CHAPTER 8

FISCAL AND SUPPLY MANAGENETNT

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FISCAL AND SUPPLY MANAGENETNT

Section A. Resource Management.

CHAPTER 8 RESOURCE MANAGEMENT

Section A. Resource Management.

1. Unit's Commanding Officers Responsibility.

   a. CO's Responsibility. A unit's commanding officer (CO) is charged with ensuring all unit aspects operate effectively and efficiently. For units with health care facilities, this means using personnel, funds, equipment, expendable supplies and materials, health care spaces, and external health care providers economically and efficiently. The CO oversees all health care equipment maintenance. Commanding officers will ensure management of command resources provides the best amount of care to all eligible beneficiaries at the least cost to the Government.

      (1) Care provided in Coast Guard clinics is more cost-effective than any other source's. The fixed cost of physical plant, staff, and equipment is divided by the number of beneficiaries served; thus, the more care provided, the lower the cost per visit. Therefore, units should set goals to provide the maximum amount of care possible. Achieve these goals by operating properly staffed clinics at times most convenient to beneficiaries, scheduling to decrease the time patients wait, efficiently managing health care providers' valuable time, and publicizing the availability of services to beneficiaries in the surrounding communities.

      (2) If the current level or mix of resources is inefficient, the commanding officer will report this fact through the chain of command and recommend corrections. Timeliness is extremely important in dealing with changes in resource requirements. Good resource planning should address these needs long before it becomes necessary for a unit commanding officer to deny care to any authorized beneficiary due to lack of resources.

   b. Reports. The unit commanding officer directly controls the unit's financial plan or budget, including unit health care resources. By the 5th working day of each month, the Commanding officer reports medical dental, pharmaceutical and equipment operating targets, adjustments to the targets, and actual expenditures to their perspective MLC(k) for inclusion in the monthly report forwarded to Commandant (CG-1012). From an oversight or management review perspective, repeated or recurring amounts of unit Fund Code-57 (AFC-57) moneys dedicated to health care are the "base" funds. Commanding officers must justify additional unit operating funds above this base solely on the criterion of increased workloads.

   c. Review of funds. The unit commanding officer will review all uses of unit funds and reallocate funds during the current fiscal year. The unit commanding officer must first inform the chain of command before he or she can reduce the amount of care the unit's clinic provides to eligible beneficiaries. The CO will report the circumstances supporting the decision and identify what resources are required to ensure normal health care facility operations through the end of the fiscal year.

The District or Maintenance and Logistics Commander's Budget Review Board (for district or MLC units respectively) will address these current fiscal year AFC-57 unit requests.

2. Maintenance and Logistics Command (MLC).

Maintenance and Logistics Commands administer the health services program in their respective area of responsibility. Administrative functions include:

a. Approving and funding care provided by non-Federal and Department of Veteran's Affairs sources.

b. Health care equipment. Approving or disapproving requests to procure health care equipment costing more than $1500.00 for units with CG Clinics/AFC-57 funding and over $500.00 for sickbays with HS's assigned / AFC-57 funding; (See 8. D. 7. d).

c. Approving clinic budgets. Each clinic's parent command shall submit a zero-based AFC-57 direct care funding request to the appropriate MLC (k) through the chain of command. This request should include predicted equipment procurement requests to (CG-83) using the automated ATU budget process according to current directives. The MLC request should include a line item for each clinic, proposed equipment funding, and an estimate of non-Federal care cost.

d. Paying other agencies. Targeting AFC 57 and AFC 73 funds to pay for Department of Defense for all health care the Army, Navy, Air Force, TRICARE and USTF programs provided to Coast Guard beneficiaries.

3. Headquarters.

a. Commandant (CG-11) obtains health services program resources from the budget process for these purposes:

(1) Targeting AFC-57 funds to the MLC (k)'s to pay for all non-Federal and VA medical care provided in each region.

(2) Targeting AFC-57 funds to the MLC (k)'s to acquire health care equipment.

(3) Targeting AFC-57 funds to allotment target units in response to budget requests the MLC (k)'s.

b. In charge of health care facilities. Commandant (CG-11) is also the program manager for replacing, expanding, or creating health care facilities with Acquisition, Construction, and Improvement Appropriation funds and works with Commandant (G-A) and the MLC's Facilities Design and Construction Center staffs on plans and layouts.

CHAPTER 8

FISCAL AND SUPPLY MANAGEMENT

Section B. General Property Management and Accountability.

Section B. General Property Management and Accountability.

