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Operations Support

**PARARESCUE MEDICAL  
MATERIAL MANAGEMENT**

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**Chapter 1** outlines the management of authorized equipment and containers used by USAF Pararescue forces.

**Chapter 2** standardizes the accounting and control of medications used and maintained by designated personnel.

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## Chapter 1

### ADMINISTRATION OF MEDICAL KITS AND EQUIPMENT

**1.1. General.** Pararescue personnel are tasked to maintain the capability to deliver competent emergency trauma medical care. The diversity of missions and spectrum of geographical and climatic conditions in operations, dictate the requirement for maximum flexibility to users performing pararescue duties. Standardization of medical equipment, supplies, containers and medications will ensure a uniform capability of treatment by all pararescue personnel. In-depth guidance may be found in AFI 41-209, *Medical Logistics Support*.

#### **1.2. Air Force Surgeon General (HQ USAF/SG):**

1.2.1. HQ USAF/SG has oversight for pararescue medical logistics issues through the Air Force Medical Logistics Office (AFMLO). HQ USAF/SG may delegate responsibilities to MAJCOM Surgeons, functional consultants, and other applicable support agencies.

1.2.2. HQ USAF/SG has delegated Air Force Special Operations Command Surgeon General (AFSOC/SG) as lead command for all Pararescue medicine.

#### **1.3. Lead Command/SG:**

1.3.1. Develop and coordinate with Air Force Medical Support Agency (AFMSA) the selection and control of medical equipment, medications, contents and configurations of medical supplies and equipment utilized by pararescue.

1.3.2. Coordinate with other MAJCOM Command Surgeons via the Pararescue Medical Operations Advisory Board (PJ MOAB) on the application of standardized medical protocols, equipment cross utilization and medical kits where applicable to increase cross command pararescue interoperability. Allowance Standards (AS) and War Reserve Materiel (WRM) issues will be coordinated with Air Force Medical Logistics Office (AFMLO) and other applicable support agencies.

1.3.3. Appoint/designate a Pararescueman (PJ) to coordinate PJ MOAB, recommend training and equipment changes with medical field activities and logistics.

1.3.4. Select, evaluate, arrange testing and obtain approval for medical equipment. **NOTE:** Medical equipment items (electronic and oxygen) must be *FLIGHT TESTED* and *FLIGHT CERTIFIED* to be utilized on USAF and civil reserve (CRAF) aircraft. Evaluation and testing is the Aeromedical function of the Air Force Research Lab, Brooks City Base, TX. (<https://afml.ft-detrick.af.mil/AFMLO/AFMEDL/afmedl.htm>) All new users must register to request Log in and password to gain access. *FLIGHT CERTIFIED* equipment is identified in USAFSAM-TR-90-26, *Status Report on Medical Materiel Items Tested and Evaluated for Use in the USAF Aeromedical Evacuation System*. Equipment requiring test and evaluation will be staffed through the appropriate MAJCOM staff IAW PMD 4055(13). Coordinate immediate need items for flight approval/waiver.

1.3.5. Develop and implement command unique policies and procedures for the management of the medical WRM unit type code (UTC) mobility program IAW AFI 41-209, *Medical Logistics Support*.

1.3.6. Review WRM packages and budget requirements annually and submit changes to AFMLO IAW AFI 41-209, *Medical Logistics Support*.

1.3.7. Conduct an AS review a minimum of once every three years. Validated changes will be forwarded to AFMLO for final approval.

1.3.8. Document and file the rationale for item selection and evidence of periodic reviews to facilitate ongoing modernization efforts and AS upgrades.

1.3.9. Coordinate with MAJCOM Pararescue/Combat Rescue Officer (CRO) functional managers to ensure medical training and logistics fulfill PR requirements.

#### **1.4. Command Surgeons:**

1.4.1. Coordinate with PJ MOAB for PJ AS/War Readiness Material (WRM) issues.

1.4.2. Provide necessary assistance to MAJCOM PJ/CRO functional managers during inspections and/or staff assistance visit.

1.4.3. Provide medical planning assistance to include interface between Annex Q (medical) and Annex C (operations) for Operations Plans (OPLAN) and Operations Orders (OPORD).

1.4.4. Oversee/implement Squadron Medical Element (SME) activities and programs to ensure all aspects of PR mission areas are covered.

1.4.5. Coordinate Memorandums of Agreements (MOA) as needed to ensure PJ/CRO medical requirements are met.

#### **1.5. Base Medical Treatment Facility (MTF):**

1.5.1. IAW AFI 41-201 *Managing Clinical Engineering Programs*, the Biomedical Equipment Technician (BMET) coordinates with the Medical Equipment Management Office (MEMO) to identify and appropriately manage medical equipment not owned by or assigned to the MTF.

1.5.1.1. Equipment must be maintained and calibrated as outlined IAW AFI 41-201, *Managing Clinical Engineering Programs*, and/or the manufacturer's literature.

1.5.1.2. Equipment owned and utilized by the squadron must meet the same standards as MTF-owned equipment.

1.5.1.3. BMETs conduct an initial inspection to ensure that squadron equipment complies with appropriate safety and performance standards before using it for patient care.

1.5.1.4. Equipment that fails inspection must be repaired at the squadron's expense and re-inspected by a BMET. NOTE: Repair of equipment may be accomplished through a local or regional Medical Equipment Repair Center (MERC). Consult with the MEMO/BMET about establishing an MOA with the base aeromedical evacuation unit.

1.5.1.5. The squadron is responsible for equipment maintenance unless otherwise specified under a MOA or similar contracting agreement.

1.5.1.5.1. Provide maintenance documentation to the Noncommissioned Officer In-charge (NCOIC) of the medical equipment maintenance activity once the work is completed.

1.5.1.6. Medical equipment required by non-medical AF units will be maintained on accountable Defense Medical Logistics Support System (DMLSS) and Using Activity Issue/Turn-In List (MEDLOG) records as zero dollar value for maintenance and quality assurance tracking purposes. The equipment will also be maintained on base supply records with cost data loaded. Medical

logistics will ensure Memorandums of Agreement (MOA) are completed with supported units IAW AFI 25-201, *Support Agreements Procedures*. Coordinate MOAs with the medical resource management office.

1.5.2. Management of WRM. The medical WRM program prepositions or locates assets with the unit that uses the materiel. This ensures assets are available when and where the medical mission needs them, as reflected in applicable war plans. The materiel must be in a serviceable condition at all times. NOTE: WRM is materiel that must be in serviceable condition, properly maintained, climate controlled, and must be readily available at all times. WRM, when added to peacetime operating stocks and mobility resources, must be capable of sustaining combat consumption rates until resupply systems become operative.

1.5.3. BMETs:

1.5.3.1. Perform scheduled maintenance, as defined in AFI 41-201, on all medical WRM equipment in storage.

1.5.3.2. Follow guidance in AFI 10-403, *Deployment Planning*, and AFMAN 24-204, *Preparing Hazardous Materials for Military Air Shipments*, to prepare for mobilizing and transporting WRM materials.

1.5.3.3. Advise AFMLO/FOM of non-authorized tools and test equipment required to perform appropriate maintenance.

1.5.3.4. Identify environmental conditions that could cause equipment and supplies to deteriorate

1.5.3.5. Develop packaging, storage, and special inspection criteria to ensure the serviceability of all items.

1.5.3.6. Identify requirements for host-tenant support agreement with other base support activities (for example, PMEL, communications, and aircraft maintenance functions) for ancillary and other classes of non-medical equipment that may require periodic maintenance.

## 1.6. Squadron Commanders:

1.6.1. Responsible for programming funding required medical materiel and logistics activities with the host MTF Commander and Medical Logistics Flight Commander (MFLC).

1.6.2. Ensure host base support in the acquisition and maintenance of all appropriate medical materiel required for mission support.

1.6.3. Develop operating instructions for the maintenance and deployment of WRM/Unit Type Code (UTC) mobility assets.

1.6.4. Arrange with host medical logistics for rotation and destruction and credit return of medical items.

1.6.5. Take action to provide adequate medical materiel storage areas.

1.6.6. Ensure that facilities provide required security and environmental controls. NOTE: Security must be provided for alert kits and equipment.

1.6.7. Ensure that all controlled substances are properly stored and meet environmental requirements; storage areas meet the requirements for caged or vault storage space. NOTE: All controlled substances require special protection.

1.6.8. Ensure squadron medical logistician access to the Defense Medical Logistics Support System (DMLSS).

**1.7. Squadron Medical Material Management.** The Squadron's Medical Logistician (4A1X1) [Medical Logistician (4A1X1) or Aerospace Medical Service Specialist (4N0X1) for Air National Guard units] and/or designated medical NCO/PJ will:

1.7.1. Be the focal point for all medical materiel needs.

1.7.2. Be appointed, in writing, by the squadron commander as the squadron property custodian of medical supplies and equipment.

**NOTES:**

The letter of appointment must be provided to the host medical logistics section for filing in the medical stock record account.

The property custodian may designate personnel as an authorized supply representative to request and receipt/receive materiel. The property custodian assumes full responsibility for all materiel requested and received for by authorized representatives. The property custodian will make the delegation of authority in writing and forward original with sample signatures of the authorized representatives to the host medical logistics section and unit commander.

1.7.3. Order, receive, store, safeguard, issue, inventory, turn-in, and dispose of medical materiel required by this instruction and other applicable directives, and maintain control of records of the same.

1.7.4. Sign for and assume responsibility of all property on the medical materiel account records or otherwise entrusted to the care of the medical logistics section.

1.7.5. Maintain accurate accounting of all WRM materiel and provide inventory status to host base medical logistics office when changes occur.

1.7.6. Establish a property custodian file. NOTE: Check with host MTF medical logistics for guidance

1.7.7. Maintain log of all medications issued to each individual. Include date of issue, quantity and lot number/expiration date. Maintain log on each individual until the individual is reassigned or separated. Log should be accessible by authorized personnel to identify 6-month inspections.

1.7.8. Manage and operate the medical logistics section.

1.7.9. Assist squadron commanders in ensuring proper storage facilities are provided, evaluate storage area adequacy to prevent fire, theft and pilferage, and ensure proper environmental controls exist. Medical materiel storage areas will be established as limited access areas. A letter signed by the squadron commander will identify authorized personnel. Personnel not approved for access will be escorted and a file maintained recording access.

1.7.10. Maintain current squadron operating instructions, technical manuals, self-inspection checklists. Maintain other directives, policies or guidance that pertains to the Medical Logistics section.

1.7.11. Be responsible for the inspection and control of all medical materiel except individual personal medical kits and equipment required by this instruction and other applicable directives.

1.7.12. Coordinate with the squadron resource advisor in developing the medical funding program to include monitoring, commitment and obligation of medical logistics funds and status of the medical logistics-operating program.

1.7.13. Establish an effective Quality Assurance (QA) program to ensure the integrity of the medical materiel utilized by the squadron is maintained. The program will include monitoring the Air Force Medical Logistics Letter (AFMLL) and all Air Force QA messages and DoD Medical Materiel Quality Control (DoDMMQC) which are posted to the website <https://afml.ft-detrick.af.mil/afmlo> (Log in/password required). A QA file will be established and contain all applicable QA messages, device recalls or other QA notices. A separate or combined file will be used to maintain important information published in the AFMLL. Current year and prior year products and/or files will be maintained.

1.7.14. Provide adequate and appropriate medications storage and control by ensuring that all medical kits are secured in a locked cabinet, cage or secured room when not on alert or in the possession of pararescue personnel. Security must be provided for alert kits and equipment IAW AFI 31-101, *The Air Force Installation Security Program* (FOUO Publication available only through local Security Forces Squadron).

**NOTE:** Medical items, particularly drugs, deteriorate rapidly when exposed to direct sunlight or excessive heat, cold, or moisture. Storage temperatures must be strictly observed to prevent the issue and use of an item that may be ineffective or dangerous. Medications will not be stored outside of a climate-controlled environment when temperature extremes will drop below 40 degrees Fahrenheit or rise above 90 degrees Fahrenheit, unless otherwise specified by the manufacturer.

1.7.15. Ensure proper documentation is available for all kits, medications, medical supplies and equipment (receipts, issues, turn-ins, destructions, inspections, inventories, and out-shipments).

1.7.16. Be responsible for deployment readiness of medical equipment and ensure a complete content inspection is performed annually.

1.7.17. Maintain a minimum 10-percent of medical supplies for bench stock to replenish ruck systems and other medical kits as needed. This 10-percent bench stock will be procured and maintained with Operations and Maintenance (O&M) funds.

1.7.17.1. Upon deployment notification, or upon arrival in theater, contact the theater SG to arrange for appropriate Class VIII medical resupply and support. Squadrons should plan to operate without medical resupply support for a period of 30 days or as identified in all tasked UTC Mission Capability Statements (MISCAPS). NOTE: Additional medical supplies and equipment may be required to sustain mobility contingencies until support for medical materiel is established. Contact MTF medical logistics branch for assistance in establishing O&M and WRM accounts.

1.7.18. Analyze daily and monthly Automated Data Processing Equipment (ADPE) listings generated by DMLSS for accuracy and requisition management.

1.7.19. Coordinate with the host MTF BMET for maintenance requirements of applicable equipment. Establish data file to reflect servicing needs and inspections performed.

1.7.20. Perform and document required inspections of equipment items not performed by the BMET.

1.7.21. Establish a quality control program for tracking equipment and inspections.

1.7.22. In/outprocess personnel from the medical logistics section.

1.7.23. Be appointed (in writing) by the squadron commander as the WRM project officer to act as the focal point for issues involving the management and maintenance of the WRM program.

1.7.23.1. Provide input for exercise and contingency planning. Evaluate exercise and real world events to determine supply/equipment requirements.

1.7.23.2. Ensure materiel is maintained in serviceable condition. Material expiration dates must be checked monthly.

1.7.23.3. Inventory and inspect WRM assets after each exercise or deployment use. Coordinate with squadron resource advisor to obtain proper fund sites and/or appropriate Emergency and Special Program (ESP) code associated with each Project Fund Management Record (PFMR).

1.7.23.4. Ensure maximum rotation of dated items is accomplished to minimize waste.

1.7.23.5. Maintain up to date QA records, to include item location, box number, quantity, expiration date, lot number, manufacturer, manufactured date, and contract number.

1.7.23.6. Review and update inventory report monthly, keeping the squadron commander informed of the status

1.7.23.7. Identify funding requirements to the squadron commander.

1.7.23.8. Establish requirements for deployment and transportation of medical materiel. Evaluate medical logistical requirements for contingency planning.

1.7.23.9. Integrate unit medical requirements with standard medical operational plans.

1.7.23.10. Develop evacuation and destruction plans and priorities for assigned equipment.

1.7.23.11. Ensure all medical equipment is in operational condition. Prohibit use of non-operational equipment to include items used during training.

1.7.24. Budgeting for Medical Supplies. For line-funded Special Operations, Combat Search and Rescue, and OSM units, budgeting for medical supplies falls into two categories: WRM Allowance Standard (AS) items and non-AS materiel. WRM AS items are funded through the Air Force Working Capital Fund (AFWCF). WRM AS items may be operationally deployed. Consumed WRM AS items will be restocked and funded through unit O&M funding. If used to support a JTF exercise or deployment, they may be billed against the deployment fund cite. Ref AFI 65-601, Vol. 1, *Budget Guidance & Procedures*.

1.7.24.1. If you have UTCs assigned to your unit, follow the procedures in AFI 41-209, Chapters 13.6.1, 13.9.2, and 13.23 for detailed information on budgeting for WRM requirements.

1.7.24.2. Augmentation of WRM AS items must be purchased through unit O&M funds. Medical Logistics must work with the unit Resource Advisor to program for upcoming FY budgetary requirements. The past years' historical use data provides a baseline for budgeting. Logistics personnel must coordinate with the senior PJ for any special projected requirements. Manage stock levels in DMLSS to reduce your capital investment of inventory and minimize generating excess.

1.7.25. **Reporting WRM Asset Availability.** Report WRM asset availability on Status of Resources and Training System (SORTS) based upon your Designated Operational Capability (DOC) statement. For specific reporting instructions reference AFI 41-209, Chapter 13.4 and AFI 10-201, *Status of Resources and Training System*.

## 1.8. Pararescue Personnel:

1.8.1. PJs are ultimately responsible and accountable for the maintenance of personal medical kits and associated contents.

1.8.1.1. During contingencies or sustained operations, the medical logistician may aid in resupply and maintenance of personal medical kits.

1.8.2. Inspect personal medical kit(s) and associated contents, to include medication box and all medical supplies in their medical ruck system prior to each use and during each repack to ensure all components are serviceable and within expiration date. Document all inspections on a DD Form 1574 **Serviceable Tag – Materiel** and electronic backup so inspection dates, expiration dates, and lot numbers are readily available for review at all times.

**NOTE:** Unserviceable equipment and supplies will be turned in to the squadron medical logistics section for replacement, repair or destruction as required.

1.8.3. Alert/Mission Equipment:

1.8.3.1. Accomplish a visual/functional inspection of alert medical kits and equipment prior to mission deployment or assuming alert. Inspect for signs of deterioration, damage, or corrosion and test equipment for proper operation. If obvious signs of tampering are noted, a complete inspection of kit contents will be conducted and reported to a supervisor or team leader and the medical materiel section. **NOTE:** For other than local quality control problems (expired medications, breakage, etc.), a formal complaint may be initiated by the medical logistics NCOIC and/or medical NCO/designated PJ as outlined in AFI 41-209, *Medical Logistics Support*. Thoroughly evaluate the inadequacy or undesirability of an item before submitting a materiel complaint and ensure the item was properly handled and stored. All defective or suspected materiel will be removed from use, segregated from serviceable materiel, and reported. Maintain suspended stock until disposition instructions are received.

1.8.3.2. Ensure that all alert medical kits/equipment are complete IAW applicable directives and that oxygen cylinders are filled to manufacturers recommended psi.

1.8.3.3. Clean and inspect bag-valve-mask devices for serviceability and cleanliness every six months and after every use. Refer to product handbook for inspection and cleaning.

1.8.3.4. Ensure that equipment is adequately cleaned and stored after use. If alert kits or equipment items have been used or are otherwise incomplete or unserviceable, notify medical materiel personnel. Do not place these items back in storage along with operations kits or equipment.

## 1.9. Inspection of Team/Alert Medical Kits and Equipment.

1.9.1. Medical Kits. Inspections on all medical kits will be accomplished at least semi-annually. Document inspection and results on a DD Form 1574 and electronic backup, and maintain DD Form 1574 or electronic equivalent with the medical kit in an appropriate storage area. Inspect all components for serviceability and cleanliness. Document all inspections so inspection dates, expiration dates, and lot numbers are readily available for review at all times.

1.9.2. Medical Equipment. Inspections on all equipment will be accomplished semi-annually. Document inspection and results on a DD Form 1574 and electronic backup and maintain form with the respective equipment in an appropriate storage area. After completion, inspections and test results will

be logged for review. If accomplished by host BMET, or civilian contracted equivalent, then provide documentation reflecting what was accomplished and dates of accomplishment. Establish a checklist that can be followed by the inspecting agency, signed and returned with the inspected materiel. Maintain documentation of semi-annual and annual equipment inspections for two years. This is necessary in order to maintain an audit trail in case of equipment failure or justification in obtaining replacement equipment. Document all inspections so they are readily available for review at all times. Semi-annual inspections and tests will be accomplished on the following equipment:

1.9.2.1. Portable Oxygen Resuscitators/Oxygen Delivery Systems. Clean and inspect all oxygen components for serviceability and cleanliness. Ensure oxygen tanks are full according to manufacturers suggested Pounds/square inch (PSI) and all components of the system are present, functional and serviceable. Document all inspections so they are readily available for review at all times.

1.9.2.2. Pulse Oximeters/Glucometers/ISTATS. All components of the system are present and serviceable; fresh batteries are attached.

1.9.2.3. Defibrillators. All components of the system are present and serviceable; fresh batteries are attached; algorithm book is attached.

1.9.2.4. MAST pants. All components of the system are present and serviceable. Inflate and inspect Pneumatic Anti-shock Trousers (PAST) for serviceability. Inflate for 12 hours to ensure no slow leaks are present.

1.9.2.5. Bag-Valve-Mask. Clean and inspect for serviceability and cleanliness.

1.9.2.6. Stretchers/Litters. Inspect all litters/stretchers (i.e., Miller Boards, KED boards, spine boards) or equivalent for serviceability.

1.9.2.7. Other Life Support Equipment. Clean and inspect for serviceability and cleanliness.

1.9.3. The following inspections and/or tests are required annually:

1.9.3.1. Portable Oxygen Resuscitators/Oxygen Delivery Systems. IAW AFI 41-201, oxygen regulators will be inspected by the supporting BMET annually. It is the responsibility of the squadron to ensure oxygen tanks are full per manufacturers recommended psi and all components of the systems are present and serviceable.

1.9.3.2. Weight Bearing Equipment. Weight testing will be performed on stokes litters, forest penetrators, litters and on all other weight bearing/loading (i.e., SKEDCO) accessory equipment. Document inspections of the respective weight bearing/loading equipment on a DD Form 1574 with electronic backup or a small metal tag with electronic backup (i.e., dog tag). Maintain tag or DD Form 1574 with respective gear. Include as a minimum the inspection date, name of POC and due date for next inspection. Stretchers/litters will be weight tested IAW the appropriate AFI/Technical Order (T.O.). In the event there is not an associated T.O., test weight bearing/loading equipment IAW manufacturers suggestion.

1.9.3.3. The host BMET will inspect pulse oximeters, defibrillators, AEDs, ISTATs, etc. annually, or as required by the manufacturer, for accuracy and serviceability.

1.9.3.4. Other Medical Equipment. Inspect as delineated by manufacturer.

**1.10. Non-WRM Medical Kit Utilization and Configurations.** The medical kit configurations described in this instruction represent medical requirements for enabling PJs to render emergency medical care IAW *USAF Pararescue Medication and Procedure Handbook*, NREMT Standards of Care, and to sustain operations in friendly, hostile, denied or sensitive territory during global land and maritime operations.

1.10.1. The specific type or model of containers/packs chosen to serve as the Medical Ruck or accessory kits is a matter of local choice; the critical issue is the minimum contents and the employment concept for kit to accomplish the mission without compromising the basic tenants of medicine. This approach provides the minimum capability that needs to be provided, yet allows flexibility for augmentation to meet specific needs.

1.10.2. Medical Ruck. The medical ruck consists of a backpack and an Immediate Response Kit (IR Kit). The minimum contents of the pack are designed to render care to two critically injured patients. The contents are divided into functional areas and are designed to fit into a standard pack/container to meet mission requirements (Adjust accordingly to meet mission needs):

1.10.2.1. Airway Package

1.10.2.2. Battle Packs x 2 each

1.10.2.3. IV Infuser Kit x 2 each

1.10.2.4. Diagnostic Package

1.10.2.5. Ancillary Package

1.10.2.6. Bleeding Package

1.10.2.7. Splinting Package

1.10.2.8. Surgical Kit

1.10.2.9. Medications Box

1.10.2.10. The system must be rugged; suitable for use on rotary or fixed wing aircraft; and suitable for jumping, airdrop, hoist, or other alternate insertion and extraction methods. Before jumping, medical ruck's will be evaluated IAW 11-410, *Personnel Parachute Operations*. Note: Forward a copy of the local operating instruction (OI) for medical rucks to PJ MOAB functional manager and AFSOC/SG for CROSSTELL purposes.

1.10.3. Immediate Response Kit. Designed to provide rapid and minimal stabilization of life threatening injuries of the Airway and Circulatory systems. As a minimum the IR Kit will consist of an airway package, battle packs, and an IV Infuser Kit. IR Kits are designed to be independent of the entire medical ruck system when mission parameters dictate.

1.10.4. Accessory Kit. When operational requirements exceed the capabilities of the primary pararescue medical ruck system the accessory kit is used to augment capabilities. The accessory kit is primarily used aboard the rescue platform or at the On-Scene staging area.

1.10.5. Thermal Injury Kit. The Thermal Injury Kit provides medical equipment for the treatment of the burn and or hypothermic victim. The kit is primarily used in missions when burns or hypothermia are indicated or anticipated.

1.10.6. Dive Medical Kit. The Dive Medical Kit provides medical supplies to support surface or sub-surface water operations. It is designed for use in conjunction with the PJ medical ruck system.

1.10.7. Non-Combatant Evacuation Operation (NEO) Kit. The NEO Kit provides medical equipment to support operations requiring the delivery of cardiac, pulmonary and pediatric resuscitation. Advanced Cardiac Life Support (ACLS) equipment is authorized for ACLS trained pararescue personnel. It is recommended that such support be under the direction of the deployed physician or physician assistant.

1.10.8. Medical Resupply Kit. When operational requirements exceed the capabilities and the time parameters of the primary deployed UTC, the medical resupply kit is used. Medical resupply should be contained in the 9PJ-series UTCs tasked as follows-on packages and be able to support a thirty-day operation

1.10.9. Mass Casualty Kit. The mass casualty kit supports operations exceeding the capability of the standard alert load out.

**1.11. Deviations and Waivers.** Medical supplies, equipment and medications not addressed by this instruction may be used on a case-by-case basis at the direction of the appropriated medical command and control who assumes responsibility for their use; or for operational missions when environmental considerations or specific mission tasking necessitate their use.

1.11.1. Units desiring permanent deviations to use medications, supplies, or equipment not included in this instruction or the *USAF Pararescue Medication and Procedure Handbook*, will forward requests through the appropriate command channels to PJ MOAB representative with the following information in narrative format:

- 1.11.1.1. Procedure to be deviated from.
- 1.11.1.2. Circumstances that necessitate the requirement.
- 1.11.1.3. Impact of denial.
- 1.11.1.4. Inclusive dates of the request.
- 1.11.1.5. Specific location the waiver is to be granted.
- 1.11.1.6. Unit/individuals requiring the waiver.

1.11.2. Deviations occurring during mission execution should be reported to PJ MOAB representative within 24 hours if operationally/tactically feasible with written waiver request submitted as soon as is practical. The PJ MOAB charter establishes response timeframes based on requirements, i.e., emergency requests require emergency responses. Submit request through MAJCOM channels

1.11.3. Requests must be approved by PJ MOAB representative. Forward approvals to AFSOC/SG for submission to PJ MOAB for consideration and appropriate disposition.

## Chapter 2

### MEDICATION CONTROL, INSPECTION, AND STORAGE

**2.1. General.** The following guidance is established to ensure the proper safeguards, accounting, and control measures of all medications maintained by the squadrons. In-depth guidance may be found in AFI 41-209, *Medical Logistics Support*.

**2.2. Categories of Control.** Drugs are designated as controlled by the Attorney General because of demonstrated or potential abuse. The Drug Enforcement Agency (DEA), Department of Justice, designates drugs as controlled substances, under the Comprehensive Drug Abuse, Prevention, and Control Act of 1970 and assigns them to one of five schedules. The term "controlled medical items" includes the following type items:

2.2.1. Code R applies to precious metals, drugs or other substances designated by the DEA as Schedule II controlled substances. The category includes stock listed items identified by an R in the Notes column of federal supply catalogs and similar non-stock listed items.

2.2.1.1. Code Q applies to drugs or other substances designated by the DEA as Schedule III, IV, or V controlled substances. The category includes stock listed items with a Q in the Notes column of federal supply catalogs and similar non-stock listed items. The Medical Logistics Flight Chief may designate additional items to be accounted for and stored as prescribed for code Q items. NOTE: Code "Q" items fall under the same guidelines as code "R" items.

2.2.1.2. Controlled items will be procured, stored, shipped and disposed of accordingly.

2.2.1.3. Reporting Loss or Theft of Controlled Substances to DEA. When a loss or theft of controlled substances is determined, the Medical Logistics NCOIC will immediately prepare DEA Form 106, **Report of Loss or Theft of Controlled Drugs**, and submit it to the nearest DEA regional office. DEA Form 106 is available from DEA regional offices.

**NOTE:** All loss or theft of controlled substances needs to be reported back to the applicable MTF through the Medical Logistics Flight CC who holds the DEA certificate. In some situations, the pharmacist may hold the DEA certificate.

### **2.3. Command Surgeons or designated representatives:**

2.3.1. Determine the type and quantities of all medications stocked, maintained and administered relevant to providing emergency medical care IAW individual qualifications and levels of certification. Ensure applicable coordination is accomplished with HQ USAF/SG and AFMLO and that items maintained are IAW applicable allowance standards (AS).

2.3.2. Revise and update required medications keeping with current concepts of emergency medicine and standards of care. Authorization for utilization will be IAW *USAF Pararescue Medication and Procedure Handbook*.

### **2.4. Squadron Commanders:**

2.4.1. Coordinate with host MTF to ensure adequate support in the acquisition of medications required for mission support.

2.4.2. Appoint (in writing) a Controlled Medical Item Custodian (CMIC) authorized to supervise receipt, storage, and issue of the items and to maintain the storage control records of controlled items.

2.4.2.1. The CMIC should be the medical logistics NCOIC or medical NCO/designated PJ.

2.4.3. Appoint (in writing) a disinterested senior NCO, officer or civilian (GS-7 or above) as a Controlled Substance Inventory Officer (CSIO) to perform inventory for code R and Q items monthly. This person will not be the same person appointed CMIC.

2.4.4. Appoint (in writing) a disinterested senior NCO, officer or civilian employee (GS-7 or above) as Controlled Substance Destruction Officer (CSDO). A maximum of three individuals may be appointed. Note: The CSDO may also destroy medical materiel other than controlled substances.

## **2.5. Control Medical Item Custodian:**

2.5.1. Maintain inventory and related data records IAW AFI 41-209, Chapter 5, Paragraph 5, for all controlled medical items through the DMLSS system. Use the MEDLOG or DMLSS to account for all issue and turn-in transactions of code Q and R items. Ensure required issue and turn-in transaction signatures are accounted for on the listing. Use of AF IMT 105F-2, **Stock Record Card (Cost Category II)**, to record all transactions affecting balances is optional and at the discretion of the Medical Logistics Flight Chief.

