issued, administered or used in case of medical emergency.

Authority as per PG 4200-01

Example also available on **Regulatory Affairs Webpage**

Annex E to Part 2 Chapter 7

SG RESTRICTED PRODUCT TAKING OVER/HANDING OVER CERTIFICATES

"Ann E-2-7.pdf"

CHAPTER 8 - MEDICAL EQUIPMENT and MEDICAL TRAINING DEVICES

1. Medical equipment is divisible into A-Class or B-Class items, as defined in Part 1, Chap 2, para 13. Medical training devices can fall under all accountability codes. Procurement procedures for C- and D-class medical training devices are discussed in Chap 3.

Equipment Requisition Procedures

2. For reasons including, but not limited to, standardization of equipment and training, acquisition of best price through bulk buying, proper development of specifications, incorporation of user and BE Tech training into contracts, planning for ongoing and projected operations and training, and effective life cycle management of equipment, *CF H Svcs Gp HQ G4 is the sole procurement agent for medical equipment and A- and B-class medical training devices within the CF*. As outlined in the DMMD message 033 dated 30 Jun 03, found at Annex A, supply sections are not allowed to purchase medical equipment without prior approval from G4 Med Eqpt, nor are local commanders permitted to procure medical equipment or enter into verbal or other contracts with sales representatives for equipment items or user trials. As noted above, medical equipment is classified as either A- or B-Class and the requisition procedures at unit level will vary with the category of equipment requested.

A-Class (Major) Medical Equipment and Medical Training Devices

3. A-Class medical equipment (MME) and medical training devices may be requested through one of two mechanisms: the Major Medical Equipment Program (MMEP)---preferred; or through an Urgent MME Request---only when absolutely necessary. At all times, A-Class medical materiel requests are to be staffed via the A-Class request form (Annex B).

4. The MMEP is the sole medical capital equipment program with the mandate to assess and satisfy all appropriate medical equipment needs for CF H Svcs units across the CF. Annually, in October, G4 issues the MMEP instruction on behalf of the Commander to all H Svc Gp Comds and Area/Divisional/Formation Surgeons (where necessary). These, in turn disseminate the package to all units, both Reg Force and Reserve, within their area of responsibility, directing them to comply with the direction and forward returns back to the Gp Comd for prioritization and furtherance to CF H Svcs Gp HQ in time for that HQ's budget planning processes.

5. The return generated at unit level will consist of the following two parts, accounting for the two consecutive FYs of requests the MMEP is designed to address:

a. A letter confirming and prioritizing requirements for the *upcoming FY*. As this is a 'confirmation' letter, only items requested one year earlier on the *previous* iteration of the MMEP should be included here. The only exception to this occurs when the originating unit wishes to cancel previously requested and approved equipment and offset it with new, more urgent, requirements. The value of the new requests cannot exceed the value of the cancelled items. Where equipment is not confirmed, or no confirmation letter is forwarded by the unit, the previously requested equipment will be considered no longer required and dropped from

upcoming FY procurement.

b. A prioritized package of individual MME requests for the *following FY.* These items are not for immediate procurement, but would be confirmed and then procured on the *next* annual iteration of the MMEP.

The return generated at Comd level generally consists of the following:

a. The accumulated confirmation letters for *upcoming FY* procurement;

b. Vetted and prioritized MME requests from all units within the AOR for *following* FY procurement

6. It is highly recommended that equipment requests be prepared in consultation with the supporting regional Biomedical Electronics technician (BE Tech). As equipment requests within the MMEP encompass two fiscal years, as noted above, a careful evaluation of requirements must go into request preparations. This will normally involve a consolidation of the requirements from each department in a medical facility to formulate an overall prioritized unit return. Priorities are defined as follows:

a. Essential - To maintain the present standard of care, and for equipment with a direct bearing on safety, and without which unacceptable hazards may occur;

b. Necessary - To continue to carry out present services efficiently and effectively; and

c. Desirable - To enhance medical services.

7. Attention should be given to the requirement for substantiation of each request, whether the item is new, or a replacement. Impact statements and cost/benefit analyses are particularly useful in the prioritizing of requirements by approving authorities. For replacement items, guidelines on life expectancy and useful life remaining, with repair cost limits, are given in Annexes C and D. As replacement items are processed differently by higher approving authorities than are new items, it is imperative that the asset number of the item to be replaced be indicated on the MME request.

8. An **Urgent MME Request** is utilized when due to unforeseen circumstances, an A-class equipment item is needed immediately, or significantly sooner than the MMEP could action. This request may be forwarded at any time to G4 Med Eqpt through the applicable H Svcs Gp Comd. Originators of such requests should be cognizant that such requests, if approved, will likely result in the removal from the current procurement program of a lower priority, funded item---which may or may not be destined to the originator's unit. Urgent MME Requests should be utilized only rarely, and not as a substitute for diligent forecasting efforts through the MMEP.

9. Detailed instructions for completing the MMEP may be found in the MMEP Instruction.

B-Class Medical Equipment and Medical Training Devices

10. Unlike A-Class medical materiel, B-Class medical materiel and medical training devices may be routinely requested at any time. Staffing for B-Class items is via the B-Class request form (Annex A to Chap 3). Replacement item requests may be forwarded directly to G4 Med Eqpt, CF H Svcs Gp HQ. Requests for replacement items must include the Asset # of the item being replaced and returned for disposal. Requests for new or additional B-Class medical materiel, including medical training devices, must be staffed through the applicable H Svcs Gp Comd for approval, then to G4 Med Eqpt for procurement action. G4 Med Eqpt will contact HSHR for authorization to purchase medical training devices. Approved B-Class medical equipment requests will be actioned as funding comes available. Originating units can facilitate this by appending their own fin code to B-Class requests.

DMMD 033 - PROCUREMENT OF MEDICAL EQUIPMENT

AIMS
HMRA - Browser
HMRA - Editor

None

CFAO
QR&O
CANFORGENS
Routine Orders
DAOD

DMMD 033 - PROCUREMENT OF MEDICAL EQUIPMENT

"Unclas"
"10001-1"
"300851"
"Jun"
"03"
"Routine"
""
"J. ARMSTRONG CWO DMMD 2-4-3"
"J.B.R. ST-CYR CAPT DMMD 2-4-3"
"DMMD 033"
"NAA"

"NDHQ/J4MAT/DG LOG/DMMD"
"AIG 1715
AIG 1727"

SUBJ: PROCUREMENT OF MEDICAL EQUIPMENT

REF: A-LM-007-014-AG-001 Chap 16

1. Supply sections are not allowed to procure medical equipment without the prior approval of CFMGHQ/DCOSMEDOPS/G4Med Equip. This organization is responsible for the accurate accounting of medical equipment within its own inventory management system. ""Medical equipment"" would be defined as those items not considered consumable, and in the majority of cases will be repairable.

2. Medical units are aware of this policy and should not forward demands to Supply for medical equipment that has not been approved by CFMGHQ. If additional info is required on medical equipment contact your local medical unit or CFMGHQ/G4 Med Equip at (613) 945-6623/6625.

3. Ref will be amended shortly, OPI for this change is DMMD 2-4-3 at (819) 994-9068.

SUBJ: ACHATS D'ÉQUIPEMENT MÉDICAL

REF: A-LM-007-014-AG-001 Chap 16

1. Les sections d'approvisionnement ne sont pas permis d'obtenir l'équipement médical sans approbation préalable de CFMGHQ/DCOSMEDOPS/G4Med équipement. Cette organisation est responsable de la comptabilité précise de l'équipement médical dans son propre système de gestion d'inventaire. ""L'équipement médical"" est défini comme les articles non considérés consommables et dans la majorité de cas soyez réparable.

2. Les unités médicales se rendent compte de cette politique et ne devraient pas expédier les demandes à 'L'approvisionnement' pour l'équipement médical qui n'a pas été approuvé par CFMGHQ. Si l'information additionnelle est exigée sur l'équipement medical, contactez votre unité locale ou CFMGHQ/G4 à (613) 945-6623/6625.
3. La référence sera modifiée sous peu, OPI pour le changement est DGDM 2-4-3 à (819) 994-9068.

MAJOR MEDICAL EQUIPMENT REQUEST / DEMANDE D'ÉQUIPEMENT MÉDICAL MAJEUR

1. UNIT and UIC / UNITÉ et CIU:	2. DEPT / SERVICE:	3. FY / AF:	4. DATE:	5. ITEM OF/DE
6. ITEM / ARTICLE:	7. NSN / NSO*:	8. PRIORITY / PRIORITÉ:	9. QTY REQUESTED / QTÉ REQUISE:	
10. NEW / REPLACEMENT NOUVEAU BESOIN / REMPLACEMENT:	11. ESTIMATED COST/ ESTIMATION DU COÛT:	12. MANUFACTURER / FABRICANT:	13. MODEL NUMBER/ NUMÉRO DE MODÈLE:	
14. ACCESSORIES / ACCESSOIRES:				
15. SUBSTANTIATION / JUSTIFICATION:				
16. INSTALLATION & O&M COSTS / COÛTS D'INSTALLATION, D'EXPLOITATION ET D'ENTRETIEN:				
17. CE REQUIREMENTS AND APPROVAL / EXIGENCES ET APPROBATION AU SERVICE DE CONSTRUCTION:				
18. STAFFING & TRG REQUIREMENTS / BESOINS DE PERSONNEL ET FORMATION:				
19. FOR REPLACEMENT ITEM REQUESTS, ASSET BEING REPLACED: ASSET #	20. ORIGINATOR / DEMANDEUR: NAME / NOM RANK / GRADE POSITION / POSTE			

*NIC DATA - Attach manufacturer's literature and price quote /
Items non au catalogue - Prière de joindre la documentation du fabricant et soumission du prix:

21. HCC / CO / BDE SURG // CHEF DES SVCS SANTÉ / CMDT / MÉDECIN-CHEF DE LA BRIGADE

NAME / NOM RANK / GRADE POSITION / POSTE

21.a.FIN CODE AND AUTHORITY(if locally funded) // CODE DE RESSOURCE FINANCIERE ET AUTORITE(SI FINANCE LOCALLMENT):

22. 1ST LEVEL REVIEW / PREMIER NIVEAU DE REVUE
DIVISION SURG / FMN SURG / AREA SURG / HSG COMD COMMENTS AND RECOMMENDATIONS
MÉDECIN-CHEF DU COMD / MÉDECIN-CHEF DE LA FMN / MÉDECIN-CHEF DU SECTEUR / QGGM COMMENTAIRES ET RECOMMENDATIONS

NAME / NOM RANK / GRADE POSITION / POSTE

23. G4 MED EQPT, CF H Svcs Gp HQ / G4 EQPT MED, QG Gp SSFC:

NAME / NOM RANK / GRADE POSITION / POSTE

24. DGHS' USE / À L'USAGE DU DGS Santé

EQUIPMENT LIFE EXPECTANCIES

CLASS 6515

Description	Years
Anesthesia Apparatus, Gas	8
Audiometer	8
Cutter, Orthopedic Cast	8
Defibrillator and Cardioscope	8
Dermatome	8
Drill, Surgical	8
Electrocardiograph	8
Electroencephalograph	8
Electrosurgical Apparatus	8
Fibrescope, Rhino Larynx	6
Hypodermic Injection Apparatus	8
Inhalator	8
Microscope, Operating	12
Monitoring System, Patient	8
Oximeter, Pulse	8
Pump, Injection	8
Resuscitator	8
Saw, Bone Cutting	8
Saw, Sagittal	8
Spirometer	8
Suction Apparatus	8
Tourniquet System	8
Ventilator, Volume	8
Videoscope, Flexible	4
Videoscope, Rigid	5
Warmer, Blood and Fluid	8

CLASS 6525

Description	Years
Cabinet, Cassette Transfer	15
Illuminator X-ray Film	12
Processing Unit, X-ray Film	10
Screen, X-ray Protective	16
Stereoscope, X-ray Film	12
Table, Radiographic	12
Ultrasound Apparatus, Diagnostic	8
X-ray Apparatus, C-arm	8
X-ray Apparatus, Portable	8
X-ray Apparatus, Radiographic & Fluoroscopic	8

CLASS 6530

Description	Years
Bath, Paraffin	12
Bath, Whirlpool	12
Bed, Orthopedic	16
Cabinet, Surgical Instrument & Dressing	16
Cart, Emergency	16
Cast, Vacuum Cleaner	8
Diathermy Apparatus	10
Generator, Physiotherapeutic Currents	8
Incubator, Infant	8
Laser, Biostimulation	8
Light, Infrared Physiotherapeutic	12
Light, Surgical Ceiling	16
Light, Surgical Field	12
Light, Surgical Stand	12
Light, Ultraviolet	12
Plinth, Physiotherapy	16
Respirator	16
Stand, Surgical Instruments	16
Sterilizer, Surgical Instruments (Floor Model)	12
Sterilizer, Tabletop	10
Stretcher, Hospital	16
Table, Examining	16
Table, Mobilization	16
Table, Operating Electric	10
Table, Operating Hydraulic Manual	16
Table, Surgical Instruments	16
Traction Apparatus	8
Ultrasonic Apparatus, Physiotherapeutic	10
Warmer, Patient	10
Washing Machine, Surgical Instruments	10
Wheelchair	12

CLASS 6540

Description	Years
Chair, Ophthalmological	16
Lensometer	10
Light, Slit Ophthalmological	15
Kerotometer	12
Perimeter, Ophthalmological	12

Phoropter	12
Projector, Visual Acuity	16
Stand, Ophthalmological	16
Stereoscope, Vision Testing	12
Tonometer	10

GROUP 66

Description	Years
Analyzer, Blood Chemistry	8
Analyzer, Coagulation	8
Analyzer, Urinalysis	8
Balance, Analytical	8
Blood Cell Counter	8
Blood Gas Apparatus	6
Centrifuge, Laboratory	8
Distilling Apparatus	12
Fume Hood	12
Incubator, Bacteriological	12
Meter, Audio Level	10
Microscope, Optical	12
Shaking Machine, Laboratory	10
Water, Bath, Serological	10

FRACTION OF USEFUL LIFE REMAINING

FRACTION OF USEFUL LIFE REMAINING (see Annex 2-R for Life Expectancy)	ONE-TIME REPAIR EXPENDITURE LIMIT (% of Current Acquisition Cost)
More than ¾	60%
½ to ¾	50%
¼ to ½	30%
Nil to ¼	10%

CHAPTER 9 – GENERAL PHARMACY PROCEDURES

1. This chapter outlines the basic duties and procedures to be carried out by pharmacy staff as part of routine in-garrison pharmacy operations. CFMO 6.01 and 6.02 should be read in conjunction with this chapter. For specific procedures while deployed, see Part 3, Chap 5.

Definitions

2. The following definitions are used in this chapter:

a. **Narcotic Drug.** Any narcotic as defined in the Controlled Drug and Substances Act, that is, any substance included in the Schedule of the Controlled Drug and Substances Act, or anything that contains any substance included in the Schedule. Narcotics bear the rest code “N”.

b. **Oral Prescription Narcotics.** Any oral prescription narcotic as defined in the Narcotic Control Regulations, i.e., medication that –

(1) contains, in addition to a narcotic, two or more ingredients other than a narcotic in a recognized therapeutic dose,

(2) is not intended for parenteral administration, and

(3) does not contain hydrocodone or oxycodone

c. **Controlled Drug.** Any controlled drug as defined in the Food and Drugs Act, Part III, that is, any drug included in Schedule "G" of the Food and Drugs Act, Part III. Controlled drugs bear the symbol "G" in the rest code column of the CF Med Cat.

d. **Controlled Drug Preparation.** Any preparation as defined in the Food and Drug Regulations, Part "G", i.e., any medication that contains a controlled drug and one or more active medicinal ingredients, in a recognized therapeutic dose, other than a controlled drug.

e. **Targeted Substances.** Any substance listed in the Benzodiazepines and Other Targeted Substances Regulations, Schedule I to the Controlled Drugs and Substances Act (e.g. diazepam, lorazepam) or any compound that contains such a substance.

Procedures for Ordering Prescription (Pr) and Over-the-Counter (OTC) Pharmaceuticals

3. Orders for pharmaceuticals should be placed through the Prime Vendors. Other suppliers must be approved by G4 prior to an order being placed.

4. Supported units must place orders through their supporting unit by fax, phone, or email. They will receive the ordered items directly from the supplier, or from the supporting unit, depending on the item ordered. Upon receipt of a shipment, the supported unit must advise its supporting unit of any discrepancies in the order. Unless delegated by the supporting unit to the supported unit, FAA Sections 32 and 34 signing authorities reside with the supporting unit.

Placing an Order

5. The following steps outline the procedure for placing an order for Pr and OTC items:

   a. Prepare a list of required items;

   b. Identify and order items on the FPT contract list, as DND has negotiated a lower price for these specific brands and has agreed to purchase them;

   c. Use the PV catalogue (paper or electronic copy) to identify the least expensive brands of non-FPT medications, ensuring that the chosen brands are in the CF Drug Benefit List;

   d. Obtain FAA section 32 authority to place the order (generally involves having the order reviewed by the pharmacist or SMA if the unit has no pharmacist); and

   e. Send the order to the PV via fax, phone or online system. Printed copies must be made of all electronic orders, and must be retained on file, attached to a Call-Up form having an appropriate signature. Supported units must send their orders to their supporting unit, where the orders will be reviewed and submitted on behalf of the supported unit.

Receiving an Order

6. Upon receipt of an order, the shipment must be verified against the original order, and the invoice and packing slip must agree in terms of items received and items charged against the unit.

7. If there are discrepancies, the PV's Customer Service (Cust Svc) department should be contacted immediately and an attempt made to correct the problem. If the situation cannot be adequately resolved at this level, contact CF H Svcs Gp HQ/G4 Med Mat Mgt/Cust Svc for assistance.

8. Once all items have been verified and any problems have been corrected, the FAA Section 34 authority signs the invoice and forwards it to the unit Administration section for payment. Supporting units should have a procedure in place to be followed by subordinate units for verification of orders.

Procedures for Ordering Vaccines

9. All requests for vaccines should be sent to CF H Svcs Gp HQ/Health Procurement. For supported units, requests must go through the supporting unit.

Placing an Order

10. Ensure all required information is on the vaccine order form, found at Annex A. Email or fax the form to CF H Svcs Gp HQ/Health Procurement, who will forward the request to the supplier.

Receiving an Order

11. The supplier will send the vaccines directly to the requesting unit. When received, the pharmacist or pharmacy technician should sign and date the packing slip, verifying the items received against the packing slip and the order placed.

12. Any discrepancies in the order, such as incorrect quantity, wrong item received, etc., should be reported to DCPS/Health Procurement as soon as possible. Additionally, DCPS/Health Procurement should be contacted if there is any indication that the appropriate temperature has not been maintained during transit.

13. The packing slip shall be faxed to G4 Med Mat Mgt immediately after verification against the order received and placed.

Invoicing an Order

14. Invoices for vaccines will be sent from the supplier directly to DCPS/Health Procurement, where they will be processed for payment against the demanding units fin code, after G4 Fin receives confirmation from the unit that the items have been received.

Issuing and Securing Narcotics and Controlled Substances

15. A prescription numbering system separate from that used for regular Pr drugs must be maintained. Under the terms of the Controlled Drug and Substance Act and the Regulations of Part III of the Food and Drugs Act, all drugs contained in the schedules therein must be supplied only on the order of a medical or dental practitioner. At units without a medical or dental practitioner, the Commanding Officer may initiate the purchase of these items from the supplier when required.

16. Narcotics and controlled drugs, other than oral prescription narcotics, controlled-drug compounds and targeted substances, must be kept in locked storage in the pharmacy. . Whenever possible, a safe shall be used. All issues and receipts of narcotics and controlled drugs other than oral prescription narcotics, controlled-drug compounds and targeted substances must be recorded in the Narcotic Register. Together with a witness, the individual responsible for holding the N and G stock must complete a stock count of all items at least once a month. Stock registers are not required for oral prescription narcotics, controlled-drug preparations, or other items as listed in CFMO 6.02. A sample inventory and dispensing record, with instructions for completion, can be found at Annex B to Chap 5.

17. When the pharmacist in charge changes, a Change of Responsibility form (Annex B) must be completed by both the incoming and the outgoing individuals. A stock count is required at this time. At units where there is no pharmacist, the SMA is responsible for control of and accounting for narcotics, controlled drugs, and benzodiazepines and other targeted substances.

Monitoring Expiry Dates

18. The expiry dates of all drugs and other medical items should be checked on a regular basis. Extension to an expiry date is not normally approved. Once the expiry date has been reached, medication should be removed from the shelf and disposed of as detailed in paras 19 & 20. Unopened containers of medication other than narcotics and controlled substances may often be returned to the supplier or manufacturer for credit; this should be the first option for

disposal. Items not returned for credit should be disposed of in an acceptable manner that conforms to all local, provincial and federal environmental regulations. Prior to the destruction of narcotics and controlled substances, written authorization is required from the Office of Controlled Substances (OCS) of Health Canada, as detailed in para 20.

Procedures for Disposal of Expired Pharmaceuticals

Disposal of Expired Prescription and OTC Drugs

19. Unopened containers can often be returned to the supplier for credit when the medication has expired. Every effort should be made to return unopened, expired stock to the manufacturer/supplier. If the supplier refuses to allow return of an item, the medication should be placed in a biohazardous waste disposal container for disposal IAW the particular unit's contract or service agreement regarding biohazardous waste.

Disposal of Narcotics and Controlled Drugs

20. Authority to destroy narcotics and controlled drugs that have deteriorated or are of questionable serviceability must be obtained in writing prior to destruction, by sending a letter listing names, quantities, lot numbers, and expiry dates of the drugs in question to the OCS. Once authority to destroy has been granted in writing, the expired drugs shall be destroyed in the presence of the pharmacist/SMA and one other healthcare provider. The destruction must conform to all municipal, provincial and federal environmental regulations. Both individuals must sign, print their names, and date the authorization letter indicating that destruction has taken place (the Destruction Form found at Annex C may also be used; attach the authorization letter to it), and the narcotic register for each drug must be updated to reflect the destruction and new balance on hand. The letter of authority shall remain in the narcotic register for audit purposes.

Procedures for Ordering C and D class Medical Materiel Other than Pharmaceuticals

21. All C- and D-class medical materiel must be purchased through the Prime Vendor; as with drug orders, supported units must send requests for C- and D-class materiel to their supporting units for processing. Orders may be sent by fax or on-line.

Placing an Order

22. A list of items to be ordered should be created using the PV's online catalogue or the listing of items supplied by the PV. There is also a DND products catalogue available from G4 and containing the products that are supposed to be available from the PV without problems. The pharmacist or SMA should verify the necessity of the items before providing FAA Section 32 approval. The order is then placed either by fax or Internet. If not ordering via the PV website, the form at Annex D must be used, ensuring all info, especially NSN, has been completed.

Not-in-Catalogue (NIC) Items

23. If a desired item is not in the DND catalogue provided by the PV, a Request for Not-In-Catalogue Items form (Annex E) must be completed and sent to G4 Med Mat Mgt for approval. Once approved, G4 will provide instructions for ordering the item.

Receiving an Order

24. Items should arrive within three and five days after the order is placed. Items received should be verified against the packing slip. If there are any discrepancies, the pharmacist or pharmacy Technician should contact the PV's Cust Svc department. If the situation cannot be corrected at this level, contact G4 Med Mat Mgt/Cust Svc for assistance. Subordinate units should report discrepancies to their supporting unit for action.

25. At the end of each month, the PV will send a statement to each CF Med clinic by e-mail. The pharmacist or a pharmacy technician shall compare this statement to packing slips, web based callups (record of material ordered & price/item) with physical items received. Any discrepancies are recorded, using the Discrepancy Form at Annex A to Chap 4. The statement, and all supporting paperwork are retained & filed together for a period of not less than 6 years. They are subject to post payment review at any time during this period by G4 Fin, the Office of the Auditor General (OAG), Chief of Review Services (CRS) etc.

26. Once your verification of the monthly statement has been completed, a FAA Section 34 authority certifies the totals page of the statement and faxes it to G4 Fin for payment action. If applicable, the above-mentioned discrepancy worksheet is forwarded by e-mail to G4 Fin.

Pharmacy Reference Library

27. Reference materiel must be kept up-to-date. As a minimum, reference materiel available in the pharmacy must include the most recent edition or the immediately previous edition of the following items, which are to be ordered as required through the unit General Supply section:

a. CFMOs/MSIs

b. CF Spectrum of Care

c. Compendium of Pharmaceuticals and Specialties

d. CF Med Cat (access to electronic database)

e. Surgeon General Medical Directives

f. One of:

(1) The Extra Pharmacopoeia (Martindale), or

(2) USP Dispensing Information (USPDI), Volume I: Drug Information for Health Care Professional

g. Narcotics Control Regulations

h. Food and Drug Act (Canada) and Regulations

i. Controlled Drugs and Substances Act

j. One of:

(1) Drug Interactions (Hansten and Horn)

(2) Drug Interaction Facts (Tantro, David S.), or

(3) Evaluation of Drug Interactions (Zuccherd and Hogan)

k. One of:

(1) Applied Therapeutics: The Clinical use of Drugs (Koda-Kimble and Young)

(2) Pharmacotherapy: A Pathophysiologic Approach (Dipiro, Talbert et al), or

(3) Therapeutic Choices (Grey et al)

l. Non-Prescription Drug Reference for Health Professionals

m. USP Dispensing Information (USPDI), Volume II: Advice for the Patient

n. Medical Dictionary (not older than 10 years)

VACCINE ORDER FORM

"Ann AM.doc"

Annex B to Part 2 Chapter 9

CERTIFICATE FOR CHANGE OF RESPONSIBILITY FOR NARCOTICS & CONTROLLED DRUGS - PHARMACIST OR SENIOR MEDICAL AUTHORITY

1. Taking Over

I certify that as of this date I have taken over responsibility as the Senior Medical Authority or Pharmacist in charge of _____

_____

(Medical Facility or Pharmacy)

and am satisfied that (delete as appropriate):
the pharmacy inventory and dispensing records, prescriptions, and stocks of narcotics and controlled (N & G) drugs agree/do not agree with the quantity of N & G drugs held on charge in the pharmacy;
N & G drug administration and ward count records agree/do not agree with the quantity of N& G drugs held in the ward lock-ups;
security of N & G drugs is/is not adequate and is/is not enforced;
the above records have/have not been properly maintained, and the condition of these records is _____;

Name (print)_____

Signature _____ **Date**_____

2. Handing Over

I certify that I have this date handed over responsibility as Senior Medical Authority or Pharmacist in charge of _____

_____

(Medical Facility or Pharmacy)

The stocks of N & G drugs, and the pharmacy and subsidiary N & G drug accounting records are in order. Adequate security measures are in effect for the custody and control of these items and records.

Name (print)_____

Signature_____ **Date**_____

DISTRIBUTION
1 copy to pharmacist/SMA taking over
1 copy to pharmacist/SMA handing over
1 copy to be retained on file in pharmacy to support medical supplies account

NOTE -- This form shall be reproduced locally.

Annex C to Part 2 Chapter 9

DESTRUCTION FORM FOR NARCOTICS AND CONTROLLED DRUGS

The following Narcotics and/or Controlled items have been destroyed IAW environmental standards and the following authorization(s):_____.

NSN	Product Name	Qty	Lot	Exp

Date of Destruction:_____

Witness #1 - Healthcare Professional (Commissioned Officer)

Signature:_____Print name:_____

Witness #2 - Healthcare Professional (Commissioned Officer)

Signature:_____Print name:_____

Distribution:

Narcotic Destruction:
Retained in Narcotic register

Annex D to Part 2 Chapter 9

MEDICAL MATERIEL PRIME VENDOR ORDER FORM

"Ann D-2-9.doc"

Annex E to Part 2 Chapter 9

REQUEST FOR C & D CLASS MEDICAL MATERIEL NOT CURRENTLY LISTED IN THE PRIME VENDOR / DND CATALOGUE

"Ann E-2-9.doc"

CHAPTER 10 - DISCREPANCY, LOSS AND DAMAGE

1. This chapter details the procedures to be followed when a discrepancy is found in a shipment of medical materiel, or when materiel has been lost or damaged in transit. Chap 4 and A-LM-158-004/AG-001, Transportation Manual (Vol. 4) Movement of Materiel, should be read in conjunction with this section.

Definitions

2. In this chapter:

   a. a **discrepancy** is a difference in quantity, condition and/or identification between materiel received in a shipment and the covering documentation.

   b. **loss and damage** refers to loss or damage in transit which is attributable to negligence on the part of the carrier.

Discrepancies In Shipments

3. When a discrepancy is noted in a shipment, the shipment shall be rechecked immediately by someone other than the person who discovered the discrepancy. If the discrepancy is determined to be minor, as described in para 11 below, no further action is required. Otherwise, the actions to be taken are as follows:

Consignee Action

4. An immediate investigation shall be conducted. Details of discrepancies in shipments from all suppliers, including Prime Vendors, shall be annotated in red ink on the receipt voucher or on a locally produced voucher raised IAW Part 1, Chap 3 and the consignor advised by fax, email, message or telephone of all relevant particulars including stock numbers, quantities involved, container numbers etc. The discrepancy shall be resolved directly with the consignor and details of the settlement shall be recorded on the receipt voucher. Appropriate accounting action shall be taken to adjust quantities.

5. Disposal instructions shall be requested in cases where the wrong item has been received and cannot be used.

Consignor Action

6. When advised of a discrepancy, the consignor shall conduct a thorough investigation to determine the cause and take corrective action, where indicated, to prevent a recurrence.

7. If it is found that the discrepancy has resulted from a posting or selection error, appropriate posting action shall be taken to adjust the discrepancy. If there is no evidence of fraud, theft or carelessness, no further accounting action is required. The consignor shall then inform the receiver of action taken or to be taken to clear the discrepancy.

8. Details of the discrepancy and investigation shall be transcribed on or attached to the supplier's file copy of the shipment voucher.

10. If the discrepancy is a deficiency that cannot be resolved IAW para 8 above, the supplier must assume responsibility for the loss and write-off the lost materiel IAW Part 1, Chap 10.

Minor Discrepancies

11. IAW A-LM-007-014/AG-001, vol 3, chap 7, article 3-712, the consignee may accept minor (trivial) discrepancy due to loss or damage in transit without reference to the consignor. A deficiency in a shipment may be classified as minor only when it does not involve a narcotic or controlled substance (these losses are dealt with in the Transportation Manual, chapter 18, Article 1806) and:

a. the loss of materiel is not caused by fraud, theft, arson or gross negligence;

b. the responsibility is clearly not that of the carrier, contractor or consignor; and

c. the total value of the deficiency in one shipment does not exceed $200 and:

(1) the value of the deficiency for any one item in the shipment does not exceed 10 per cent of the total value of the item, up to a maximum of $100, or

(2) the value of the deficiency for any one item does not exceed $50 without regard to percentage of the total value.

For minor discrepancies from the Prime Vendors, please complete the appropriate discrepancy form, Annex A, Part 2, Chap. 4 for medical materiel or Annex B, Part 2, Chap. 4 for pharmaceuticals.

Loss Or Damage In Transit

12. All shipments of medical supplies shall be inspected for evidence of loss or damage in transit.

13. Where shipments are consigned "FOB Consignee", the consignor shall be responsible for resolution of claims for damage or loss in transit.

14. When shortage or damage is revealed at destination, the consignee shall carry out the following actions:

a. obtain the carrier's signed acknowledgement of loss or damage on the waybill;

b. contact the carrier's office to request an inspection of shipment damage;

c. forward a letter of intent to claim as outlined in para 16 below;

d. place the shipment in quarantine pending resolution of claim;

e. if carrier has inspected the damaged materiel, obtain a copy of the report;

f. raise a Recoverable Invoice, form DND 506 (7530-21-902-0844), as outlined in para 21 below; and

g. complete stock control documentation IAW para 22 below.

Notice of Claim

15. Notice of claim (letter of intent to claim) for loss or damage shall be given to the carrier in writing as soon as possible after discovery of the loss or damage. Time limits for the interval between receipt of a shipment and the notice of claim can be found in A-LM-158-004/AG-001, Transportation Manual, Chap 5.

16. The notice of claim shall be sent to the carrier in standard letter format and shall contain the following information.

a. origination point;

b. destination;

c. date of shipment;

d. date of receipt (or expected date of receipt);

e. documentation numbers as applicable;

f. description of the loss or damage; and

g. estimated amount of the claim.

17. The notice of claim shall also inform the carrier of the claim action that shall follow.

Claim Procedure

18. In all cases of damage or loss of medical materiel in transit, where it is evident that neither DND nor the supplier is at fault, a claim shall be lodged against the carrier, i.e.:

a. the delivering rail carrier for rail express or freight shipments;

b. the delivering road carrier, when shipment is effected by two or more road carriers;

c. the delivering road carrier for combination air/road shipment, when the road

carrier has provided the air carrier with a clear receipt; or

d. the delivering air carrier for air express or air freight shipments.

19. IAW FAM 1018-2, for each claim against a carrier, a Recoverable Invoice (DND 506) shall be submitted to the Comptroller/Accounting Officer for local recovery action (contact local Transportation Agent and/or Comptroller section for assistance as required). A copy of each of the following documents, where applicable, shall be attached to the DND 506:

a. the carrier's waybill, arrival notice or delivery slip;

b. the receipt given the carrier showing the exceptions noted at time of delivery;

c. the written notification (notice of claim) to the carrier of loss or damage;

d. the carrier's inspection report;

e. the contract or procurement document where shipment originated with a contractor;

f. the contractor's invoice;

g. a statement or other document from the consignee, or consignor where applicable, showing the basis for pricing the claim. The full amount of the loss or damage shall be shown on the claim;

h. the repair contractor's invoice or estimate of cost of repairs for damaged materiel;

i. photos of damaged items, when these would assist in evaluation of the claim; and

j. all other correspondence relevant to the claim.

Documentation

20. All damaged or lost medical materiel shall be brought on charge by receipt voucher (see Part 1, Chap 3). Upon settlement of the claim by the carrier, an issue voucher shall be raised to remove the damaged or lost items from charge. The appropriate Recoverable Invoice (DND 506) shall be quoted on the voucher.

CHAPTER 11 - REPAIR AND MAINTENANCE

1. This chapter provides detailed administrative procedures for the repair and maintenance of medical equipment and reinforces the policy regarding repair and maintenance of medical equipment outlined in CFMO 6-62

Repair of Medical Equipment

2. Medical equipment requiring repair beyond local capability shall be reported to the supporting medical equipment repair facility with all relevant details.