1. Basic Policies.
   The Director of Health and Safety:

   a. Manage accounts. Establishes procedures to manage and account for health care material pursuant to the personal property management policies contained in the Property Management Manual COMDTINST M4500.5 (series).

   b. Directs and coordinates the health care supply system;

   c. Determines requirements for health care material; and

   d. Establishes allowance lists, advises, and assists field units.

2. Physical Property Classifications.
   Property is divided into two categories: real property and personal property. Health care material is personal property and is accounted for in accordance with Property Management Manual, COMDTINST M4500.5 (series).

3. Property Responsibility and Accountability.

   a. Clinic administrators. Clinic administrators are responsible for the accountability of the property for their facilities. Additionally, they serve as the health services finance and supply officer.

   b. In the absence of a clinic administrator, the senior commissioned health services department representative acts as the property custodian.

   c. If health services technicians only are assigned to a facility, the senior health services technician acts as the property custodian.

4. Expending Property Unnecessarily.
   All persons having custody of health care property shall avoid any unnecessary expenditures of such property within their authority's limits and shall prevent such expenditures by others.

5. Stock Levels, Reorder Points, and Stock Limits.

   a. General. Stock levels, reorder points, and stock limits discussed below apply to all health care facilities, especially those at major shore units (i.e. HQs units) such as the Academy, ISC Alameda, Tracen Petaluma and Training Center Cape May. These large facilities with multiple components (e.g., pharmacy, laboratory, dental clinic, etc.) need to maintain a greater stock depth to serve their clientele. Property Management Manual,

COMDTINST M4500.5 (series) contains overall supply policy and procedures.

b. Terms.

(1) Operating Stock. That quantity of material on hand needed to meet daily operating needs during the interval between delivery of replenishments.

(2) Safety Stock. That amount of inventory in addition to operating stock needed to sustain operations if deliveries are delayed or demands unexpectedly heavy.

(3) Reorder Point. Low Limit. Both terms mean the predetermined inventory level for a specific item at which it is reordered.

c. Stock Inventory and Transactions. All health care facilities shall maintain sufficient amounts of stock to prevent out-of-stock conditions. To do so, maintain stock inventory and transaction records, either electronically (on computer) or by using stock cards, inventory records, etc.

(1) Generally, health services supply activities at facilities with multiple components are authorized one month's safety stock. Experience may prove this level is not adequate for certain items or in certain circumstances. These units are authorized to maintain more a larger supply if and wherever exceptional circumstances dictate. Establish procedures to ensure reviews of stock records periodically to identify items reaching a low limit (reorder point) or the authorized allowance and quantity and to revise low limits if current usage so indicates.

(2) Ships and small shore units may use the minimum quantities indicated in the Health Services Allowance List to establish reorder points. If the list does not indicate a minimum allowance, e.g., for "optional" items, establish reorder points for commonly used items based on current usage rates. Do not order excessive quantities of material.

(3) When a ship receives orders to deploy or a station notice of a change in operating conditions that may require additional material, promptly review authorized allowance quantities to replenish critical items in time for the deployment or operational change.

(4) Pharmacies procuring drugs through prime vendor systems (either directly or through pharmacy officer staffed clinics) should try to stock one-month quantities of regularly used items. Ongoing inventories of these limited quantities are not required except where applicable for controlled substances. Pharmacies shall "sight inventory" monthly before ordering.

6. Transferring and Loaning Property.
   Written approval is required from Commandant (CG-112) to loan health care property to any state, community, organization, or private individual. Property transferred to other military units is at the commanding officer's discretion. Obtain custody receipts in such instances. Form DD-1149 shall be used to transfer property locally, and from one activity to another according to the Property Management Manual, COMDTINST M4500.5 (series).

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CHAPTER 8

FISCAL AND SUPPLY MANAGEMENT

Section C. Custody, Issues, and Disposition.

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1. Transferring Custody.
When transferring custody of health services property and supplies a joint inventory is required, conducted by both the departing and relieving custodians and an independent person who has no direct interest in the inventory outcome. If a joint inventory is impossible, the departing custodian shall conduct an inventory and submit a written report to the commanding officer before departing. As soon as possible after reporting, the relieving custodian also shall conduct an inventory, report the same to the commanding officer, and indicate any discrepancies noted between the two. In both cases, the inventories should include the participation of an independent person. Additionally, in all cases, an acknowledgment of inventory correctness must be entered in the unit Health Services Log. (See "Pharmacy Operations and Drug Control," Chapter 10, for detailed information on controlled substances).

2. Storerooms.

    a. Bulk stock. At large facilities, bulk stock of health care supplies and materials used by the various facility components (e.g., pharmacy, laboratory, dental clinic, etc.) shall be kept in a specifically designated storeroom. If facility layout permits, it may be advantageous to permit designated individuals responsible for a particular component (pharmacy, dental clinic, etc.) to manage their area's expendable supplies. The individual responsible for medical supply shall process their procurement requests. Otherwise, manage clinic supplies from a designated storeroom.

    b. Supply person. An individual familiar with supply procedures shall be in charge of the storeroom; he or she shall report directly to a medical administration officer.

    c. Procurement request. In the interest of proper management, centralize clinic procurement request processing. Medical administrator(s) shall verify all procurement requests, including prime vendor "ZOA" documents, to ensure funds are available in that component's budget allocation.

3. Issuing Material.

    a. Supplies issued by or removed from the storeroom should be immediately recorded on the appropriate stock record. In large facilities where the health services storeroom is a distinct organizational entity, stores issued shall be made only upon receiving a properly prepared and authenticated local requisition document.

    b. Use DD 1149 to issue, return, or transfer equipment between activity components.

4. Inspecting Storerooms.

a. Health services store items require periodic inspection (every three months for consumable supplies and equipment) to detect signs of deterioration or expiration. Accomplish such inspections by physically examining representative samples of various age groups of stock on hand.

b. It is extremely important to issue oldest stock first ("First in, First out"). This is true of all items but is mandatory for potency-dated items and those subject to spoilage.

5. Disposing of Property.

a. In disposing of health services personal property, follow the Property Management Manual, COMDTINST M4500.5 (series) procedures regardless of the circumstances or conditions requiring disposal (e.g., over-ordering, decline in demand, fair wear and tear requiring survey, or damage requiring replacement).

b. Certain conditions may require Board of Survey action. Property Management Manual, COMDTINST M4500.5 (series) contains procedures for this action.

(1) Take precautions to assure compliance with local health and sanitation requirements when surveying and destroying poisonous chemicals (e.g., arsenic, strychnine, cyanide, etc. preparations).

(a) Ordinarily, dispose of small amounts of liquid preparations and soluble substances through the sewage system. Large quantities of soluble poisonous material may constitute pollution dangerous to public health or fish and wildlife.

(b) If destroying large amounts of drugs (including controlled substances), coordinate this action with local air and water pollution control authorities. Then destroy by complete incineration with appropriate safeguards against toxic fumes or by such other methods as local health and sanitation officials recommend if disposal through sewage system or incineration are inappropriate.

(c) Never deposit poisonous drugs and chemicals in dump piles or dumpsters.

(2) Either burn or dissipate through the sewage system drugs requiring destruction other than poisonous chemicals.

c. Dispose of used, contaminated, defective, or expired health care material in a manner that ensures it is both impossible to reuse and harmless to the environment. Completely destroy all drugs to preclude reusing them or any portion of them. Follow these specific procedures:

(1) Sharps. Place all items likely to puncture or lacerate trash handlers in rigid plastic autoclavable disposable sharp containers. Do not attempt to sterilize or cover used blades or needles (this is hazardous to personnel); simply place

them in the container. At appropriate intervals, seal, autoclave, and dispose of containers as regular non-hazardous trash. These containers are NOT reusable.

(2) Tablets, Capsules, Powders. Remove from original container, crush or dissolve tablets and capsules, and flush into sewage system. Dispose of original container as trash. Follow biohazardous material disposal regulations when discarding chemotherapeutic and other hazardous agents (including biologicals).

(3) Syrettes. Cut along syrette's crimped end and discard contents into sewage system. Place in a sharps disposable container.

(4) Injectables/Parenterals. Pour bottle contents into the sewage system. Place empty vials in the trash. Follow biohazardous material disposal regulations when discarding chemotherapeutic and other hazardous agents (including biologicals).

(5) Auto Injectors. Activate the injector against a hard surface and discard contents into a suitable container. Dump container contents into the sewage system and then place the auto injector in a sharps disposable container.

(6) Incinerate biohazardous materials, including used bandaging materials, or if sterilized, dispose of them as trash:

(7) Chapter 10 contains detailed instructions on surveying and destroying controlled substances: and

(8) Destroy the above materials in an appropriate area using appropriate personnel protection: rubber gloves, protective goggles, and proper ventilation.

d. Do not dispose of medical materials at sea. Prepare materials for disposal and retain them on board in a secure area until disposed in accordance with Federal, state, and local laws.

e. Commandant Notices and other directives requiring disposal of defective material constitute authorization to effect immediate disposal of any of the suspect items on hand.

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CHAPTER 8

FISCAL AND SUPPLY MANAGENETNT

Section D. Health Services Supply System

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Section D. Health Services Supply System

1. