



Defense Health Agency

PROCEDURES MANUAL

NUMBER 6430.10

December 6, 2022

Director, MEDLOG

SUBJECT: Pandemic Stockpile Management

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (ag), establishes the Defense Health Agency's (DHA) procedures to manage Pandemic Stockpiles to include inventory management and accountability of stockpiles stored at strategic, intermediate, and local Military Medical Treatment Facility (MTF) locations.

2. APPLICABILITY. This DHA-PM applies to the DHA, DHA components (activities under the authority, direction, and control of DHA), Combatant Commands, Military Departments (MILDEP), and all personnel to include: assigned or attached Active Duty and Reserve Component members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD.

3. POLICY IMPLEMENTATION. It is the DHA's instruction, pursuant to References (a) through (aa) to:

a. Establish procedures, assign responsibilities, and provide direction to ensure mission assurance and readiness for public health emergencies caused by a pandemic.

b. Define mission priorities for the Military Health System (MHS), to include healthcare provider's use of personal protective equipment (PPE) and administration of antiviral and antimicrobial agents during pandemic events.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosures 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Director, Medical Logistics (MEDLOG). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Director, MEDLOG who will recommend whether the waiver should be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PM:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

9. FORMS

a. The following Department of Defense (DD) forms are available from: <https://www.esd.whs.mil/Directives/forms/>

(1) DD Form 250, Material Inspection and Receiving Report

(2) DD Form 448, Military Interdepartmental Purchase Request (MIPR)

(3) DD Form 448-2, Acceptance of MIPR

(4) DD Form 1155, Order for Supplies or Services

(5) DD Form 1348-1A, Issue Release/Receipt Document

b. Fiscal Service (FS) Form 7600A, General Terms and Conditions is available from <https://fiscal.treasury.gov/files/forms/GT&C-Form-7600-A.pdf>.

c. FS Form 7600B, Agreement Between Federal Program Agencies for Intragovernmental Reimbursable, Buy/Sell Activity is available from

https://www.gsa.gov/cdnstatic/Integrated_Technology_Services/GSA-form-7600B%2008_19_2020.pdf

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs(ASD (HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) United States Code, Title 10, Section 1073c
- (e) Public Law 110-181, Section 801, “National Defense Authorization Act for Fiscal Year 2008”, January 28, 2008
- (f) DHA-Procedural Instruction 3700.01, “Director’s Critical Information Requirements (DCIR), Situation Report (SITREP),” October 4, 2019, as amended
- (g) Assistant Secretary of Defense Health Affairs Memorandum, “Policy for Release of Department of Defense Antiviral Stockpile during an Influenza Pandemic,” August 10, 2007
- (h) Assistant Secretary of Defense Health Affairs Memorandum, “Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance,” January 25, 2006
- (i) Assistant Secretary of Defense Health Affairs Memorandum, “Centrally Funded Influenza Pandemic Response Materiel Guidance,” September 29, 2006
- (j) DoD Instruction 6055.17, “DoD Emergency Management (EM) Program,” February 13, 2017, as amended
- (k) Office of the Assistant Secretary of Defense Health Affairs Memorandum, “Pandemic Influenza Materiel Policy Guidance,” March 29, 2017
- (l) Assistant Secretary of Defense Health Affairs Memorandum, “Addendum to Policy for Release of the Department of Defense Antiviral Stockpile During an Influenza Pandemic,” April 4, 2008¹
- (m) Office of the Assistant Secretary of Defense Health Affairs Memorandum, “Personal Protective Equipment Policy Guidance for Healthcare Personnel with Potential for Exposure to Infectious Agents,” September 25, 2018²
- (n) DoD Instruction 6430.02, “Defense Medical Logistics Program,” August 23, 2017
- (o) Deputy Secretary of Defense Memorandum, “Implementing Congressional Direction for Reform of the Military Health System,” September 28, 2018
- (p) DoD Directive 5101.09E, “Class VIIIA Medical Materiel Supply Management,” September 29, 2015, as amended
- (q) DLAR 4155.24/AR 702-7/SECNAVINST 4855.5/AFI 21-115/DCMA-INST 305, “Product Quality Deficiency Report Program,” September 19, 2018
- (r) DoD Instruction 5000.64, “Accountability and Management of DoD Equipment and Other Accountable Property,” April 27, 2017, as amended
- (s) DoD Instruction 1322.24, “Medical Readiness Training,” March 16, 2018, as amended

¹ This reference can be found at: <https://health.mil/Reference-Center/Policies/2008/04/04/Addendum-to-Policy-dated-August-10--2007-for-Release-of-the-Department-of-Defense-Antiviral-Stockpil>

² This reference can be found at: <https://health.mil/Reference-Center/Policies/2018/09/25/Personal-Protective-Equipment-Policy-Guidance>

