Ministry of Defence

JSP 886
DEFENCE LOGISTICS SUPPORT CHAIN MANUAL

VOLUME 6
COMMODITY SUPPLY MANAGEMENT

PART 6
SUPPLY OF MEDICAL, DENTAL AND VETERINARY EQUIPMENT IN THE JOINT SUPPLY CHAIN

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FOR TECHNICAL REASONS, EXTERNAL LINKS ON THIS INTERNET VERSION HAVE BEEN REMOVED.

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1.5	16/08/11	Amendment to Annex C: Non Aircrew Contact Lens, Annex E: Aircrew Spectacles & Soft Contact Lens and BRd 1991 hyperlinks.
1.6	08/12/11	Minor Editorial Changes.
1.7	11 Jan 12	Process to obtain GSR Corrective lenses - F MED 79. - Chapter 7, Paragraph 10 to end and Appendices - Pages 68 to 75.
1.8	13 Feb 12	HM Ships now included in 100% Stock Checks for Controlled and Accountable drugs: Chapter 4 Paragraph 41a (Page 33) and RNTM 016/12 refer.
1.9	02 Oct 12	Re-Format and POC update incl change of title from DSDA to LCS.

Contents

CHAPTER 1: INTRODUCTION TO THE MANAGEMENT OF MEDICAL, DENTAL AND VETERINARY MATERIEL

INTRODUCTION

1. These regulations consolidate Defence policy for the provision, supply, management, servicing, repair and disposal of medical, dental, veterinary and Service Dog materiel. They are to be read in conjunction with other relevant joint-Service and single-Service regulations. This underlying policy provides clear direction where required, such as for statutory or legal reasons, but maximum freedom elsewhere to reduce bureaucracy and unnecessary administration.

PURPOSE

2. The purpose of this instruction is to detail any variance from the standard Supply Chain procedures for the demand, issue and disposal of medical, dental and veterinary materiel.

OWNERSHIP AND POINTS OF CONTACT

3. The policy, processes and procedures described in the Defence Logistics Support Chain Manual (JSP 886) is owned by Director Joint Support Chain (D-JSC). Head Supply Chain Management (SCM-Hd) is responsible for the management of JSC policy on behalf of D JSC.

4. This instruction is sponsored by Surgeon General's Department (SGD) who should be approached in case of technical enquiries about the content:

SGACDSMedOpCap-MedECSO2@mod.uk
Tel: Mil: 9360 Ext 55717. Civ: 01923955717

5. Enquiries concerning the accessibility and presentation of this instruction should be addressed to:

DES JSC SCM-SCPol Editorial Team
Tel: Mil: 9679 Ext 80955. Civ: 03067 980955

GLOSSARY

6. A glossary of JSC terms is available at JSP 886 Volume 1 Part 1A: The Glossary.

DEFINITION OF MEDICAL, DENTAL AND VETERINARY MATERIEL

7. For the purpose of this instruction the definition of medical, dental and veterinary materiel is as follows:

Medicines, chemicals, blood products, dressings, surgical and medical instruments, devices and appliances, imaging and other diagnostic equipment, laboratory requirements, rehabilitation equipment, specialised hospital supplies, clinical training equipment and dental and veterinary supplies required in Ministry of Defence medical, dental and veterinary establishments, ships and units.

8. Medical Materiel Short Life (MMSL) items are medical items that have a specific expiry date. These can encompass a large range of medical materiel but are primarily pharmaceuticals and clinical consumables. MMSL products must be used / consumed before the given expiry date by the demanding unit only as the Wholesaler Dealers licence prevents the return or re-issue of these items to other units.

CATALOGUES FOR MEDICAL, DENTAL AND VETERINARY EQUIPMENT

9. JSP 324: Catalogue of Medical Materiel is the catalogue of all classes and categories of medical, dental and veterinary materiel used in the British Armed Forces. It is divided into classes related to the nature of the materiel. Full details of identification symbols are given in the preface to the catalogue. If an item cannot be identified then reference to the Project Team (PT) is recommended. JSP 324 is held and managed by the Medical Module Co-ordinator (MMC) at Medical and General Supplies PT (M&GS PT). Veterinary facilities also access the Centaur Catalogue for all veterinary specific-material. The DC3 ESL / 5193 John Humphris Ltd Catalogue is the single-source document for all Service dog equipment and the instructions for the operation of these direct supply schemes including demand, issue and disposal are at Chapter 8.

SINGLE-SERVICE REGULATIONS

10. The general principles for the management of medical materiel are set out in this publication and are to be used in conjunction with JSP 886 Volume 4: Materiel Accounting and legacy single-Service regulations (RN - BRd 199:Instructions for the Royal Naval Medical Service)' (RAF - Air Publication 1269). Where there is conflict between JSP 886 and single-Service regulations the Surgeon General's Department (SGD) will provide guidance.

LINKED PUBLICATIONS

11. The following publications / websites are referred to in this instruction:

a. Defence Medical Services - Surgeon General's Policy Letters.

b. Medical and General Supplies Project Team (Medical Element) website.

c. MEDINFO - A Searchable Guide to Policy Documents in the Defence Medical Services.

d. JSP 324: Catalogue of Medical Materiel.

e. JSP 340: Joint Service Regulations for the Management of Medical, Dental and Veterinary Materiel and Equipment.

f. JSP 375: MOD Health and Safety Handbook.

g. JSP 440: The Defence Manual of Security.

h. JSP 473: Joint Service Regulations for the Engineering Support of Medical, Dental and Veterinary Equipment.

i. JSP 752: Tri-Service Regulations for Allowances.

j. JSP 886 Volume 2 Part 5: Purchasing Inventory Using P2P.

k. JSP 886 Volume 3 Part 7: Consignment Tracking.

l. JSP 886 Volume 3 Part 10: Management of Materiel Procured under UOR Arrangements.

m. JSP 886 Volume 4 Part 204: Compilation of Equipment Tables and Associated Documents.

n. BRd 1991: Instructions for the Royal Navy Medical Service.

o. Air Publication 1269: Medical Management and Administration.

p. Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care (England).

q. A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (in England).

r. Directorate Equipment Capability (DEC) UOR - Standing Instruction (Version 5).

s. DFRMO HQ Equipment / PPE Directive No 6 / 2007 - Provision and Maintenance of Aids to Vision.

t. DDS Standing Operating Procedures (SOP).

u. Guidance for Pharmacists on the Safe Destruction of Controlled Drugs England, Scotland Wales.

v. Medicines and Healthcare Products Regulatory Agency (MHRA).

CHAPTER 2: PROCEDURES FOR THE DEMAND, ISSUE AND DISPOSAL OF MEDICAL, DENTAL AND VETERINARY MATERIEL

INTRODUCTION

1. Medical, dental and veterinary items / stores / services are managed on a tri-Service basis and are procured against RAC Code: NHA003. The following are the key responsible branches:

a. **Surgeon General's Department (SGD).** The SGD are responsible for medical logistic policy and the content of the medical instruction of JSP 886 and the JSP 340: Joint Service Regulations for the Management of Medical, Dental and Veterinary Materiel and Equipment[1].

b. **Medical and General Supplies Project Team (M&GS PT).** The M&GS PT is responsible for the supply of all medical, veterinary and dental materiel.

c. **Veterinary Services.** The provision of Veterinary and Service Dog supplies and equipment is a single-Service responsibility (normally sourced through contractors' catalogues) with the management focus through SO2 Veterinary Services, Army Medical Directorate.

M&GS PT SUPPLIED ITEMS

2. The supply instructions set out below apply to medical, dental and veterinary materiel and equipment; additional instructions for specific types of materiel are in separate Chapters / Annexes. For operational, deployable (Type 1) customers this is through the normal processes identified in JSP 886 Volume 3. Consumable items are available for non-operational, non-deployable (Type 2) customers through the Purchase to Payment (P2P) system in accordance with JSP 886 Volume 2 Part 5.

EQUIPMENT SUPPORT MANAGEMENT POLICY

3. **JSP 473.** JSP 473 – Joint Service Regulations for the Engineering Support of Medical, Dental and Veterinary Equipment outlines the policies and procedures to be adopted in the inspection and maintenance of Medical equipment used by the UK Armed Forces and their Agencies. Repair of all medical and dental equipment is carried out by service and civilian, medical and dental trained technicians. M&GS PT is responsible for the repair policy of these equipments and this is promulgated in Army Equipment Support Publications (AESP) and Equipment Support Policy Directives (ESPD) via Technical Documents On Line (TDOL).

4. **Authorised Demanding Units.** Only designated Medical and Dental Service Sections (MDSS), authorised repair agencies and individual Medical, Dental and Veterinary Technicians may demand equipment spares for the repair of equipments referred to in Paragraph 2 above. M&GS PT is responsible for maintaining and updating a list of Authorised Demanding Units and is to publish this list to authorised agencies on a regular

1. The JSP 340 is undergoing extensive revision and will be reissued in due course. In the interim, some chapters may be issued as a Surgeon General Policy Letter.

basis. All demands received on the supply system from units who are not on this list will be cancelled and returned.

MEDICAL EQUIPMENT TABLES (SUPPLEMENT M)

5. A Medical Equipment Table (MET) is a document conferring entitlement to hold, liability to provide, use and account for a specific scale of medical materiel but it does not confer authority to replace or update medical modules without approval of the FLC. FLCs, in liaison with SGD (EC & Sust), will determine replacement and update priorities in order to ensure that new equipment is issued to the highest priority units first. The MET is managed with the main Equipment Table in accordance with JSP 886 Volume 4 Part 204 and is divided into Deployable Component, Contingent Component and Deployable Establishment (DC / CC / DE[2]) which contain a list of Medical Modules. The MET does not act as an authority for release of this equipment; this lies with the FLCs (as the budget holders) who act in line with the priorities for issue developed with the single Services or against actual operational justification from PJHQ.

6. SGD / D Med Op Cap is the Joint User and authority for all METs. SGD will refer all proposed changes for new / revised METs to the relevant single-Service Medical Directorates prior to endorsement. Each single-Service Medical Directorate will be responsible for ensuring that the resulting entitlements are economical and consistent with the operational and administrative efficiency of medical units and those HM Ships or non-medical units using an MET. An increase to entitlement automatically requires financial authority, which is controlled by FLCs.

7. The MET is an accounting document which gives the authority to hold liability for the following:

a. DC / CC / DE for scaled medical materiel.

b. Non-medical items, as required, to enable HM Ships or units to undertake medical activities and / or technical function, including items of DE&S supply.

c. Technical Medical Library (RN only).

d. The following are excluded:

(1) Non-codified (Not in Vocabulary (NIV)) items and non-scaled items.

(2) Items declared as being no longer provided or provisioned.

(3) Items not recognised within the Joint Supply Chain.

(4) Pool stores.

(5) Loan stores.

(6) Unit repair stocks.

2. DC – Deployable Component / CC – Contingent Component / DE – Deployable Establishment (the sum of DC and CC).

8. All stores are to be accounted for in accordance with Defence Materiel Accounting, see JSP 886 Volume 4.

MEDICAL EQUIPMENT TABLES PRODUCTION

9. METs or MET schedules are a single-Service responsibility through their respective MET sponsor. The Medical Module Co-ordinator (MMC) of M&GS PT is responsible for the production of JSP 324: Catalogue of Medical Materiel. The review of the MET by the MET sponsor is completed on a three year cycle, at which time it will normally be rewritten.

MEDICAL EQUIPMENT TABLE REWRITES

10. If, for doctrinal changes or for any other reason, an HM Ship or unit undergoes a major change of role, the MET sponsor will arrange for the MET to be redrafted, circulated for comment and for appropriate budgetary arrangements to be undertaken when the final draft is endorsed.

11. M&GS PT (Ops) will liaise with the MET sponsor prior to submitting the MET for rewrite action on the cycle review.

ASSOCIATED DOCUMENTS

12. The following documents are associated with the MET:

a. **MET (Supplement M).** The overall medical equipment scale of entitlement for medical units, HM Ships or non-medical unit.

b. **Medical Equipment Table (MET) Schedule.** The schedule of medical equipment for a department or section.

c. **Medical Equipment (ME) Set.** The scale of medical equipment pre-packed to meet a specific clinical or technical function.

d. **Technical Publications.** Generated by M&GS PT to support the in-service use and support of a capability.

MEDICAL EQUIPMENT SCHEDULES

13. Medical Equipment Schedules (MES) are designed to fulfil a particular role / capability. JSP 324: Catalogue of Medical Materiel identifies a range of schedules; however the most current MES should be requested from the respective single-Service MET sponsor for medical schedules.

MODULES

14. Modules are the basic building block which, when grouped together, are intended to create a complete clinical capability. Modules are contained within METs and an explanation of their capability and a breakdown of their contents is contained in JSP 324: Catalogue of Medical Materiel.

KITS AND OUTFITS

15. The terms ‘kits’ and ‘outfits’ describe an aggregation of medical materiel designed to provide non-medically trained personnel with the materiel required to perform first aid or immediate trauma support. The designation of either term has historically depended on which service has had responsibility for its designation. Full details on First Aid Kits and Outfits can be found at Chapter 5 to this instruction.

AUTHORITY FOR ISSUE

16. The Unit Equipment Table (UET) lists a unit’s entitlement to equipment and is unique to that unit. Medical materiel is included on the UET in Chapter 10 which is concerned with non-scaled equipment. The process for authorising amendments and issuing of equipment for this Chapter is to be conducted in accordance with JSP 886 Volume 4 Part 204. In addition, for medical materiel, the entitlement should not be amended until the responsible Arms and Services Equipment Table Sponsor has confirmed with the relevant PT that they are in a position to issue the item and undertake its subsequent maintenance.

LOANS

17. The range, availability, timelines and criteria for the demand and approval of the loan of medical materiel for training and expeditions is managed at single-Service or formation level.

MODULE REVIEW

18. Defence Consultant Advisers (DCAs) are responsible for review and update of each medical module as detailed by SGD in the Terms of Reference for DCAs which can be found in Surgeon General Policy Letter 11 / 08. DCAs chair Working Parties to review and make recommendations on the contents and packing methodology of deployable Medical Modules relevant to their speciality to ensure they remain operationally current and compatible with good practice. DCAs must attend an annual review with other DCAs to ensure that all Medical Modules remain coherent across the clinical specialities and complete Annex A. The results of the Annual Medical Module Review Working Group (AMMRWG), must be included in a report to Surgeon General (SG) by 31 March each year, copied to the Medical Director Generals (MDG), Commanding Officer Joint Medical Command (CO JMC) and the Defence Postgraduate Medical Dean (DPMD). Essentially, no item within a Medical Module may be altered without DCA / Working Group endorsement. The MMC is responsible for amendments to modules schedules and the updating of the M&GS PT website to reflect the modules. SO2 Veterinary Services is responsible for the review and update of all veterinary modules as detailed by Defence Army Veterinary and Remount Services (DAVRS).

JSP 324: CATALOGUE OF MEDICAL MATERIEL

19. JSP 324: Catalogue of Medical Materiel is held and managed by the MMC within M&GS PT.

DEMAND PROCESSING

20. The Logistics Commodities and Services (LCS) Operations Centre at Bicester receives demands and processes them through Stores System 3 (SS3), resulting in Issue Vouchers (IVs) being produced in the LCS Donnington, Warehouse 33.

DEMAND PROCEDURE

21. **Demanding Units.** Units, without appropriate IT access, that are required to place demands on AF G8620 are to follow the routine guidance in JSP 886 Volumes 3 and 4 and ensure that they insert the DMC 'MED' in boxes 61 to 63.

22. **Format and Route.** Demands are to be placed using demand priorities in accordance with JSP 886 Volume 3 Part 1: Standard Priority System; they are to be submitted as follows:

a. **Automated Demands.** Demands are to be placed in accordance with individual Service instructions relating to the applicable inventory support system used to submit the demand but only if the system is linked to Stores System 3 (SS3).

b. **Priority Demands.** Immediate and Priority demands, those with a Standard Priority Code (SPC) of 1, 2, 5 or 9, are to be passed by signal or fax to LCS Logistic Services (LS) Helpdesk, LCS Operations, Bicester. The fax number for LS Helpdesk (which is manned on a 24 hour basis) is Mil: 94240 Ext 2026 or Civ: 01869 256026. The tri-Service Materiel Demand (MATDEM) signal or fax format is to be used and is contained in the JSP 886 Volume 3 Part 1: Standard Priority System.

23. RN / RFA Units. RN / RFA Units are to submit routine demands using electronic means. Where RN / RFA Units are unable to transmit demands using electronic means, they are to submitted using Form AFG8620 (by Fax or Email) or Routine Signal MATDEM direct to JSC Bicester.

a. **Army Units.** Army units are to demand in accordance with the relevant part of JSP 886 Volume 4. All demands are to be submitted electronically in the first instance via the appropriate IT system. Demands are to be prioritised in accordance with JSP 886 Volume 3 Part 1.

b. **RAF Units.** Where RAF units cannot use RAF automated demand procedures eg Management of the Joint Deployed Inventory (Pilot Operating Capability) (MJDI (POC)), they are to demand manually on LS Helpdesk, by signal or fax if the priority warrants it.

24. **Processing of Demands.** Demands for non-codified medical, dental or veterinary spares cannot be processed by SS3 and will be rejected and referred to Med &GS PT by LCS using the Demand Logging System (DLS) / Referred Demand Logging System (RDLS). Referred demands will be forwarded to M&GS PT according to the SPC.

25. **Supply Information.** Supply information may be obtained in the normal way from LS Help Desk on Tel: Mil: 94240 Ext 2052 or Civ: 01869 256052.

26. **Hastening Demands.** If necessary, demands are to be hastened in accordance with JSP 886 Volume 3 Part 15: Supply Chain Transactions.

ISSUE PROCEDURE

27. All items are to be consigned to demanding units by the direct supply / delivery system; for overseas units consignment is to be made through the Traffic Branch at LCS Bicester.

RECEIPTS PROCEDURE FOR MDSS ITEMS

28. M&GS PT will despatch one copy of the Order / Contract document (F179) together with a 'Confirmation of Order and Receipt of Medical and Dental Spares' (F105) to the demanding unit. If M&GS PT procures the item by Government Procurement Card (GPC), only a F105 will be forwarded to the unit. When the demanding unit receives the item, they are to use the F105 as the Receipt Voucher (RV). The F105 is to be completed with full receipt details including unit RV control number. The F105 is used by M&GS PT for bill-paying purposes, therefore it is imperative that units fax and return the original within 3 working days of receipt of goods to M&GS PT, Spur 3, Block D, DE&S Foxhill, Bradford Road, Combe Down, BATH, BA2 5BZ. The unit is to retain copies of the F105 and F179 for unit accounting action and to support its stores account for audit purposes.

29. **Issue Transaction Summary (ITS).** ITSs will not be produced for items which are non-codified and on the direct supply / delivery system. The copies of F105 and F179 retained by the unit for accounting purposes will assume the role of the ITS. An ITS will be produced for all codified items issued from SS3 and is to be annotated with the individual item RV details and retained for audit purposes.

MDSS EQUIPMENT DISCREPANCY REPORTING

30. Any discrepancy in items received against a direct supply / delivery order from a contractor is to be reported immediately to MAC Branch, Main Office, LCS Donnington, TELFORD, Shropshire TF2 8JT using MOD Form 445: Discrepancy Report. DR action is to be taken:

a. After the receipt of the consignment when the discrepancy relates to description, condition, quality or quantity.

b. After normal Supply Chain Pipeline Time (as defined by the Standard Priority System) has expired and enquiries with LCS Help Desk have failed to trace the complete or part missing consignment.

c. Before the expiry of 3 calendar months by units located within UK and North West Europe, or 6 calendar months for units located elsewhere.

CONTROLLED DRUGS

31. Any discrepancy involving an item classified as a Controlled Drug (CD) is to be investigated in accordance with the procedures detailed in JSP 886 Volume 3, Part 15, Chapter 7: Discrepancies. Discrepancies involving CD's are not to be treated as Trivial Discrepancies.

EQUIPMENT FAILURE REPORTS (EFRS)

32. EFRs are to be raised and sent to the Failure Reporting, Analysis & Corrective Action System (FRACAS) Centre, BFPO 794, in accordance with JSP 886 Volume 5 Part 2.

RETURNS AND DISPOSALS

33. **Instructions.** Instructions on the disposal of surplus medical materiel are to be applied for using an AF G8621 to M&GS PT who will issue instructions. This process is to be used until such time as SS3 Disposal Restriction Codes (DRCs) are updated. Once complete, M&GS PT will inform FLCs who will issue direction to units through the Chain of Command to dispose of medical materiel in accordance with JSP 886 Volume 9. The procedure for the disposal of CDs is contained in this instruction.

GIFTING

34. Policy on the gifting of MOD owned assets, equipment and materiel is encompassed in JSP 886 Volume 4 Part 9: Gifting of MOD Materiel. The gifting of medical, veterinary and dental materiel is only to take place within the confines of a formally approved project and in accordance with relevant guidance such as the World Health Organisation (WHO) Guidelines for Drug Donations.

WRITE-OFF VALUATION FOR MEDICAL MATERIEL SHORT LIFE (MMSL)

35. The point of financial consumption for MMSL[3] is the point of issue from the Medical Warehouse at LCS Donnington. At this point the PT writes off the value of the issued MMSL items as it can only be consumed physically after leaving the holder of the Wholesale Dealers Licence under the statutory authority. This means that if the MMSL needs to be destroyed due to over provisioning or if culpability is proven, resulting in financial write-off action being carried out, then action needs to be taken, at the current basic price for the MMSL[4] in accordance with JSP 886 Volume 4 Part 6: Losses.

36. Annotation is to be made that the items are MMSL and subject to the Wholesalers Dealers License. The financial figure applied for write off is to be commensurate to ensure that any lessons are identified and resourced; but that there is not an undue write-off process applied through to higher headquarters.

37. If MMSL is time expired due to constraints outside of the unit's control then a stock adjustment needs to be carried out using CIV action at no cost to the public, supported by a statement from a suitably qualified officer such as a pharmacist or Medical Officer.

3. MMSL encompasses a large range of medical materiel, primarily pharmaceuticals and clinical consumables all of which have a specific expiry date. MMSL products must be used / consumed by the demanding unit before the given expiry date only as the Wholesaler Dealers licence prevents the return or re-issue of these items to other units. In order to prevent unnecessary wastage, units are not to demand or hold any MMSL except for that deemed essential to conduct Collective Performance training .

4. In order to avoid double accounting for these items, the PT will adjust their original write-off figure, as necessary.

ANNEX A - MEDICAL MODULE REVIEW BOARD

(Introduced at Paragraph 19)

DCA CERTIFICATE OF CLINICAL COMPLIANCE

1. Medical Module No:_____

2. Module NSN:_____

3. Date of Review:_____

STATEMENT OF COMPLIANCE

4. The contents of this Medical Module fully meet the requirement in respect of:

   a. **Clinical Capability provided**[5] — YES / NO

      Reasons if NO[6]:

   b. **Packing Methodology** — YES / NO

      Reasons if NO:

CAVEATS TO MODULE USE

5. Are there any caveats to using this Medical Module? — YES / NO

   Reasons if YES:

COMMENTS ON REVIEW PROCEDURES[7]

6.