2.5.2. Maintain all accountable transactions affecting record balances to include a copy of all Using Activity Issue/Turn-In Listings or Delivery>Returns List with receipt signatures and a copy of the Transaction Register, report type "controlled items". The Monthly Controlled Item Transaction Register, PCN SI008-Y25, will be used to perform monthly inventories. Use the Monthly Using Activity Issue/Turn-In Summary report, PCN SI008-Y20, and Monthly Controlled Item Transaction Register for researching discrepancies.

2.5.3. Inventory all code R and Q items at least monthly with the CMIC or Medical Logistics NCOIC. NOTE: Discrepancies will be investigated immediately and resolved. Maintain finalized form with controlled substance record. Destroy 3 years from date of adjustment.

2.5.4. Be appointed (in writing) by the squadron commander, as the controlled substance key and lock custodian to monitor the custody and handling of keys and locks and be authorized to issue or receive keys to controlled substance containers. File all appointment letters in the Medical Logistics section.

## **2.6. Controlled Substance Inventory Officer (CSIO):**

2.6.1. Conduct inventory at least once a month.

2.6.2. Conduct a biennial inventory of all controlled substances no later than 1 May of each odd numbered years, to meet the requirement of the Comprehensive Drug Abuse and Control Act of 1970, required by the DEA. NOTE: Discrepancies will be investigated immediately and resolved. Maintain finalized form with controlled substance record. Destroy 3 years from date of adjustment.

2.6.3. Notify the squadron commander (in writing) after completion of an inventory, the date performed and the results.

**2.7. Squadron Medical Material Management.** Squadron Medical Logistician (4A1X1) [Medical Logistician (4A1X1) or Aerospace Medical Service Specialist (4N0X1) for Air National Guard units] and/or designated medical NCO/PJ will:

2.7.1. Order, receive, store, safeguard, issue, inventory, turn-in, and dispose of all controlled medications, and maintain control records of the same.

2.7.2. Ensure that the receiving individual signs for all controlled substances at the time of issue.

**NOTE:** Controlled substances will be accounted for using a “Sign Out/Sign In” logbook. Individuals will sign out controlled substances for requisite missions and/or training, and sign in controlled substances to the medical materiel section when no longer required. Divide logbook into equal portions for each controlled substance (i.e., morphine, valium, versed, etc.) and mark as appropriate. Keep logbook secured in safe, accessible only to authorized personnel.

**Figure 2.1. Organize the left portion of the “Sign Out/Sign In” logbook in the following format:**

Quantity Out					
Date	Time (L)	Rank/Name	Quantity Out	Reason	Signature

**Figure 2.2. Organize the right portion of the “Sign Out/Sign In” logbook in the following format:**

Quantity In					
Date	Time (L)	Rank/Name	Quantity In	Reason	Signature

2.7.3. Perform duties as controlled substance key and/or lock custodian and person authorized to issue or receive controlled substance keys and/or locks.

**NOTE:** Balances on all medications with a 6505 stock classification must be tracked using AF IMT 105F-2 or locally produced form. Minimal information will contain document number (if assigned by DMLSS), stock number, nomenclature, quantity, and unit of issue; date of receipt, issue, turn in, or destruction; and initials of individual making the entry.

## **2.8. Pararescueman or designated personnel issued controlled substances:**

2.8.1. Sign and be responsible and accountable for the security and safeguard of all medications and controlled substances issued.

2.8.2. Inspect and rotate medications prior to expiration date. Turn-in expired medications to the medical logistics NCOIC for disposal.

2.8.3. Inspect medication box for adequate quality and quantity of all medications prior to assumption of alert duty. **NOTE:** Report any discrepancies to the medical logistics NCOIC within 12-hours.

2.8.4. Inspect controlled substances for adequate quality and quantity whenever they are signed out. Inspect controlled substances for adequate quality and quantity prior to assumption of alert duty. **NOTE:** Report any discrepancies to the CMIC/CSIO immediately.

2.8.5. Return medications and/or controlled substances to the proper storage facility immediately upon release from alert status, termination of flight, or return from TDY or mission.

**NOTES:**

If medications were used, report type and quantity to medical logistics NCOIC within 12-hours. Prescribed controlled substances must be documented in either the SF 600 or the PJ/CRO Consolidated Mission Report and must be reported to the units' medical logistics upon return.

Inspect controlled substances for adequate quality and quantity prior to turn-in. If discrepancies are noted, report discrepancies to the CMIC/CSIO immediately

**2.9. Storage of Controlled Medications.**

2.9.1. All controlled medical items require special protection. Squadron commanders and CMICs will ensure that controlled medical items are properly stored and that storage areas meet the criteria in MIL HDBK 1191 for caged or vault storage space and in AFI 31-101, *The Air Force Installation Security Program* (FOUO Publication available only through local Security Forces Squadron).

2.9.2. CMICs will evaluate the adequacy of the vault and caged storage areas annually. At the request of the CMIC, the chief of security police and the base civil engineer may assist in the evaluation. Report deficiencies to the squadron commander for corrective action.

2.9.3. For secure storage areas equipped with intrusion detection systems or duress alarm systems, the CMIC in coordination with appropriate base agencies will periodically check the system as required by AFI 31-101 and local installation policy. Record the test results on AF IMT 2530, **Alarm System Test Record**, or an automated system that meets the requirements of AF IMT 2530. Make the results available for verification during any inspection.

2.9.4. The CMIC will take the following minimum precautions in safeguarding the storage and issue of code "R" and "Q" items:

2.9.4.1. A vault or safe protected by a combination type lock constructed as an integral part of the vault/safe door or by combination padlock will be used to store operating and WRM stock. Safes will be placed in limited access areas. When a combination padlock is used, the hasp to which the padlock is fastened will be securely attached to the door and frame in such a manner as to preclude jimmying or prying. SF Form 701 **Activity Security Checklist** and SF Form 702 **Security Container Check Sheet** will be properly posted and maintained within the safe or vault.

2.9.4.2. Only the CMIC will know the combination. Place a copy of the combination in a sealed envelope marked "For Use in Emergency Only" and keep it in a safe or safe type filing cabinet which is not used for "TOP SECRET" storage and which provides at least the same degree of protection as the controlled substance storage area. The container for the combination will be in a location other than the controlled substance storage area. No other copies of the combination are permitted. The medical materiel NCOIC will establish operating instructions to be followed during alert response, or in case of an emergency when additional controlled substances are required to support a mission.

2.9.4.3. Code Q items should be stored in safes or vaults. When available vault or safe storage capacity is inadequate, code Q items may be stored in locked cages or secure rooms with controlled access. Start action immediately to obtain the needed additional safe or vault space.

- 2.9.4.4. Controlled items within WRM programs that are activated will be controlled in the same manner as in garrison assets where possible. As a minimum, items will be secured in locked rooms or containers.
- 2.9.4.5. The combination to vaults or safes will be changed annually or upon relief, transfer, separation, or discharge of anyone having the combination, or if there is suspicion that an unauthorized individual has knowledge of the combination.
- 2.9.5. Controlled substances issued to individual pararescue personnel will be stored in individual mailboxes. Units that don't have the mailbox system will use their current methods of safeguarding the alert response controlled medications until receipt and installation of a mailbox system.
- 2.9.5.1. Mount mailboxes inside a vault or in a limited access room to meet the requirements of double lock and key for controlled substances. The limited access room will be secured from entry using limited key control or padlock/cipher lock.
- 2.9.5.2. Pararescue personnel will sign for one key to assigned mailbox using AF IMT 2431 **Aerospace Ground Equipment Status** or equivalent. A log will be utilized to perform key inventories. Store extra keys in a sealed envelope marked "For Use in Emergency Only" and keep it in a safe or safe type filing cabinet which is not used for "TOP SECRET" storage and which provides at least the same degree of protection as the controlled substance storage area. No other copies of the keys are permitted. If a key or keys are lost, misplaced, or stolen, replace affected locks or cylinders at once.
- 2.9.5.3. Controlled substances will be stored in assigned mailboxes. Other medications may also be stored in the same box.
- 2.9.6. Control substances will be retrieved on an as needed basis. Whenever the mission is complete, terminated, or otherwise over, the controlled substances will be immediately returned to the mailbox upon return to the base.
- 2.9.7. **Storage of Other Medications.** Precautions will be taken in storing all other medication and medical kits. Medications will be properly secured. Storage in safes or vaults is desirable, however, when space limitations preclude this type of storage, the item will be stored in locked cabinets, cages, or secure rooms and access limited to selected individuals. Medications will not be left unsecured unless medical materiel personnel are working in view of the medications.
- 2.9.8. The medical materiel NCOIC will annually evaluate the adequacy of the storage areas. At the request of the CMIC, the chief of security police and the base civil engineer may assist in the evaluation. Report deficiencies to the squadron commander for corrective action.
- 2.9.9. During TDY/deployments, controlled substances will be safeguarded using the following procedures:
- 2.9.9.1. At a TDY/deployment location, medications should be stored at the local base medical facility, or security police office (must allow 24 hour access).
- 2.9.9.2. In the absence of an approved safe/vault, or storage area in the alert facility, Rescue Coordination Center (RCC), or other areas that allows adequate alert response; controlled substances will be maintained on individual pararescuemen.
- 2.9.9.3. Controlled substances may be stored on board mission aircraft if the controlled substances are either in a hi-valued bin; or placed in a standard weapons storage container if the con-

tainer is solely for medication storage. Either container must be secured to a floor tie down ring and the container hasp secured with a combination lock. NOTE: The combination may only be given to the aircraft commander, if required.

2.9.9.4. The pararescue team leader or team member who signed for the controlled medications must be present on the aircraft any time controlled substances are in the bin and the bin is being opened for access to other equipment in the bin.

2.9.9.5. A daily inspection of the controlled substances stored on any aircraft is required. Loss or theft of controlled substances at a Temporary Duty (TDY)/deployment location will be immediately reported to the commander of the storage facility, and to the home station squadron commander. An investigation will be initiated immediately.

2.9.9.6. Medications should not be stored aboard the aircraft when extremes of temperature (below 40 degrees Fahrenheit or above 90 degrees Fahrenheit, unless specified otherwise by the manufacturer) are anticipated. Under these conditions, the medications should be stored at the TDY/deployment base medical facility or in a container, which meets the temperature requirements of this paragraph.

**2.10. Documentation of Controlled Substances.** Establish records by the fiscal year. Maintain documentation (in vault or safe) with controlled substances for a period of three years from date of last entry. Do not remove records from the storage area, except under the personal supervision of the controlled medical item custodian. **The following records constitute accountability of controlled substances:**

2.10.1. Monthly, semi-annual, annual and biennial inventories.

2.10.2. Record of all turn-ins, records of issue from host medical logistics and destruction documents.

2.10.3. AF IMT 105F-2.

2.10.4. Any item that is administered, wasted, contaminated, dropped, etc. will be documented with a brief explanation written and signed by the responsible PJ and team leader as a witness. If the team leader is not available or if the team leader is the one who experienced the loss, then the witness must be of a higher rank. The medical materiel NCOIC will be notified and given documentation as a source document. Appropriate local procedures will be initiated.

2.10.5. Documentation of Other Medications. For bench stock materiel not managed under the WRM program, in-house procedures will be established to ensure control and replacement of outdated, obsolete, or re-called medications and other dated materiel.

**2.11. Inventory of Controlled Substances.**

2.11.1. The CSIO will complete required controlled substance inventory actions as specified in this AFI in conjunction with the medical logistics NCOIC.

2.11.2. The CSIO will inventory controlled substances; enter results in the "Sign-In/Sign-Out" logbook. Identify action by the word 'inventory'. Ensure all receipts, issues, turn-ins, and destructions are entered in the "Sign-In/Sign-Out" logbook and that balance corresponds. **NOTE:** Controlled medications that have been turned in for destruction or inventory require signed documentation from the person receiving the medications. Receipts will be stored in the logbook for a period of three years.

2.11.3. The medical logistics NCOIC and/or medical NCO/designated PJ will witness the inventory and initial beside the CSIO signature.

2.11.4. Anytime discrepancies are noted, they will be investigated and resolved immediately.

**2.12. Destruction of Controlled Substances.** The following procedures may be used to destroy all types of medical materiel or account for materiel that is turned-in to the host medical logistics. Coordinate with host medical logistics prior to turn-in. NOTE: Controlled medications that have been turned in for destruction or inventory require signed documentation from the person receiving the medications. Receipts will be stored in the logbook for a period of three years.

2.12.1. A destruction document will be prepared by the medical materiel NCOIC and used as a source document for subsequent processing. A manually prepared DD Form 1348-6, **Single Line Item Requisition System Document, DoD (Manual-Long Form)** or similar form will be used. Assign a document number to the destruction document using the current julian date and serial number. Each separate destruction document will have a separate document number.

2.12.2. Identification and quantity of items destroyed, reason, manner, and date of destruction must be shown and certified by the CSDO.

2.12.3. Two disinterested individuals will witness the destruction. These witnesses will not be of lesser grade than the destruction officer. The following witness statement will be placed on the back of the document and signed by the CSDO and two witnesses: "I have witnessed on this date the destruction of the materiel described on this document, in the quantity and manner indicated".

2.12.4. Destroy the materiel in a manner that precludes the re-use of any portion of the item for any purpose. Items such as needles and syringes must be unrecognizable as well as unusable. Needles and syringes utilized in the field will be stored in a sharps tube and returned to the medical materiel section for disposal.

2.12.5. The medical logistics NCOIC will coordinate destruction methods with the resident or command Bioenvironmental Engineer (BEE) and annotate the coordination with the BEE on the document.

2.12.6. The medical logistics NCOIC will annotate the destruction of controlled substance in the "Sign-In/Sign-Out" logbook.

2.12.7. File destruction document with other controlled substance documentation for a period of three years.

**2.13. Rotation of Stock.** Procedures will be established by the medical logistics NCOIC to ensure maximum rotation of medications is accomplished. Coordinate with host medical logistics for support.

**2.14. Theft and Pilferage.** All warehouse doors will have locks. Restrict unauthorized personnel from all storage areas. Where possible, make arrangements with the security police to periodically check exterior doors and windows of the medical supply facilities during non-duty hours.

**2.15. Transportation of Controlled Substances.** The remarks section of administrative orders will include a statement authorizing personnel to carry professional gear e.g., medical kits containing various medications including controlled substances. It is best to list an inventory of specific medications actually transported. If this is not possible, list "Narcotics Courier" on the orders of all personnel potentially able

to carry controlled substances. Also note, that some countries are concerned about manufactured drugs from over the counter medications i.e. Sudafed.

CARROL H. CHANDLER, Lt Gen, USAF  
DCS/ Air, Space and Information Operations, Plans and Requirements

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

**AFI 10-403**, *Deployment Planning*

**AFPD 16-12**, *Pararescue*

**AFSOCI 16-1203**, *Administration of Pararescue Medical Material Activity*

**AFMAN 24-204**, *Preparing Hazardous Materials for Military Air Shipments*

**AFI 25-201**, *Support Agreements Procedures*

**AFI 31-101**, *The Air Force Installation Security Program*

**AFMAN 37-123**, (will become **AFMAN 33-363**) *Management of Records*

**AFI 41-201**, *Managing Clinical Engineering Programs*

**AFI 41-209**, *Medical Logistics Support*

**AFI 65-601, Vol. 1**, *Budget Guidance & Procedures*

**AMC/AFSOCR 167-1**, *Pararescue Medical Kits and Equipment*

***Abbreviations and Acronyms***

**ACLS**—Advanced Cardiac Life Support

**AED**—Automatic Electronic Defibrillator

**AFMLL**—Air Force Medical Logistics Letter

**AFMLO**—Air Force Medical Logistics Office

**AFMSA**—Air Force Medical Support Agency

**AFWCF**—Air Force Working Capital Fund

**AS**—Allowance Standards

**BEE**—Bioenvironmental Engineer

**BMET**—Biomedical Equipment Technician

**CMIC**—Controlled Medical Item Custodian

**CSDO**—Controlled Substance Destruction Officer

**CSIO**—Controlled Substance Inventory Officer

**CRO**—Combat Rescue Officer

**DEA**—Drug Enforcement Agency

**DOC**—Designated Operational Capability

**DoDMMQC**—DoD Medical Materiel Quality Control

**DMLSS**—Defense Medical Logistics Support System

**ESP**—Emergency and Special Program

**IR**—Immediate Response

**MEDLOG**—Using Activity Issue/Turn-In List

**MEMO**—Medical Equipment Management Office

**MERC**—Medical Equipment Repair Center

**MFLC**—Medical Logistics Flight Commander

**MISCAP**—Mission Capability Statements

**MOA**—Memorandums of Agreements

**MOAB**—Medical Operations Advisory Board

**MTF**—Medical Treatment Facility

**NEO**—Non-Combatant Evacuation Operation

**NCOIC**—Noncommissioned Officer In-charge

**O&M**—Operations and Maintenance

**OPLAN**—Operations Plans

**OPORD**—Operations Orders

**QA**—Quality Assurance

**PAST**—Pneumatic Anti-shock Trousers

**PFMR**—Project Fund Management Record

**PJ**—Pararescueman

**PSI**—Pounds/square inch

**RCC**—Rescue Coordination Center

**SME**—Squadron Medical Element

**SORTS**—Status of Resources and Training System

**TDY**—Temporary Duty

**T.O.**—Technical Order

**UTC**—Unit Type Code

**WRM**—War Reserve Materiel

**Attachment 2****PJ MEDICAL PACKING LISTS**

1. For current PJ packing lists and a list of medical supplies on AS go to PJ MOAB Web site [https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?function=alarea=PJMOAB\\_AFSOC&checkinform=AFMS&doctype=home](https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?function=alarea=PJMOAB_AFSOC&checkinform=AFMS&doctype=home) or AFLOMO site <https://afml.ft-detrick.af.mil/afmlo>. For AFLOMO site all new users must register to request log in and password to gain access to medical readiness module. Additional medications or suitable substitutes for current medications may be used on a case-by-case basis by units having specific environment or mission needs. Units will use proper chain of command to request authorization. All ST AS may be queried using AS 913 cross-reference.

AS 913A ST OPS Flight

AS 913B ST Logistics

AS 913C ST Medical Resupply

AS 913D ST RATT

AS 913E Scuba Operations

AS 913F ACLS/NEO