- (t) DoD Instruction 6200.03, "Public Health Emergency Management (PHEM) within the DoD," March 28, 2019
- (u) DoD Instruction 6000.13, "Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOs)", December 30, 2015, as amended
- (v) United States Northern Command Branch Plan 3560, "Pandemic Influenza and Infectious Disease Response," January 6, 2017
- (w) DLAD 4155.2, "Quality Assurance Program for the Defense Logistics Agency Inventory Control Points," October 10, 1997
- (x) DoD Office of the Assistant Secretary of Defense Homeland Defense, "Department of Defense Implementation Plan for Pandemic Influenza," August 2006
- (y) DoD Instruction 6000.19, "Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers", February 7, 2020
- (z) Federal Acquisition Regulation 4.805, current edition
- (aa) DHA-Administrative Instruction 5015.01, "Records Management Program", February 6, 2020
- (ab) DHA-Administrative Instruction 6430.07, "Medical Logistics Inventory Management," December 8, 2021
- (ac) DHA-Procedures Manual 6430.05, "Shelf-Life Extension Program (SLEP)," October 5, 2021
- (ad) Office of the Chairman of the Joint Chiefs of Staff, "DoD Dictionary of Military and Associated Terms," current edition
- (ae) Department of Health and Human Services Plan, "Pandemic Influenza Plan 2017 Update", December, 2017
- (af) DHA-Procedural Instruction 6430.04, "Use of Defense Medical Logistics Standard Support (DMLSS) as the Authoritative Information System (IS) of Record for Medical Logistics (MEDLOG) Enterprise Activity (EA)," December 20, 2019
- (ag) DHA-Technical Manual 6430.02, Volume 8, "Defense Medical Logistics Standard Support (DMLSS) – Volume 8, Assemblage Management," May 26, 2022

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (ASD(HA)), and in accordance with DoD policies and issuances listed in Enclosure 1, the Director, DHA, will:

- a. Provide oversight for the DHA's use of Defense Health Program (DHP) appropriations.
- b. Manage the execution of ASD(HA) policy in the administration of Public Health Emergency, Defense Medical Logistics (DML), and Force Health Protection programs.
- c. Develop technical guidance to support the ASD(HA) in administration of DML programs.
- d. Exercise management responsibility for MEDLOG shared services, functions, and activities, which identifies and validates medical countermeasure requirements, and develops management models to most effectively and efficiently deliver MEDLOG product lines and reduce the cost of DoD health care.
- e. Provide analytical support to the MILDEPs in their management of allowance standards to promote materiel commonality and improve the interoperability, interchangeability, and sustainability of medical capabilities provided to Combatant Commanders.
- f. Provide corporate management and compliance oversight of strategic initiatives related to medical equipment planning, procurement, and sustainment activities in support of MHS direct care MTFs.
- g. Establish metrics and standards, monitor execution performance, and report DML program and initiative compliance to the MHS leadership for awareness and appropriate action.
- h. Coordinate the planning, programming and budgeting of DHP funding for MHS pandemic preparedness.
- i. Provide a quarterly report to the ASD(HA) on the status of the MHS Pandemic Stockpile program.
- j. Recommend and advise on pandemic and public health related policy, requirements development and implementation of DoD issuances.

2. ASSISTANT DIRECTOR (AD), SUPPORT. The AD-Support will:

- a. Exercise management responsibility of the strategic, intermediate and local Pandemic Stockpile program and coordinate on and advocate for funding for the execution of the program.

b. Request a Waiver, if needed, in accordance with Reference (e) for assisted acquisition from non-DoD organizations in support of pandemic vaccine and adjuvant storage and stability testing.

c. Provide executive oversight of supplemental Interagency Agreements (IAA) in support of shipping and handling of Pandemic Stockpile to meet MHS pandemic surge requirements.

3. DIRECTOR, PUBLIC HEALTH. The Director, Public Health will:

a. Develop strategic communications to ensure DHA staff are:

(1) Familiar with Centers for Disease Control (CDC) and Defense Logistics Agency (DLA) infection prevention and control guidelines related to discharging or discontinuing infection prevention precautions.

(2) Following conventional engineering and administrative controls to optimize use of PPE.

(3) Disseminating guidance for disposal of contaminated/used PPE, in addition to socialization of Food and Drug Administration (FDA) Emergency Use Authorizations for pharmaceuticals and PPE during a pandemic event.

b. Provide assistance with pandemic exercise planning and execution.

4. DIRECTOR, OPERATIONS, PLANS, AND REQUIREMENTS (J-3). The Director, J-3 will:

a. Receive all Director's Critical Information Requirements (DCIR) from Assistant Directors/Deputy Assistant Directors, Market Directors, Small Market and Standalone Military Medical Treatment Facility Organization (SSO) and Defense Health Agency Regions (DHAR).

b. Forward DCIRs to affected internal and external stakeholders in accordance with Reference (f).

c. Maintain and distribute contact list for internal and external stakeholders.

d. Forward DCIR to DHA Strategic Communications, Office of General Counsel, and the Inspector General, if necessary.

