

MS 734 Medical Supplies and Equipment

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1.0 Purpose

This Manual Section sets out Peace Corps' policy regarding medical supplies and equipment that are provided to each of the Medical Offices maintained by overseas posts. Implementing procedures are outlined in detail in Medical Technical Guideline 240, *Medical Supplies and Equipment* (TG240).

2.0 Authority

22 U.S.C. 2503(b); 21 CFR §1301.74(b) and Part 1304.

3.0 Policy

It is the policy of the Peace Corps to maintain effective controls and procedures that govern the procurement, receipt, storage, inventory, dispensation, and disposal of medical supplies and to adopt and implement special standards applicable to controlled substances. Medications and vaccines purchased for, and provided to, Volunteers and Trainees (V/T) must be FDA-approved and manufactured in the U.S. unless otherwise approved by the Office of Health Services (OHS).

4.0 Definitions

Medical supplies include all medicines, dressing material, laboratory reagents, test kits, birth control products, vaccines, and small consumable medical equipment, as well as controlled substances.

Controlled substances are federally-regulated medicines included on the controlled substances schedules issued by the U.S. Drug Enforcement Administration (DEA).

Specially designated medical supplies are items that OHS deems to be high value, pilferable, or otherwise deserving of special attention. OHS is responsible for labeling particular medical supplies as specially designated.

Medical equipment includes basic medical office furnishings and diagnostic laboratory equipment necessary to support the operations of the Medical Offices. Medical equipment may be ordered from USPHS Perry Point, commercial sources, or Peace Corps Headquarters. All Peace Corps-owned professional equipment is the property of Peace Corps and must be managed according to MS 511, which addresses management and disposition of Peace Corps personal property.

Medical Inventory System is the method and official record by which the post maintains an accurate account of controlled substances and specially designated items via medical supply receipt, distribution, and disposal. Specific procedures for a Medical Inventory System at post are outlined in [TG 240](#).

5.0 Roles and Responsibilities

5.1 Health Services

The Office of Health Services is responsible for managing the health care system applicable to V/Ts, more fully described in [MS 262 Peace Corps Medical Services Program](#). The Director of the Office of Medical Services (D/OMS) reports to the Associate Director of Health Services (AD/OHS). OMS, in consultation with the respective Country Director (CD) and Peace Corps Medical Officer (PCMO), determines the medical needs of the V/Ts at the respective posts and the type of medical supplies and equipment necessary for the operation of the post Medical Office.

5.2 Peace Corps Medical Officer

The PCMO is a physician, nurse practitioner, registered nurse or physician's assistant who oversees the post's Medical Office and the provision of health care to V/Ts. In some cases, there may be more than one PCMO at a post. The PCMO receives guidance from OHS regarding the medical supplies that should be available at post. The PCMO is ultimately responsible for the maintenance of effective control over medical supplies to ensure that such items are properly received, dispensed or disposed of in accordance with Peace Corps' policies and procedures. The PCMO may be assisted by other members of the Medical Office to fulfill the responsibilities for inventorying medical supplies and equipment. However, quarterly physical inventory of medical supplies and equipment must also be performed by a staff member who is not assigned to the Medical Office and is appointed by the CD (see 8.3(b) below). The AD/OHS has overall responsibility for managing and supervising the PCMO, but the CD has day-to-day management and supervision responsibility of the PCMO in non-clinical areas.

5.3 Country Director

The Country Director (CD) manages operations at a post and is responsible for providing an appropriate working environment for the operation of the post Medical Office. The CD is responsible for the physical security of the Medical Office and to assure that effective controls for medical supply management are in place through appropriate segregation of duties, secure storage, and periodic inventories.

5.4 Acceptance Point Clerk

The Acceptance Point Clerk (APC) is appointed by the CD and is responsible for receiving all medical supplies at post and coordinating initial inventory and transfer to the Medical Office. The APC works with both the Medical Supply Inventory Control Clerk (MSICC) and the PCMO to ensure that medical supplies are properly delivered and inventoried. The APC must not be a member of the Medical Office staff, and cannot serve as the MSIC Clerk. Further, the APC may not perform the quarterly inventory of medical supplies.

5.5 Medical Supply Inventory Control Clerk

The MSICC is appointed by the CD. The MSICC maintains the Medical Inventory System. The MSICC must not be a member of the Medical Office staff. The MSICC works with both the APC and the PCMO to ensure that medical supplies are properly delivered and inventoried. The MSICC is not permitted to serve as the APC or to perform the quarterly inventory of medical supplies.

5.6 Post Logistics and Support Division

Post Logistics and Support Division (M/AS/PLS) is responsible for the procurement and shipment of medical supplies and equipment from U.S. vendors on behalf of posts. PLS is in the Office of Administrative Services (M/AS).

5.7 Office of Acquisitions and Contract Management

Office of Acquisitions and Contract Management (OACM) is responsible for the policy and operational management of Peace Corps' acquisitions domestically and overseas, including the acquisitions by authorized employees of medical supplies.

5.8 Contracting Officer

The Contracting Officer at post is the individual who has received written authority from OACM to enter into, administer, or terminate contracts and who can make related determinations and findings. Contracting Officers are responsible for ensuring performance of all necessary actions for effective contracting and safeguarding the interests of the United States in its contractual relationship.

6.0 Procurement Authority

Procurement of non-controlled medical supplies is under the post's Contracting Officer's normal procurement authority. The PCMO, in coordination with the Contracting Officer, must prepare all requisitions and submit them for procurement. All procurement requests for controlled medical substances must be made through PLS.

6.1 Non-controlled Substances

Medical supplies for V/Ts must be procured through PLS or directly by post from a U.S. or approved overseas vendor. Exceptions can be made for one-time purchases to maintain continuity of V/T health care at post. Medical supplies required on a regular basis should be ordered through PLS or other approved overseas vendors. Any discrepancies with medical supplies purchased directly by post from the vendor and shipped directly to post must be handled between the post and the vendor.

6.2 Controlled Substances

The Peace Corps, through the Chief, Administrative Services (M/AS), is registered with the DEA to procure controlled medical substances from designated vendors in the U.S. on behalf of Peace Corps and to distribute them to PCMOs posted overseas. The M/AS delegates the use of the Peace Corps DEA number to his or her Designated Officers (DO). The Controlled Substance Officer (CSO) in PLS serves as the primary point of contact for purchasing controlled substances. Only the CSO is authorized to procure controlled medical substances for Peace Corps. PCMOs do not have the authority to procure controlled medical substances on behalf of the Peace Corps, and must request procurement support from M/AS. PCMOs must not purchase controlled substances or narcotics in-country or from a third-party vendor.

7.0 Ordering and Shipping Medical Supplies Overseas

All medical supplies obtained on behalf of V/Ts must be procured in the most economical and timely manner available. Quality must be maintained through approved manufacturers, proper cold chain distribution, and storage conditions that promote shelf life quality.

7.1 Ordering Non-controlled Medical Supplies

Specific guidance for ordering non-controlled medical supplies and equipment is provided in [TG 240](#).

7.2 Ordering Controlled Substances

PLS coordinates the procurement and shipping of controlled substances to posts. The PCMO at a post has the responsibility to stock and dispense controlled medical substances that are required at the post and are listed in DEA Schedules II, III, IV, or V.

7.3 Shipment of Medical Supplies to Post

At the request of the post, generally through the PCMO, PLS will purchase and ship medical supplies ordered through PLS.

7.4 Special Orders

The following items are available to posts free of charge from PLS. Expedited orders will only ship with an obligation number.

- (a) Volunteer Medical Kits,
- (b) Mosquito Nets,
- (c) Peace Corps Forms for Eyeglasses,
- (d) Medical Appliances and Repair,
- (e) Volunteer Close of Service (COS) Kits.

8.0 Inventory Control for Specially Designated and Controlled Substance Medical Supplies

A Medical Inventory System must be maintained by the MSICC at each post. It is the official record of specially designated or controlled substances at the post. The Medical Inventory Systems must record all specially designated and controlled substance medical supplies received, stocked, and distributed at post. [TG 240](#) outlines the specific procedures for maintaining a Medical Inventory System.

At least quarterly, the CD must review the MSICC's Medical Inventory Systems for specially designated and controlled substances to ensure accuracy.

8.1 Receipt of Medical Supplies

The specially designated and controlled substance medical supplies received at post must be accepted by the APC who works with the MSICC and PCMO to reconcile the supplies ordered with the supplies received by the post. The post is required to follow the steps outlined in [TG 240](#) that pertain to the receipt of specially designated medical supplies and controlled substances. These procedures are designed to establish an enhanced level of oversight and adherence to DEA regulations. Non-specially designated medical supplies may be inventoried at the post's discretion in order to maintain adequate supplies for V/T health services.

8.2 Confirming Receipt of Controlled Substances

The PCMO must confirm to PLS the receipt of all controlled substances at the time they arrive at post. The controlled substances must be transferred immediately by the APC to PCMO custody.

8.3 Inventories of Specially Designated and Controlled Substance Medical Supplies

- (a) The MSICC must maintain an accurate and separate set of inventory records for all medical supply items that are specially designated or controlled substances. The PCMO must maintain records on the dispensing and disposal of all medical supply items being recorded and tracked in Medical Inventory System. Any forms that contain information subject to the Privacy Act and MS 268 *Medical Confidentiality* must be kept in a locked file cabinet and accessed only by PCMO or her/his designated, authorized staff.
- (b) Inventories of medical supplies that are specially designated or controlled substances must be completed on a quarterly basis. The CD must appoint a member of the post staff from outside the Medical Office, who is not the MSICC or APC, to conduct the inventory.
- (c) Annually, the Medical Inventory System must be signed by the CD and submitted to OHS for review. The annual sign-off by the CD of the inventory of specially designated medical supplies and controlled substances will assess inventory on hand as of September 30 and is due to OHS by October 15 each year.
- (d) A complete inventory of controlled substances must be performed on the first day that a new PCMO commences employment at post. There should be two counts associated with new PCMOs—the first day of the new PCMO’s tenure and the last day of the outgoing PCMO’s tenure.
- (e) An inventory of all stocks of a particular substance must be conducted whenever a substance that was not previously a controlled substance becomes a controlled substance.

8.4 DEA Log

Each Medical Office must maintain, on a current basis, a complete and accurate record of each controlled substance’s dispensation or disposal. Records for all controlled substances must also be maintained in a separate DEA Log with secure pages. The log must reflect the following:

- (a) Name of substance;
- (b) Form of substance (e.g., 10 mg tablet);
- (c) Number of units on hand;
- (d) Amount dispensed or destroyed;
- (e) Name of person to whom dispensed;
- (f) Date of dispense;
- (g) Amount dispensed; and,
- (h) Signature of dispenser.

8.5 Security of Controlled Substances

Controlled substances must be dispensed only under the supervision of the PCMO. Controlled substances listed on DEA Schedules II, III, IV, and/or V must be managed within local and U.S. laws and regulations.

8.6 Storage of Controlled Substances and Other Medical Supplies at Post

Country Directors must provide secure storage for all medical supplies that are specially designated or controlled substances. Secure storage must provide effective controls and safeguards against theft and diversion. Controlled substances must be kept in a securely-locked substantially constructed cabinet. The cabinet must be placed in a locked room (such as a medical supply closet) within a locked office building.