DCA
NAME:_____SIGNATURE:_____

5. Delete as appropriate.

6. Use additional sheet if required.

7. Provide comments on any issue which you feel needs to be formally addressed to improve the Review process or the ability of the DCA / WP to carry out the Medical Module Review Process.

CHAPTER 3: TEMPERATURE CONTROL - MONITORING AND RECORDING OF STORAGE AND TRANSPORTATION OF MEDICAL SUPPLIES

INTRODUCTION

1. Good warehousing and distribution practices require that all medical supplies are stored and transported under conditions which ensure that their quality is maintained. The control of environmental conditions is therefore critical and applies not only to products that need to be stored and distributed at low temperatures but also to those that need to be stored below 25°C or 30°C. Compliance with manufacturers' recommendations concerning storage temperatures may require the use of specialised storage and transportation media. Temperature-monitoring devices are essential in demonstrating compliance with the required temperature ranges and in providing assurance that the quality and stability of medical supplies have not been adversely affected. These instructions should be read in conjunction with existing guidance produced by the Medicines and Healthcare Products Regulatory Agency (MHRA)[8].

CONTROLLED TEMPERATURE STORAGE

2. A significant proportion of medical products (mainly, but not exclusively medicines) require controlled storage and transit conditions. Whilst the risk varies, a number of products are at as great a risk from freezing as they are from excessive temperature and may be denatured or become physically unstable, even if stored for a brief period outside the required temperature.

TEMPERATE CHAIN PRODUCTS

3. Temperate chain products are those that need to be stored below 25°C or 30°C at a controlled room temperature. These products are usually labelled 'Do not store above 25°C' (or for some products 'Do not store above 30°C'). 'Room temperature' and 'ambient temperature' are not acceptable terminologies for labelled storage recommendations.

4. Unless otherwise stated in product literature and labels, the majority of medical products can be stored under conditions of controlled room temperature without compromise to their stability and recommended shelf-life. 'Controlled' room temperature implies a degree of control over the temperature of the storage environment, to avoid extremes of hot and cold temperature.

COLD CHAIN PRODUCTS

5. **Cool Storage (8°C to 15°C).** A small number of medical products are labelled 'Store in a cool place' or 'Store between 8°C and 15°C'. In the absence of a facility operating within this temperature range the goods should be stored between 2ºC and 8ºC, provided that storage below 8ºC does not affect their physical stability.

8. Recommendations on the Control and Monitoring of Storage and Transportation Temperatures of Medicines Products. Taylor, J. MHRA London, 2001. Available from: http://www.mhra.gov.uk/home/groups/comms-ic/documents/publication/con007569.pdf. (Accessed 21 Feb 08).

6. **Cold Storage (2ºC to 8ºC).** Products that require cold storage are labelled 'Store between 2°C and 8°C' or 'Store in a refrigerator'. Where the volume of these products is low, a lockable pharmaceutical refrigerator should be used for medical products requiring storage at this temperature. The use of a domestic refrigerator for this purpose should be the exception[9]. Refrigerators should be sited in an environment where the ambient temperature does not affect the temperature control within the unit. Most refrigerators will function efficiently in an external environment of between 10°C to 32°C. Large volume operations will require a walk-in cold storage facility.

7. **Freeze (below -5ºC) and Deep Freeze (below -15ºC).** A small number of products must be stored frozen (eg some blood and biotechnology products). These will be labelled 'Store below -5ºC' (freeze) or 'Store below -15ºC' (deep freeze) or they may show a range (eg 15ºC to -20ºC). Storage units must be capable of maintaining the required temperature in all parts of the load.

TEMPERATURE MONITORING

8. **Temperate Chain Products.** Permanent or semi-permanent warehouses should be temperature mapped to determine the temperature distribution under extremes of external temperature. Temperature mapping will highlight areas unsuitable for storage because of eg sun-facing windows. Mapping should be repeated every 2-3 years and after any significant modification to the premises, stock layout, or heating system. Within the MOD, the minimum requirement is for a max / min thermometer to be placed at a strategic location and read, recorded and reset daily. During periods of exceptionally hot or cold weather / climates the frequency of monitoring should be increased. Self-contained storage areas within warehouses, (Controlled Drugs Store / Flammables Store) should be included in temperature monitoring programmes.

9. **Cold Storage.** For low volume refrigerators, temperature monitoring should be by electronic max / min thermometer, with an accuracy of + 0.5°C, which should be readable from outside the refrigerator. The probe should be placed within the load (or within a suitable buffer) to record the load rather than the air temperature, and the max / min temperatures should be recorded daily[10]. The device should be calibrated annually against a certificated thermometer. The unit should have an auto-defrost facility and the temperature within the unit should not be affected during the defrost cycle. A power failure alarm should be fitted.

10. **Large Refrigerators.** Large refrigerators (in excess of 6 m³) and walk-in cold rooms should be fitted with a suitable electronic temperature-recording device which measures load temperature(s). The chart, print-out or direct reading should be checked daily and the examination recorded, either in a logbook, or by annotation of the chart / print-out if appropriate. The recording device should continue to function for 48 hours in the event of a power failure; the facility should be fitted with a power-failure alarm. Temperature mapping is to be repeated if significant changes take place, such as the repair or replacement of the refrigeration unit or changes to the internal storage layout. A calibrated max / min thermometer should be placed inside the unit for use as a back-up in case of failure of the electronic monitoring system and to confirm the temperature indicated on the

9. Domestic refrigerators are not sufficient for high risk products; items placed next to the chiller plate / coil or products packed without adequate circulation are at risk of being exposed to temperatures that fall outside the recommended temperature range.

10. In hot climates, the temperature should be monitored more frequently.

recorder. Recording probes should preferably be independent of controlling probes. The low temperature alarm must trigger before the temperature drops below +1°C.

11. **Freezers.** Freezers are usually only required for blood products which will normally be the responsibility of the Pathology Laboratory. Storage units must be capable of maintaining the required temperature in all parts of the load and load temperatures are to be monitored and recorded daily.

TEMPERATURE RECORDING

12. **Temperature Monitoring Records.** Temperature monitoring records for each storage area are to be maintained and are to include the date / time, max and min temperatures, action taken if outside the range, the initials of the individual who has recorded the temperature and confirmation that the recording device has been reset. Records are to be retained for 5 years.

13. **Temperature Monitoring in Mobile Environments.** The requirement to monitor and record temperatures extends beyond static storage facilities to personnel and vehicle-borne modules which contain temperature sensitive items; appropriate temperature monitoring devices should be made available to facilitate this. Temperature monitoring and recording not only provides confirmation that temperature sensitive items remain fit for use, but also provides the evidence to support requirements to enhance capability if temperature control is an issue.

TRANSPORTATION OF PRODUCTS WHICH REQUIRE CONTROLLED LOW TEMPERATURE STORAGE

14. If transit times for bulk cold-chain goods are prolonged, refrigerated transport is to be considered. Small volume deliveries with short transit times should be adequately protected by insulated packaging. The M&GS PT will be able to advise on appropriate packaging and packing; care should be taken that products, especially those denatured by freezing, are prevented from coming into direct contact with ice packs at sub-zero temperatures. Temperature monitoring will be required for transit times that are measured in days rather than hours. Where airfreight is used, each consignment should be monitored.

TEMPERATURE CHECKING ON RECEIPT

15. Cold chain items are to be removed to a controlled environment as soon as possible after receipt and always within two hours. Stores personnel are to ensure that the supplies have not been subjected to adverse conditions during transit by sight of a printout from a data logger or monitoring device placed in the load by the consignor.

CALIBRATION OF MEASURING DEVICES

16. Manual and electronic measuring and recording devices which are used in critical areas (eg temperature monitoring of storage and transport facilities for high-risk cold-chain goods) are to be calibrated at least annually against a traceable reference device. Records are to include pre- and post-calibration readings and details of any adjustments made or corrections to be applied. Alarms should be checked for correct functioning at the designated set points.

HUMIDITY

17. Where products are required to be stored under specified conditions relating to humidity, relative humidity must be monitored and recorded.

STANDING OPERATING PROCEDURES (SOPS) AND RECORDS

18. Standing Operating Procedures (SOPs) that cover monitoring and recording activities are to be in place and are to state the action to be taken in the event of an environmental control failure.

RETURNS

19. All specialist containers and recording devices used in the transport of medical materiel through the Joint Supply Chain (JSC) are to be returned promptly through the Reverse Supply Chain (RSC). There are a limited number of these items and they are specifically supplied for managing the delivery of environmentally controlled and tracked medical items. Units are not to routinely demand these items or seek inclusion of them on their Equipment Tables (ETs) unless specifically authorised by the Chain of Command based on their role.

CHAPTER 4: CONTROLLED AND ACCOUNTABLE DRUGS

INTRODUCTIONS

1. All pharmaceuticals require appropriate handling to prevent misuse. Some pharmaceuticals, due to their potential for abuse, are subject to additional storage, record keeping, prescribing controls and audit activities above those which may be imposed by their "Prescription Only Medicine" (POM) or other legal status. This applies equally to both human and veterinary licensed pharmaceuticals.

2. The Misuse of Drugs Act (MDA) 1971, its amendments and regulations made under the MDA specify the levels and nature of controls which apply to these substances, referred to as Controlled Drugs (CD). The following policies adhere to the principles of control imposed by the Act and Regulations and give direction on the application of these within the MOD environment[11]. The MOD identifies a number of other products that are either uncontrolled or subject to less stringent controls within the current legislatory framework and these are termed 'Accountable Drugs' (AD). Due to structural and procedural differences between MOD and the civilian healthcare sector, MOD control exceeds that required by current legislation for these products in some areas.

EXCEPTIONS

3. **Ministry of Defence Hospital Units (MDHUs).** Defence Medical Service (DMS) personnel employed in MDHUs are to comply with the host Trust's policies regarding CD.

4. **Multinational Medical Facilities.** For multinational facilities SGD, in conjunction with other partner nations, is to designate a lead nation for determining the legal or policy basis for any dispensing or supply operations that take place within the facility where that function is undertaken on a joint basis. Once determined, personnel are to follow the lead nation regulations regarding the levels of control and accounting procedures to be employed within the facility.

5. **Permanent Overseas Locations and Long Exercises.** In overseas locations (other than Permanent Joint Operating Bases (PJOBs)) and on long exercises overseas where the Armed Forces operate by invitation or consent of the host nation, more stringent national requirements may be in place and may need to supersede these instructions[12]. Advice should be sought through the Embassy, Consulate or another appropriate local source.

DESIGNATION OF SUBSTANCES AS CONTROLLED OR ACCOUNTABLE

6. Within MOD, 2 levels of control are imposed for the purposes of prescribing, accounting and storage. For the purposes of these instructions, the designation of substances as Controlled Drugs (CD) or Accountable Drugs (AC) is as follows:

   a. **CD.** A CD is any substance which falls into Schedule 2 of the Misuse of Drugs Regulations 2001 unless specified otherwise.

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11. Although the Crown is not bound by the Misuse of Drugs Act the requirements are applied in most circumstances.

12. For instance, there are strict national regulations on the import of codeine into Brunei; in Canada, national regulations restrict access to dispensaries.

b. **AD.** An AD generally refers to a substance which falls into Schedules 3 and 4 plus some named Schedule 5 CD and other POMs.

7. Pharmaceuticals that fall into the categories of CD and AD are at Annex A to this Chapter.

8. Local Commanders or an appropriately senior member of staff may add products or substances to the AD list, if required, in response to locally identified problems of misappropriation or abuse or where, for reasons of patient safety, it is felt that a higher level of control is required. No item may be removed from the list of AD without specific authority from SGD.

RESPONSIBILITIES

9. **Individuals.** Individuals responsible for managing CD or AD, including the maintenance of any records in relation to the supply of these substances and products, are responsible for their own actions and will be held accountable for failure to comply with these instructions.

10. **Chain of Command.** The Chain of Command, up to and including the CO, is responsible[13], through the management checks detailed within these regulations, for ensuring that individuals are meeting their obligations with regard to the management and accounting for CD and AD. Individuals within the command chain will be held culpable for any failures to exert appropriate management control within their areas of responsibility. A named account holder (and, in their absence, a deputy) is to be identified for each location in which CD and AD are managed using a B Med 12 / 13. In this context, the account holder is the individual who is responsible for the correct management of CD and AD[14].

SAFE CUSTODY

11. All CD and AD are to be stored securely when not required for immediate use.

STORAGE FACILITIES

12. In view of the range of infrastructure types within MOD it is not possible to lay down precise specifications for storage facilities that will cover all eventualities. However, the guiding principle must be that storage is to be as secure as is reasonably practicable, in the context of any other physical security arrangements that may be present within the location concerned. The requirements for storage media are to be determined by Unit Security Officers, following the risk management approach outlined in the JSP 440: Defence Manual of Security, and take into account any specific requirements, as detailed in the following paragraphs. Certain specific storage requirements are detailed in the following paragraphs and further advice can be obtained from SGD SO1 Pharmaceuticals or single-Service POC.

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13. The Queen's Regulations for the Royal Navy (BR 2), Army (Amdt 29) and RAF (Amdt List 20) all state that the Commanding Officer is effectively responsible for the management of all functions within the ship, unit, station or establishment. Account holders are to ensure that the non-medical Chain of Command is aware of responsibilities with respect to CD and AD.

14. At Role 1, this is likely to be the Regional Medical Officer or another healthcare professional in charge of a detachment; at Role 2 / 3 this may be the OC of the medical supply account or pharmacist in charge; in peacetime primary care this should be the medical officer in charge or a pharmacist employed in a dispensing role but may be dictated by single-Service policy.

SPECIFIC REQUIREMENTS – DEPLOYED OPERATIONAL UNITS

13. Where units are deployed into temporary accommodation or under canvas it may not be possible or economically feasible to meet the storage requirements detailed in UK legislation. Under these circumstances, CD and AD are to be stored in lockable metal containers that are to be secured to a suitable static fixing point or heavy item of furnishing, in an area which is permanently manned or which can be secured when unmanned. CD and AD may be stored in the same container but should where practicable be segregated from one another within that container. Fixed storage facilities which meet the requirements of the Regulations are to be obtained as soon as reasonably practicable following occupation of any long-term accommodation. Where there is any doubt regarding the security of CD / AD storage media, units are to approach the military police or a pharmacist for advice on appropriate security measures.

SPECIFIC REQUIREMENTS - NON-DEPLOYED UNITS

14. For non-deployable medical facilities, both in the UK and overseas, the mandatory requirements that apply to safes, cabinets and rooms where CD are kept are to comply with Schedule 2 to the Misuse of Drugs (Safe Custody) Regulations 1973 (the Safe Custody Regulations) or any future amendments. Within the context of these regulations the following broad principles are to be adhered to:

a. **Stores.** CD and AD are to be stored separately in a locked room or cupboard set apart for this purpose. Storage facilities for CD and AD must be of an adequate size to accommodate the maximum anticipated stock-holding level.

b. **Dispensaries.** CD and AD in dispensaries are to be kept separately within a locked cupboard fitted in accordance with the Safe Custody Regulations referred to above. Essentially, this is a metal cabinet or safe with suitable hinges, locked with a key and fixed to a wall or floor with rag bolts that are not accessible from outside the cabinet.

c. **Wards and Departments.** All CD and AD are to be stored in a locked cupboard reserved solely for the storage of these items. Ward CD cupboards should conform to the British Standard reference BS2881. This is a minimum security standard and may not be sufficient for areas where there are large quantities of drugs in stock at a given time, and / or where there is not a 24-hour staff presence, or difficulties relating to control of access. In this case a security cabinet that has been evaluated against the SOLD SECURE standard SS304 (See www.soldsecure.com) should be used.

SECURE STORAGE EXEMPTIONS

15. In certain cases it may not be possible to comply fully with the requirements for secure storage identified above. The following sub-paragraphs detail those circumstances where variance from the ‘Secure Storage’ requirements is permitted.

a. **Refrigerated Storage.** CD or AD that require refrigerated storage in order to meet manufacturers’ stated storage conditions are to be held in a suitably secure refrigerator reserved for the storage of pharmaceuticals. When CD in this category

are held by wards and departments, stocks are not to exceed a realistic minimum of one pack or 5 days supply, whichever is the greater.

b. **Drug Trolleys.** CD and AD are not to be stored in drug trolleys between rounds.

c. **Personal Issue Modules and Ambulances.** CD or AD contained in modules issued to individuals are to be either retained with the individual or secured in an appropriate location. A locked vehicle is not a secure location unless the module container is itself lockable or the vehicle contains a lockable storage facility complying with Paragraph 12. Due consideration should be given to the maintenance of any necessary environmental conditions whilst the item(s) are stored in the vehicle. A local risk assessment should be undertaken to identify and mitigate against security and storage issues.

d. **Security in Transit between Units outside the Defence Supply Chain.** CD and AD are to be maintained as securely as reasonably practicable whilst in transit. The consignor is responsible for determining the most cost-effective mechanism, based on the volume of the consignment and the potential for diversion of the contents. Measures that may be employed include personal carriage or the use of courier or other secure parcel delivery services (for Medical Distribution Centres (MDC)). Wherever possible, duplicate consignment notes should be forwarded separately to the receiving unit. Operational consignments are to be packaged and marked in accordance with any relevant STANAGs.

e. **Morphine Auto-Injectors issued on Personal Loan.** It is the responsibility of the individual to ensure the security of morphine auto-injectors held on personal loan, particularly during those periods when they are not in their possession eg whilst participating in sports.

f. **General Practitioners' (GP) Bags.** Storage of CD within GPs' bags for peacetime primary care out-of-hours cover are to comply with the guidance referred to in Paragraph 63b of these instructions.

16. **Access to Keys.** Keys that give access to CD and AD are to be held on the person of a designated custodian (or locked away with restricted access) at all times during normal duty periods. Key-holders (who are to be kept to a minimum) are to be nominated, in writing, by the account holder and will generally be the individual in charge of the ward / department / dispensary plus a nominated deputy. Account holders are to make provision for the safe custody of keys outside of normal duty hours. Duplicate keys are to be permanently deposited in safe custody in a sealed envelope. Active and duplicate keys are to be rotated regularly (at least every 12 months). It is essential that an SOP is in place to cover access to both CD and AD and the keys. This must be sufficiently robust that, at any particular time, the individual who has access can be identified. The Unit Security Officer and / or military police are to be consulted to ensure that this is the case and to make sure that all SOPs relating to access to the medical centre, the dispensary and in particular to CD and AD, minimise the risk of inappropriate access.

ORDERING AND RECEIPTING OF CD AND AD

17. CD and AD required as stock for dispensaries, wards, departments or stores or to replenish module / kit contents are to be demanded / receipted as follows:

a. **M&GS PT Type 1 Customers**[15]**.** Demands are to be submitted electronically through the authorised Log Information Systems (Log IS) or manually on a separate AF G8620 or other single-Service demand forms. For electronic demands, a paper demand on AF G8620 is to be generated and used as authorisation for the onward transmission of the electronic demand having been signed by the QM or another individual identified in Paragraph 19 (depending on the circumstances). CD and AD supplies for RAVC Type 1 customers are obtained direct from the contractor via e-mail or fax. On receipt, all CD and AD (including morphine auto-injectors) are to be brought on charge on the local medical supplies account and onto a B Med 12 in accordance with the JSP 886 and relevant single-Service instructions, prior to issue to the module, other internal designated stock location, or external unit account. The validity of the demand is to be ensured by the appropriate use of management bans[16] by the M&GS PT.

b. **M&GS PT Type 2 (Direct Delivery) Customers.** Generally, CD and AD supplies are obtained from trade, under M&GS PT-managed contracts. Demands are placed directly on trade suppliers through Purchase to Payment (P2P) or, where P2P is unavailable, by signal, fax or hard-copy to the M&GS PT customer services cell or Medical Distribution Centre (MDC) / Medical Provisioning Point (MPP), who will process the demand on behalf of the originating unit. For Type 2 customers using P2P all demands for CD and AD are to be approved at order manager level. Demand formats acceptable to the M&GS PT are specified in M&GS PT instructions to customers. On receipt, all CD and AD are to be brought on charge on the local medical supplies account and additionally recorded in the Unit B Med 12 prior to issue to the dispensary or other stockholding location, and then recorded in the relevant B Med 12 / 13 as appropriate. It is essential that either the CD and AD are receipted onto P2P or confirmation of receipt is sent to the M&GS PT.

c. **Internal Supplies within Defence Medical Services (DMS) run Facilities.** Wards and departments within DMS-run facilities may demand CD and AD from their Unit medical store and / or dispensary in accordance with local policy. Demands for ward / department replenishment may be submitted using Ward Controlled Drugs Order Book (Reference 90-500). A copy of the signature of each authorised signatory is to be held by the medical store and dispensary[17].

18. With the exception of electronically transmitted demands, all demands for CD and AD must clearly show the following minimum information:

a. Full address of demanding unit (including UIN if known), to include any sub-unit designation.

15. Includes units demanding through 84 MSS on ops.

16. A 'management ban' is a mechanism used by the M&GS PT to control demands for particular items.

17. The registered nurse, midwife or ODP in charge of a ward, department, operating theatre or theatre suite is responsible for the requisitioning of Controlled Drugs for use in that area and can delegate the task of preparing a requisition to another, such as a registered nurse or ODP.

b. Demand reference number.

c. Description of the item. If not known, the minimum information must include the generic drug name, form (tablet, injection etc) and strength.

d. Demand authorisation details.

e. Quantity required[18].

f. Name, rank and appointment, in block capitals, of demander.

g. NATO Stock Number (if known and for Type 1 customers only).

19. **Electronic Demand Formats.** The information required for demands submitted through Log IS will vary depending on the construction of the system. Log IS must be constructed in such a way that demand details for CD and AD cannot be altered in any way once transmission is initiated.

20. **Personnel authorised to Demand CD and AD.** Demands for CD and AD are only to be authorised by the account holder or an individual nominated by the account holder. The account holder is to retain and maintain a record of authorised demanders who are to be registered healthcare professionals, pharmacy technicians or SNCOs or above.

21. **Confirmation of Receipt.** A signed receipt is to be obtained for all supplies of CD and AD. In the case of supplies processed through DSDA Warehouse 33, only the CO of the receiving account (or nominated deputy) is to return the confirmation of receipt form; no other signatory will be accepted. The confirmation of receipt is to be returned within 7 days. In all other cases, a signature is to be obtained on handover of the goods to the recipient.

PRESCRIBING, DISPENSING AND ADMINISTRATION OF CD AND AD FOR INDIVIDUAL PATIENTS OR ANIMALS

22. **Prescribing.** Schedule 2 and 3 CD (except Temazepam) are to be prescribed for the treatment of named individuals, specific animals or for group administration to a herd as follows:

a. **CD.** CD intended to be dispensed for individual patients are to be prescribed by authorised healthcare professionals or veterinary officers on F Med 296[19] or F Med 14 (for patients in a Role 2 / 3 facility being discharged or transferred). They may be typed, completed in the prescriber's own handwriting (in indelible ink) or computer-generated and must contain the following[20]:

(1) Number, rank and full name, if a service patient or title and full name if a civilian patient. For veterinary prescriptions, the name, rank and service

18. For bulk stocks required for stores or dispensaries, the quantity required is to be expressed in terms of the normal unit of issue (pack, bottle etc). For demands generated within clinical areas this is the number of dosage forms eg tablets, capsules etc.

19. Reference to the F Med 296 in this context includes any of the electronic variants.

20. Pharmacists may make certain amendments to Schedule 2 and 3 CD (except temazepam which is not subject to the prescription writing requirements) where there are minor typographical errors, spelling mistakes or may add the words or the figures if these have been omitted. In these circumstances the prescription may be amended in ink and the amendment initialled by the pharmacist.

number of the handler of the animal(s) for whom the item(s) are prescribed, the species, microchip number and number of animals for which treatment is intended and details of the premises at which the animals are kept.

(2) Hospital and ward or full unit address, if a Service patient, or full postal address if a civilian patient[21].

(3) The description, form and, where appropriate, the strength of the preparation with either:

(a) The total quantity of the CD to be supplied in both words and figures.

(b) The total quantity of the dosage units to be supplied in both words and figures.

(4) If a prescription is to be dispensed by instalments, the prescription must specify the total number of instalments that may be dispensed, the intervals to be observed when dispensing and the amount of the instalments of the total amount which may be dispensed. Repeat prescriptions are only permitted for Schedule 4 and 5 drugs.

(5) The dose to be taken or directions for use if not to be taken internally. The instruction 'as directed' is insufficient.

(6) Prescriptions written by Dental Officers are to bear the words 'for dental treatment only'. Prescriptions written by Veterinary Officers are to bear the words "for veterinary treatment only".

(7) The prescriber's usual signature (handwritten) and the date on which the prescription is written.

(8) Prescriber identifier (professional registration number).

(9) The name and address of the prescriber.

(10) For veterinary prescriptions, a declaration to state that the CD is being prescribed for an animal under their care and that the product is for administration 'under the cascade'[22].

Prescribers are not to prescribe or administer CD for themselves, family, friends or colleagues, except under exceptional circumstances and are to document the circumstances comprehensively.

b. **CD / AD Prescribed for Administration to In-Patients.** CD and AD prescribed for the treatment of persons or animals temporarily resident for treatment within MOD establishments are not normally dispensed, but are supplied as ward / department stock for subsequent administration by ward or theatre staff.

21. In the case of a prescription for a local civilian on ops, the lack of an address (or a name for detainees) should not prevent the prescription from being dispensed and the originating ward / dept / unit or detainee reference number should be inserted.

22. 'Under the cascade' refers to the cascade to be used when a licensed veterinary product is unavailable.

Prescriptions for such individuals are to be written on Forms Med 152, or other equivalent local form. The relevant entry is to be signed and dated by the prescriber, who is also required to annotate the strength, specify one route of administration, and for an 'as required' prescription, the minimum interval for administration and the maximum quantity to be administered in a 24hr period.

c. **AD.** AD intended to be dispensed for an individual patient are to be prescribed on F Med 296 or F Med 14. Prescriptions for AD must meet the standard prescription requirements but do not need to meet the additional requirements for a CD prescription.

23. **Prescribing CD (Schedule 2) and AD (Schedule 3 - 5) in Non-Dispensing Medical Centres.** DMS prescribers operating from medical centres that outsource their dispensing in England and Wales are to obtain a prescriber identifier number from their local Primary Care Trust (PCT) / Health Board and subsequently prescribe using the FP10(PCD) (for England) and WP10PCD (for Wales) available through the PCT / Health Board. In Scotland, DMS prescribers are to obtain a prescriber identifier through the local Health Board and subsequently prescribe using the Private Prescribers Controlled Drugs (PPCD)(1) forms available through the Health Board. There is currently no requirement to obtain a different identifier on posting unless moving to a non-dispensing medical centre in a different devolved administration. Prescribers involved in the provision of private healthcare will also be required to obtain a prescriber identifier number if they wish to prescribe CD that are to be dispensed in a National Health Service (NHS) community pharmacy.

24. **Period of Validity.** Prescriptions for Schedule 2, 3 and 4 CD remain valid for a maximum period of 28 days. Quantities owed from partially-dispensed prescriptions cannot be dispensed after the 28 day period and patients should be advised accordingly.

25. **Length of Supply.** Prescribers employed in DMS medical centres are to restrict prescribing of Schedule 2, 3 and 4 CD to a maximum of 30 days. In exceptional circumstances, where the prescriber believes a supply in excess of 30 days is clinically indicated and would not pose an unacceptable risk to patient safety, the patient's notes are to be annotated with the justification. To avoid unnecessary queries from dispensing staff it is suggested that the prescription is also annotated, for instance by initialling the quantity, to alert staff to the fact that a decision has been made to prescribe greater than 30 days supply.

26. **Prescribing by other Healthcare Professionals.** The range of CD that nurse independent prescribers can prescribe, supply or administer is at Annex B to this instruction. Supplementary prescribers may prescribe CD only within the confines of a patient-specific clinical management plan.

27. **Administration of CD or AD to Individuals under Patient Group Directions (PGD).** The administration or supply to patients of a CD or AD from ward or department stock under the auspices of a PGD is to be recorded in clinical documentation in accordance with local procedures, as specified within the relevant PGD. The inclusion of a CD in a PGD under any other circumstances other than those listed below is to be

endorsed by SGD. CD may only be supplied or administered in the following circumstances[23]:

a. A registered nurse, when acting in their capacity as such, may supply and / or administer Diamorphine under a PGD for the treatment of cardiac pain to a person admitted as a patient to a coronary care unit or emergency department of a hospital.

b. Any healthcare professional authorised to supply / administer within a PGD may, when acting in their professional capacity, supply and / or administer any Schedule 5 CD in accordance with a PGD.

c. Any healthcare professional authorised to supply / administer within a PGD may supply and / or administer any Schedule 4 Part 1 CD and Midazolam in accordance with a PGD provided that it is not a drug in parenteral form for the treatment of addiction.

28. **CD and AD Consumed from Personal Issue Modules and Kits.** CD and AD which are administered by Medical Officers and nursing personnel to casualties from personally issued emergency treatment modules or kits are not "prescribed" and an F Med 296 does not need to be generated. However, in order to support any demand for replenishment stock or to account for any discrepancies when the module is returned to the issuing authority at the end of the loan period, supporting evidence of the reason for consumption of the CD or AD must be provided. F Med 296s may be used for this purpose, however they only need to meet the general requirements for any prescription and do not need to meet the additional requirements for a CD prescription as detailed in Paragraph 21[24] above. In these circumstances the F Med 296 is a record of supply / administration, not a prescription.

ACCOUNTING FOR CONTROLLED AND ACCOUNTABLE DRUGS

29. All CD and AD are to be formally accounted for until either issued to a unit in response to a demand, issued to a patient against a prescription, administered to a patient or certified as destroyed by a competent person and / or formally written off. All receipts, issues and destruction of CD and AD, including Morphine auto-injectors, are to be recorded in relevant registers, in addition to any other materiel accounting procedures required[25]. Any person authorised to supply CD and AD is required to maintain a register.

30. Records are to be made of all returned CD and AD, including patient returns. These entries are to be made at the back of the register and should include:

a. The date of return.

b. Name, quantity, strength and form.

c. Name and signature of person receiving.

23. This updates and supersedes the policy in SGPL 09 / 03 relating to the supply / administration of CD by PGD.

24. F Med 296s will continue to be used as a record of the supply of a CD or AD administered from modules and kits pending the introduction of a new CD register for this purpose.

25. Dispensed CD / AD delivered to a ward / dept prior to discharge need not be entered into the B Med 13 but should be stored in the CD cupboard.

d. Name and address of patient.

e. The role of the individual returning the drug.

Returned CD and AD are subject to the same checks and storage / disposal requirements as other CD and AD but are to be segregated to ensure they cannot be dispensed in error.

31. **B Med 12 / 13 Management**. For stores accounts and dispensaries a B Med 12 is to be maintained. For wards and all other clinical areas a B Med 13 is to be maintained. Examples of correctly completed transactions in a B Med 12 and B Med 13 are at Annex C to this Chapter. The B Med 12 / 13 is to be used as follows:

a. In each location where a B Med 12 / 13 is required to be maintained, a separate register is to be opened for CD and AD. On operations, a single register may be maintained where a very small range (2 or 3 items) is maintained of either product group, but measures must be taken to segregate the ranges within that register.

b. On opening a register, the full unit address and the date on which the register is opened are to be inserted in the relevant section of the front cover. The name, rank and service / staff number of the account holder and dates account held are to be annotated on the inside back cover.

c. Registers which form part of a continuous account are to be serially numbered.

d. A running index of current pages is to be maintained on the relevant page(s) at the front of the book.

e. All drug presentations are to be afforded a separate page and all details are to be completed on the page header.

(1) **Nomenclature.** The nomenclature area in the page header is to show details of the drug, form, strength and, where known, the NATO Stock Number (NSN).

(2) **Unit of Issue (UofI).** In wards, dispensaries and other clinical areas, all presentations are to be accounted for by dosage form irrespective of package quantities ie a pack of 10 tablets is to be issued and accounted for as individual tablets. For stores accounts, presentations are to be accounted for by unit of issue ie 1 complete pack of 10 tablets is to be accounted for as 1 pack.

f. All entries, less stock checks, are to be made in permanent blue or black ink.

g. Stock checks and handover / takeover entries are to be made in permanent red ink.

h. Transactions are to be recorded on the date on which they occur (or, exceptionally, on the following day).

i. All entries are to show the date on which the entry was made and are to be signed by the person making the entry. All entries are to be individually dated and signed; bracketing of multiple entries is not permitted.

j. No entry is to be obscured or struck through and the use of pencil or correcting fluid is forbidden. Where corrections or cancellations of entries are necessary, these should be inserted as a footnote.

k. Unused boxes in the stock balance columns are to be struck through with a single horizontal line, thus:

			3	5

l. All entries are to be sequential. Blank rows are not to be left between any entries on a page.

m. On completion of a page, stock balances are to be carried forward to a new page and the corresponding donor and recipient pages cross-referred.

n. Individuals who may be required to make entries in the register are to complete the specimen signature record prior to first use of the register.

o. Sealed containers do not need to be opened to check the physical contents if the seal is intact. Unless there is reason to suspect tampering, the label may be taken to show the relevant contents.

32. **Voucher Management.** Within medical stores, continuous and separate records of issue and receipt vouchers are to be maintained against which all vouchers relating to the demand, receipt, issue or disposal of CD and AD are to be recorded. Entries in the register are to be cross-referred to the relevant voucher series number, which is to be annotated on each voucher prior to filing. In medical centres, dispensaries, wards and other clinical areas voucher series are not required as all entries in the register are supported by a prescription or entries in the patient's drug administration record, the latter being retained with the patient's records and retrieved from Medical Records storage in the event of any subsequent investigation or audit.

33. **Temporary Loans.** In certain cases CD or AD may be placed in the charge of an individual so that they are immediately to hand when required. Loans may be made to individuals for their personal use (eg Morphine auto-injectors) or as a means of making elements of CD and AD stock readily available in order to facilitate response to emergency situations, either as part of an approved module or locally produced kit. Such 'temporary loans' differ from 'issues' in that the individual must return the stock to the issuing account in the event that it is not consumed.

34. **Loans to Individuals.** CD and AD may only be loaned to individuals (as opposed to a secondary account) who will then become personally responsible for the security of the CD and AD whilst it is in their charge. Loaned items are not struck from charge in the B Med 12 / 13 instead; a certificate of loan (AF G1033, F Med 579, RAF Form 668 or other single Service equivalent) is to be retained with the register to support the absence of the physical stock.

35. **Returns.** Loan vouchers are valid for a maximum period of 6 months from the date of signature or until the date of departure from theatre, whichever is the sooner. At the end of the loan period the signatory in whose care the CD or AD have been placed, must either return the CD or AD or provide documentary evidence to support their consumption. Loan vouchers outstanding after 6 months are to be the subject of formal investigation, issued from the account and written off in order to reconcile the account. CD and AD held on loan are not to be transferred between individuals but must be returned to the unit from which they were obtained and signed for by the new custodian. Units are to ensure that all individuals leaving a theatre of operations or exercise area are required to make a formal declaration that they have no loaned CD or AD in their possession.

36. **Disposals.** CD and AD returned from loan should be viewed as doubtful stock and disposed of in accordance with Paragraph 54 below. Morphine auto-injectors issued on loan to individuals are not to be re-issued to another individual; they are to be issued for the duration of the tour or exercise or for 6 months, whichever is the shorter period.

DISPENSING

37. **Dispensing Individual Patient Supplies.** CD are to be dispensed for named individual patients only on receipt of a prescription completed in accordance with the instructions in Paragraph 22.

38. **CD and AD Supplies.** For both CD and AD supplies, the dispenser is to endorse the completed prescription form with details of the items supplied and date of dispensing. For all CD and AD, on delivery of the completed prescription to the patient or their representative, a signature is to be obtained on the F Med 296 to verify collection. Details of all CD and AD transactions are to be recorded in the relevant register, as detailed in Paragraph 30. Individuals dispensing Schedule 2 CD in DMS medical facilities are to make a record in either the B Med 12 or on the F Med 296 or F Med 14 at the time of supply of the following[26]:

a. Whether the person who collected the drug was the patient, the patient's representative or a healthcare professional acting on behalf of the patient.

b. If the person who collected the drug was a health care professional acting on behalf of the patient, that person's name and address.

c. If the person who collected the drug was the patient or their representative, whether evidence of identity was requested (Yes / No).

d. Whether evidence of identity was provided by the person collecting the drug (Yes / No).

39. **Retention of Dispensing Records.** When all other actions have been completed, the prescription is to be filed in numerical sequence and retained to support the entries in the register. Prescriptions and registers are to be retained as detailed in Paragraphs 43 - 46.

26. The current version of the B Med 12 does not facilitate the recording of the additional information required in 37 a-d. Recording this information on the F Med 296 / F Med 14 is an interim solution pending an amendment of the B Med 12.

40. **Dispensing of Ward Stock.** CD and AD that are not dispensed as medicines for an individual, but issued as stock to wards and departments, should show the following details on the label[27]:

a. Drug name, form and strength.

b. The total quantity issued.

c. For both AD and CD the words "Store in CD cupboard". For AD, the words "Accountable Drug" are to appear on a line in the label containing no other words or figures.

d. Department / ward name or number.

e. Batch Number (BN) and expiry date if dispensed from bulk[28].

f. The date of issue.

g. Any special handling or storage requirement.

h. The serial number of the demand (if applicable).

i. Address of dispensary.

j. "Keep out of reach and sight of children"

CHECKING OF CD AND AD

41. **Types of Stock Check.** There are three types of stock check[29]:

a. **Commanding Officers' Checks.** The Chain of Command is responsible for ensuring that a 100% stock check of all CD and AD held within their area of responsibility is completed at least 4 times a year at intervals not exceeding 3 calendar months. Additional stock checks are to be completed on change of account holder as part of the formal handover / takeover process. COs of operational units are to ensure that a 100% stock check of all sub-unit CD and AD holdings within their area of responsibility is completed at intervals not exceeding one calendar month.

b. **Account Holder Checks.** Each department of a deployed Role 2 / 3 facility or detachment commander is to certify to the Chain of Command, on a weekly basis, that all CD and AD held within their area of responsibility have been checked and accounted for appropriately. These and any more frequent checks are to be recorded separately at the back of the register in a section reserved solely for that purpose as opposed to under each drug. Checks are to be conducted by 2 staff within that department nominated by the account holder, and signed by both staff. In

27. It is accepted that this process may not be practical in the operational environment.

28 Certain preparations have a reduced expiry once opened, eg, Oramorph.

29 When conducting any type of Stock Check, cross-reference to JSP 886 Volume 4 Part 1: Fundamentals of Materiel Accounting and JSP 886 Volume 4 Part 2: Defence Stocktaking Policy is to be made to ensure conformity.

peacetime primary care facilities checks are to be undertaken monthly applying the same checking principles. In directly-managed secondary healthcare facilities in PJOBs and in Defence Medical Rehabilitation Centre (DMRC) Headley Court, a local risk assessment should determine the frequency of checks which are to be sufficiently frequent to identify any discrepancies in a timely manner. Additional stock checks are to be completed on change of account holder as part of the formal handover / takeover process.

c. **Managerial Checks.** Any additional managerial checks such as random spot checks by COs are known as Managerial Checks. These will be dictated by single-Service regulations or local policy.

42. **Checking Procedures.** The checks referred to in Paragraphs 39a and 39c above are to be undertaken by the account holder and the CO or an officer nominated to complete the check on the CO's behalf who must not be connected with the medical materiel account or the B Med 12 / 13. Patient identifiable data must be obscured during the checking process to maintain patient confidentiality. All stocktaking entries are to be made in red ink and are to be signed and dated by the checking officers. Items showing a NIL balance are to be included in the total number of items checked unless they have been annotated during the previous stocktake as a NIL balance and there have been no transactions between checks. There is no requirement to open packaging with a tamper-evident seal if the seal is intact.

43. **Temporary Loan Certificates.** The checking officer is expected to confirm the validity of any loan certificates produced to support the absence of physical stock from an account. Provided the certificate is an original copy, not a photocopy or other reproduction, has been fully completed, showing number rank, name and parent unit address of the recipient, and the date of signature is no older than 6 months, the certificate may be accepted in lieu of physical stock. Where the checking officer is in any doubt as to the validity of the certificate, this must be highlighted to the chain of command as an observation against the check.

RETENTION OF RECORDS

44. The time period for archiving CD and AD documentation, which includes requisitions, IV, RV, voucher schedules, Bs Med 12 / 13, external orders, delivery notes, prescriptions (inpatients and outpatients), clinical trials and destruction certificates, is 7 years[30] unless the type of patient it refers to dictates a longer retention period eg a child or young person. Extemporaneous preparation worksheets involving scheduled substances are to be retained for 13 years. Records are to be retained in an easily accessible location for at least 2 years (from the date of closure of the register to which they refer) prior to archiving at Central Health Records Library (CHRL) for a further 5 years.

45. All CD demand books, registers and supporting vouchers are to be held securely when not required for immediate use. Registers from dispensaries or other clinical areas contain patient details and are subject to the same patient confidentiality constraints as any other 'Protect-Medical' document.

30. This accommodates an anticipated change to require the retention of all CD records for up to 7 yrs.

46. Supporting records, which includes all prescriptions, IV / RVs, voucher schedules etc, are to be retained with the register to which they relate. On closure of a register any remaining stock balances are to be transferred to a new register. Prior to local archiving, a check of the register is to be made to ensure that the date of closure is recorded on the cover, all stock balances are reduced to NIL and all active and blank pages are closed with a diagonal line after the last entry to prevent further entries.

47. For operational theatres, in order to ensure ease of access for local audit, PJHQ is to nominate a theatre repository for all CD and AD registers and vouchers for the duration of the operation. On drawdown of individual unit locations, or on cessation of the operation, documentation is to be archived in accordance with Paragraph 43 above.

MANAGEMENT OF CD / AD IN MODULES AND KITS

48. Modules released from DSDA Warehouse 33, Donnington will be supplied deficient of CD and AD and the CD or AD component held as an authorised deficiency by the demanding unit. The Chain of Command is required to authorise any demand to make up deficiencies of CD and AD. On receipt, they are to be stored and managed in accordance with the direction in the preceding paragraphs. Sealed first aid kits containing CD or AD are to be stored in lockable cupboards suitable for the purpose.

49. If a local risk assessment shows that CD or AD cannot be retrieved from storage in sufficient time to respond to an incident, then they may be held in the module. In these cases, the numbers of kits containing CD and AD are to be kept to a minimum. The kits are to be secured with a lock or tamper-evident seal, checks of which are to be made and recorded daily in accordance with local SOPs. Where practicable, the kits themselves are to be locked away. Local risk assessments will need to encompass issues relating to the temperature of the environment in which the kits are to be stored.

DISCREPANCIES

50. **Loss by Account Holder.** If the balance in the B Med 12 / 13 does not tally with the quantity being stored then the discrepancy must be reported to the account holder, investigated and resolved. Immediate checks are as follows:

a. All receipts / issues have been entered into the correct page.

b. All drugs administered / issued have been entered into the book.

c. Items have not been stored elsewhere.

d. There are no arithmetical errors.

e. No entries have been omitted.

f. No duplicate entries have been made.

If the error is traced and requires an amendment to the B Med 12 / 13, the amendment entry must clearly state the reason for the entry and corrected balance and referenced to a statement signed by both the account holder and witness (eg nurse, Operating

Department Practitioners, pharmacist, pharmacy technician, doctor or other authorised signatory) providing a detailed explanation which is then to be inserted in the voucher series or retained with other supporting documentation relating to the register. A copy of this statement is to be forwarded to the relevant CO.

51. **Unresolved Discrepancies.** If the discrepancy cannot be resolved, the Register is to be annotated 'Stock checked and discrepancy found – actual stock is XXX', and signed / dated by the account holder and one other. The discrepancy is then to be reported to the relevant CO, irrespective of volume, for further investigation. Where no satisfactory explanation for the discrepancy is found then the stock quantity is to be adjusted by Certificate Issue Voucher (CIV) on an AF G1033 (F Med 587 or other equivalent) initiated and forwarded through the Chain of Command to Comd Med (or equivalent) and the military police for consideration for further investigation. A copy of the CIV (or single-Service equivalent) is to be retained in the voucher series or with other documentation to support the stock adjustment action and referenced to the register entry. Correspondence relating to the discrepancy should be cross referenced with the documentation supporting the write-off. All losses of CD and AD, irrespective of quantity, are to be the subject of formal Unit investigation if there is any suspicion of misappropriation or general mismanagement.

52. **Other Losses.** Where it is apparent to the account holder that an individual issued with CD or AD against an AF G1033 (or other single-Service equivalent) has lost them, the account holder or individual concerned must report the loss immediately to the relevant CO. The loss is to be dealt with through the Chain of Command. A register entry signed by both the account holder and individual concerned is to be made explaining the loss, the balance adjusted, and a full written statement detailing the loss is be referenced to the register entry, filed, and a copy submitted to the relevant CO.

BREAKAGES

53. For any breakage or explained losses, an incident report must be submitted through the Chain of Command to support subsequent write-off action. If available, the broken ampoules, vials or bottles, with any remaining contents, are to be retained for inspection by an officer independent of the account. Once this procedure has been carried out and the inspector is content, the articles are to be disposed of as detailed in Paragraphs 53 to 57.

DISPOSAL OF CONTROLLED AND ACCOUNTABLE DRUGS

54. CD and AD is regarded as having been destroyed when it has been dissipated or denatured such that it is incapable of being retrieved, reconstituted or used. Following destruction, the waste may be disposed of in a similar manner to any other pharmaceutical waste. Particulars of the date of destruction and the quantities destroyed must be entered in the relevant register (B Med 12 or 13) and be signed and dated by the person in whose presence the drug was destroyed and by the account holder.

55. All other CD and AD generated within peacetime primary care are to be destroyed locally using commercially available CD denaturing kits, see below. Local SOPs will specify who may witness destruction but they must not be directly involved with the operation of the medical, dental or veterinary facility.

56. Within peacetime secondary care assets overseas and DMRC Headley Court, destruction may be witnessed by the CO, the Senior Administrative Officer or other officers who have responsibility for health and safety, security, clinical governance or risk management and report directly to the CO, so long as they are not directly involved with the running of the dispensary. Local SOPs may extend the groups of individuals who may witness destruction.

57. Operational units are to dispose of their CD and AD (including morphine auto-injectors) locally in accordance with current policy on the disposal of pharmaceutical waste. Destruction should be witnessed by the account holder and the CO of the unit or an officer delegated by him, so long as that officer is not directly involved in the operation of the account. In small units where all members may be involved in the operation of the CD or AD account, such as operational dog units, destruction may be witnessed by a member of the military provost. There is no need to retain separate destruction certificates and destruction certificate schedules; however, the CIV (or equivalent) used to support issue off of the account is to be annotated with full details of the CD or AD being destroyed (full name, strength, form, quantity), details of witnesses (name, signature, position) and a declaration to the effect that the CD or AD have been destroyed, see above.

58. Detail on the methods of destruction can be found in the Royal Pharmaceutical Society of Great Britain document 'Guidance for Pharmacists on the Safe Destruction of Controlled Drugs England, Scotland Wales'[31] .

59. All expired CD and AD are to be segregated to ensure they cannot be supplied or administered in error.

CARRIAGE OF CONTROLLED DRUGS OVERSEAS

60. On occasions, deployments, exercises and other tasking will require individuals to carry CD as part of the mission. Serving members of HM Armed Forces acting in their official capacity, and travelling on either civil or Service transport may import and export CD without the requirement to be licensed by the Home Office[32]. In these circumstances, the individual should carry with them a letter of authority: an example is at Annex D. The sole purpose of the letter of authorisation[33] is to allow the passage of personnel through UK customs with the minimum of delay and provide assistance with other countries' customs processes.

61. As part of the planning process for operations and exercises, appropriate points of contact in the country to be visited should be contacted to determine whether there are any specific import requirements that must be met and whether there are any national regulations which supersede those of the UK. Where carriage of CD through the customs of a particular country may be an issue, an alternative medication should be sought.

31. Guidance for Pharmacists on the Safe Destruction of Controlled Drugs England, Scotland Wales. Available from : http://www.rpsgb.org.uk/pdfs/cdsafedestructionguid.pdf. RPSGB London, September 2007.

32. Section 2(3) of the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 exempts Crown servants from Home Office licence requirements for the purposes of importing and exporting CD.

33. The letter is to be signed by the issuing officer or, in the case of authority required by a medical officer, the CO of the unit or another MO.

STANDARD OPERATING PROCEDURES

62. Commands, formations and units are to ensure that SOPs are in place to cover the following areas as a minimum:

a. Ordering and receipting.

b. Assigning responsibilities.

c. Storage of CD and AD.

d. Access to and safe custody of CD and AD cupboard keys.

e. Record-keeping and confidentiality.

f. Action to be taken when anomalies arise.

g. Destruction.

h. Security, in relation to storage and transportation.

LOGISTIC SUPPORT INSPECTIONS (LSI) AND OTHER GOVERNANCE VISITS

63. LSIs and other governance visits are to ensure that the following are incorporated:

a. All CD and AD are correctly maintained in a B Med 12.

b. All demands for CD and AD have been authorised at the appropriate level (electronic demands for Type 1 customers are to be supported by an AF G8620).

c. A complete audit trail is in place to link all supplies (from the M&GS PT), demands, receipts and issues to the entries in the B Med 12 and associated IT systems[34].

FURTHER GUIDANCE

64. These instructions are not exhaustive. Local SOPs should determine the detail, particularly in operational theatres, and additional input will be required to place the principles into the context of the different healthcare delivery environments within the DMS. For clinical areas, these instructions should be read in conjunction with the following documents which provide further guidance in specific areas:

a. Safer Management of Controlled Drugs: a Guide to Good Practice in Secondary Care (England): Department of Health. London, Oct 2007.

b. A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (England). National Prescribing Centre. Liverpool, February 2007.

34. A record of the supply of CD / AD from the M&GS PT may be made available if there are particular issues causing concern but will not be made available on a routine basis.

ANNEX A TO CHAPTER 4: SUBSTANCES[35] CLASSIFIED AS CONTROLLED OR ACCOUNTABLE

(Introduced at Paragraph 6)

CONTROLLED DRUGS

Substance / Product	Classification	Comment
ALFENTANIL	CD Sch 2	
COCAINE	CD Sch 2	
CODEINE	CD Sch 2	Injection only
DEXAMFETAMINE	CD Sch 2	
DEXTROMORAMIDE	CD Sch 2	
DIAMORPHINE	CD Sch 2	
DIHYDROCODEINE	CD Sch 2	Injection only
DIPIPANONE	CD Sch 2	
FENTANYL	CD Sch 2	
HYDROMORPHONE	CD Sch 2	
METHADONE	CD Sch 2	
METHYLPHENIDATE	CD Sch 2	
MORPHINE	CD Sch 2	Morphine sulphate solution 10mg / 5ml (Oramorph) is an accountable drug
OXYCODONE	CD Sch 2	
PAPAVERETUM	CD Sch 2	Excluding compound Aspirin / Papaveretum tablets
PETHIDINE	CD Sch 2	
QUINALBARBITONE	CD Sch 2	
REMIFENTANIL	CD Sch 2	

ACCOUNTABLE DRUGS

Substance / Product	Classification	Comment
AMYLOBARBITAL	CD Sch 3	Previously known as amylobarbitone
ALPRAZOLAM	CD Sch 4 Part 1	
AMYL NITRATE	MOD Specific	
BROMAZEPAM	CD Sch 4 Part 1	
BUPRENORPHINE	CD Sch 3	
BUTOBARBITAL	CD Sch 3	Previously known as butobarbitone
CHLORAL HYDRATE	MOD Specific	
CHLORDIAZEPOXIDE	CD Sch 4 Part 1	
CHLORMETHIAZOLE	MOD Specific	
CHORIONIC GONADOTROPHIN	CD Sch 4 Part 2	
CLOBAZAM	CD Sch 4 Part 1	
CLONAZEPAM	CD Sch 4 Part 1	
CODEINE PHOSPHATE TABLETS	CD Sch 5	Applies to all strengths unless incorporated into a first aid kit or outfit which is itself individually accountable. Oral compound codeine preparations are excluded.
CYCLIZINE	MOD Specific	
DIAZEPAM	CD Sch 4 Part 1	
DIHYDROCODEINE	CD Sch 5	Oral compound dihydrocodeine preparations are excluded.
FLUNITRAZEPAM	CD Sch 3	
FLURAZEPAM	CD Sch 4 Part 1	
KETAMINE	CD Sch 4 Part 1	
LOPRAZOLAM	CD Sch 4 Part 1	
LORAZEPAM	CD Sch 4 Part 1	
LORMETAZEPAM	CD Sch 4 Part 1	
MEPROBAMATE	CD Sch 3	

35. Classification applies to all products containing the listed substances unless otherwise annotated.

Substance / Product	Classification	Comment
MEPTAZINOL	MOD Specific	
MESTEROLONE	CD Sch 4 Part 2	
METHYLPHENOBARBITAL	CD Sch 3	Previously known as methylphenobarbitone
MIDAZOLAM	CD Sch 3	
MORPHINE SULPHATE SOLUTION 10MG / 5ML	MOD Specific	All other morphine preparations are CD
NALBUPHINE	MOD Specific	
NANDROLONE	CD Sch 4 Part 2	
NITRAZEPAM	CD Sch 4 Part 1	
OXANDROLONE	CD Sch 4 Part 2	
OXAZEPAM	CD Sch 4 Part 1	
OXYMETHOLONE	CD Sch 4 Part 2	
PENTAZOCINE	CD Sch 3	
PHENOBARBITAL	CD Sch 3	Previously known as Phenobarbitone
PHENTERMINE	CD Sch 3	
POTASSIUM INTRAVENOUS SOLUTION	MOD Specific	Excludes preformulated potassium chloride infusions. Incorporated in response to NPSA Alert
SOMATROPIN	CD Sch 4 Part 2	
STANOZOLOL	CD Sch 4 Part 2	
TEMAZEPAM	CD Sch 3	
TESTOSTERONE	CD Sch 4 Part 2	
TRAMADOL	MOD Specific	
TRICLOFOS	MOD Specific	
ZALEPLON	MOD Specific	
ZOLPIDEM	CD Sch 4 Part 2	
ZOPICLONE	MOD Specific	

VETERINARY CONTROLLED DRUGS

Substance / Product	Classification	Comment
ETORPHINE	CD Sch 2	Immobilon
FENTANYL	CD Sch 2	Hypnorm
MORPHINE	CD Sch 2	
PETHIDINE	CD Sch 2	
SECOBARBITAL (Quinalbarbitone)	CD Sch 2	Somulose

VETERINARY ACCOUNTABLE DRUGS

Substance / Product	Classification	Comment
BUPRENORPHINE	CD Sch 3	Temgesic, Vetergesic
BUTOBARBITAL (BUTOBARBITONE)	CD Sch 3	
BUTORPHANOL	MOD Accountable Drug	Torbugesic
CLENBUTEROL	CD Sch 4	
DIAZEPAM	CD Sch 4	
ETHYLESTRENOL	CD Sch 4	Nandoral
KETAMINE	CD Sch 4	
MIDAZOLAM	CD Sch 4	
NANDROLONE	CD Sch 4	Laurabolin, Nandrolin, Retarbolin
PENTAZOCINE	CD Sch 3	
PENTOBARBITAL (PENTOBARBITONE)	CD Sch 3	Dolethal, Pentoject, Euthatal
PHENOBARBITAL (PHENOBARBITONE)	CD Sch 3	
TEMAZEPAM	CD Sch 3	

ANNEX B TO CHAPTER 4: CONTROLLED DRUGS PRESCRIBABLE BY NURSE INDEPENDENT PRESCRIBERS

(Introduced at Paragraph 25)

Drug	Schedule	Indication	Route of Administration
BUPRENORPHINE	3	Transdermal use in palliative care	Transdermal
CHLORDIAZEPOXIDE HYDROCHLORIDE	4	Treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it	Oral
CODEINE PHOSPHATE	5	N / A	Oral
CO-PHENOTROPE	5	N / A	Oral
DIAMORPHINE HYDROCHLORIDE	2	Use in palliative care, pain relief in respect of suspected myocardial infarction or for relief of acute or severe pain after trauma, including in either case postoperative pain relief	Oral or parenteral
DIAZEPAM	4	Use in palliative care, treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it, tonic-clonic seizures	Oral, parenteral or rectal
DIHYDROCODEINE TARTRATE	5	N / A	Oral
FENTANYL	2	Transdermal use in palliative care	Transdermal
LORAZEPAM	4	Use in palliative care, tonic-clonic seizures	Oral or parenteral
MIDAZOLAM	4	Use in palliative care, tonic-clonic seizures	Parenteral or buccal
MORPHINE HYDROCHLORIDE	2	Use in palliative care, pain relief in respect of suspected myocardial infarction or for relief of acute or severe pain after trauma, including in either case post-operative pain relief	Rectal
MORPHINE SULPHATE	2	Use in palliative care, pain relief in respect of suspected myocardial infarction or for relief of acute or severe pain after trauma, including in either case post-operative pain relief	Oral, parenteral or rectal
OXYCODONE HYDROCHLORIDE	2	Use in palliative care	Oral or parenteral administration in palliative care

ANNEX C TO CHAPTER 4: B MED 12 – CONTROLLED DRUGS REGISTER

(Introduced at Paragraph 30)

	STOCK NO 6505-99-512-1226			Nomenclature Alfentanil HCL Injection 5mg / ml 1ml Ampoules									Denomination of Quantity					Box of 10
		RECEIPTS							ISSUES									
Note	Date	Received From	Receipt Voucher No	Quantity Received					F Med 296 or Reqn SN	Name of Patient	Ward, Department or Address	Prescribed by	Quantity Issued					Balance in Stock	By Whom Checked and Date
(a)	20/06/07	Brought forward	From page XX	-	-	1	2		-	-	-	-	-	-	-	-		12	D Young 20/06/07
(b)	21/06/07	-	-	-	-	-	-		IV 146/07	RAP, 4 Blankshires	Camp Caruso, BFPO 564	Capt J Taylor RMO 4 Blanks	-	-	-	1		11	D Young 21/06/07
(c)	28/06/07	From 84 MSS Det	RV 54 / 07	-	-	-	5		Dmd No 63	-	-	-	-	-	-	-		16	D Young 22/06/07
(d)	30/06/07	From 84 MSS Det	RV 63 / 07	-	-	-	5		Dmd No 66	-	-	-	-	-	-	-		22 *	D Young 23/06/07
(e)	1/07/07	-	-	-	-	-	-		Stock Check	Found Correct	A Davies Capt	Duty Officer	-	-	-	-		21	D Young A Davies 24/06/07
(f)	02/07/07	-	-	-	-	-	-		IV 150/07	Certified Destroyed 2 (two) boxes Timex	D Young OIC Med Stores	H Wood Adj	-	-	-	2		19	D Young H Wood 2/7/07
(g)												Carried forward	-	-	-	-		19	To page XX

* entered in error. Should Read 21 DY 30 / 06 / 07

Notes:

(a) Balance brought forward entry from previous page.

(b) Issue to Unit from Med Stores. The IV number is annotated on the demand enabling cross checking. There is no need to insert the Medical Stores IV number in the register for dispensaries.

(c) Example of a receipt entry.

(d) Example of incorrect entry.

(e) Example of stock check (in RED).

(f) Destruction of Timex Drugs.

(g) Example of an entry to carry forward to next page.

All entries must be made in blue / black ink, except entries for stocktakes / handovers, which should be in RED ink.

Nothing in the B Med 12 is to be obliterated or altered in any way. Zero balances are always entered as 'NIL'.

Note. This is essentially an example of a BMed 12 Register held in a Medical Store. An example of a BMed 12 register held for a dispensary can be found in SGPL 16 / 08.

B MED 13 – Controlled Drugs Register

								DRUG: Alfentanil HCL Injection 5mg / ml 1 ml Ampoules NSN: 6505-99-512-1226										**Denomination of Quantity**		**Ampoule**
	Date	**RECEIPTS**						**ISSUES**						Balance in Ward					**PERIODIC CHECKS**	
		F Med 296 or Reqn SN	Quantity Received					Name of Patient	Dose Given	Time Given	Given By	Checked By							Checked By SIGNATURE	Date
(a)	20/06/07		-	-	0	1		From Page 09			Brought	Forward		-	-	0	1		A Jones	20/06/07
(b)	21/06/07	Req no 004	-	-	1	0		Received From	Medical Stores	UK Med Gp	A Jones	A Smith		-	-	1	1			
(c)	22/06/07		-	-	-	-		PTE JAMES HALL 25118979	5mg	1700	A Jones	A Smith		-	-	1	0			
(d)	23/06/07		-	-	-	-		PTE JAMES HALL 25118979	7.5mg given and 2.5mg discarded	1300	A Jones	A Smith		-	-	0	8			
(e)	24/06/07		-	-	-	-		PTE JONES* 25118979	5mg	1700	A Jones	A Smith		-	-	0	7			
(f)	25/06/07		-	-	-	-		PTE JAMES HALL 25118979	2.5mg given and 2.5mg discarded	1400	A Jones	A Smith		-	-	0	6			
(g)	26/06/07		-	-	-	-		Monthly Stock Check	Found	Correct	D Young	Pharmacist		-	-	0	6		A Jones	26/06/07
(h)	30/06/07		-	-	-	-		Destroyed 6 (six) ampoules	Out of date	A Jones Ward NOIC	D Young Pharmacist			-	N	I	L(i)			
											Carried	forward								

* Should Read Pte JAMES HALL. AJ 24 / 06 / 07

Notes:

(a) First Entries will always have the initial stock balance as NIL. Otherwise the balance is carried forward from previous page (as in this case).
(b) Receipt, requisition serial number and quantity received from the Medical Stores UK Med Gp.
(c) Correctly completed administration record.
(d) Correctly completed administration record where part dose is given.
(e) Example of an incorrect entry.
(f) Correctly completed administration record where part dose is given and remainder discarded.
(g) Example of correct entry for stock check - always in RED.
(h) Example of destroyed out of date drugs.
(i) Zero balances are always written in words ie NIL, rather than figures, to avoid fraudulent entries.

All entries are to be made in blue or black ink, except entries for stock checks / handovers, which should be in RED ink. Nothing in the B Med 13 is to be obliterated or altered in any way.

ANNEX D TO CHAPTER 4: AUTHORITY TO POSSESS AND CARRY CONTROLLED DRUGS FOR THE PURPOSE OF ADMINISTERING MEDICAL CARE

(Introduced at Paragraph 59)

Standard Unit Header

1. THIS IS TO CERTIFY that:

No …… Rank……. Name and Initials…….

Passport No …….. is a serving member of HM Forces on official duty. In the course of their duties, this individual is required to carry, for the purpose of administering medical care, the controlled drugs listed below for the period specified.

Valid from
……to……..(dates).

NATO Stock No	Item Name and Description	CD Schedule	Qty

2. The individual:

a. Is responsible to the Senior Medical Officer (name of unit), the legal custodian of the drugs listed above, for their safekeeping whilst in their possession.

b. Must return all the listed drugs to the legal custodian named above and / or empty containers with a written statement by the person in charge of the circumstances in which the drugs were used.

3. As the issuing Officer, I confirm that the person named is authorised as detailed above.

Official Unit Stamp

Signature……...

Name (block letters)……

Rank & Appointment……...

Date……...

Tel No……

CHAPTER 5: FIRST AID KITS AND OUTFITS

INTRODUCTION

1. **Listings.** A list of First Aid Kits (FAK) and outfits provided for use by medical and non-medical personnel in units, ships and aircraft is contained in JSP 324: Catalogue of Medical Materiel:

2. **Scaling.** FAK and outfits are held against single-Service authorised scales, Health and Safety at Work Regulations and, in certain circumstances, MOD instructions issued to meet specific requirements.

3. **Initial Demands.** Initial demands for FAK and outfits on Unit Equipment Tables (UET) and vehicle Complete Equipment Schedules (CES) are to be made to M&GS PT annotated with the authority to hold the item. Requests for alteration to the entitlement are to be staffed through the Chain of Command for approval with supporting budget approval.

4. **Replacement Demands.** Demands for replacement FAK are to refer to the scale, the reason for demand and appropriate authority using AF G998.

5. **Serviceability.** Once an FAK or outfit has been issued against an authority, items consumed, conditioned, or for which a Beyond Repair (BR) certificate has been issued, may be demanded to maintain serviceability.

6. **Delivery.** The majority of FAK are now delivered as part of a facilities contract and are not for M&GS action and are to be staffed through the responsible contractor for that facility.

7. **Short Life Items.** Many FAK and outfits contain short life items. These items should be exchanged before their expiry date is reached, for consumption within maintenance issues. With sealed kits, the entire kit will need to be replaced. It is the responsibility of all holders of this type of equipment to set up regular inspection or turnover programmes to maintain serviceability at all times and to avoid wastage.

8. **Controlled Drugs (CD).** CD should be extracted from first aid kits and outfits not in use and stored in accordance with the regulations detailed at Chapter 4, Paragraph 48 to these instructions. Where the container is hermetically sealed the whole pack is to be stored securely.

9. **Replacement CD.** In order to support any demand for replenishment resulting from supply or administration to a casualty rather than time expiry, a record of the supply or administration of a CD or AD is to be generated. An F Med 296 prescription form may be used for this purpose and in these circumstances, the F Med 296 is merely a record of supply; it is not a prescription as such. Losses of CD are to be actioned in accordance with the procedures detailed at Chapter 4 to these instructions.

10. **Hermetically Sealed Kits.** Once hermetically sealed FAK are opened they are not to be resealed. Provided there is no external evidence of damage and the sealing is intact they should remain in good condition for at least three years from the date of manufacture

stamped on each kit. Stockholders are to carry out periodic checks of hermetically sealed FAK to ensure that the seal is not broken.

11. **Replacement of Non-Expendable Items.** A demand for a non-expendable item from a kit or outfit must be supported by the appropriate documentation, for example, BR write-off certificate.

12. **Disposal.** Requests for disposal instructions for kits surplus to requirements are to be forwarded to the relevant provisioning group within M&GS PT.

SPECIAL PURPOSE KITS AND OUTFITS

Ambulance Scales

13. The appropriate Commander, Station / Unit Medical Officer, Medical Supply Officer or Quartermaster is responsible for ensuring that all kits and outfits for emergency use are complete and serviceable and that ambulances on crash duty or standby have the necessary equipment aboard. Personnel detailed for ambulance duty are responsible for ensuring that the first aid outfit is placed in the ambulance and is checked both at the start and on completion of their tour of duty. Commanders are responsible for ensuring that the crew are competent and adequately trained in the use of the ambulance equipment.

First Aid Kits for Installation in-Service Aircraft

14. **Provision.** First aid kits are provided in aircraft and life rafts, for both aircrew and passengers, to cover the foreseeable hazards of flight and of survival under all conditions on land and sea. Flight and Section Commanders and Captains of aircraft are responsible for ensuring that kits are carried to scale and that all necessary inspections and replacements are carried out. Kits that show evidence of damage or interference with the sealing are to be replaced and the aircraft is to be considered unserviceable until intact kits have been installed.

15. **Scale of Aircraft First Aid Kits.** The standard list of equipment for an aircraft is contained in the Airframe Appendix of the particular type, mark and role of aircraft. The Airframe Appendix constitutes the authority for demanding and issuing. In Depth Support Units (previously referred to as Aircraft Storage Units) carry out the initial provisioning. First aid kits for installation in aircraft are to be obtained as follows:

a. **In Depth Support Units.** In Depth Support Units are to demand stocks of FAK from M&GS PT for the installation in aircraft before their initial issue to flying units.

b. **Flying Units.** Medical Officers of flying units are responsible for demanding FAK. They are to ensure that stocks are available to maintain the unit aircraft to scale plus 20% replacement reserve. In addition, the Medical Officer is to hold a stock of components for replacements and the necessary equipment to re-seal kits used in passenger-carrying aircraft to the following scale:

(1) Non-expendable medical and non-medical items for 3 kits.

(2) Expendable components sufficient for 6 kits.

16. Routine Checks of Aircraft First Aid Kits. The date of origin and the last date on which a medical officer has inspected kits are to be shown on a label attached to the seal of each kit. The kits are to be checked at the routine inspection of the aircraft by the airframe tradesmen responsible for servicing in accordance with the airframe-servicing schedule. If, at any time, the sealing of a kit is found to be broken, the Flight or Section Commander is responsible for ensuring that the kit is taken to the medical centre for checking. Additionally, if the sealing of a kit containing CD is found to be broken, the respective Service police are to be informed. Requests for disposal instructions for defective kits at aircraft storage units are to be forwarded to the relevant provisioning centre.

17. **Other Checks of Aircraft First Aid Kits.** Checks of aircraft FAK are to be carried out on the following occasions:

a. When an aircraft is on acceptance check.

b. After an aircraft has undergone prolonged repair or modification, or has been out of use for some months.

18. **Safe Custody.** All FAK are to be removed and placed in safe custody when an aircraft is transferred from first-line to second-line servicing or is not in use for any reason, but is still in the custody of the Flight or Section Commander.

19. **Losses.** All instances of loss involving FAK held by aircraft storage units, installed in aircraft, or in the custody of Flight or Section Commanders, are to be dealt with in accordance with single-Service regulations.

20. **Personal First Aid Kits Issued to Aircrew.** Station Medical Officers are to ensure that kits are provided on a basis of one kit for each aircrew on the posted strength engaged in active flying, plus 5% reserve. Flight or Section Commanders are to demand kits from the Station Medical Officer. The issue vouchers are to be annotated 'For Personal Clothing Record Card Action' and show the personal number, rank and name of the individual for whom the FAK is being demanded. Normal voucher procedure applies.

Medical Kit Individual Treatment Packs

21. Medical Kit Individual Treatment Packs are routinely available to the following only:

a. Special Boat Service (SBS).

b. Special Air Service (SAS).

c. Individual Aircrew and Aircrew Survival Kits.

d. Infantry Battalions with Close Observation Platoons.

e. 5 Regiment, Royal Artillery and the Honourable Artillery Company - Surveillance and Target Acquisition Personnel only.

f. Where required, as part of the Spearhead Land Element (SLE).

22. Treatment packs are tactically packed to meet specific requirements and are issued as follows:

a. Hard Packs - Aircrew only.

b. Soft Packs - Ground Forces.

c. Supplementary Packs - Tropical regions only.

23. Where exceptions are made for the issue to individuals outside of examples above, then the Medical Officer responsible for requesting the issue of Individual Treatment Packs is to ensure that the recipient is fully conversant with the contents, the appropriate use and possible side effects.

CHAPTER 6: URGENT OPERATIONAL REQUIREMENT PROCEDURES

URGENT OPERATIONAL REQUIREMENT

Definition

1. **Urgent Operational Requirement (UOR) Definition.** A full UOR definition is given in Directorate Equipment Capability (DEC) UOR – Standing Instruction (Version 5).

2. **JSP 886 Specific Guidance.** Specific guidance on UORs and their management in the Joint Supply Chain can be found in JSP 886 Volume 3 Part 10. Reference to current Consignment Tracking policy is contained in JSP 886 Volume 3 Part 7.

Supply and Accounting for UOR and Statements of Operational Requirements

3. The supply and accounting of UOR for individual operations and Statements of Operational Requirements (SOR)[36] for larger Defence commitments are to be managed in the same way as all materiel; JSP 886 Volume 4 – Materiel Accounting specifically refers. A UOR will only be acted upon when an Urgent Statement of User Requirement (USUR) has been staffed through the operational Chain of Command and submitted to PJHQ. Figure 1 and Figure 2 below are the flow charts showing the Routine demand and USUR/UOR processes detailing the respective medical points.

UOR Categories

4. UORs can usually be placed in one of 5 categories:

   a. To provide an operationally specific capability (eg environmental protection).

   b. To fill a previously unidentified capability gap (eg threat change).

   c. To provide a temporary solution to a capability gap that is funded later in the Equipment Procurement Plan (EPP).

   d. To accelerate an existing EPP funded programme.

   e. To fill a previously identified capability gap that, due to competing priorities, has not been funded in the EPP.

Operational Demand Support Certificates

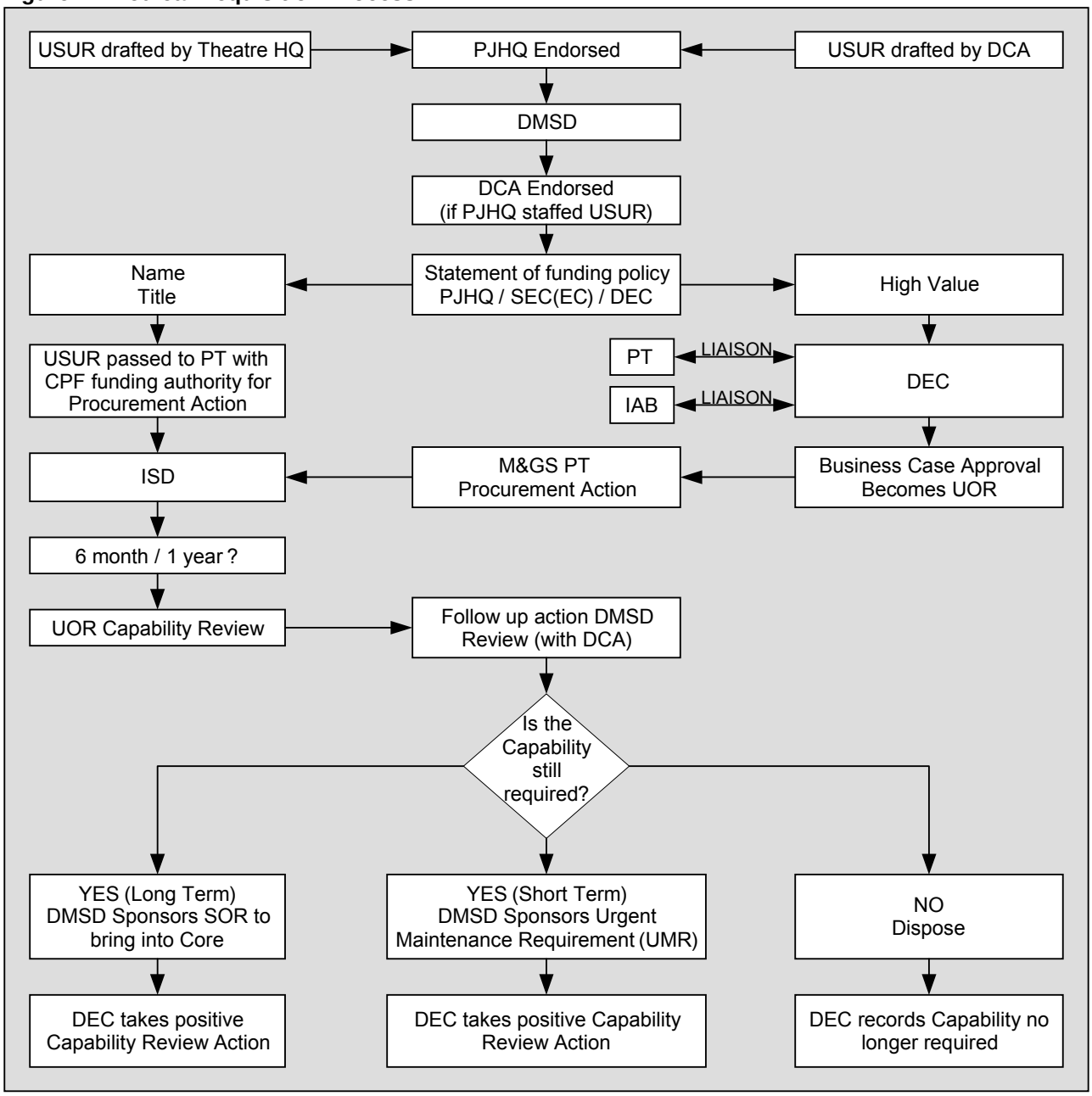
5. The use of Operational Demand Support Certificates (ODSCs) is specific to medical demands and enables units to demand codified items that are in addition to their Unit Medical Equipment Table (UMET) and Operational Medical Equipment Table (OpMET) (the ODSC template is at Annex A). The ODSC process is designed to compliment the UOR and SOR process and not circumvent it; it offers a means of demanding a codified medical item that is not already available in a theatre. It further allows the respective Defence Consultant Advisors (DCA) to determine the clinical / training risk involved in

[36]. The use of SOR is specific to Urgent Operational Requirement demands for Medical, Dental and Veterinary materiel.

deploying the capability to theatre. The DCA will authorise the M&GS PT to charge the cost to the Contingency Planning Fund (CPF).

6. The scrutiny required for ODSC is as thorough as with a UOR and SOR; consequently, if insufficient detail is supplied when raising the ODSC it will be returned as rejected. Deployed units are to be aware that there is also the Additional Resource Bids (ARB) process that is managed locally in theatre and the New to Service – Addition to Catalogue (ATC) request, as detailed below.

Figure 1 - Medical Acquisition Process

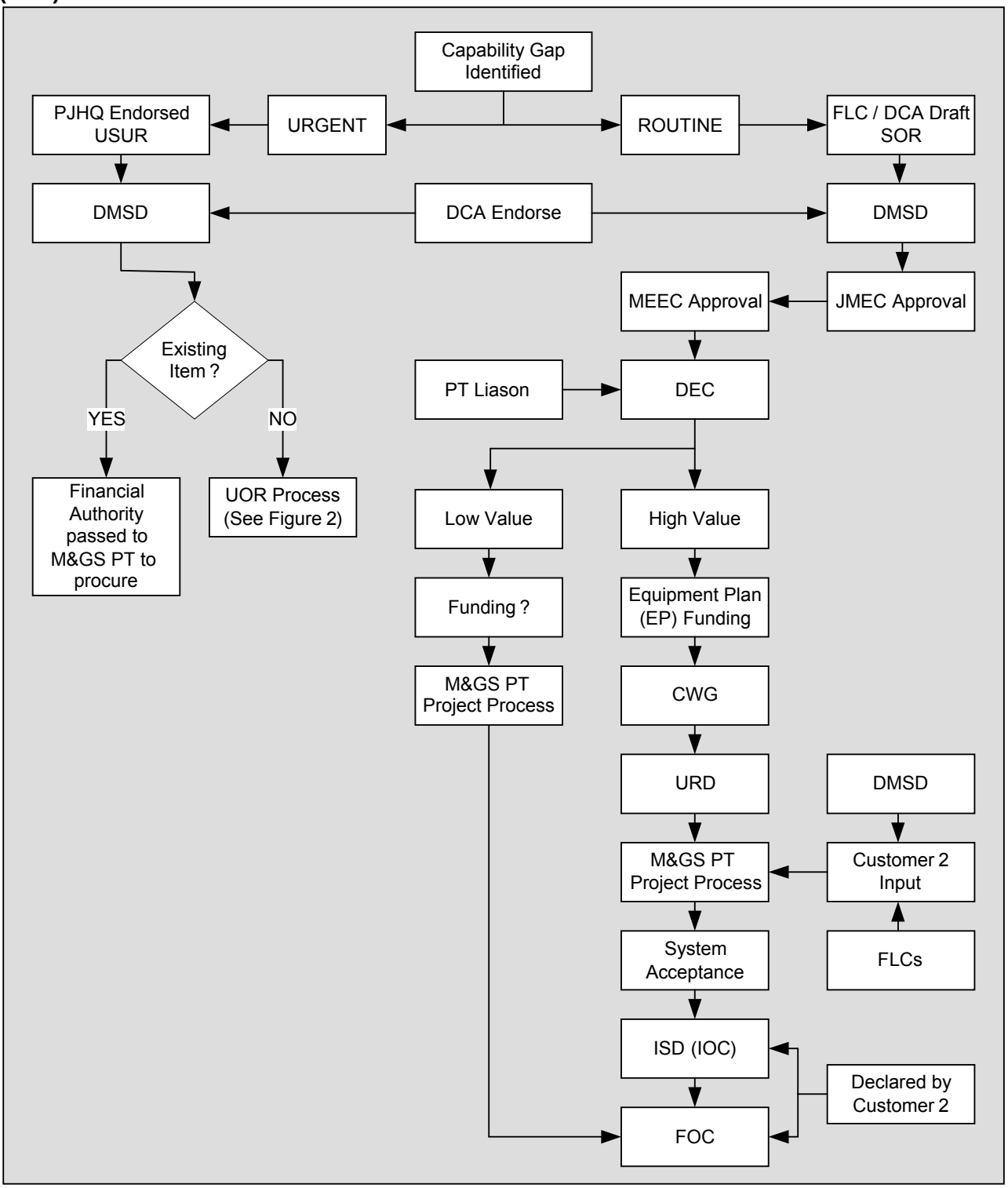


Addition to Catalogue Request

7. An ATC request form (Annex B) must be completed to enable the introduction of a new item of medical materiel (exclusively consumable and pharmaceutical items) not currently in service or available on JSP 324: Catalogue of Medical Materiel. If the new

item will introduce a new capability the request must be supported by a full business case and user requirement document. This process is only for the introduction of consumables (for example instruments, bandages, etc) or Medical Materiel Short Life (MMSL) (for example pharmaceuticals, laboratory supplies, etc). This process is not for the introduction of Electro-Medical Equipment (EME) which should be processed through the appropriate working group(s) to SGD.

Figure 2 - Urgent Statement of User Requirement (USUR) leading to Urgent Operational Requirement (UOR) Process



ANNEX A TO CHAPTER 6: OPERATIONAL DEMAND SUPPORT CERTIFICATE (ODSC)

SGD ODSC No:		**M&GS PT No:**	

To be used to demand medical, dental and veterinary materiel not held in sufficient quantities in a Units Medical Equipment Table [UMET], Operational Medical Equipment Table [OpMET] or Local Medical equipment Table [LMET] but which does have a recognised UK NATO Stock Number.

1. Date of Demand:		**2. Demanding Unit:**	
3. UIN:		**4. Supply Priority Code**	
5. Item Required:			
6. Qty Required:		**7. UK NATO Stock Number:**	

8. Justification (to be completed by Unit Representative raising demand and must include full justification of the medical capability gap the new material will fill):

Signature **Name** **Rank**

9. Unit Commanding Officer's Comments:

Signature **Name** **Rank**

10.Formation Commander Med's Comments:

Signature **Name** **Rank**

11. PJHQ J4 Medical's Comments/Endorsement:

Signature **Name** **Rank**

12. Surgeon General's Department Comments/Endorsement:

Signature **Name** **Rank**

13. Date ODSC forwarded to M&GS PT:	

14. Defence Consultant Advisor's Comments/Endorsement (if required):

Signature **Name** **Rank**

15. M&GS PT

Date Received by M&GS Ops:

Date ODSC Spreadsheet Annotated:

Date Item(s) Dispatched:

Any further action taken/required:

ANNEX B TO CHAPTER 6: NEW TO SERVICE – ADDITION TO CATALOGUE (ATC)

(Introduced at Paragraph 7)

FOR COMPLETION BY REQUESTING UNIT

This request is to enable the introduction of an item of Medical Materiel not currently in service or available on BJSC (JSP 324: Catalogue of Medical Materiel). If the item is required urgently, this should be purchased using Local Purchase facility if this is available. If not, the demand should be referred along with this ATC form indicating why Local Purchase is unavailable. This form is a request for addition to catalogue to ensure compliance with best practice, whilst achieving value for money.

The item is required to: **Enhance a current capability / Provide a new medical capability** (delete as appropriate)

IF THIS ITEM WILL INTRODUCE A NEW CAPABILITY A FULL BUSINESS CASE AND USER REQUIREMENT DOCUMENT MAY BE REQUIRED IN ORDER TO SATISFY THE SMART ACQUISITIONS PROCESS.

1. **Requesting Unit:** …………………… **UIN:** …………… **Date of Request:** ………………

2. The item is required to fulfil the following capability (Please provide a full justification; use a separate page if required). If appropriate please provide a full clinical justification: -
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

3. Suggested item that fulfils this capability (including the denomination of pack size)
…………………………………………………………………………………………………
…………………………………………………………………………………………………

Supplier Part No.……………………………………………………………………………
Prime Vendor Catalogue No…………………………………………………………………
Supplier contact name / address
…………………………………………………………………………………………
…………………………………………………………………………………………
………………………………………………Contact Tel No…………………………

Unit price for the denomination specified (excl, VAT) £……………………………………

4. This item will Replace (supersede) / be used in addition to / be used in conjunction with (delete as applicable) an item currently in service.

If any of the above apply, please provide the relevant NSN(s). (if known)…………………
and / or brief description ………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

5. There will / will not be a recurring requirement (*delete as appropriate*). Est. Annual requirement is:…….

6. **Medical Officer / Dental Officer / Veterinary Officer / Specialist / Consultant** originating this demand (delete as appropriate):

Signature……..Name……Rank……

7. **Point of contact for enquiries**:

Name……..……Tel……..……..…Fax……..……

8. **Defence Consultant Adviser** ……Recommended / Not Recommended

Signature……..Name……Rank…… Date……..

9. **Single Service Medical Command Recommendation**

……Recommended / Not Recommended

Signature……..……..Name…… Rank…… Date……..

FOR COMPLETION BY M&GS PT:

10. **Projects (Equipment) (Tel No: Mil Ext: 9355 Ext 83623 Civ: 01225 883623**

For the attention of Equipment Support Manager: Section: ……....

Is this ATC for an item of Medical Equipment (ME) not currently in service or available on BJSC* (JSP 324: Catalogue of Medical Materiel):

Yes – Will the item: **Enhance a current capability / Provide a new medical capability** (*delete as appropriate*)

No - has a suitable in-service alternative item been identified and notified to the customer

Yes / No

Item description and NSN: ……

Is there a requirement for a full Business Case (BC) and User Requirement Document (URD) Yes / No.
Has the customer been contacted Yes / No and a BC and URD requested:
…….(Date requested)
Customer contacted with confirmation or not of addition to catalogue.

Signature……..…..Name……..……...……Rank…..……..Date…….

Fax number for ATC (not 24 hour manned) is: 01225 884258 (Mil: 9355 Ext 84258).

Please complete the form as fully as possible to include the following details:

a. **Demanding Unit.** It is essential that this information is included.

b. **Reason for Request.** Include a full clinical justification for demanding the non-BJSC* item(s) requested. If the item demanded is to treat an individual patient, state the patient identifier and doctor's name.

c. **Item Required.** A full description of what is required, including pack size and all other information you would expect to see if you were searching a catalogue.

d. **Manufacturer.** Company name, address and telephone number, including a contact name if available.

e. **Manufacturer's Catalogue Number.** Always include the manufacturer's or supplier's catalogue number, or if possible, a photocopy of product within the Manufacture's Catalogue. This will expedite the processing of your ATC.

f. **Nearest BJSC item (Not to be left blank).** M&GS PT needs to know if the alternatives (if any) have been investigated or considered.

*BJSC = JSP 324: Catalogue of Medical Materiel.

CHAPTER 7: SPECTACLES AND EYE LENSES

INTRODUCTION

1. When a member of HM Forces, Regular and Reserve, or an entitled civilian requires spectacles or lenses, they are to be ordered, receipted and issued in accordance with this Chapter.

REFERENCES

2. These instructions are to be read in conjunction with:

a. AESP 4240-G-103-201: Army Equipment Support Publication.

b. AESP 4240-G-115-201: Army Equipment Support Publication.

c. DFRMO HQ Equipment / PPE Directive No 5 / 2004: Provision and Maintenance of Aids to Vision.

d. JSP 375, Volumes 2 and 3: MOD Health and Safety Handbook.

e. HC11: Help with Health Costs.

f. Extant Single-Service Policy (eg BRd 1991: Instructions for the Royal Naval Medical Service, Army General Administrative Instructions, Air Publication 1269A Leaflets 5-14 and Air Publication 1269 10-03).

SPECTACLES REGISTER

3. To ensure an adequate audit trail, the provision and accounting of spectacles is to be recorded in a Spectacles Register maintained in the Unit Medical Centre. The register is to contain the following detail for each transaction:

a. Prescription number.

b. Date prescription forwarded.

c. Service number, rank and name.

d. Type of spectacles.

e. Source of supply.

f. Date received.

g. The invoice number.

h. The cost.

i. Signature of the recipient.

j. The date the invoice is forwarded for payment.

ORDERING, RECEIPT AND ISSUE OF SPECTACLES AND CONTACT LENSES

4. The methods used for ordering, receipting and issuing varying types of spectacles and contact lenses are contained in Annexes as detailed below:

a. Defence Spectacles (Annex A).

b. Civilian Pattern Spectacles (Annex B).

c. Contact Lenses for Non-Aircrew Personnel (Annex C).

d. CBRN S10 and General Service Respirator Lenses (Annex D).

e. Corrective Flying Spectacles (CFS) and Soft Contact Lenses (SCLs) for Aircrew (Annex E).

f. Safety, VDU Spectacles and Corrective Lenses for Combat Goggles and Safety Masks (Annex F).

g. Dental and Surgical Loupes (Annex G).

For Defence Fire Risk Management Organisation (DFRMO) personnel, the procedure encompassed in DFRMO HQ Equipment / PPE Directive No 5 / 2004 (Provision and Maintenance of Aids to Vision) is to be followed.

PAYMENT

5. Invoices raised for sight testing and transcription by civilian ophthalmic practitioners to support the supply of Defence Spectacles are to be passed to the appropriate paying authority for charge against the medical treatment vote Resource Accounting Code (RAC) NHA 001. Invoices raised for supply of spectacles and lenses (excluding Safety Spectacles) by the authorised contractor are to be passed to the appropriate paying authority for charge against the medical treatment vote RAC NHA 003. Aircrew spectacles and lenses are the subject of a stand-alone contract the details of which can be found at Annex E to this Chapter, Air Publication 1269 and the CFS Manual. For routine sight testing not associated with the supply of Defence Spectacles or lenses, the prescription charge may be claimed through Joint Personnel Administration (JPA) (JSP 752 refers).

ANNEX A TO CHAPTER 7: DEFENCE SPECTACLES

(Introduced at Paragraph 4)

Introduction

1. Defence Spectacles are provided to all Regular and Reserve Service personnel who require visual correction to permit them to carry out their duties in an operational role, other than aircrew, who are supplied with Defence Spectacles irrespective of whether they are in an operational role or not.

Entitlement

2. One pair of Defence Spectacles is to be provided unless correction of vision is required for both distance and reading, in which case, either one pair of bifocal spectacles or one pair of distance and one pair of reading spectacles may be provided. HGV / LGV drivers are entitled to 2 pairs.

Provision

3. The procedure for obtaining Defence Spectacles is detailed below:

a. The patient is advised to attend the local NHS optician[37] with a copy of the F Med 79 and the letter at Appendix 1.

b. The patient has their eyes tested by the optician who is to complete the F Med 79.

c. The patient is entitled to a refund of the cost of the eye test and any associated measurements taken. Costs are to be charged to RAC NHA 001 unless there is no local arrangement in place which facilitates direct invoicing in which case this may be administered through JPA.

d. Ensure that all relevant details are entered onto the F Med 79 as detailed below:

(1) Full patient details.

(2) Full address of the medical centre.

(3) All relevant measurements including frame size etc.

e. Allocate the F Med 79 to the next prescription serial number from the Spectacles Register.

f. Complete the Spectacles Register.

g. Reproduce the F Med 79 and dispose of as detailed below:

37. It is recommended that Units have an arrangement with one local optician with agreed costs for services provided.

(1) Send 3 copies to the supplier (who should retain one copy, dispatch one copy with the lenses and the remaining copy with the invoice).

(2) Retain one copy in the medical store.

h. Action the Primary Healthcare Information System (PHCIS) / Defence Medical Information Capability Programme (DMICP) by adding the following Read Code to the patient's medical record: 'Spectacles Ordered - Defence' – 'TRIQQSP6'.

Receipt

4. Once the Defence Spectacles are received from the supplier, annotate the Spectacles Register with the date received. The supplier will despatch:

a. With the spectacles:

(1) Delivery note for each item on the F Med 79.

(2) One copy of the F Med 79.

b. With the invoice:

(1) One copy of the F Med 79 (not required for Army Medical Directorate (AMD)).

(2) Consolidated report of items supplies.

5. For RN and RAF units, the invoice is sent to the unit for local payment; for F Med 79s originating from Army units, the supplier forwards the invoice directly to the AMD Finance Manager for payment centrally.

6. Receipt is to be recorded on PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Received – Defence' – 'TRIQQSP11' and the patient advised that their spectacles are ready for collection.

Issue

7. When the patient collects the spectacles, the procedure detailed below is to be followed:

a. The patient is to try the spectacles for suitability, ensuring they make the correction in vision specified in the F Med 79 and examine them for damage.

b. The patient is to sign the Spectacles Register acknowledging receipt.

c. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Issued - Defence' – 'TRIQQSP16'. Annotate the prescription number as free text.

d. Complete the F Med 79 and retain it in the F Med 4, placed on the enclosure clip. An enclosure number is not to be allocated and a copy is not required by Central Health Records Library (CHRL). This can also be scanned into the integrated Health Record (iHR) on DMICP.

8. Where the patient has left the unit, action is to be taken to forward the spectacles to their new unit.

Unsuitability of Prescribed Spectacles

9. When spectacles received from the supplier are found to be unsuitable, they are to be returned with a written explanation of the reason for their unacceptability. In such cases the Spectacles Register is to be annotated with the date the spectacles were returned and details of the fault.

Disposal of Invoice (for RN / RAF Units) and Delivery Note (for Army Units)

10. On receipt, RN and RAF units are to complete the invoice as detailed below:

a. Check that the name corresponds to the spectacles received.

b. Enter the UIN and unit stamp.

c. Invoice signed by Medical Officer to confirm that the spectacles are fit for purpose (fit comfortably and make the required correction in vision) and payment is authorised.

d. Forward to the Budget Manager, for return to the supplier together with the necessary payment.

e. Enter the date the invoice was forwarded onto the schedule and in the Spectacles Register and retain in the medical centre. Annotate the cost and invoice number into the Spectacles Register.

The surplus Fs Med 79 may be destroyed.

11. Army units are to complete the delivery note as per Paragraphs 10 a to c and d and forward a copy to AMD Finance Manager. In all cases, the cost of the spectacles is to be charged to RAC NHA 003.

Loss of Spectacles on Operations

12. If a Service person loses or breaks their Defence Spectacles whilst deployed on operations or exercise, a replacement pair may be obtained by either contacting the original supplier directly with details of the individual's Service number and name or via their unit medical centre. Under these circumstances, a copy of the most recent F Med 79 will be provided with the spectacles.

APPENDIX 1 TO ANNEX A TO CHAPTER 7: SPECIMEN LETTER FOR THE SUPPLY OF DEFENCE, SAFETY AND VDU SPECTACLES

(To be completed on headed paper)

To the NHS Ophthalmic Optician concerned

1. You are invited to complete the attached F Med 79 for the provision of Defence Spectacles showing:

   a. The lens power requirement for distance (and for near if different).

   b. The interpupillary distance in millimetres.

   c. Whether single or bifocal lenses are required.

   d. Interpupillary distance frame measurement plus the height of any bifocal segment prescribed.

2. If a prescription for reading only is required this should be prescribed in bifocal form, even though no distance correction is required. The measurement is to be noted in the 'Reading / Near vision' box on the F Med 79.

3. Please ask the patient to return these forms to his medical centre.

4. **Payment.** The cost of the service will be covered by the Ministry of Defence and payment will be made in due course at the locally agreed rates. The present rates are:

   a. When bifocals are needed £

   b. For single vision £

5. The lenses will be dispensed centrally by a Ministry of Defence supplier.

6. Thank you for your co-operation. If you have any query please contact me at the above address.

ANNEX B TO CHAPTER 7: CIVILIAN PATTERN SPECTACLES

(Introduced at Paragraph 4)

Introduction

1. Service personnel and their dependants are normally to be referred to a civilian ophthalmologist / optician for the supply of civilian pattern spectacles. There must be no charge against MOD funds for spectacles obtained in this way and the patient is required to pay the civilian optician for the spectacles.

Ophthalmic Treatment

2. Where spectacles are required as part of ophthalmic treatment, prescriptions will be given by the ophthalmologists.

Provision of Civilian Pattern Spectacles Overseas

3. **Sight Tests.** The medical services of HM Forces overseas are responsible for arranging, free of charge, the provision of sight tests for the following:

a. Service Personnel serving overseas.

b. United Kingdom-based civilians employed overseas by the MOD.

c. The dependants of Service personnel serving overseas and of United Kingdom-based civilians employed overseas by the MOD whose presence has been approved.

4. **Standard spectacles.** Any of the above personnel who would be entitled to receive an allowance towards the purchase of spectacles under NHS arrangements (in accordance with HC11: Help with Health Costs) may be provided with standard civilian pattern spectacles free of charge.

5. **Contractors.** Medical authorities are to arrange for local contracts to be placed for the supply of standard civilian pattern spectacles, and their repair, to those individuals eligible to receive them free of charge. When practicable and when justified by the quantity required, contracts are to be placed after competitive tender in accordance with the normal procedure.

6. Term contracts are to be placed when appropriate. Details of the contracts are to be provided to Station / Unit Medical Officers by the Higher Medical Authority. Price agreements on contracts are to include the following type of repair:

a. **Frames:**

(1) New frame.

(2) New front.

(3) New side (each).

(4) Solder repair to front.

b. **Lenses.** Replacement of broken lenses, or exchange of lenses, according to power and type.

7. **Processing of bills**. The unit Medical Officer is to certify that invoices received from civilian opticians are in accordance with local contract rates. Bills are to be passed to the appropriate authority for payment in accordance with local policy.

Procedures for the Provision of Spectacles

8. When a member of HM Forces or a patient overseas authorised in accordance with Paragraph 4 requires civilian pattern spectacles, the following action is to be taken:

a. The patient is advised to attend the local optician.

b. Complete the Spectacles Register.

c. The patient has their eyes tested and arranges the provision of standard civilian pattern spectacles.

d. The patient is entitled to a refund of the cost. For the eye test, cost is charged to RAC NHA 001 or claimed through JPA. For the provision of spectacles, cost is charged to RAC NHA 003.

e. Action the PHCIS / DMICP by adding the following Read Code 'Spectacles Issued' – 'TRIQQSP4' and complete the Spectacles Register.

Alternative Arrangement to Local Contract Overseas

9. If it is impractical to place a local contract for the purchase of civilian pattern spectacles overseas, the medical authority is to identify a local cost for the equivalent of standard pattern spectacles. Local arrangements for provision of the spectacles will be agreed within the following framework:

a. The patient takes the prescription to the approved local optician and obtains and pays for the spectacles.

b. The patient is to be reimbursed the agreed cost of standard spectacles.

Special Civilian Pattern Spectacles

10. The following lenses may be supplied only when they are prescribed as clinically necessary:

a. Prisms.

b. Tinted lenses.

ANNEX C TO CHAPTER 7: CONTACT LENSES FOR NON-AIRCREW PERSONNEL

(Introduced at Paragraph 4)

Introduction

1. There are a number of groups of Service personnel who, because of the nature of their employment, may be unable to perform their duty tasks satisfactorily wearing spectacles. This may either be due to the nature of the task or due to an incompatibility between spectacle wearers and their equipment. This Annex deals with entitlement for non-aircrew; arrangements for aircrew are covered at Annex E.

Entitlement

2. Personnel employed in the following tasks are entitled to the provision of contact lenses (CL) at MOD expense:

a. UK Special Forces (badged ranks SAS, SBS, SRR and 18(UKSF) SR only).

b. Military Police Close Protection Operatives.

c. Divers.

d. EOD Personnel.

e. Mountain Rescue Personnel.

f. Individuals who wear CL for clinical reasons[38].

Provision of Contact Lenses at MOD Expense

3. The use of daily wear disposable lenses should be encouraged as a safer and more practical alternative for personnel likely to find themselves in situations where lens hygiene and overnight storage are difficult. The procedure for obtaining CLs is detailed below:

a. The patient is advised to attend the local CL practitioner[39].

b. The patient has their eyes tested.

c. Individuals should only be referred to a Service ophthalmologist if there is some concern by the prescribing CL practitioner as to the suitability of an applicant's eyes for CL wear.

d. The patient is entitled to a refund of the cost of the eye test which may be claimed via JPA or charged to RAC NHA 001 depending on the local arrangements in place.

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[38] Personnel requiring CL for clinical reasons must be authorised by single service CA Ophthalmology.

[39] It is recommended that units come to an arrangement with a single local CL provider.

e. Complete the Spectacles Register.

Receipt and Issue

4. When the patient has received the CLs, carry out the following procedure:

a. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Contact Lens Provision' – '8D34'. Annotate the prescription number as free text.

b. The patient is to sign the Spectacles Register acknowledging receipt.

c. The cost of both lenses and solutions is to be reimbursed from RAC NHA 003[40].

40. For these authorised groups, the cost of CLs are to be authorised and reimbursed by local budget holders. AMD is not funded for the provision of CLs for Army personnel.

ANNEX D TO CHAPTER 7: CBRN S10 AND GENERAL SERVICE RESPIRATOR LENSES

(Introduced at Paragraph 4)

INTRODUCTION

1. The unit Medical Officer will identify personnel requiring corrective lenses using the principle that visual correction in the respirator is necessary only to enable the individual to perform essential Service tasks.

2. Respirator lenses should not be supplied routinely to all personnel who normally wear glasses, but only to those whose vision without glasses and with both eyes open, is worse than 6 / 12. Many habitual spectacle wearers do not require respirator lenses. It must be emphasised however, that this criteria is to be used as a guide and not rigidly enforced. The main criterion is the need of the patient (confirmed by a Medical Officer) to wear spectacles in order to carry out essential Service duties without unacceptable loss of effectiveness. This may mean that the patient requires bi-focal lenses.

REFERENCES

3. This Annex is to be read in conjunction with the following Army Equipment Support Publications (AESPs):

a. AESP 4240-G-103-201: General Service Respirator S10. Follow Link and read Operating Instructions.

b. AESP 4240-G-115-201: General Service Respirator.

CBRN S10 RESPIRATOR

Corrective Lenses for Respirator CBRN S10

4. The lenses described here are the only types that can be used with the Respirator CBRN S10. Where correction is required the respirator will be fitted with corrective eyepieces and supplied with 2 rubber monocles.

5. Corrective lenses to individual prescription will be issued to the wearer who will then fit the corrective lenses into the monocles and secure them into the respirator as described in AESP 4240-G-103-201 Chapter 8.

6. The following types of lenses are available:

a. Single vision lenses which correct distance vision. These are designed for individuals who wear one pair of spectacles continually for both distant and near vision.

b. Bifocal lenses for individuals who require a correction for distant vision and a different correction for near vision.

c. Bifocal lenses for those who require near vision only. The upper part of these lenses will have no power incorporated.

Lens cases are not provided.

Provision of Corrective Lenses for Respirator CBRN S10

7. The procedures for obtaining respirator lenses are detailed below:

a. Unless single Service arrangements indicate otherwise, the patient is to be advised to attend a local NHS optician with a copy of the F Med 79 and an explanatory letter on the lines suggested in Appendix 1.

b. The patient has their eyes tested by the optician who is to complete the F Med 79 including interpupillary distance.

c. The patient is entitled to a refund of the cost of the eye test and associated measurement (either charged to RAC NHA 001 or claimed through JPA as dictated by local policy).

d. The Medical Officer is required to take an additional measurement in order that the corrective portion of the insert is positioned correctly in relation to the eye. This is done as follows:

(1) The individual puts on their respirator. The fitting and adjustment of the harness straps will have been done already under the supervision of the unit Chemical Biological Radiological Nuclear (CBRN) Officer.

(2) The height of the centre of the subject's eye, above or below an imaginary horizontal line through the centre of the eyepiece (the datum line) is taken (see Appendix 2). All units will have available to them a pair of non-powered graticular lenses incorporating graduations which when fitted into the monocles of a Respirator CBRN S10 will facilitate this measurement.

(3) The measurement (expressed as millimetres above or below datum line) must be entered on F Med 79.

8. Ensure that all relevant details are entered onto the F Med 79 as detailed below:

(1) Full patient details.

(2) Full address of the medical centre.

(3) Measurements as detailed in Paragraph 7d above.

b. Allocate the F Med 79 to the next prescription serial number from the Spectacles Register.

c. Complete the Spectacles Register.

d. Reproduce the F Med 79 and dispose of as detailed below:

(1) Send 3 copies to the supplier.

(2) Retain one copy in the medical store.

e. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Ordered – Respirator' – 'TRIQQSP7'.

Receipt of Corrective Lenses for Respirator CBRN S10

9. The process is exactly the same as that outlined in Annex A Paragraphs 4 to 10 for Defence Spectacles except that:

a. When the inserts are received, PHCIS / DMICP is to be actioned by adding the Read Code 'Spectacles Received – Respirator' – 'TRIQQSP12' to the patient record.

b. The Medical Officer is to ensure that the lenses are fitted correctly, as follows:

(1) The corrective segments will be supplied in discrete packages marked 'left eye' and 'right eye'.

(2) Each segment is notched to assist in correct orientation in the respirator, as described in Chapter 8 of AESP 4240-G-103-201.

c. When the inserts are issued and it is confirmed that they fit and provide the correction required, the PHCIS / DMICP record is to be actioned by adding the Read Code 'Spectacles Issued – Respirator' – 'TRIQQSP17' to the patient record and annotate the prescription number as free text.

CBRN GENERAL SERVICE RESPIRATOR (GSR)

Corrective Lenses for CBRN General Service Respirator (GSR)

10. The lenses described here are the only types that can be used with the Chemical Biological Radiological Nuclear (CBRN) General Service Respirator (GSR).

11. The following types of lenses are available:

a. Single vision lenses will be distance only.

b. Bifocal lenses when distance and near vision are required, or where only near vision is required.

c. Varifocal lenses when distance and near vision are required, or where only near vision is required. Where only near vision is required, the contractor will supply the lowest cost varifocals with plano (clear) distance and the reading addition in the segment.

12. Lens cases are not provided.

Provision of Corrective Lenses for CBRN General Service Respirator (GSR)

13. CBRN GSR lenses are available from a single authorised contractor. The procedures for obtaining respirator lenses are detailed below:

a. Unless single Service arrangements indicate otherwise[41], the patient is to be advised to attend a local optician with a copy of the F Med 79 (Revised 09/10), here-in referred to as the F Med 79, and an explanatory letter on the lines suggested in Appendix 3.

b. The patient has their eyes tested by the optician who is to fully complete the F Med 79.

c. The patient is entitled to a refund of the cost of the eye test. Costs are charged to RAC NHA 001 or claimed through JPA.

d. The patient is to return the completed F Med 79 to the medical officer (UMO) who should ensure that the F Med 79 is fully completed and enter the following details onto the form:

(1) Full patient details.

(2) Full address and civilian telephone number of the Medical Centre.

e. Allocate the F Med 79 to the next prescription serial number from the Spectacles Register.

f. Reproduce the F Med 79 and distribute as detailed below:

(1) Send one copy to the authorised contractor via either of the following methods:

(a) Email to gsr@revelinternational.net.

(b) Fax to +44 (0)20 8861 1075 for the attention of 'GSR Spectacles'.

(c) Post to FAO GSR Spectacles, JB Fashions / Revel International Ltd, Unit 1, Lexus House, Rosslyn Crescent, Harrow, Middlesex HA1 2RZ, England.

(2) Retain one copy in the medical store.

g. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Ordered – Respirator' – 'TRIQQSP7'.

41. Overseas, a suitable ophthalmic centre should be identified to undertake an eye test and complete the F Med 79.

Receipt of Corrective Lenses for CBRN General Service Respirator (GSR)

14. When the General Service Respirator (GSR) corrective lenses arrive from the contractor, the following procedure is to be carried out:

a. Annotate the Spectacles Register with the date received.

b. The contractor will despatch the following forms with the lenses:

(1) MOD Form 640.

(2) One copy of the F Med 79.

c. On receipt, complete the MOD Form 640 as detailed below:

(1) Check that the name corresponds to the lenses received.

(2) Ensure all prices are checked from the relevant contract price list.

(3) Enter the Unit Identification Number (UIN) and unit stamp.

(4) A Medical Officer is to sign the invoice to state that the lenses are fit for purpose and payment is authorized.

d. The cost of the lenses is to be charged to RAC NHA 003.

e. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Received – Respirator' – 'TRIQQSP12'.

f. On receipt, advise the patient that their lenses are ready for collection.

g. Dispose of the forms as detailed below:

(1) Forward the MOD Form 640 to the payment authority.

(2) Retain the remaining F Med 79 for the F Med 4 (see Paragraph 13d).

h. Enter the date the invoice was forwarded onto the schedule and in the Spectacles Register and retain in the medical centre. Annotate the cost and invoice number into the Spectacles Register.

15. The procedure for obtaining corrective lenses for the GSR is at Appendix 4.

ISSUE

16. When the patient collects the lenses carry out the procedure detailed below:

a. The patient is to sign the Spectacle Register acknowledging receipt and is to clarify, once fitted, the lenses make the correction in vision specified in the F Med 79.

b. The individual is to take the corrective lenses to the Chemical, Biological, Radiological and Nuclear Instructor (CBRNI) who is to ensure that the lenses are fitted correctly, as detailed in AESP 4240-G-115-201: General Service Respirator, Chapter 1 Paragraph 29.

c. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Issued – Respirator' – 'TRIQQSP17'. Annotate the prescription number as free text.

d. Complete the F Med 79 and retain in the F Med 4, placed on the enclosure clip. An enclosure number is not to be allocated and a copy is not required by Central Health Records Library (CHRL). This can also be scanned into the integrated Health Record (iHR) on DMICP.

FAULTY LENSES

17. Should there be a problem with the lenses, they are to be returned to the contractor with a written explanation. In such cases, the Spectacles Register is to be annotated with the date the lenses were returned and details of the fault.

APPENDIX 1 TO ANNEX D TO CHAPTER 7: SPECIMEN LETTER FOR CORRECTIVE LENSES FOR THE S10 RESPIRATOR

(To be completed on headed paper)

To the NHS Ophthalmic Optician concerned

1. You are invited to complete the attached F Med 79 for the prescriptions of lenses showing:

   a. The lens power requirement for distance (and for near if different).

   b. The interpupillary distance in millimetres.

   c. Whether single or bifocal lenses are required.

2. No other frame measurement is required.

3. If a prescription for reading only is required this should be prescribed in bifocal form, even though no distance correction is required.

4. Please ask the patient to return these forms to his Medical Officer.

5. **Payment.** The cost of the service will be covered by the Ministry of Defence and payment will be made in due course at the agreed rates. The present rates are:

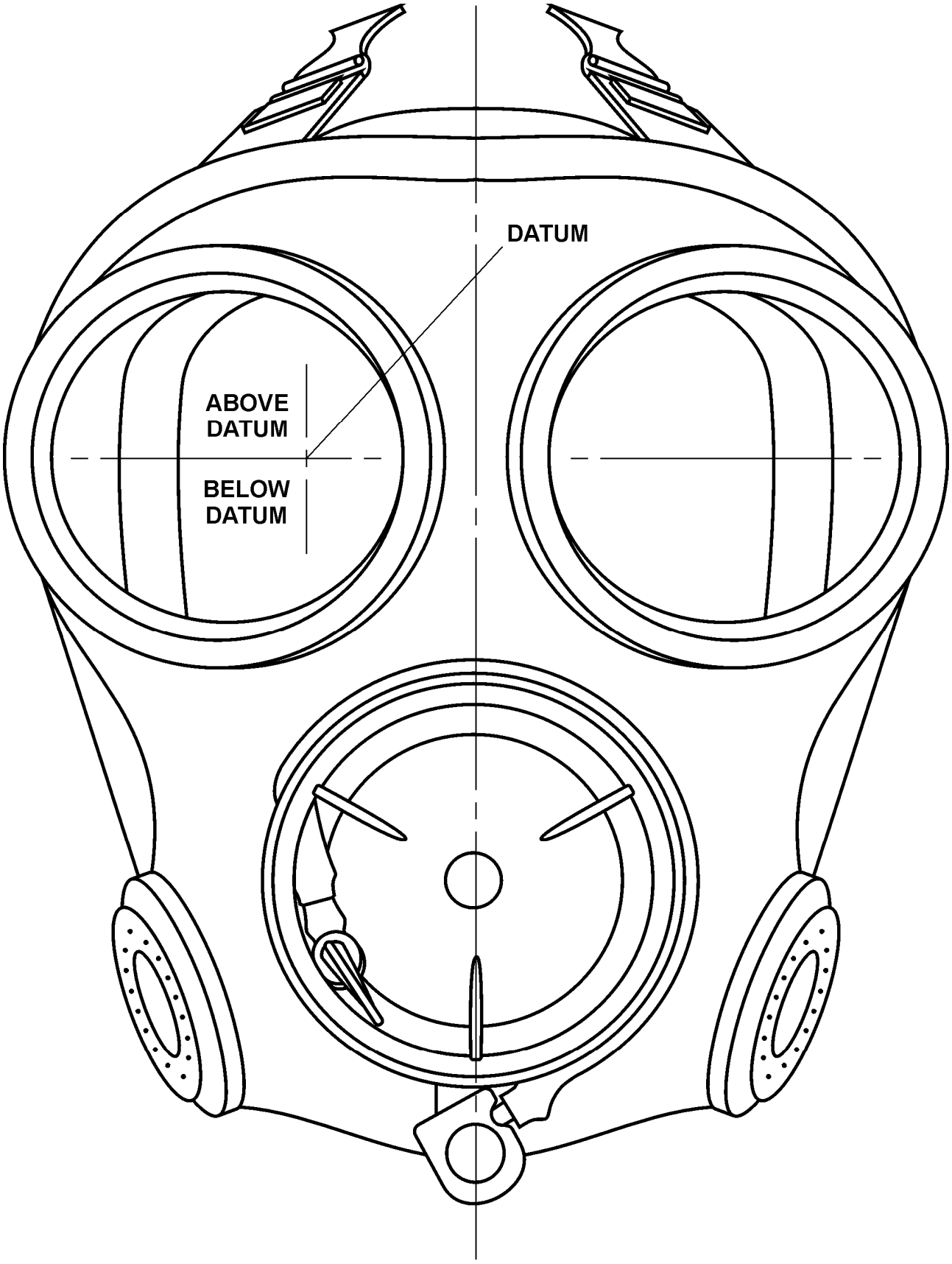
   a. When bifocals are needed £

   b. For single vision £

6. The lenses will be dispensed centrally by a specialist supplier, since specialised configuration is necessary.

7. Thank you for your co-operation. If you have any query please contact me at the above address.

APPENDIX 2 TO ANNEX D TO CHAPTER 7: DIAGRAM OF RESPIRATOR



APPENDIX 3 TO ANNEX D - SPECIMEN LETTER FOR GENERAL SERVICE RESPIRATOR (GSR) CORRECTIVE LENSES

(To be completed on headed paper)

To the Ophthalmic Optician concerned.