5. DIRECTOR, MEDLOG. The Director, MEDLOG will:

a. Perform oversight of the delivery of all MEDLOG business functions at MTFs, DHA Medical Units, and DHA Components.

b. Work closely with ASD(HA) to identify logistics requirements and resources necessary to execute the MHS strategic, intermediate and local Pandemic Stockpile program as part of the Planning, Programming, Budgeting and Execution process.

c. Serve as co-chair of Defense Medical Logistics Enterprise (DMLent) Prioritization and Allocation Board (PAB) and work with the MILDEP MEDLOG chiefs to prioritize and release constrained critical supplies and equipment to MTFs based upon emergent requirements.

6. CHIEF, DHA MEDLOG, PHARMACY AND INFECTIOUS DISEASE BRANCH. The DHA MEDLOG Pharmacy and Infectious Disease Division Chief will:

a. Serve as the principal advisor to ASD(HA) and Director, DHA, on aspects of pandemic policy development and Pandemic Stockpile item priority setting for central procurement and distribution to MTFs.

b. Provide clinical input and validation of pharmaceutical storage requirements, hazardous drug classification for IAA development, and reverse distribution of expired pharmaceutical items.

7. DHA MEDLOG PANDEMIC STOCKPILE PROGRAM MANAGER (PM). The DHA MEDLOG Pandemic Stockpile PM will:

a. Communicate supplemental DHA and Force Health Protection Guidance to DHA Customer Support Teams (CST), MTF Pandemic Assemblage Managers, Intermediate Stockpile Managers, and Strategic Stockpile Managers as it applies to the DHA MEDLOG pandemic program.

b. Develop and coordinate the routing of waivers for AD-Support and Director, MEDLOG approval of assisted acquisition and IAAs to facilitate the execution of pandemic program logistics requirements (e.g. DLA, Human and Health Services (HHS)/ Biomedical Advanced Research and Development Authority (BARDA), DLA-Troop Support (TS)).

c. Assist with management and oversight of strategic, intermediate, and local Pandemic Stockpiles.

d. Direct outside the continental U.S. (OCONUS) local storage sites and intermediate storage sites logistics points of contact (POC) to route non-DoD requests from international entities for PPE, antivirals, and antibiotics to their service Logistics Chiefs to adjudicate requests during the DMLent PAB.

e. Coordinate PPE, antivirals, and antibiotics cross-level activities with Markets and MTF logistics POCs and DHA MEDLOG CST.

- f. Collaborate with intermediate, strategic, and local stockpile managers to establish sub/prime relationship for pandemic assemblage items.
- g. Maintain a listing of ship to addresses for intermediate and strategic stockpile storage sites.
- h. Evaluate and analyze pandemic assemblage inventories and inventory adjustment documents.
- i. Inform MTFs of central purchases to include: products, quantities, shipment, and projected delivery of pandemic materiel.
- j. Forward Quarterly Summary Stockpile Report, with adjustment documents to DHA Audit Division Financial Statement team to adjust a Journal Voucher to post the value of Pandemic Stockpile on DHA financial statement.

8. DHA MEDLOG CST. The DHA MEDLOG CST will:

- a. Serve as the direct liaison with the DHA MEDLOG Pandemic Stockpile PM, DHA Markets, SSO, DHARs and MTF Pandemic Assemblage Manager.
- b. Be responsible for supporting resolutions between DHA Markets, SSO, DHARs, and Local Pandemic Assemblage Manager by investigating and resolving any Pandemic Stockpile issues.
- c. Perform Staff Assistance Visit at MTFs for the pandemic assemblages.

9. DIRECTOR, DLA. As the designated DoD Medical Materiel Executive Agent, DLA manages Class VIIIA medical materiel across the full spectrum of military operations pursuant to References (n) and (p). The Director, DLA will:

- a. Provide acquisition and MEDLOG support from customer to supplier and establish the strategic and operational relationships necessary to maintain a consistent level of efficient and effective worldwide medical support.
- b. Partner with DHA MEDLOG to directly support DML programs through the responsibilities outlined in References (n) and (p), during peacetime, wartime, for homeland defense and offer defense support of civil authorities and other contingencies pursuant to Reference (p).
- c. Support DHA Pandemic program as prescribed in Interagency Support Agreements.

10. STRATEGIC STOCKPILE MANAGER, DLA. The Strategic Stockpile Manager will:

- a. Coordinate storage, transportation, and reverse distribution of antivirals managed by DLA distribution as designated by DHA MEDLOG.
- b. Coordinate and validate procurement of vaccines, adjuvant, needles, and syringes for Pandemic Stockpiles that are managed by HHS BARDA and as designated by DHA MEDLOG.
- c. Await stockpile disposal management guidance from DHA MEDLOG not covered in this DHA-PM.
- d. Maintain accountability of Pandemic Stockpile stored at their sites, provide certified physical inventory reports of Pandemic Stockpiles and support documents for any transaction that changes the inventory balance to the DHA MEDLOG Pandemic Stockpile PM on a quarterly basis.
- e. Perform quality assurance oversight of Pandemic Stockpile materiel in the FDA Shelf Life Extension Program (SLEP) in accordance with Reference (ac).

11. SECRETARIES OF THE MILDEPs. The Secretaries of the MILDEPs will:

- a. Support DML strategies and programs through the responsibilities outlined in Reference (n).
- b. Implement the procedures outlined in this DHA-PM for consistent application across the DoD.

12. GEOGRAPHIC COMBATANT COMMANDER (GCC). The GCC will:

- a. Ensure unity of effort in the implementation of Public Health Emergency Management at DoD installations within the Combatant Command area of responsibility and compliance with status-of-forces agreements, other applicable U.S. Government and Host Nation agreements, Department of State guidance, and Host Nation standards.
- b. Authorize the release of pandemic antivirals and antibiotics stored at intermediate storage locations.
- c. Communicate Pandemic Stockpile shortfalls to the Director, DHA.

13. INTERMEDIATE STOCKPILE MANAGER, GCC. The Intermediate Stockpile Manager will:

- a. Coordinate and validate the receipt, storage, transportation and reverse distribution of antibiotics and antivirals managed by designated Theater Lead Agent for Medical Materials.
- b. Provide stockpile disposal management guidance not covered in this DHA-PM.
- c. Maintain accountability of Pandemic Stockpile stored at their sites, provide certified physical inventory reports of Pandemic Stockpiles and support documents for any transaction that changes the inventory balance to the DHA Pandemic Stockpile PM on a quarterly basis.
- d. Ensure proper tracking and reporting of Pandemic Stockpile inventory in the Logicole Reporting & Analytics.
- e. Monitor SLEP in accordance with Reference (ac) to reduce Pandemic Stockpile replacement costs.

14. MARKET, SSO, AND DHAR DIRECTORS. The Market, SSO, and DHAR Directors will:

- a. Forward DCIRs to DHA J-3 in accordance with Reference (f).
- b. Assist DHA MEDLOG in resolving any Pandemic Stockpile issues at the local MTF level.

15. DIRECTOR, MTF. The Director, MTF will:

- a. Maintain operational responsibility and release authority of local Pandemic Stockpile stored at their MTF in accordance with Reference (j).
- b. Appoint in writing a Chief, MEDLOG Officer.
- c. Appoint in writing an Accountable MEDLOG Officer.
- d. Report DCIR events to the DHA in accordance with Reference (f).
- e. Ensure personnel are aware of DCIR reportable events and actions to be taken.

16. CHIEF, MEDLOG OFFICER. The Chief of MEDLOG, as part of the MTF's MEDLOG Department, is responsible for all MEDLOG operations in the facility and satellite facilities (including detached units) to the extent authorized by the Director, MTF. The Chief, MEDLOG Officer will:

- a. Have staff responsibility for local Pandemic Stockpile management.
- b. Appoint in writing a Local Pandemic Assemblage Manager.

17. ACCOUNTABLE MEDLOG OFFICER. The Accountable MEDLOG Officer will:

a. Maintain accurate transaction records for the management of pandemic assemblages in the system of record, (i.e. Defense Medical Logistics Standard Support (DMLSS)) through the responsibilities outlined in Reference (ab).

b. Ensure appropriate documentation and management controls are in place to support the Pandemic Stockpile assemblage audit requirements and prevent occurrences of fraud, waste and abuse associated with pandemic materiel.

c. Certify Inventory Adjustment Voucher as it relates to pandemic assemblage(s).

18. LOCAL PANDEMIC ASSEMBLAGE MANAGER, MTF. The Local Pandemic Assemblage Manager will:

a. Serve as the MTF action officer and primary POC to DHA MEDLOG Pandemic Stockpile PM and DHA CSTs for Pandemic Stockpile.

b. Maintain accountability of Pandemic Stockpile stored at their sites.

c. Ensure proper tracking and reporting of Pandemic Stockpile in the system or record (i.e. DMLSS) and LogiCole Reporting & Analytics SLEP module in accordance with Reference (ac).

d. Monitor SLEP in accordance with Reference (ac) to reduce Pandemic Stockpile replacement costs.

ENCLOSURE 3

PROCEDURES

1. STOCKPILE FUNDING AND SUSTAINMENT

- a. ASD(HA) issues DHP funding to the DHA to establish, procure and replenish assemblage stockpiles to facilitate expeditious DoD response to a pandemic event.
- b. DHA Financial Operations (J-8) distributes funds to appropriate DHA Directorate(s) in the year of execution to maintain MTF local stockpiles of Pandemic materiel. Historically, all pandemic influenza assemblages maintained by the MILDEPs has been funded through the DHP and provided in the year of execution by DHA.
- c. DHA MEDLOG Pandemic Stockpile PM will review MTF pandemic assemblage shortfalls using data analytics and recommend allocation of DHP funding for MTFs based upon MTF's need to replenish stock used by MTF healthcare workers (HCW) or to replace unserviceable Pandemic assemblage stock.
- d. Strategic Stockpiles: Antiviral medications and pandemic vaccines are replaced via assisted acquisition support with DLA-TS and HHS (BARDA). Needle and syringe storage and ventilator access are managed via DLA-TS Corporate Exigency Contracts. Support agreements are required with supporting organizations and reviewed annually by the DHA initiating office. Reimbursement document type corresponds to the support agreement form (FS Form 7600A, General Terms and Conditions). Funding requirements for sustainment and services should be included in annual and 5-year MHS pandemic budget plan.
- e. Intermediate Stockpiles: Funding is provided for sustainment of Pandemic Stockpile stored at intermediate storage locations. Funding is accomplished via support agreements for non-DHP-funded organizations. Funding requirements should be forwarded annually by August to the DHA MEDLOG Pandemic Stockpile PM for consideration and inclusion in the upcoming fiscal year (FY) Spend Plan.
- f. Local Stockpiles: Funding is provided for the MTFs. Funding requirements for the upcoming FY spend plan should be forwarded to the DHA MEDLOG Pandemic Stockpile PM no later than first week of July for consideration and inclusion.