8.7 Report of Loss or Theft of Controlled Substances at Post

If controlled substances are lost or stolen from a post, the post must immediately inform the Regional Director, D/OMS, the Controlled Substances Officer in PLS, the Associate Director of Management (AD/M), and the Inspector General by email. Specific reporting procedures are outlined in [Technical Guideline 240](#). An investigation of the incident must be conducted and documented by the Inspector General or if not possible, by the Regional Security Officer (RSO) attached to the U.S. Embassy.

8.8 Report of Loss or Theft of Controlled Substances at Headquarters

The loss or theft of controlled substances from Headquarters must be reported immediately to the Chief of M/AS. Specific reporting procedures are outlined in TG240. An investigation of the incident must be conducted and documented by the Inspector General or, if not possible, by the Federal Protective Service.

9.0 Disposal of Medical Supplies and Equipment

9.1 Destruction of Medical Supplies

Medical supplies (medicines, dressing material, laboratory reagents, test kits, birth control products, and vaccines, etc.) with expired shelf life or medications that have been returned to the Health Unit by V/Ts must be destroyed in the presence of the PCMO and the CD, in accordance with local waste disposal and air and water pollution control standards. Disposal documentation must be retained in post files as per the Peace Corps records schedule, and a copy provided to the MSIC. Under no circumstances should returned medications be returned to inventory stock.

9.2 Transfer of Medical Supplies

Transfer or exchange of excess medical shelf life items, including controlled substances or specially designated items, is authorized from a Peace Corps post to other posts or the U.S. Embassy only. If a post cannot transfer the items, then the items must be destroyed. Prior to transferring or exchanging any excess medical items, post or PLS must agree to all terms and prices for the excess items. A signed inventory receipt from the receiving agency must document transfer of medical supplies and controlled substances to the Embassy. This document must be forwarded to D/OMS and the M/AS. A copy of the transfer documents must be provided to the MSICC. Under no circumstances must any medical supply be donated to organizations other than U.S. government agencies.

9.3 Accounting for Medevac Medical Supplies

A PCMO who accompanies a medical evacuee to Headquarters may bring any excess specially-designated or controlled medical supplies required for the Medevac to the Controlled Substances Officer in PLS to be destroyed. The Controlled Substances Clerk must have the PCMO sign a Medical Supply Disposal form. The PCMO must keep a copy of the form for his or her medical unit inventory records and the MSICC.

9.4 Return of Excess or Nearly Expired Medication

Peace Corps posts are authorized to return excess inventoried or nearly expired medications (excluding controlled substances) that were purchased locally to a local vendor if the vendor preauthorizes the return for exchange or credit. See [TG 200](#) Section 4.1 for guidance regarding drugs approved for purchase locally. Excess inventoried medications are those items that will expire before anticipated use. Nearly expired medications are those items that will expire 60 days before label expiration date.

10.0 Records Retention

10.1 Records Retention at Post

Inventory records for controlled substances must be maintained separately from all other records kept by the PCMO. The PCMO must maintain and keep records relating to the dispensing and disposal of all controlled substances in such a way that they are readily retrievable. All medical inventory records must be kept and be available for five years from the last entry date. Records must be disposed of in accordance with the Guide to Peace Corps Records Schedules. The records must be maintained in such a way as to provide ready access for inspection and copying. For posts that are closing, all medical records, inventories and records of specially designated medical supplies, and

controlled substances that have not reached their legal disposition date must be shipped to Medical Records Supervisor (OHS/MS/RES) who will store the records in the same manner as Volunteer Health Records/Medical Records.

10.2 Records Retention at Headquarters

The Office of Health Services will maintain electronic inventory records for seven years in order to monitor and analyze medical supply costs and usage trends.

11.0 Procedures

Procedures implementing this Manual Section are set out in Medical Technical Guideline 240, *Medical Supplies and Equipment* (TG240). The Health Care Quality Assurance Council oversees this Medical Technical Guideline and is delegated authority to revise it.

12.0 Effective Date

The effective date is the date of issuance.