1. You are invited to complete the attached F Med 79 for the prescriptions of lenses, to be used in conjunction with the General Service Respirator, showing:

   a. The lens power requirement for distance (and for near if different).

   b. The interpupillary distance in millimetres.

   c. Whether single vision, bifocal or varifocal lenses are normally worn.

   d. Please note the brand and type of varifocal lens the patient is currently wearing (for their normal lenses) in the particulars box of the F Med 79.

2. With this particular form of spectacle other frame measurements are not required, nor is the height of any Multifocal segment prescribed.

3. If a prescription for reading only is required this should be prescribed in Multifocal form, even though no distance correction is required.

4. Please ask the patient to return these forms to his Medical Officer.

5. **Payment.** The cost of the service will be covered by the Ministry of Defence and payment will be made in due course at the agreed local rates. The present rates are:

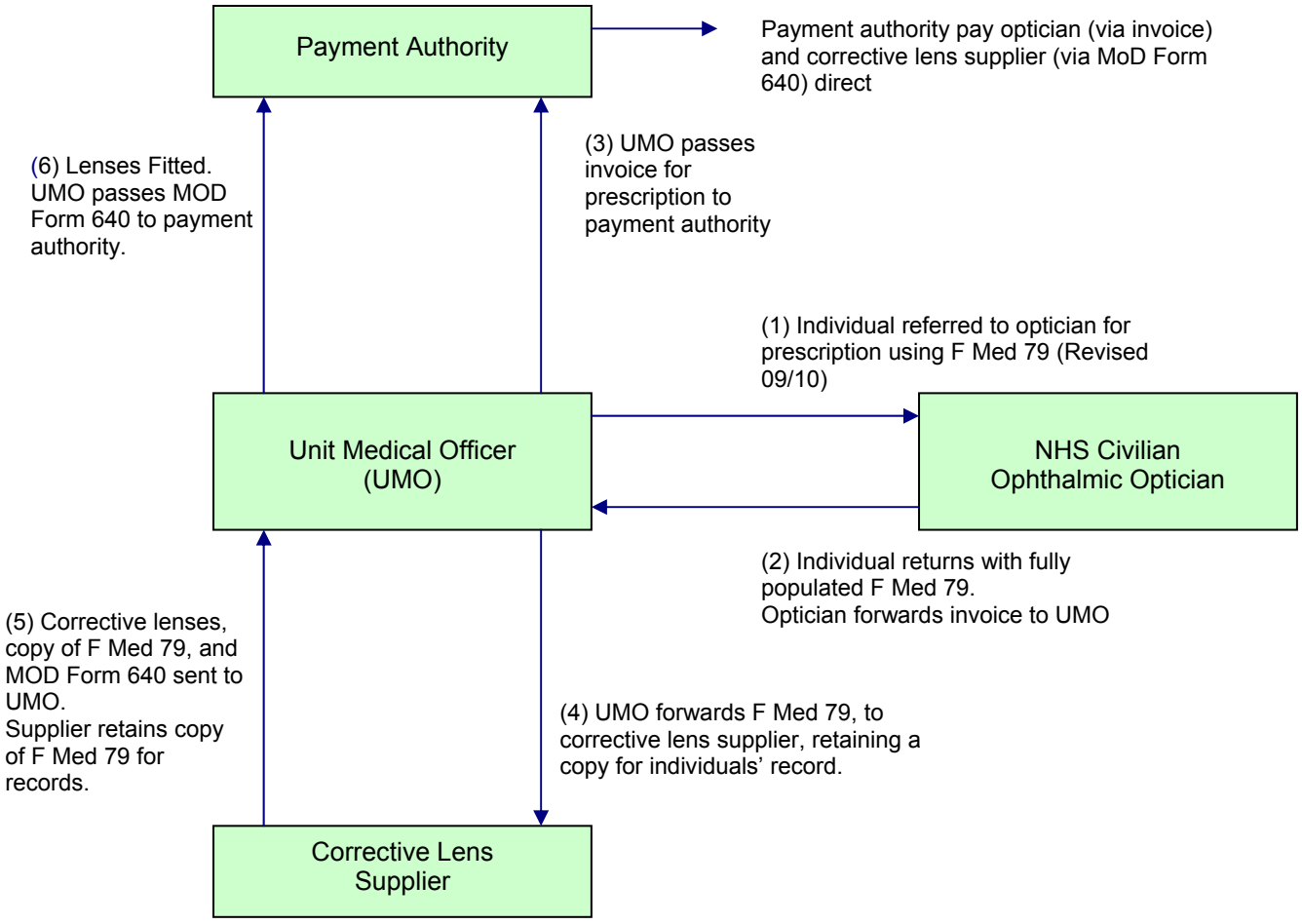
   a. When Multifocals are needed £

   b. For single vision £

6. The lenses will be dispensed centrally by the Ministry of Defence selected contractor, since specialised configuration is necessary.

7. Thank you for your co-operation. If you have any query please contact me at the above address.

APPENDIX 4 TO ANNEX D TO CHAPTER 7: ORDERING / PAYING PROCEDURE FOR GSR CORRECTIVE LENSES



1. The corrective lens supply process is formally tracked using the F Med 79 (Revised 09/10) as described in the flow chart above which, as can be seen from step (4) above, initiates the call-off of a set of lenses against the formal enabling agreement contract established between the corrective lens supplier and the in-service support PT.

2. The F Med 79 (Revised 09/10) is now available electronically via the DMS site on the Defence Intranet.

3. Complete forms should be checked by the UMO for completeness and forwarded to the corrective lens supplier using either of the details below:

Email: qsr@revelinternational.net

Fax: +44 (0)20 8861 1075 (FAO GSR).

Post: FAO GSR Corrective Lenses,
JB Fashions / Revel International Ltd, Unit 1, Lexus House,
Rosslyn Crescent, Harrow, Middlesex, HA1 2RZ, England.

ANNEX E TO CHAPTER 7: CORRECTIVE FLYING SPECTACLES AND SOFT CONTACT LENSES FOR AIRCREW

(Introduced at Paragraph 4)

Introduction

1. The provision of Aircrew Corrective Flying Spectacles (CFS) [42] is funded through the aircrew equipment budget. Contractual arrangements are the responsibility of the Aircrew Escape and Survival Team (AEST), Aircrew Equipment Assemblies & Survival Equipment 2 (AEA&SE2). The contract requires specific performance targets as detailed in this Annex. The contact address and telephone for the project office is detailed below:

AEA&SE2, RAF Henlow, Henlow, Bedfordshire, SG16 6DN

Tel: Mil: 953816359. Civ: 01462 851515 x 6359

Fax: Mil: TBC. Civ: TBC.

Email: Mil: hlw-engaea6@mod.uk Civ: TBC.

References

2. This Annex is to be read in conjunction with:

a. AP1269A Leaflet 5 -14, Annex C.

b. CFS Manual dated Nov 05. Demand Authority User and Aircrew Customer Manual for the Supply of Aircrew Corrective Flying Spectacles (MOD Contract S&ADC / 5254).

Documentation

3. Corrective Flying Spectacles (CFS) and Aircrew Reactive Spectacles (ARS) are to be demanded using Form CFS 1 (revised 07/05; contract S&ADC / 5254) as detailed at Annex A to CFS Manual dated Nov 05, which consists of 5 serial numbered colour-coded forms. Pads of the Form CFS 1 and CFS Manual dated Nov 05 are available from:

Ophthalmic Technologies Ltd
Unit T4, Dominion Way, Worthing, West Sussex, BN14 8NW.
Tel: 01903 212316. Fax: 01903 212317.

Provision of Spectacles

4. The contract provides for a single contractor responsible for testing, refraction, prescription, manufacture and fitting of aircrew spectacles. The contractor provides this service through sub-contracted high-street opticians, as detailed at Annex B to CFS Manual dated Nov 05. The procedure to be followed is detailed below:

a. When an aircrew individual requests CFS a Form CFS 1 is to be raised.

42. Includes Aircrew Respirator Spectacles (ARS) and other variants such as Half-Eye and Apache CFS.

b. The CFS 1 is to be signed by a Medical Officer authorizing the request, prior to issuing the forms to the individual. The demand must indicate the type and quantity of spectacles scaled / required. The following frame types are available (the variants available are detailed at Appendix 1 to this Annex):

(1) CFS (9021A).

(2) CFS – Half-eye (9014A, B and C).

(3) CFS – Apache.

(4) ARS (9013A).

c. Complete the Spectacles Register.

d. The CFS 1 is to be disposed of as follows:

(1) Retain the yellow copy in the medical store.

(2) The remaining 4 copies are to be given to the patient. These will be required during the eye test.

e. The patient is referred to the nearest contracted optician (as detailed at Annex B of the CFS Manual dated Nov 05) for an eye test. It is the patient's responsibility to arrange the appointment. The patient is to be advised that any failure to attend or cancel the appointment may result in the AEST recovering the optician's costs from the patient.

f. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Ordered – CFS – 'TRIQQSP5'.

5. Aircrew should be seen within 3 working days of the optician receiving a correctly completed prescription form.

Receipt

6. After the refraction and frame prescription sitting, the spectacles ordered should be delivered to the optician within 2 weeks. When the demanding optician receives the CFS they will contact the patient or the medical centre. The following actions are to be taken:

a. The patient is to be notified to:

(1) Make arrangements to attend the opticians promptly for a final fitting and subsequent issue of the CFS. (A dispensing appointment will be arranged within 2 working days.)

(2) Take their flying helmet or headset and oxygen mask if worn (except in Northern Ireland) to allow an adequate fitting service.

(3) Sign and date the Form CFS 1 acknowledging receipt of the CFS.

(4) Inform the medical centre when the spectacles have been received and are considered satisfactory.

(5) Ensure that the out of date CFS (including Aircrew Respirator Spectacles ARS)) are disposed of satisfactorily noting that it is acceptable to donate them to charity collections for disposal.

b. Once the medical centre receives instructions from the patient that the CFS have been received and are satisfactory, the following action is to be taken:

(1) Add the following Read Code to the patient's PHCIS / DMICP medical record: 'Spectacles Issued – CFS' – 'TRIQQSP15'. Annotate the prescription number as free text.

(2) The Medical Officer is to take the necessary action, if appropriate, to alter the individual's Medical Employability Standard (MES) in accordance with AP1269A Leaflet 5-14, Annex C.

c. The authorising medical centre is to ensure that spectacles are collected promptly and that aircrew do not continue to fly with spectacles with an out of date prescription.

Integration Problems

7. Should there be a problem with the integration of the spectacles with the helmet, headset, oxygen mask and / or Night Vision Goggles (NVGs), the problem is to be discussed with the prescribing optician. If the prescribing optician is unable to resolve the integration problem, the matter is to be referred to the relevant Specialist in Aviation Medicine (for Army aircrew only) or by F Med 7 to the Aircrew Equipment Integration Group (AEIG), RAF CAM, RAF Henlow for Royal Navy and RAF Aircrew.

8. Difficulties may be experienced with the integration of CFS into the aircraft. This applies particularly to bi-focal and tri-focal lenses. The contractors have been provided with advice on segment size and near correction distances appropriate to various aircraft types. Should problems be experienced in obtaining satisfactory near correction, it is desirable that prescribing opticians visit flying units to be educated concerning the working environment of their aircrew clients. Continuing problems with obtaining satisfactory integration are to be referred to AEST (AEA&SE2) and the Command Flight Medical Officer (CFMO)(RAF), Consultant Advisor Aviation (CA Av) Med (RN) or Directorate Army Aviation (DAAVN) Central Admiralty and Air Medical Board (CAAMB) (AAC).

9. Assistance in resolving integration problems may be obtained from the RAF Aircrew Optometry Service at the Officer and Aircrew Selection Centre (OASC), RAF Cranwell, CA Av Med (RN) or DAAVN CAAMB (AAC).

Faulty Spectacles

10. Aircrew reporting faults with the manufacture of the spectacles are to be referred to the Unit / Ship Survival Equipment Section (SES) for Narrative Fault Reporting action (MOD Form 760).

Aircrew Soft Contact Lenses

11. There are circumstances in which Soft Contact Lenses (SCL) have clear operational advantages, for example when using helmet-mounted optical equipment. However, there are undoubtedly risks of complications and of temporary loss of operational effectiveness that arise from the use of SCL by aircrew. Despite the advantages in normal operation, SCL are not acceptable for use when wearing ARS or other CBRN respirators. Currently, SCL are only available at public expense for Apache Aircrew, or for clinical reasons where authorised by CA Ophth (RAF). Policy for aircrew wishing to use privately purchased SCL is at AP1269A Leaflet 5-14, Annex C.

Provision, Use and Authorisation

12. Full details on provision, use and authorisation of SCLs are contained in AP1269A Leaflet 5-14, Annex C and the CFS Manual for Apache aircrew.

Issue

13. When the patient has received the SCLs, action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Contact Lens provision' – '8D34'. Annotate the prescription number as free text.

14. Medical Officers are to take any necessary action to alter the individual's MES in accordance with single-Service policy.

15. Medical Officers are to take any necessary action to alter the individual's MES in accordance with single-Service policy.

APPENDIX 1 TO ANNEX E TO CHAPTER 7: AIRCREW SPECTACLES (CFS AND ARS) SCALE OF ISSUE

(Introduced at Paragraph 4)

Frame Types

1. The following frame types are available:

   a. CFS (9021A).

   b. CFS – Half-eye (9014A, B and C).

   c. CFS – Apache.

   d. ARS (9013A).

2. The variants available are indicated in the following table.

Type	Tint	CFS	ARS
Single vision	Clear	Yes	Yes
Single vision	Tinted	Yes	Yes
Bi-focal, bottom D segment 25 & 28	Clear	Yes	Yes
Bi-focal, bottom D segment 25 & 28	Distance portion tinted	Yes	Yes
Bi-focal, bottom D segment 25 & 28	All tinted	Yes	Yes
Bi-focal, D45	Clear	Yes	Yes
Bi-focal, D45	Distance portion tinted	Yes	Yes
Double D trifocal D25 & D28*	Clear	Yes	Yes
Varifocal**	N / A	Yes	Yes
* Extreme care due to field of view restrictions. ** Only available after initial referral from the Department of Optometry, RAF Cranwell.			

3. The quantity of each type of CFS required is to be entered on the Form CFS 1 by the demanding Medical Officer; all other boxes are to be crossed through. The scale of issue is detailed below. No variation from these scales is permitted without the authority of CFMO (RAF), CA Av Med (RN) or DAAVN CAAM (AAC).

Aircrew Anti-Glare Spectacles

4. Aircrew requiring solar protection on the ground who are not scaled for tinted CFS may not require correction for ground duties. If so, they are to obtain Mk 15A aircrew anti-glare spectacles (available in sizes medium and large only) through the normal supply channels. The scale of issue is one pair.

Aircrew Respirator Spectacles (9013A)

5. ARS are required for all aircrew requiring visual correction who are scaled to wear the AR5 respirator or who have a Night Vision Goggle (NVG) role. For aircrew who wear an aircrew helmet the scale of issue is one pair of clear ARS. For aircrew who would use

a ‘G’ helmet (cloth helmet with no visors fitted) or aircrew headset the scale of issue is two pairs (one pair clear and one pair tinted).

Aircrew Group	Pairs Clear CFS	Pairs Tinted CFS
All aircrew (including regular, active reserve, TA, aviation officers and contractor’s aircrew) except as listed below.	2	1
All aircrew (including regular, active reserve, TA, aviation officers and contractor’s aircrew) NOT requiring corrected external vision (Notes 1 and 2).	2	0
Aircrew cleared to fly wearing contact lenses	1	1
Ground personnel who fly frequently using an aircrew or passenger helmet	1	0
Parachute dispatchers who require oxygen in flight	1	0
ATC air experience pilots	2	0
Central Gliding School gliding instructors	2	1
ATC gliding instructors	1	1
Medical officer pilots and observers	2	0
Flight medical officers (inc hyperbaric / pressure chamber observers	1	0
University Air Squadron members - all branches, if undergoing flying training	1	0
Personnel continuously employed in aeromedical evacuation	2	0
Other aeromedical evacuation personnel	1	0
Air Stewards	2	0
Non-aircrew subjects of in-flight physiological research	1	0
Note 1: Roles in which external vision is required include support helicopter crewman, Hercules air loadmasters and air engineers, C-17 air loadmasters and Nimrod Maritime Reconnaissance (MR) rear crew. Roles in which external vision is not normally required include air loadmasters in VC10, Tristar, BAe 125 and BAe 146, and mission crew in Sentry and Sentinel. **Note 2**: All aircrew who require visual correction on the ground should also be issued with one pair of tinted CFS (9021A) when deployed or posted to places with a high solar load (eg Belize, Brunei, Canada, Middle East and Arctic regions).		

ANNEX F TO CHAPTER 7: SAFETY, VDU SPECTACLES AND CORRECTIVE LENSES FOR COMBAT GOGGLES AND SAFETY MASKS

(Introduced at Paragraph 4)

INTRODUCTION

1. Medical equipment funds are not normally authorized for the purchase of safety spectacles.

2. For those personnel who already require optical protection and who are employed in a dental surgery or whose work involves potentially hazardous operations (for example, welding, lathe operation) and where difficulty would result from use of protective over-goggles, one pair of prescription lens safety spectacles may be authorized.

3. Personal Protective Equipment (PPE) for operations and primary tasking require the use of protective eyewear in addition to safety spectacles, examples of which are Eye Safety Systems (ESS) goggles for operations and Sabre Masks for paint sprayers and Defence Fire Risk Management Organisation (DFRMO) fire fighters. Therefore, one pair of prescription lenses may be authorised.

4. Service personnel and MOD-employed civilians who meet the criteria for Display Screen Equipment (DSE) as detailed in JSP 375, Volume 2, Leaflet 24 are entitled to free eyesight tests and the provision of corrective spectacles at no personal cost where the spectacles provided are solely for DSE use.

REFERENCES

5. This Annex is to be read in conjunction with the following:

   a. JSP 375: MOD Health and Safety Handbook, Volume 2, Leaflet 24.

   b. DFRMO HQ Equipment / PPE Directive No 6 / 2007: Provision and Maintenance of Aids to Vision.

SAFETY SPECTACLES

6. Safety spectacles must meet the requirement of British Standard (BS) EN 166 Grade 1 and have fixed side shields.

PROVISION

7. The patient's Line Manager is to identify the requirement for prescription lens safety spectacles in writing. The procedure for obtaining prescription lens safety spectacles is the same as that for Defence Spectacles except that:

   a. The Budget Manager's authority is to be sought on Part 4 of the F Med 79 (for prescription lens safety specs, the budgetary authority is the Unit not the Army Medical Directorate (AMD)).

b. The F Med 79 is to stipulate that the spectacles are to conform to BS EN 166 Grade 1.

c. The PHCIS / DMICP record is to be actioned by adding the Read Code 'Spectacles Ordered – Safety Prescription' – 'TRIQQSP9' to the patient record.

d. Army units are to follow the principles for the local payment of invoices as outlined in Annex A, Paragraph 10.

e. Enter the patient details, invoice reference number and the cost of the lenses against the relevant Resource Accounting Code (RAC)[43].

f. On receipt, the PHCIS / DMICP record is to be actioned by adding the Read Code 'Spectacles Received – Safety Prescription' – 'TRIQQSP14' to the patient record.

g. On issue to the patient, the PHCIS / DMICP record is to be actioned by adding the Read Code 'Spectacles Issued – Safety Prescription' – 'TRIQQSP18' to the patient record. Annotate the prescription number as free text.

COMBAT GOGGLES AND SABRE MASK

Entitlement

8. The Station / Unit Medical Officer will identify personnel requiring corrective lenses using the principle that visual correction is necessary only to enable the individual to perform essential Service tasks. One pair of lenses is to be provided for personnel issued combat Eye Safety Systems (ESS) goggles or required to use a Sabre Mask. Individuals who require visual correction must also request the associated prescription kit. For ESS goggles this is the ESS Vice Prescription kit for use with the ESS Vice and Advancer E2.

Provision

9. The procedure for obtaining lenses for combat goggles and Sabre Masks is the same as that for prescription lens safety spectacles outlined in Paragraph 7 above, except that the standard is BS EN Grade 2. In addition, the appropriate 'Lens carrier'[44] available from J4 sources, is to accompany the F Med 79 to the supplier.

VISUAL DISPLAY UNIT SPECTACLES

Provision

10. Personnel who fall within the definition of Visual Display Unit (VDU) 'user' or who are about to become a 'user' are entitled, if they so wish, to undergo an eye test. The following procedure is to be followed:

43. Dependant on which RAC is allocated to combat lenses for ops and Sabre Mask (H&S) for Paint Sprayers / DFRMO Fire Fighters.

44. ESS Goggles – Lens carrier for combat impact eyewear (NSN: 8465-99-318-7191). Sabre Mask – Lens carrier for Sabre Mask (NSN: 4240-99-978-6328).

a. The individual is to contact their line manager who is to complete Part 1 of MOD Form 1003.

b. The MOD Form 1003 is to be presented to the examining optometrist prior to the test.

c. Where it is established that spectacles are specifically needed for use with DSE, the examining optometrist will sign Part 2 of MOD Form 1003.

d. Action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Ordered – VDU – TRIQQSP8'.

Issue

11. When the patient has received the spectacles action the PHCIS / DMICP by adding the following Read Code to the patient's medical record: 'Spectacles Issued - VDU' – 'TRIQQSP19'. Annotate the type of spectacles and the prescription number as free text.

Reimbursement

12. The individual is to be reimbursed, on production of a receipt, as detailed below:

a. The cost of the eye test. Costs are to be charged to RAC NHA 001 or claimed through JPA as dictated by single-Service or local policy.

b. The cost of a basic pair of corrective spectacles if solely required for DSE use (the cost of tinted lenses, special coatings or designer frames will not be reimbursed). Costs are to be charged to RAC NHA 003.

c. 'Users' who already wear spectacles for normal use and who need additional special spectacles solely for DSE use may opt to combine the 2 requirements (eg by purchasing variable focal type lenses). They will only be entitled to claim the cost of the basic pair of spectacles which would otherwise have been necessary. Such claimants will be required to produce evidence of what the lenses and frames solely for DSE use would have cost, had they been purchased as a separate pair of spectacles.