2. PANDEMIC STOCKPILE MATERIEL MANAGEMENT

- a. DHA MEDLOG Pandemic Stockpile PM will:
 - (1) Develop MEDLOG policy guidance for the MHS Pandemic Stockpile Program.

(2) Coordinate with ASD(HA) and the DHA CST in addressing Pandemic Stockpile policy and logistical issues.

(3) Implement and execute DMLent Cross-level and Transportation Account Code standard operating procedures to ensure emergent MTF PPE requirements are met during a pandemic event.

(4) Validate strategic, intermediate, and local Pandemic Stockpile statistics and provide quarterly report to the ASD(HA) on the status of the MHS Pandemic Program.

(5) Identify annual budget requirements for Pandemic Stockpile at strategic, intermediate, and local storage sites.

(6) Conduct acquisition and financial support functions using logistics information systems and manage funding programming, execution management program analysis, and evaluation when required.

(7) Validate the number of MTF HCWs and population at risk (PAR) every two years to inform Health Affairs of any requirements to modify product allowances for pandemic materiel.

b. DHA CST will:

(1) Maintain Local Pandemic Assemblage Managers POCs information and shipping addresses.

(2) Verify that Pandemic Assemblage inventories were completed and all inventory documents were submitted to the DHA MEDLOG Pandemic Stockpile PM.

(3) Assist MTFs with inter/intra-regional cross-leveling of Pandemic Stockpile.

(4) Provide pandemic assemblage management (AM) training during MTF staff assistance visit.

(5) Assist MTF with the DCIR Situation Report process when reporting pandemic supply concerns to DHA MEDLOG.

c. Strategic Stockpile Manager will manage and store Pandemic Stockpiles in accordance with the IAA.

d. Intermediate Stockpile Manager will manage and store Pandemic Stockpiles in accordance with the IAA.

e. Local (MTF) Pandemic Assemblage Managers will:

(1) Ensure that DHA pandemic materiel are accurately accounted for in DMLSS-AM in accordance with Reference (af), as identified pandemic assemblage identifications (ID):

- (a) Antibiotics Assemblage ID: DABX
- (b) Antiviral Assemblage ID: DANV
- (c) PPE Assemblage ID: DPPE

(2) Maintain and account for Pandemic Stockpile assets in DMLSS-AM in accordance with References (af) and (ag). Ensure that the following information is accurately recorded in DMLSS-AM.

- (a) Location (MTF physical location where stockpile is stored)
- (b) On Hand Quantity
- (c) National Stock Number (NSN) / Item ID
- (d) Lot Number (if applicable)
- (e) Manufacturer
- (f) Manufacturer Date
- (g) Expiration Date
- (h) Dollar Value (updated in DMLSS-Inventory Management)

(i) Ensure proper stratification state are assigned to Pandemic Stockpile assets in DMLSS-AM (SERVICEABLE / UNSERVICEABLE / SUSPENDED / FDA TEST)

(3) Issue Pandemic Stockpile material using First-Expired-First-Out method (earliest expiration date will be issued first). MTF may rotate operating stock with an extended shelf life with Pandemic Stockpile that has a short shelf life.

(4) Track pandemic antibiotics and antivirals quality assurance data using LogiCole Reporting & Analytics SLEP module in accordance with Reference (ac). The FDA/DoD SLEP focuses on deferring drug replacement costs for date-sensitive, pre-positioned materiel. SLEP managed products should not be disposed of or turned-in via reverse distribution service provider until the FDA completes a sample test process and has determined that the product is unserviceable.

(5) US Army Medical Materiel Quality Control messages are released to provide disposition instructions for non-SLEP product recalls.

(6) Ensure SLEP extended materiel are re-labeled down to the individual units of issue.

(7) Ensure that Pandemic Stockpile assets are stored according to manufacturer's specifications, marked, managed, accounted for and segregated from MTF's operating stock.

(8) Store pandemic materiel in a secure, environmentally protected, temperature controlled facility according to manufacturer's specifications to ensure availability to MTFs as soon as possible during a pandemic event. If an MTF or DHA Component is not able to store pandemic materiel in their immediate area of operation, they can maintain storage at a designated remote storage location but pandemic materiel must remain accessible to MTF staff (e.g., via air or ground freight from regional warehouse to MTF within a reasonable time). All materiel requests from the MTF must be processed in a timeline sufficient to meet the emergent situation.

(9) Make every effort to maintain on hand stock levels of their assemblage up to 90% of the designated Health Affairs allowance. DHA MEDLOG will provide pandemic materiel or pandemic funds to MTFs for replenishment of pandemic assemblages. Prime Vendor or other supply sources will only be used when DHA MEDLOG provides pandemic funds instead of pandemic materiel. All requests for support will be made by submitting communication to DHA MEDLOG Pandemic Stockpile PM for consideration and processing.

(10) Ensure that all Pandemic Stockpile items are appropriately accounted for in their Assemblage in DMLSS. DHA MEDLOG utilizes Logicole Reporting & Analytics to assess the on hand inventory status for each local storage location and determine the readiness posture of Pandemic Stockpile thus it is important for MTFs to maintain accurate On Hand inventory of Pandemic Stockpile items within DMLSS. All Pandemic Stockpile items are to be received utilizing the appropriate unit of issue and item ID or NSN, for proper tracking and accountability.

(11) Notify DHA CST and DHA MEDLOG Pandemic Stockpile PM when Pandemic Stockpile becomes unserviceable/expire, and results in allowance levels falling below 50%.

(12) Conduct an annual wall-to-wall inventory or a cyclic inventory of Pandemic Stockpile items using the DMLSS-AM Physical Inventory module in accordance with Reference (ag). Cyclic is the counting of select Pandemic items in the assemblage during a prescribed period of time. Cyclic inventory may be done monthly or quarterly. A monthly cyclic inventory will consist of 10% of the assemblage line items being inventoried each month. A quarterly cyclic inventory will consist of 25% of the assemblage line items being inventoried each quarter. (Inventory of all line items within the assemblage must be completed at the conclusion of the FY). The Accountable MEDLOG Officer will forward final inventory report to their designated CST for submission to the DHA MEDLOG Pandemic Stockpile PM. These documents are used for auditing purposes.

(13) Ensure issues, receipts, destructions, and turn-in transactions are entered into DMLSS-AM as they occur to ensure real-time pandemic inventory stock status. Receipt of pandemic materiel should be processed within 3 days of physical receipt in the system of record. Maintain records of all issues, receipts, gains, losses, destructions, turn-ins and inventories of pandemic assemblage assets in accordance with Reference (aa).

(a) Must receive release authorization from the MTF Director before issuing PPE and antibiotics stockpile to internal MTF customers.

(b) Must receive release authorization from ASD(HA) before issuing antivirals stockpile to supported customers.

(c) Pandemic Stockpiles are free issue to supported customers. A Non-Routine Issue or Out-Shipment loss must be processed in DMLSS-AM for proper accountability.

(14) Ensure submission of the DHA DCIR upon issue of pandemic assemblage stockpile during a pandemic or other incidences affecting the normal acquisition channels of supply in accordance with Reference (f).

(15) Replenish pandemic assemblage stock with Pandemic funds provided by DHA or materiel provided by DHA MEDLOG.

3. PANDEMIC STOCKPILE PLANNING FACTOR. The ASD(HA) allowance is based on the PAR and the total number of HCWs. The PAR is the TRICARE beneficiary population enrolled for care at the respective MTF. HCWs are MTF personnel who may have direct patient contact in the event of a pandemic which include: Physicians, Physician's Assistants, Nurse Practitioners, Nurses, Corpsmen, Medics, Respiratory Technicians, Physical Therapists, Occupational Therapists, Laboratory Technicians, Pharmacists, Pharmacy Technicians, X-Ray Technicians, Dentists, and Dental Technicians. MTFs Pandemic allowances can be found via DHA MEDLOG CST website under the Pandemic Stockpile Calculator icon at <https://info.health.mil/sites/MEDLOG/busops/CST/Pages/Home.aspx>.

a. Antibiotics – allowance levels are based upon 35% of the MTF's PAR being affected, with 50% seeking treatment, 10% will require antibiotics, multiplied by the assigned percentage for each antibiotic. Each antibiotic is assigned a percentage based on the drug usage rate.

b. Pandemic PPE – planning factor includes local storage sites on hand inventory and centralized storage at various continental U.S. (CONUS) and OCONUS strategic and intermediate storage sites. PPE is categorized into five different group types (as shown below). Allowance levels for these PPE groups are calculated based on estimated patient encounters, HCWs, PAR and a 20% safety level.

(1) Disposable N95 Respirator Masks (National Institute for Occupational Safety & Health-Approved Particulate Filtering Face Piece)

(2) Gowns

(3) Gloves

(4) Surgical/Procedure Masks

(5) Eye Protection/Face Shield

c. Antivirals – based upon the MTF’s PAR

(1) Tamiflu (Oseltamivir phosphate) – allowance levels are based upon 10% of the MTF’s PAR for CONUS local storage sites and 30% of the PAR for OCONUS local storage sites.