3. Equipment shall not be returned to the supporting repair facility without prior authority, nor shall a replacement be demanded until the unserviceable item has been reported.

4. Civilian contractors shall not be engaged to repair medical equipment without the prior authority from the regional Biomedical Electronics Technician (BE Tech), except in an emergency. In such cases, the BE Techs shall be given full details, including any invoices and/or service reports, as soon as possible. The repair facility is responsible for coordinating all routine repairs, including those completed while equipment is still under warranty.

5. Repair and maintenance procedures for units deployed away from their home base or home port are detailed in Part 3, Chap 1.

Repair Limitations

6. The one-time repair expenditure limit for medical equipment is applicable to each repair job performed on an item. One-time repair expenditures are calculated as a percentage of current acquisition cost, which is determined from the fraction of useful life remaining.

7. For example, an electrocardiograph has been in service for five years. It has a current acquisition cost of $12,000 and a life expectancy of eight years (Annex C to Chap 8). The useful life remaining is 8 – 5 = 3 years. The fraction of useful life remaining is 3/8, which falls between ¼ and ½ (Annex D to Chap 8). Therefore the one-time repair expenditure limit at this time would be 30% of the current acquisition cost, or $3,600.

8. The maximum cumulative repair expenditure limit shall not exceed 150% of the current acquisition cost. Items that cannot be repaired within this limit shall have disposal action initiated.

9. Costs of modifications, preventive maintenance services, or routine inspections shall not be included when determining repair expenditure limits.

Estimate of Repair Costs

10. Qualified personnel shall appraise unserviceable equipment technically and the following information shall be included in the repair cost estimate:

a. The total labour cost per direct person-hour, unless an actual cost is available. Indirect labour and other overhead is included in this figure. The hourly rate to be used in calculating total labour costs will be determined at the start of each fiscal year by CF H Svcs Gp HQ/G4;

b. Cost of the standard repair parts and accessories;

c. Estimated cost of non-standard parts and accessories, when actual costs are not available; and

d. Estimated cost of transportation.

11. Necessary repairs shall not be deferred or omitted on equipment in order to reduce the total estimated cost to a value within permissible repair limits for the purpose of continuing the equipment in use. All necessary repairs shall be included in the estimate in order to prevent continued use of over-age or uneconomically repairable equipment.

Returns to Repair Facility

12. Medical equipment requiring repair shall be forwarded to the supporting repair facility using a Medical Work Order Request (Annex A) or equivalent.

13. Defective items no longer required shall be returned to the supporting repair facility with information as detailed for routine issues in Chap 5

14. Defective medical equipment returned to repair facilities shall be processed as follows:

g. An electronic Work Order Request (Annex A) shall be initiated by the unit and assigned a local control number, for reference purposes. The request shall be completed by the repair facility and returned to the initiating unit;

h. The equipment shall be cleaned and/or disinfected to prevent contamination. A Certificate of Medical Equipment Cleanliness (Annex B) shall accompany the item;

i. The defective equipment shall be placed and held in the repair facility by the receiver;

j. The repair facility shall examine the equipment to determine if local repairs are feasible, if repairs by an outside contractor are required, or if the defective equipment is beyond economical repair;

k. If the equipment is beyond economical repair and is recommended for scrap or produce, it shall be processed IAW Chap 12; and

l. For equipment that is to be repaired, the repair facility shall complete the

necessary repairs, or confirm that the repairs have been completed, and annotate the details on the electronic Work Order request. On completion of the repairs, a paper copy of the Work Order shall be signed and returned to the unit with the equipment.

15. If repairs cannot be carried out because of economic or other reasons, the repair facility shall initiate disposal action electronically and advise the unit of the disposal action being taken. If a replacement item is required, the unit shall submit a request for replacement referring to the Asset number and Work Order of the disposed equipment.

Civilian Repair Contractors

16. When repairs are beyond the capability of the repair facility resources, a civilian contractor may be utilized.

17. Upon completion of repairs, an individual at the unit having signing authority under Section 34 of the FAA shall sign the contractor's invoice to certify that the equipment has been repaired satisfactorily, and forward the invoice for payment.

Electronic Medical Equipment Asset Register

18. An Electronic Asset Register shall be opened by the Asset Manager in CF H Svcs Gp HQ/G4 on acceptance of each item of new equipment which has a current acquisition cost of $500.00 or more and has an accountability code of A or B. If the item is direct-delivered, asset information is to be forwarded to G4 Med Eqpt/Asset Manager, where it will be electronically entered. The Asset Manager has sole custody of all electronic asset registers and is responsibility for maintaining the asset data.

19. When equipment is to be transferred, approval must be obtained from G4 Med Eqpt for A and B class items, as outlined in Chap 5, para 8. Upon approval, the Asset Manager shall ensure the move information is amended electronically.

20. When equipment is being disposed of through an approved agency, the Asset Management shall make copies of the equipment history to pass onto the disposal agency.

21. When equipment is reduced to spare parts, the Asset Register shall be made electronically inactive.

Annex A to Part 2 Chapter 11

MEDICAL EQUIPMENT WORK ORDER (DND 1070)

"Ann A-2-11.pdf"

Annex B to Part 2 Chapter 11

CERTIFICATE OF MEDICAL EQUIPMENT CLEANLINESS

Unit: _____

Asset Number: _____

Contact Person: _____

Reason for Return: _____

(e.g. No longer required, return off loan, repair, etc)

Circle: "A", "B", or "C" (as applicable).

A This equipment **has not** been used in an invasive procedure or **has not** been in contact with blood, other body fluids, respired gases, or pathological samples. It **has** been cleaned in preparation for inspection, servicing, repair or transportation in accordance with (IAW) the operator's manual.

B This equipment **has** been used in an invasive procedure or **has** been in contact with blood, other body fluids, respired gases, or pathological samples. This medical device **has** been cleaned and decontaminated by the customer by a validated method in preparation for inspection, servicing, repair or transportation in accordance with (IAW) the operator's manual. The method of decontamination is listed below.

C It is **unknown** whether this equipment has been used in any invasive procedure or has been in contact with blood, other body fluids, respired gases, or pathological samples. All external parts have been wiped with a suitable disinfectant IAW with the operator's manual.

The method of decontamination was: _____

(e.g. alcohol, bleach, etc)

I declare that I have taken all reasonable steps to ensure the accuracy of the above information.

Signed: _____ Date: _____

Name (printed): _____ Rank: _____

Position Held: _____ Telephone #: _____

For additional information contact your supporting BE Technicians.

CHAPTER 12 - SURPLUS AND EXCESS MATERIEL

Definitions

1. **Surplus materiel** is materiel for which there is no known requirement. An item may become surplus because it is obsolete, uneconomical to repair, or in excess of forecasted requirements.

2. **Excess materiel** is defined as follows:

   a. a quantity of medical materiel which is held by a unit and which is greater than the quantity authorized; or

   b. a quantity of medical supply system stock that exceeds economic retention levels.

Accountability Codes A and B items

3. After authorization from G4 Med Eqpt, surplus equipment shall be submitted to an approved agency for disposal. Excess materiel shall be returned to the supporting Repair Section for redistribution as required.

4. Units holding excess equipment shall request authorization from the supporting Repair Section to return the equipment, using the form at Annex A.

5. Upon receipt of the equipment, the Repair Section shall determine whether the equipment is to be scrapped, put back into stock, or disposed of through an external agency. This assessment is sent to G4 Med Eqpt, where final authority is given. If the item is to be disposed of externally, the appropriate electronic forms will accompany the email authorization from G4 Med Eqpt.

Accountability Codes C and D items

6. When C- & D-class medical supplies are in excess of normal requirements, units shall return them to the supporting unit. The supporting unit shall make every effort to return surplus materiel to the original supplier for credit. If this is not possible, surplus stock shall be reported to G4 Med Mat Mgt for possible redistribution or disposal.

7. Only serviceable Acc code C and D items shall be returned. Unserviceable C- and D-class items shall be disposed of locally as directed by the supporting unit

Closure of Units or Ship

8. All medical supplies shall be returned to the supporting Medical Provisioning Point (MPP) when a ship:

   a. is ordered into dry dock for a significant period of time for repair or refit;

b. is being placed into reserve; or

c. is being transferred to CADC for disposal.

9. Before returning supplies, mutually acceptable timings and special instructions, where applicable, shall be obtained by message or letter from the supporting MPP. Supplies shall then be returned IAW issue procedures in Chap 5

10. Should the ship be recommissioned and resupplied after refit, new demands shall be prepared and submitted IAW Chap 3, using applicable scale of issue and kit lists.

11. When a deployed unit or static unit is disbanded, disposal instructions shall be requested from the supporting Repair Section for all A- & B-class medical equipment. The procedure for a deployed unit to return Acc code A and B medical materiel is detailed in Part 3.

12. Closure instructions referred to in paras 8 and 11 above shall include:

a. verification of distribution account (DA) or equipment holdings; and

b. verification of psychoactive substance (narcotic and controlled drug) holdings.

13. Acc Code C and D items shall be consolidated, screened for serviceability and stock records shall be adjusted to show serviceable stock only. Unserviceable stock shall be disposed of locally, as per instructions from supporting medical facility.

14. When a static unit is disbanded, action shall be taken to destroy all medical supply accounting documents that are authorized for disposal IAW the Defence Subject Classification and Disposition System (DSCDS). All other medical materiel accounting documents shall be updated, all stock records, electronic or manual shall be reduced to nil balance, and any outstanding discrepancies resolved. These documents shall than be returned to CF H Svcs Gp HQ/G4 for audit and retention. CF H Svcs Gp HQ/G4 shall retain the accounting records for the periods prescribed by DSCDS and dispose of them at the end of the retention periods.

Annex A to Part 2 Chapter 12

REQUEST FOR DISPOSAL OF EXCESS MEDICAL EQUIPMENT/DEMANDE D'ÉLIMINATION DU MATÉRIEL MÉDICAL EXCÉDENTAIRE

Unit/Unité:_____ Date:_____

Originator/Auteur:_____

(Name,Rank,Telephone No/Nom, grade, No de tél)

Signature:_____

NSN	Nomen-clature	Descriptive Data	Qty	Condition of eqpt (good, fair, poor)	Remarks	Date of Purchase	LIfe Expect-ancy	Est Repair Cost	Disposal Instruction
NSO	Nomen-clature	Description	Qté	État de l'équipe-ment (Bon,Passable , Mauvais)	Remarques	Date achat	Durée prévue de vie	Coût approxi-matif de répara tions	Directives d'élimination

Notes:

1. Descriptive Data: provide a concise description of the item including as applicable, the manufacturer, make and model number, serial number, asset number and accessories.

2. Remarks: is the item obsolete, outmoded or missing parts? Is it unserviceable and, if so, what repairs are required to make it serviceable?

Nota:

1. Description: donner une description de l'article, y compris le nom du fabricant, les numéros de marque, de modèle, de série et d'avoir et la liste des accessoires, s'il y a lieu.

2. Remarques: l'article est-il désuet ou démodé, ou manque-t-il des pièces? Est-il inutilisable? Si c'est le cas, quelles sont les réparations requises pour le rendre utilisable?

PART 3 - MEDICAL SUPPLY PROCEDURES FOR DEPLOYED UNITS/INDIVIDUALS

CHAPTER 1 – MEDICAL RESUPPLY FROM CANADIAN SOURCES

Introduction

1. This part of the manual should be read in conjunction with the Geneva Convention and the DCDS Directives to International Operations, chapter 16. With regard to United Nations (UN) operations, the UN Contingent Owned Equipment Manual provides detailed guidance. In most situations, Canada will provide all necessary medical supplies to deployed units and this chapter outlines the unique medical resupply procedures applicable to deployed units. For resupply from non-Canadian sources, see Chap 2.

Definitions

2. A unit is considered **deployed** when the unit, in whole or in part, is involved in such situations as international deployment under DCDS command for war situations, peacekeeping operations, or operations other than war, such as humanitarian assistance, or when deployed within Canada, under DCDS control or the usual command chain for domestic operations.

3. A **Canadian unique item** is any Canadian medical item for which an equivalent item cannot be obtained from foreign medical resources.

Limitations

4. Units shall utilize the procedures applicable to static units detailed in Part 2 of this manual until they are deployed.

Entitlements

6. Deployed units' entitlements for medical materiel are published based on mission requirements (location and number of supported personnel) and the role of health care support, as determined by the DCDS for international operations or the deployment commander or DCDS for domestic deployments. It is the Task Force Surgeon’s responsibility to determine requirements for medical materiel. The requested equipment will be issued upon concurrence by D H Svcs Ops. All approved equipment will be placed on the Operation’s Table of Organization and Equipment (TO & E) or medical DA and may include items from the following lists:

a. On-Line Establishment Browser (OLEB), which shows entitlements and holdings for various major pieces of equipment including weapons and radios (information formerly listed in Canadian Field Force Equipment Tables (CFFET));

b. Application Parts Lists (APLs), formerly Equipment Checklists (ECLs); and

c. CF Scale D05 – Medical Equipment and Supplies.

7. The items listed above are CFSS documents; refer to A-LM-007-014/AG-001 for details. CF Scale D05 is in support of CF H Svcs Gp Materiel Management System; the technical OPI is the applicable Health Services Advisor, with G4 Med Plans consolidating the list and coordinating requests to DMMD for amendment.

8. Entitlements for non-medical individuals who are deployed are determined by the requirements for each mission. Some of these requirements are part of specific scales for clothing, etc. Some examples include United Nations Military Observers (UNMOs), Liaison Officers (LOs), and augmentees to foreign forces. Entitlements to medical supplies will be determined by CEFCOM/CANOSCOM Health Services Support (HSS)/D H Svcs Ops and will be stated in the individual's tasking message. Note that members posted overseas (e.g. to an embassy, as an attaché, or on a foreign service exchange posting) are not included in this statement. In these cases, the Department of Foreign Affairs and International Trade (DFAIT) will provide instructions on health care support for CF members during their stay in that foreign country.

9. Special deployed units may be formed to fulfil a specific task or function within or outside Canada for a set period of time. These special units will not have published entitlements in normal entitlement documentation. Authority to hold medical equipment will be provided by D H Svcs Ops/CF H Svcs Gp HQ/G4 when the unit is formed and deployed. It is often the responsibility of the deploying medical personnel with the first rotation (Roto 0) to develop a list of items to be submitted to the Task Force Surgeon for review, then to D H Svcs Ops for approval. At the time of pre-deployment, data related to the roles of health care, medical intelligence, environment and epidemiology will be considered to assess the medical materiel requirements.

Amending Entitlements

10. Requests to amend Acc code A and B medical items on any CFSS entitlement document, including those listed at para 6, shall be forwarded through the operational chain of command for approval. When there is a requirement for an A- or B-class medical item during deployment, there is usually no change to entitlement documents because the requirement is often to fulfill a specific, existing operational need. Amendment requests are normally raised in an After Action Report, or by other means, through the environmental chain of command. The request is then examined to determine if similar situations could be expected in future deployments.

11. Requests to amend Acc code A and B medical items listed on any entitlement document shall be forwarded through the operational chain of command to G4 Med Eqpt for approval by D H Svcs Ops. If the item is part of a medical kit, G4 Med Eqpt will work with G4 Med Plans to review the demand.

12. Requests to amend any entitlement document (CFSS or CF H Svcs Gp Materiel Management System documents) for Acc code C and D medical items, including the list of

contents of medical kits, shall be submitted to G4 Med Plans in writing, who will consult with the Environmental Health Services Advisor, the Pharmacy and Therapeutics (P&T) Committee for pharmaceuticals, or to the Medical Product Evaluation Review Committee (MPERC), as required.

Return of Medical Equipment No Longer Required or Authorized

13. No shipments of medical supplies or equipment are to be made into or out of theatre without prior approval of G4 Med Ops. Deployed units shall contact the Forward Medical Equipment Depot (FMED) when approval for a shipment is required.

14. When Acc code A or B medical equipment (having, respectively, Acc Code E or A in the general supply system) held under the authority of a CFSS entitlement, such as is listed at para 6, is no longer required or has been deleted from the entitlement document, a deployed unit may have the equipment removed from the CFSS Supply Customer Account (SCA), by returning the item to the Operation Supply Officer for onward transmission to CMED. Before providing the item to the Operation Supply Officer, it should be complete with accessories and cleaned IAW operator's manual and procedures, and properly packaged for shipment. Authorization for return to CMED shall be requested through G4 Med Eqpt prior to return of item. Upon approval for return to CMED, the Operation Supply Officer shall remove the medical item from the unit SCA and then forward the item to CMED.

15. Excess Acc code A and B medical materiel held on the unit's medical DA, may be authorized for return by G4 Med Eqpt and sent to CMED with an accompanying transaction voucher. Upon receipt of the item, CMED shall inform G4 Med Eqpt, who shall remove the item from the medical DA. As in para 14 above, the item(s) must be complete with accessories and cleaned IAW operator's manual and procedures, and properly packaged for shipment.

Demanding Medical Materiel

16. When units are deployed and receiving support from CF H Svcs Gp, the resupply chain will normally be detailed in Operation Orders; it should be set up to facilitate the processing of demands and issuing of medical materiel in the most expedient manner.

17. The resupply of deployed units will normally be limited to the materiel found at the deployed unit, identified in the Tasking Order or authorized by the applicable entitlement documents (para 6), including contents of authorized medical kits. Exceptions to this authority must be substantiated by the demanding unit. For example, an individual who was supposed to bring a sufficient quantity of personal medication(s) for the duration of the deployment may need additional medication due to damage or loss. If the medication is not held as part of the regular stock of the deployed unit, the demand to the FMED or to CMED must include the substantiation.

18. As detailed in para 10 above, entitlement documents for deployed units are not normally amended prior to requesting A- and B-class medical equipment in excess to previously established entitlements. Instead, the request is treated as an unforecasted operational requirement, and the need for amendment of entitlements will be addressed upon conclusion of

the Operation. Additional items, which are not in approved entitlements or scales of issue, may be requested through the deployment chain of command for significant changes, or directly to G4 Med Plans/Ops for less significant changes. For example, a significant change would involve a deployed unit requesting a piece of equipment or consumables that bring a new task into theatre and require either additional specialized personnel (such as X-ray eqpt) or that increase the task of the deployed personnel (such as the addition of a PMed Tech and the Occupational & Environmental Kit). Such requests will be reviewed and forwarded to D H Svcs Ops for approval.

19. Issues of A- and B-class medical equipment to deployed medical units shall be authorized by G4 Med Eqpt and shipped directly to the FMED or to the in-theatre medical unit or facility (e.g. UMS, sick bay) holding the medical DA.

20. Deployed units will submit demands for C- and D-class medical items to the FMED for issue from stock or transmission to CMED for procurement, if necessary. If there is no deployed FMED, medical materiel will be demanded as directed in operation orders, usually through the SMA to CMED. Long-term UN operations may have different guidance for medical resupply.

Action by Supporting Unit on Receipt of Demands

22. The FMED/supporting medical supply unit shall:

a. indicate on the demand voucher the quantity of each item issued;

b. return a copy of the demand with the supplies; and

c. keep a copy on file.

23. If the supporting unit has nil stock of a demanded item, it will normally indicate on the voucher the approximate date that the item will be available. The creation of backorders is at the discretion of the supporting pharmacist/medical supply personnel. If backorders are not created, the demanding unit shall reorder the item on the date provided by the supporting unit. In either case, the demanding unit must be informed of the procedure to be followed for items that cannot be provided from the initial demand.

Urgent Demands

24. Urgent demands may be transmitted to the supporting medical supply facility in any manner.

Critical Stock Levels

25. Minimum essential medical supply items in the Theatre of Operations are outlined in STANAG 2361 and Quadripartite Standardization Agreement (QSTAG) 677. A reduction in quantities of any of these supplies below minimum requirements would indicate an impending critical medical situation. Units shall advise their headquarters through regular situation reports

of any shortfall in medical materiel, IAW QSTAG 956 (2nd draft) and/or Land Forces Command Headquarters (LFCHQ) Operational Staff Procedures. The SMA, on behalf of the Commander, shall approve the resupply of all essential items that have been declared at a critical stock level.

Equipment Repair and Maintenance

26. During a deployment, units have no capability to repair their medical equipment, unless augmented by a Biomedical Electronics Technician (BE Tech). It is the responsibility of the unit SMA to ensure unserviceable medical equipment is repaired or replaced as soon as possible. Arrangements for repair and/or replacement should be facilitated through the supporting medical supply facility, in conjunction with CF H Svcs Gp HQ/G4 Med Eqpt and CMED.

27. Units deployed without a BE Tech and requiring medical equipment repair, shall complete a Medical Work Order Request or equivalent, in accordance with (IAW) Part 2, Chap 11. The unserviceable equipment should be prepared for shipment and, after receiving approval from G4 Med Ops through the FMED, forwarded with the request to the supporting Role 2 or 3 Canadian medical equipment repair facility.

28. The FMED, when deployed, may maintain a small reserve of medical equipment for the purpose of exchanging equipment, and may be able to provide a serviceable item to that unit right away. The FMED shall arrange for repair of the equipment, on behalf of the unit, with the supporting medical repair facility or the deployed BE Tech.

Issue of Blood and Blood Products to Deployed Units

29. Blood and blood products are medical supply items that require the approval of the D H Svcs Ops before initial issue. The only deployed units normally supplied with blood or blood products will be Role 3 medical organizations, i.e. facilities with surgical capability. However, often D H Svcs Ops will authorize issue of blood products to Role 1 units (e.g. a UMS). On authorization from D H Svcs Ops, G4 Med Plans will coordinate the initial provision of blood products with the Canadian Blood Services Head Office (or Hema Québec as applicable) and CMED. After the system is initiated, G4 Med Ops will assist CMED in coordinating the sustainment of blood supply. The red blood cells are usually shipped to theatre on a “push” basis due to their short shelf life. All other blood products, e.g. fresh frozen plasma, must be ordered by the deployed pharmacist or SMA in theatre. If blood products are used in theatre, a need for re-supply may be raised prior to the scheduled delivery. It is the responsibility of the pharmacist or SMA in theatre to reorder blood products in this situation. When there is no Lab Tech deployed, the deployed pharmacist or SMA must maintain a Blood Product register, found at Annex A, showing the disposition of each blood unit.

Optical Supplies

30. The CF H Svcs Gp Materiel Management System will be responsible for providing deployed units with replacement vision correction devices for use in respiratory gas masks, as described in the CF Med Cat. For all other optical supplies and services, refer to CFMO 6-51.

Dental Supplies

31. Resupply of all consumable items to deployed dental units is managed by CMED and is charged to the operation being supported. Procurement of capital equipment for deployed dental units is controlled by D Dent Svcs.

Annex A to Part 3 Chapter 1

BLOOD PRODUCT RECORD

"Ann A-3-1.xls"

CHAPTER 2 - RESUPPLY FROM OTHER THAN CANADIAN SOURCES

Standardization Agreements

1. A series of standardization agreements between the NATO countries have been created to facilitate the interoperability between medical services in theatre when two or more nations are involved in the same operation. The STANAGs apply to all NATO countries; American, British, Canadian and Australian Forces (ABCA countries) have further agreed to the QSTAGs, which are for the most part an amplification of the corresponding STANAGs. The most applicable standardization agreements for CF H Svcs Gp Materiel Management System are listed at Annex A.

Units Receiving Medical Materiel Support from other than Canadian Resources

2. When a unit deploys away from its normal resupply chain, and specifically out of the country, resupply of medical materiel may have to be obtained from outside Canadian resources, or supplied to a unit from another country. In-theatre resupply procedures between Canada and any other Allied Force or UN country should comply with the applicable international agreements. The Task Force Surgeon is also responsible for ensuring that no medical materiel is obtained that is considered to be below Canadian standards.

3. IAW QSTAG 291 and STANAG 2128, each nation has agreed to standardized procedures for the exchange of medical materiel at all levels within the theatre of operation, and to provide customer assistance with personnel familiar with medical supplies. When medical materiel support is to be obtained from a NATO or ABCA country, the Canadian unit shall use the supporting country's NATO Stock Numbers where possible, as agreed in STANAG 2105 and QSTAG 201. IAW STANAG 2128, all Canadian units receiving non-expendable medical equipment from a foreign country shall return it to the nation of origin as soon as possible.

Resupply of Canadian Unique Items

4. Before leaving, units deploying outside the Canadian medical supply chain should attempt to stock sufficient quantities of the known Canadian unique items to last until sustainment flights are established. When a unit is deployed outside Canada and is supported by a foreign medical supply source, resupply of Canadian unique items shall be arranged by message demand to the supporting Canadian medical supply facility.

Local Procurement

5. Deployed units may procure medical supplies from local resources in an emergency or when the item is unique or particular to the location, e.g. snake bite anti-venom. If this occurs when deployed outside Canada, the medical supplies should meet Canadian standards; however, this is not always possible. When Canadian standards cannot be met, the Task Force Surgeon should be satisfied with the product before use, and will provide direction for accounting procedures as necessary. At the re-deployment phase, these foreign drugs must not be shipped to Canada, but disposed of locally IAW the more stringent of Canadian environmental standards or those of the host nation.

STANDARDIZATION AGREEMENTS FOR THE MEDICAL SUPPLY SERVICES

STANAG NO.	TITLE OF AGREEMENT	RELATED QSTAG NO.
1185	Minimum Essential Medical & Survival Equipment for Ship Life Rafts Including Guidelines for Survival	Nil
1208	Minimum Requirements of Emergency Medical Supplies On Board Ships	Nil
2060	Identification of Medical Materiel for Field Medical Installations	248
2105	NATO Table of Medical Equivalents AmedP-1(D)	201
2121	Cross-Servicing of Medical Gas Cylinders	236
2126	First-Aid Kits and Emergency Medical Care Kits	677
2127	Medical, Surgical and Dental Instruments, Equipment and Supplies	536
2128	Medical and Dental Supply Procedures	291, 435, 436
2342	Minimum Essential Medical Equipment & Supplies for Motor Ambulances	677
2350	Morphia Dosage & Casualty Marking	230
2357	X-Ray Film Format, Cassettes, Screens & Hangers	(441)
2361	Minimum Essential Medical Supply Items in Theatre of Operations	677
2871	First-Aid Materiel for Chemical Injuries	Nil

STANAG NO.	TITLE OF AGREEMENT	RELATED QSTAG NO.
2907	Procedures for Reporting and Initial Disposition of Unsatisfactory Medical Materiel and Drugs	287
2939	Medical Requirements for Blood, Blood Donors and Associated Equipment	850 (815)
3744	Minimum Requirements of Medical Equipment in Search & Rescue (SAR) Aircraft	Nil
3746	Medical First Aid Equipment in Aircraft	Nil

QSTAG NO.	TITLE OF AGREEMENT	RELATED STANAG
201	ABCA Table of Medical Equivalents of Medical Materiel	2105
230	Morphia Dosage Agreement	2350
236	Medical Gas Cylinders	2121
248	Identification of Medical Materiel to Meet Urgent Needs	2060
287	Procedures for Reporting and Initial Disposition of Unsatisfactory Medical Materiel	2907
288	Intravenous Replacement Fluids	(2127, 2361)
289	Minimum Essential Characteristics of Blood Products Shipping Container	Nil (2939)
290	Minimum Requirements for Controlled Temperature Storage and transport of Medical Materiel	Nil
291	Interface of Medical Materiel Procedures	2128
435	Medical Materiel Management during Patient Evacuation	2128

QSTAG NO.	TITLE OF AGREEMENT	RELATED STANAG
436	Minimum Labelling Requirements for Medical Materiel	2128
471	Supplementary Labels for Dispensed Medicine	Nil
536	Medical, Surgical and Dental Instruments, Equipment and Supplies	2127
677	Resuscitation Materiel for Field Use	2126 (2342, 2871)
815	Blood Supply in the Area of Operations	Nil (2361, 2939)
850	Blood, Blood Donor and Transfusion Equipment Requirements	2939
956	Medical Situation Reporting	Nil
999	Essential Characteristics for Interoperability of Field Medical Equipment (See also Nos. 344, 345, 433, 434, 440 441, 442, 444, 622 for specific equipment)	(2357) (2905, 2906) (2978, 2979)

( ): Indirectly related

CHAPTER 3 - IDENTIFICATION OF MEDICAL MATERIEL

Identification of Medical Materiel Containers

1. Containers of medical materiel provided to deployed units shall have specific signs IAW STANAG 2060 (QSTAG 248) to facilitate identification and enhance more effective collaboration between NATO Forces. All Canadian containers for medical materiel shall have a Geneva Convention sign (red cross on a white background), maroon colour markings and a Canadian flag placed as detailed in STANAG 2060 (QSTAG 248).

Identification of Auto-Injector Devices

2. IAW STANAG 2128, all auto-injector devices of participating countries, containing the medication listed below, are to be marked with one or more colour bands encircling the devices and corresponding to the medication contained, as follows:

a. Morphine - Bright Red band(s);

b. Atropine - Bright Yellow band(s);

c. Oxime - Light Brown band(s);

d. Anti-convulsant - Grey band(s); and

e. Combination - when the contents of the auto-injector device are a combination of some of the drugs mentioned above, at least one circular band of each of the appropriate colour will be used.

Identification of Medical Gas Cylinders

3. Canadian medical gas cylinders shall comply with the physical characteristics of QSTAG 236 (STANAG 2121). All medical gas cylinders will be colour coded, and stencilled with "DND" and the corresponding name as follows:

a. Oxygen - White;

b. Nitrous Oxide - Blue;

c. Carbon Dioxide - Grey;

d. Oxygen/Carbon Dioxide - White and Grey; and

e. Air - White and Black.

CHAPTER 4 - REPORTS

Unsatisfactory Medical Materiel and Drugs

1. If a Canadian unit receives medical materiel from outside Canadian resources that is considered to be unsatisfactory, the unit shall submit the appropriate Unsatisfactory Condition Report (UCR) to the foreign medical supply source. The three types of UCR are described in Part 1, Chap 9.

2. Type I and II complaints shall be reported by the fastest means available. If reported verbally, the report should be confirmed as soon as possible in writing or by message. Type III complaints will normally be reported by formal message or in writing.

3. If a Canadian medical supply facility receives a complaint from a foreign unit, the facility shall investigate the complaint and process the complaint IAW Part 1, Chap 9. Additionally, the Canadian medical supply facility is responsible for advising all other nations' medical HQs of the complaint, if the item has been provided to units from other nations.

Liaison Visits and Inspection Reports

4. Liaison visits and inspections of FMEDs and supporting medical facilities, ordered by COS J3 International Operations, shall be conducted IAW CFMO 6.01 and Part 1, Chap 6.

5. Deployed units without a pharmacist shall be inspected by the supporting Medical Officer at least every three months.

6. Copies of the inspection report will be forwarded to NDHQ COS J3, D H Svcs Ops and the Task Force Surgeon or the deployed SMA.

CHAPTER 5 – GENERAL PHARMACY PROCEDURES

1. This chapter outlines the specific duties and procedures to be carried out by pharmacy staff as part of routine pharmacy operations while deployed. CFMO 6.01 and 6.02 should be read in conjunction with this chapter. For procedures that are performed both in-garrison and while deployed, see Part 2, chap 9. Pertinent definitions may be found in Annex A.

Monitoring Expiry Dates

2. In general, drugs in medical kits will have a minimum six months' shelf life at the time of deployment. The expiry dates of all drugs and other medical items should be checked on a regular basis and the reorder done at least one month in advance of expiration, if possible, to ensure sufficient time to receive supplies from CMED. Expired products should be taken out of circulation and disposed of as indicated in paras 7 and 8 below.

Issuing & Securing Narcotics and Controlled Substances

3. Procedures for issuing and securing narcotics and controlled substances while deployed are identical to those used in-garrison. Refer to Part 2, Chap 9, for details.

Disposal of Expired Prescription and OTC Drugs

4. Disposal of pharmaceuticals in a deployed operation must comply with the more stringent of Canadian or host nation environmental standards. Expired medication in opened packages should be disposed of in an appropriate biohazardous waste disposal container by the unit's specified contractor or service agreement. If containers are unopened, or if appropriate local disposal is not possible, the pharmacist or SMA should contact G4 Med Ops or CMED DCO, submit a list of items to be considered for return, and await disposal directions.

Disposal of Expired Narcotics and Controlled Drugs

5. Procedures for shipment of narcotics and controlled items are described in A-LM-158-004/AG-001, Transportation Manual, Chap 18. In many cases, expired narcotics shall be returned to CMED by the FMED, or by the MO or CF Mission Commander if there is no FMED, for disposal. The Pharm O in charge of FMED may request authorization from the Office of Controlled Substances (OCS) in Toronto, Ontario, to dispose of these narcotics in theatre. If local destruction is not possible, the return of items to CMED shall be coordinated through G4 Med Plans/Ops. It is illegal to send narcotics through the mail; therefore, narcotics returned to CMED must be sent by traceable means, as freight. They should be packed in a box with double wrapping; the outside packaging should not show any indication that a narcotic is inside, and the inside wrap should show "to be opened by a pharmacist". A signature is required each time the box changes hands en route to CMED and on receipt at CMED.

Storage and Control of Surgeon General (SG) Controlled items

6. The procedures applicable to these items are detailed in Part 2, Chap 7. NBCD medical countermeasures, SG items, are sometimes pre-positioned with the FMED or the deployed medical facility to be held within the medical supply control. In many instances, the issue to individuals will be carried out only on direction of DCDS or, in emergency situations, by the Task Force Commander, who will inform DCDS as soon as feasible. In any of these instances, D H Svcs Ops, Reg Affairs, and G4 Med Plans/Ops must be informed of the issues. No SG item is to be transferred to a unit without D H Svcs Ops authorization, which is to be sought through G4 Med Plans/Ops. The Pharm O or MO in charge of the medical facility remains responsible for the SG items that may be issued as a bulk supply to the CF team leader or CO at a remote

location.

Donations of Medical Materiel

20. The World Health Organization (WHO) has published guidelines for drug donations that should be reviewed prior to making a donation. All donations shall have Ministerial approval and must go to medical facilities or medical personnel. Requests for donation authority shall include NSN, item description, DIN (if applicable), quantity, expiry date, cost, and the name of the person or facility willing to accept the materiel. After coordination with the Theatre SMA, all requests shall be sent by the Canadian SMA to J4 HSS through G4 Med Ops 2, who will review the list and make a recommendation about donation. CF policy states that time expired items and pharmaceuticals and medical materiel no longer considered suitable for CF personnel shall not be donated.

Storage Temperatures

21. All attempts should be made to protect medical materiel from extremes of temperature. Temperature sensitive items should not be subjected to freezing or stored in areas with temperatures that exceed 30 degrees Celsius.