13. The fee raised by an optician purely for completing and signing MOD Form 1003 will not be reimbursed.

14. In all cases where the amount to be claimed is likely to exceed £60, claimants are to submit their completed MOD Form 1003 to their Line Manager, who is to obtain agreement from the local budget manager for reimbursement, before committing themselves to the purchase of any corrective spectacles. Medical Officers should seek written advice from the station Health and Safety Officer in cases where doubt exists over the cost of VDU spectacles exceeding £60.

Repeat Test

15. Repeat tests are, by right, available at regular intervals (as recommended by an optometrist or doctor) and / or when the 'user' experiences visual difficulties which may reasonably be considered to be caused by work on display screen equipment. In such cases the individual is entitled to reimbursement as detailed in this Annex.

ANNEX G TO CHAPTER 7: DENTAL AND SURGICAL LOUPES

(Introduced at Paragraph 4)

INTRODUCTION

1. Dental loupes are issued on personal loan to Dental Officers and Civilian Dental Practitioners (CDP) for the duration of their military Service / employment contract within the Defence Dental Service (DDS).

2. All demands for dental loupes are to be submitted using Appendix 1 to this Annex (Optical Prescription for Orascoptic Telescopes) to the following Unit:

QM Dept, DDS Support Unit, Evelyn Woods Road, Aldershot GU11 2LS.

3. Appendix 1 is to be fully completed with the users prescription attached (when applicable). Failure to fully complete all parts of the form will result in the order being rejected.

4. The DDS Support Unit (SU) Aldershot are, where possible, to meet demands from the Loupes Pool Store. When the pool is unable to meet the order, OC SU is to forward all the paperwork to the SO3 Equipment and Materiel (E&M), HQ DDS, RAF Halton (95237 Ext 6469) who will process the demand.

DENTAL LOUPES

Re-glazing of Dental Loupes

5. The following documentation is to be forwarded, along with the loupes, to QM Department, DDS Support Unit, Aldershot:

a. Copy of user's new prescription.

b. Completed F Med 573 - annotated with the Asset Identification Number.

c. Completed Appendix 1.

Dental Loupes on Loan

6. All losses / damages of dental loupes are to be reported to the SO3 E&M, HQ DDS, RAF Halton. Documentation to effect repairs / raise charges is to be completed in accordance with current DDS policy.

Return of Dental Loupes

7. All parts of dental loupes, including binocular, spectacle frames and all accessories are to be recovered by the Principal Dental Officer (PDO) / OC SU when a dental officer terminates his / her Service or a CDP terminates employment within the DDS.

8. On return, the PDO Department will 'Issue' the loupes to the QM Department, Aldershot who will 'Receipt' them back to the Pool Store. Loupes must always be returned to the QM Dept, SU Aldershot Pool Store.

Accounting Procedures and Stock Checks

9. Loupes will be accounted for on the DDS Inventory System. The QM Department, Aldershot will 'Issue' initial demands to PDO Departments who will then 'Receipt' onto the Dental Centre inventories and annotate the asset with the individual's name.

10. Loupes are to be checked periodically in accordance with DDS Standing Operating Procedures (SOPs).

Spares for Dental Loupes

11. The following replacement spares are available through the M&GS PT for loupes. All items may be ordered using an F Med 573 or AF G8620 direct to the M&GS PT (financial approval from DDS HQ is not required):

a. 6540-99-126-1982 Nuts Thumb.

b. 6540-99-162-2480 Shields Side.

c. 6540-99-317-5181 Nosepiece Silicon.

d. 6540-99-424-5201 Flips Grip [box of 10].

e. 6540-99-551-0127 Headstrap Elastic.

f. 6540-99-720-8170 Tips Temple.

SURGICAL LOUPES

12. Surgical loupes may be provided to improve vision during microsurgical procedures which are particularly associated with vascular, cardiothoracic, transplant, paediatric, Ear Nose & Throat (ENT), plastic and hand surgery. The requirements of an individual pair of operating loupes will depend on the magnifying power, working distance, visual field and depth of focus / field required along with individual preference on 'through the lens' versus 'flip up' design.

13. Individuals requiring surgical operating loupes are to submit a justification along with a manufacturer's quote to Defence Consultant Advisors / Consultant Advisor Surgery for approval. Budgetary approval is to be sought from the parenting Military District Hospital Unit or command (for overseas locations) prior to purchase if reimbursement is required.

APPENDIX 1 TO ANNEX G TO CHAPTER 7: INITIAL ISSUE / REGULATING OPTICAL PRESCRIPTION FOR ORASCOPTIC TELESCOPES

(Introduced at Paragraph 2)

No: ..... Rank: ..... Name: .....

Dental Centre: ..... Region: …… Civil Telephone No: .....

Height (Metric): ..... Age: .....

Frame Size: □ **SMALL** □ **MEDIUM** □ **LARGE**
(<120mm) (120-133mm) (>133mm)
(*Measure the distance between the temple hinge screws on existing glasses*)

Working Distance: □ **REGULAR** □ **LONG**
(30-43cm) (38-53cm)
(*Measured from the corner of the eye to the central incisor with a good realistic posture in centimetres*)

Prescription: □ **YES** □ **NO**
(*An interpupillary measurement (P.D) is to be provided (both near and distant measurement), and attached to this form*)

Special Requirements: .....

1. For 'Initial Issue', this form (and prescription if applicable) are to be submitted to QM Dept, DDS Support Unit Aldershot, Evelyn Woods Road, ALDERSHOT, GU11 2LS. (No other supporting documentation is required for initial issue).

2. For Orascoptic Loupes on issue to an individual which require reglazing due to a change in the user's prescription, this form is to be submitted together with a copy of the new prescription and completed F Med 573 (External Demand Issue and Receipt Voucher Medical and Dental Material) annotated with the Asset Identification Number. All the paperwork is to be forwarded to the SO3 Equipment Support Manager M&GS PT.

3. Select which reglazing required:

6540-99-096-4640	Reglazing non-prescription loupes.
6540-99-366-5387	Reglazing single vision loupes.
6540-99-232-4613	Reglazing bi-focal loupes.

PDO Signature: …… PDO Date Stamp: ……

Name (in capitals):……
□ = Tick as appropriate

CHAPTER 8: VETERINARY

INTRODUCTION

1. This Chapter is applicable to all Military Working Dog (MWD) holding sections or support units including all Service veterinary establishments for the supply of veterinary and MWD specific materiel. These instructions detail the procedures for manual operation of the direct supply for the three contractual areas of veterinary and MWD logistical support:

a. MWD equipment.

b. Veterinary pharmaceuticals and equipment.

c. Deployable Veterinary Modules.

MILITARY WORKING DOG EQUIPMENT

2. **Overview of Scheme.** Defence Clothing (DC) Team has established an Enabling Arrangement (EA) contract for the supply of MWD equipment. To utilise this arrangement units and establishments must first register with DC Team as Ordering Authorities (OAs) in order to establish their entitlement to demand goods from the scheme. An OA Number will be issued by DC Team and must be quoted by the OA in all communication with the contractor. The OA must also apply via their Line Management to become a Government Procurement Card (GPC) holder as this is the only recognised method of payment permitted on this EA.

3. **Procurement of Military Working Dog Equipment.** When MWD equipment is required, local unit procedures should be followed for the definition and authorisation of equipment and its procurement. Once authorised, details should be passed to the OA, who, in turn places the order and pays for it with the GPC. The cost being borne by the consuming unit / establishment. The user, on receipt of the goods checks to ensure that they are the correct item and free from flaw or defect and updates their transaction records in accordance with GPC recognised practice.

4. **Ordering Authorities (OA).** Nomination of OAs is a single-Service responsibility, and it is the post holder who is registered with the DC Team and entitled to demand products from the scheme on behalf of their unit or establishment. All requirements for these products are to be co-ordinated through a nominated OA. The responsibilities of OAs are:

a. Co-ordination of requirements and orders for the products provided by the Direct Supply scheme for their units and establishments.

b. Assistance in the resolution of discrepancies.

c. Publicise, implement and administer local schemes for operating the Direct Supply schemes.

d. Maintain records to provide an audit trail.

5. **Equipment Range.** The range of equipment available under this arrangement has been specified, and subsequently selected under contractual arrangement, by the tri-Service dog user community and published in Equipment Table (ET) Scale 00301. The equipment range is NATO codified and is intended to standardise and satisfy all regular needs for products provided by DC Team. In the event that alternative or additional equipment is required, the endorsement by Army Medical Directorate (AMD) veterinary services, as the lead service, must be sought before approaching DC Team for a supply solution.

6. **Payment Procedure.** A prerequisite of operating this scheme is that the OA holds a suitable GPC to facilitate payment which is to be paid out of the authorised demanders' own funding. It is Government policy that all bills are settled within 30 days.

7. **Demands.** The process of placing and progressing demands is as follows:

a. **Non-Operational Demands.** Non-operational demands are not to be placed on the Joint Supply Chain (JSC) but are to be made using unit local purchase arrangements. The following procedures are to be followed:

(1) Non-operational demands shall only be placed by a registered OA who is also a GPC holder.

(2) Procurement is against an MOD Enabling Arrangement (EA) that has been established in accordance with competitive procurement regulations.

(3) The user should identify the items and quantities required and inform their OA if they are not an OA in their own right. The OA will contact the contractor by phone, fax or e-mail advising details of the order being placed.

(4) All transactions must observe the rules and protocols of purchasing with a GPC.

b. **Operational Demands.** Operational demands are to be placed on the JSC in accordance with JSP 886 Volume 3 Part 1: Standard Priority System. The following guidelines apply:

(1) Detachment raises demand using AF G8620 via First Line QM account.

(2) QM will pass the demand to theatre Secondary Depot.

(3) The Secondary Depot will extract the demand, which will be sent to DC Team Ops Cell.

(4) DC Team Ops Cell to inform VCT6 Inventory Manager (VCT6IM) of requirement.

(5) VCT6IM (registered OA) to take procurement action by GPC for delivery to DSDA (Bicester) for onward transmission, informing Ops Cell of delivery.

8. **Exchange of Faulty or Incorrectly Supplied Goods.** Where the recipients of the goods find that there is a discrepancy between the items ordered and the goods received or the goods received are either faulty or damaged the OA is to notify the contractor by telephone, fax, email or letter. The contractor will replace the goods against the original order number. It is not necessary to raise a second order. Notwithstanding the above, fault investigations, where required, shall be processed in accordance with JSP 886, Volume 3, Part 315. The cost of replacing faulty or incorrectly supplied goods is to be borne by the contractor. Arrangement for the return of goods should be made with the contractor.

9. **Exchange of Wrongly Ordered Goods.** Where equipment has been correctly supplied by the contractor but is found to be inappropriate eg incorrect size, it may be exchanged provided that it is unused, unworn and undamaged. In these circumstances the cost of return is borne by the returning unit or establishment. Where a customer wishes to exchange goods the OA should raise a new order identifying that this is to replace goods returned against Order No_____. The original order should be annotated 'Goods Returned, replaced by Order No _____'.

10. **Points of Contact.** Points of contact are as follows:

a. **Contractual Problems.** Any contractual problems that cannot be resolved easily by the customer and contractor shall be referred to Commercial Section.

DES DC-CSTCSM Customer Support
Spur 4, Beckford Block, MOD Ensleigh, BATH BA1 5AB
Tel: Mil: 3556 Ext 2449, Civ: 01225 472449

b. **Technical or Quality Problems.** Any technical or quality problems that cannot be resolved easily between customer and contractor shall be referred to the DC Team Technical Support Manager.

DES DC-TIM Technical Support Manager
Spur 4, Beckford Block, MOD Ensleigh, BATH BA1 5AB
Tel: Mil: 355 67279, Civ: 01225 467279

c. **Range of Items.** Questions on the products available should be addressed to the Equipment Scale Sponsor:

SO3 Vets AMD
AMD Veterinary Services, Former Army Staff College, Slim Road,
CAMBERLEY, GU15 4NP.
Tel: Mil: 94261 Ext 2668, Civ: 01276 41 2668

d. **Contractor Details.** Contractor details are as follows:

John Humphris Ltd
Imperial Centre, 41 Gatwick Road, CRAWLEY RH10 9LD
Tel: 0870 405 0550. Fax: 0870 405 0551.
E-mail: sales@john-humphris.com.

VETERINARY PHARMACEUTICALS AND EQUIPMENT

11. **Procurement.** The M&GS PT are responsible for overseeing the contract and procurement of veterinary pharmaceuticals and equipment from the nominated veterinary wholesaler. Veterinary pharmaceuticals are supplied to RAVC units, the Service Veterinary Hospital at the Defence Animal Centre (DAC), and to the veterinary component of any operational MWD unit. Veterinary pharmaceuticals and equipment can only be ordered under the authority of Royal Army Veterinary Corps (RAVC) Veterinary Officers.

12. **Provision to Non-Deployed Veterinary Units.** The current contract for provision of pharmaceuticals and equipment is held with Centaur Veterinary Services. All non-deployed veterinary units are registered directly with Centaur Veterinary Services and place their order directly through the Centaur website. Orders are delivered directly to the units (via BFPO for MWD Support Units (SU) in Germany and via DSDA Bicester for the MWDSU in Cyprus). SO2 Vets AMD is responsible for overseeing the purchase data and advising M&GS PT of any anomalies or concerns. SO2 Vets AMD is also responsible for advising on the range of drugs that can be ordered with Centaur Veterinary Services. Approval from SO2 Vets AMD must be obtained prior to any equipment order, to ensure suitability.

13. **Demands from Operational Theatres.** Veterinary pharmaceutical demands from operational theatres are to be faxed or e-mailed from theatre to the M&GS PT (Inventory Management), for forwarding to Centaur Veterinary Services. The order is delivered to DSDA Donnington, for onward movement to theatre. For veterinary equipment demands, prior approval from SO2 Vets AMD must be obtained before any equipment order is submitted to the PT, to ensure suitability.

14. Exchanges and Returns. Where the recipient finds that there is a need to return a delivery ie the goods received are faulty or damaged, there is a discrepancy between items ordered and goods received or an order has been placed for an incorrect item, the recipient is to notify the contractor by telephone, fax or e-mail. The recipient must then return the delivery to the contractor who will adjust their system and arrange a replacement. It is not usually necessary for the unit to raise a replacement order. All deliveries made by Centaur contain a copy invoice with detachable returns slip. When returning goods, units must ensure that they include the returns slip, highlighting the reason for return.

15. **Points of Contact.** Points of contact are as follows:

a. **Range of Items.** Any queries relating to the demand and / or purchase of veterinary drugs or equipment should be addressed directly to the following:

SO2 Vets AMD - amd-davrs-so2-pol-gov@mod.uk
AMD Veterinary Services, Former Army Staff College, Slim Road
CAMBERLEY GU15 4NP
Tel: Mil: 94261 Ext 2781. Civ: 01276 412781.

b. **Contractual Issues.** Contractual issues should be addressed to:

Account Management
DES Med GS-ComrclAccMan2, Annex A6, Block F, Foxhill, BATH BA1 5AB

Tel: 01225 883982 / 883671. Fax: 01225 883033

DEPLOYABLE VETERINARY MODULES

16. The deployable veterinary modules are currently under-going an extensive review and re-write to ensure that the modules are commensurate with the requirement. Once this work has been completed further information will be provided. In the interim, further advice and information can be sought from:

SO2 Vets AMD - amd-davrs-so2-pol-gov@mod.uk
AMD Veterinary Services, Former Army Staff College, Slim Road
CAMBERLEY GU15 4NP.
Tel: Mil: 94261 Ext 2781. Civ: 01276 412781.

CHAPTER 9: BLOOD AND BLOOD COMPONENTS

INTRODUCTION

1. Blood and blood components are supplied in support of UK Forces deployed on exercise, operations, or at overseas fixed locations.

2. The purpose of this Chapter is to provide detail regarding the procedures to be adopted when demanding and transporting blood or blood components.

ORGANISATION

3. The supply of blood and blood components is centrally co-ordinated by M&GS PT Blood Supply Team (BST) who are collocated with the National Blood Service (NBS) in Birmingham. Command and control of BST is exercised by Senior Project Manager (Pharmaceuticals). The address for the Blood Supply Team is:

M&GS PT Blood Supply Team, Institute of Research and Development
Unit 30, West Wing, Birmingham Research Park, BIRMINGHAM B15 2SQ

Tel: Civ: 0121 414 7911 / 8829. Fax: Civ: 0121 414 8830

Duty Mobile (Urgent / Out of Hours calls only): 07500 106250

BST operates a 24-hour service throughout the year.

BLOOD AND BLOOD COMPONENTS

4. Currently M&GS PT BST is licensed by the Medicines and Healthcare products Regulatory Authority (MHRA) to transport the following components:

a. Red Cell Concentrate (RCC).

b. Fresh Frozen Plasma (FFP).

c. Human Platelets (Plt).

d. Cryoprecipitate (Cryo).

All of the above components are supplied as adult therapeutic doses.

TRANSPORT OF BLOOD AND BLOOD COMPONENTS

5. Each of these components is to be transported in a controlled manner in containers validated for that purpose. Three containers are currently used to transport blood and blood products. These are:

a. RCC Golden Hour Box (4^0C) Temp Range $2^0 – 6^0$C

b. Plts Golden Hour Box (Platelet) Temp Range $20^0 – 24^0$C

c. FFP and Cryo ACE 6 Box Temp Range $\leq -30^0$C

Transport of Red Cell Concentrate Using 4^{0}C Shipping Container

6. Detailed instructions on how to ship RCC in a Golden Hour Box (4^{0}C) are contained in M&GS PT BST SOP Fd Ship SOP 004. The salient points are:

a. Each container is validated to hold a maximum of 38 units.

b. RCC may only be packed by suitably trained individuals. Currently the qualification required to handle, store or transport blood is:

(1) Health Professionals' Council (HPC) Registered Military Biomedical Scientist.

(2) National Blood Service staff at Assistant Health Care Officer Level or above, who have been trained in the appropriate procedure.

(3) Attendance and Pass at the Blood Donation Storage and Supply Course (BDSS).

Transport of Human Platelets Using Platelet Shipping Container

7. Detailed instructions of how to ship Platelets in a Golden Hour Box (4^{0}C) (Platelet) are contained in M&GS PT BST SOP Fd Ship SOP 005. The salient points are:

a. Each container is validated to hold a maximum of 3 adult units.

b. Human Platelets may only be packed by suitably trained individuals. Currently the qualification required to handle, store or transport blood is:

(1) HPC Registered Military Biomedical Scientist.

(2) National Blood Service staff at Assistant Health Care Officer level or above who have been trained in the appropriate procedure.

c. Attendance and Pass at the Blood Donation Storage and Supply Course (BDSS).

Transport of Fresh Frozen Plasma and Cryoprecipitate Using Ace 6 Shipping Container

8. Detailed instructions of how to ship FFP and Cryo using an ACE 6 box are contained in M&GS PT BST SOP Fd Ship SOP 002. The salient points are:

a. Each container is validated to hold a maximum of 20 adult units.

b. FFP and Cryo may only be packed by suitably trained individuals. Currently the qualification required to handle, store or transport blood is:

(1) HPC Registered Military Biomedical Scientist. Must hold in-date Dangerous Air Cargo (DAC) qualification.

(2) National Blood Service staff at Assistant Health Care Officer level or above who have been trained in the appropriate procedure.

(3) Attendance and Pass at the Blood Donation Storage and Supply Course (BDSS). Must be supervised by individual holding an in date DAC qualification.

ORDERING BLOOD AND BLOOD COMPONENTS

9. The ordering of blood and blood components is a strictly controlled and regulated process designed to ensure that the correct quantities and blood groups are ordered at the right time to meet the clinical need.

10. To this end M&GS PT will only accept and act on requests from an authorised demander. This includes urgent Out of Hours demands.

11. The following are currently listed as authorised demanders:

a. HPC Registered Military Biomedical Scientist.

b. Military personnel who have attended and passed the BDSS course and have the appropriate authority (PJHQ, HQ Land Forces / LWC, HQ NAVY Command, HQ AIR Command, DSF).

c. Military personnel authorised by Defence Consultant Adviser in Blood Transfusion (DCA – Blood Trans).

BLOOD DONATION STORAGE AND SUPPLY COURSE (BDSS)

12. In all cases where blood or blood components will be required by a unit that does not have a Military Biomedical Scientist, a unit member will be required to attend and pass a Blood Donation Storage and Supply Course (BDSS).

13. Details of course dates may be found in DINs, DMETA Schedule of Courses and the relevant organisations' course schedules.

14. This qualification is valid for three years.

CHAPTER 10: DENTAL

ORDERING CONSUMABLE DENTAL MATERIEL

1. All Defence Dental Services (DDS) Dental Units worldwide are classed as Type 2 customers and will therefore use the Purchase 2 Payment (P2P) online catalogue for demanding and receipting consumable materiel.

2. The DDS Standard Operating Procedures (SOP) will expand on current policy and interpretation and detail the specified dental consumables provider.

DISPOSALS

3. Disposal for dental equipments for DDS Type 2 customers is to be carried out in accordance with DDS Standard Operating Procedures (SOP).

MATERIEL LOSSES

1. The DDS are to use JSP 886 Volume 4 Part 6: Losses in relation to all materiel losses and write-off.

2. Principal Dental Officers (PDO) have no delegated Powers of write-off. The Director DDS is the sole authority for write-off for the DDS.

3. The 'Record of Losses Register' at Annex B to JSP 886 Volume 4 Part 6: Losses is to be used to record the loss of DDS materiel at all levels.

CLINICAL SURGERY WEAR

4. All DDS clinical staff will be issued with up to 9 sets of clinical surgery wear (scrubs style) for wear when working in the surgery environment. Under no circumstances is clinical surgery wear to be issued to agency staff as this is to be supplied by the individual or the agency.

5. Clinical surgery wear is to be demanded from an individual's local military clothing store (including civilian staff). The clothing issue is to be recorded on the individual's clothing account.

6. Clinical surgery wear is colour-coded depending on the individual's role:

   a. Dentist: Blue.

   b. Dental Nurse: Grey.

   c. Dental Hygienist: Green.

   d. Dental Therapist: Green.

7. The laundering of surgery wear is to be carried out in accordance with manufacturers' recommendations. Laundering is to be conducted through Local Administration Units (LAU) local contract arrangements.

8. Withdrawn clothing is to be disposed of via the clothing store.

Maternity Clinical Surgery Wear

9. Maternity clinical surgery wear will be provided by the DDS Support Unit, Aldershot. The ordering process is detailed in Section 6 of DDS SOPs.

Clinical Surgery Footwear

10. Clinical footwear for use within the clinical environment is supplied from DDS Support Unit, Aldershot. The ordering process is detailed in Section 6 of DDS SOPs.

DEMANDS FOR SPECIALIST ORTHOPAEDIC DENTAL SEATING

11. The initial medical complaint is to be raised via the unit Medical Centre where the individual will be seen by the Medical Officer. If, after the initial assessment / treatment / therapy, the problem still persists then the Medical Officer will refer the individual to the Chair Clinic at Headley Court. Referral to the Chair Clinic will ascertain whether an individual needs an alternative type of chair and, if so, identify the make / model required. It will also arrange for a follow-up assessment to monitor the medical condition and the use of the chair.