(2) Relenza Diskhaler (Zanamivir) – allowance levels are based upon 15% the MTF’s PAR (CONUS & OCONUS).

4. STOCKPILE RELEASE AUTHORITY. Release authority for DHP funded pharmaceutical and PPE items is in accordance with References (g), (i), and (k). Pandemic Stockpile materiel is reserved for MTF staff protection during a pandemic response or other associated health emergency. Strategic stockpiles consist of antivirals only, and are under the release authority of the ASD(HA). Intermediate stockpiles consist of antivirals and antibiotics and are stored at intermediate storage sites, under the release authority of GCC. Local stockpiles consist of antivirals, PPE, and antibiotics at MTFs. The Directors, MTF maintain operational control of the PPE and antibiotics stored at their sites. Antiviral stored at the MTFs are under the release authority of the ASD(HA).

5. DISPOSAL OF PANDEMIC STOCKPILE MATERIELS

a. Pandemic Stockpile materiel may have an extended shelf/service life (e.g., enrolled in the DoD/FDA SLEP) and will not be discarded based on the manufacturer’s recommended expiration date or service life without approval from the Pandemic Stockpile PM.

b. Materiel that has been identified as not eligible for FDA testing (FDA does not test, not enough inventory or Budget to replace) must be disposed of once the materiel have been deemed to be unserviceable (expiration date has exceeded or the integrity of the materiel has been compromised). The Local Pandemic Assemblage Manager will use local disposal procedures for expired pharmaceuticals or materiel (Pharmaceutical Reverse Distributor, Local destruction, or DLA Disposition Services (Non- pharmaceuticals)).

c. Department of Defense Medical Materiel Quality Control Messages pertaining to any pandemic materiel within the assemblage must be acknowledged and followed according to the guidance provided for disposition in the message. Affected product must be physically separated from the serviceable materiel and appropriately marked in the new physical location as well as in the DMLSS-AM until disposition takes place.

d. Pandemic Stockpile items maintained at levels above the minimum allowance levels are not considered “excessive” and will not be discarded, and should be used for cross leveling to fill other shortages. Cross-leveling will be coordinated through communication with the MTFs designated CSTs.

6. LOGISTICS MANAGEMENT INFORMATION SYSTEMS

a. Enterprise and operational logistics information systems will be used for managing the MHS Pandemic Stockpile Program (e.g., DMLSS-AM, Theater Enterprise-Wide Logistics System, Decision Support Systems, and Logicole Reporting & Analytics).

b. Following entry of local pandemic materiel and pharmaceutical information into DMLSS-AM, inventory data is feed into Logicole Reporting & Analytics. All data are refreshed on a daily basis. Logicole Reporting & Analytics data is a viewable dashboard by registered users.

7. REPORTING REQUIREMENTS

a. Routine Reporting.

(1) Intermediate and local Stockpile sites will provide pandemic assemblage budget requirements to DHA MEDLOG on an annual basis by 01 July for the upcoming FY.

(2) Intermediate and local Stockpile sites will report new NSN and item IDs in pandemic assemblages to DHA MEDLOG so that they can be captured in Logicole Reporting & Analytics.

(3) All stockpile sites will provide annual or cyclic inventories certification documentation to DHA Pandemic Stockpile PM upon completion.

b. Reporting During Pandemic Event. Reporting during a pandemic event will be accomplished in accordance with DHA MEDLOG guidance and may refer to DMLent PAB processes and procedures to address critical shortages for designated PPE/medical supplies.

(1) DMLent PAB: The DMLent PAB is created from the DML Proponent Committee MILDEPs Log Chiefs in coordination with Joint Chiefs of Staff J-4 staff and DLA-TS to form a joint Military Service board that addresses critical shortages for designated PPE/medical supplies.

(2) DMLent PAB Work Group (WG): The primary responsibility of the DMLent PAB WG is to review the list of backorders obtained from DMLSS, Logicole Reporting & Analytics, and DLA backorder data spreadsheets, and allocate required constrained materiel based on an enterprise developed prioritization algorithm. Other factors may come into play depending on the situation, deployment, etc. MILDEPs and DHA representatives on the WG are responsible for validating and advocating for their requirements and collaborating with other MILDEP or DHA Representatives to address enterprise mission requirements.

c. DHA MEDLOG Actions During a Pandemic.

(1) DHA MEDLOG will attend and brief the Director, DHA at a regularly scheduled update in accordance with DHA established battle rhythm. This update may include, but is not limited to:

- (a) DHA Pandemic Stockpiles status (strategic, intermediate, and local locations).
- (b) MTF On-Hand Inventory (PPE and associated Items).
- (c) DLA-TS Total Requirements (Quantity Ordered, Quantity Received).
- (d) DLA-TS Depot-Stocked Supplies
- (e) Pandemic Equipment Statistics.
- (f) MEDLOG Asset Report: Pharmaceuticals

(2) DHA MEDLOG will also conduct routine meetings as required with MILDEPs representatives via a “DHA MEDLOG Sync” to maintain a proper assessment of the Markets, SSO and DHARs, review policy, to answer questions related to Pandemic Stockpiles, and to address issues as they arise. A collection of MTF operating stock and Pandemic Stockpile inventory will be jointly combined in a dashboard product (MTF Logistics Dashboard). MTF’s are responsible for reviewing the reported inventory for discrepancies and report any critical needs via their Market/Region.

(3) DHA MEDLOG will share the items discussed above via the Logistics, Plans, and Readiness Max.gov site available at: <https://community.max.gov/pages/viewpage.action?spaceKey=DoD&title=DHA+MEDLOG+Logistics+Plans+and+Readiness+Division> with an approved Max.gov login account. Anyone with a CAC card has access to this central repository for information such as meeting minutes, relevant policy and guidance, as well as links to the MTF Logistics Dashboard data and other pandemic related websites (Centers for Disease Control, DoD, DHA, etc.).

8. RECORDS MANAGEMENT

a. DHA MEDLOG will handle, store, and dispose of pandemic material contract and inventory documents in accordance with References (z) and (aa), and procedures established by the DHA Component Records Management Officer and Office Records Liaison for MEDLOG.

b. Contracts (and related inventory records or receipt documents) and canceled solicitations will be retained in accordance with Reference (aa).

c. Records to be maintained by the Local, Intermediate, and Strategic Stockpile Managers (for audit purposes) include:

(1) Existence and value of recorded stocks: documentation supporting historical cost, invoices, evidence of the last physical inventory, certified inventory reports.

(2) Evidence of signed and dated receipt and acceptance (DD Form 250, Material Inspection and Receiving Report, Wide Area Work Flow or equivalent document).

(3) Support documents for issuance or consumption or changes in balances since last reported (i.e., DD Form 1348-1A, Issue Release/Receipt Document, gain/loss report, destruction document) along with approval authority documentation for issue or consumption.

(4) Direct Charge: DD Form 448, Military Interdepartmental Purchase Request (MIPR).

(5) Military Interdepartmental Purchase Request Acceptance DD Form 448-2, Acceptance of MIPR.

(6) PPE Packing List based on source (Prime Vendor, or sent from central storage/Perry Point warehouse to MTF).

(7) Vendor Return Authorization form (for missing/damaged material).

(8) DD Form 1155, Order for Supplies or Services.

(9) Billing Invoices (lists Perry Point labor, storage, and transportation fees for managing DHA PPE). Billing invoices are optional since invoices do not occur with all transactions but are often automated without hardcopy documents.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Assistant Director
AM	assemblage management
ASD(HA)	Assistant Secretary of Defense for Health Affairs
BARDA	Biomedical Advanced Research and Development Authority
CONUS	continental United States
CST	Customer Support Team
DCIR	Director's Critical Information Requirements
DD	Department of Defense
DHA	Defense Health Agency
DHA-PM	Defense Health Agency-Procedures Manual
DHAR	Defense Health Agency Region
DHP	Defense Health Program
DLA	Defense Logistics Agency
DML	Defense Medical Logistics
DMLEnt	Defense Medical Logistics Enterprise
DMLSS	Defense Medical Logistics Standard Support
FDA	Food and Drug Administration
FS	Fiscal Service
FY	fiscal year
GCC	Geographic Combatant Commander
HCW	healthcare worker
HHS	Human and Health Services
IAA	Interagency Agreement
ID	identification
J-3	Operations, Plans, and Requirements
J-4	Logistics
J-8	Financial Operations
MEDLOG	Medical Logistics
MHS	Military Health System
MILDEP	Military Department
MTF	Military Medical Treatment Facility

NSN	National Stock Number
OCONUS	outside the Continental United States
PAB	Prioritization and Allocation Board
PAR	population at risk
PM	Program Manager
POC	point of contact
PPE	personal protective equipment
SLEP	Shelf Life Extension Program
SSO	Small Market and Standalone Military Medical Treatment Facility Organization
TS	Troop Support
WG	Work Group

PART II. DEFINITIONS

HCWs. MTF PAR of exposure to pandemic events to include Physicians, Physician’s Assistants, Nurses, Corpsmen/Medics, Respiratory Technicians, Physical Therapists, Occupational Therapists, Laboratory Technicians, Pharmacists, Pharmacy Technicians, X-Ray Technicians, Dentists, and Dental Technicians. MTF PAR estimate will be used to update/reconstitute MTF PPE requirements.

intermediate stockpile. Materiel for pandemic response (antivirals and antibiotics) stored at designated Theater Lead Agent for Medical Materials and that are under the release authority of GCC.

local stockpile. Materiel for pandemic response (PPE, antivirals, and antibiotics) stored at local MTFs. The Directors, MTF maintain operational control of the PPE and antibiotics stored at their sites. Antiviral stored at the MTFs are under the release authority of the ASD(HA).

Reserve Component. The Armed Forces of the United States Reserve Component consists of the Army National Guard of the United States, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, and Air Force Reserve.

strategic stockpile. Materiel for pandemic response (antivirals) that are under the release authority of ASD(HA).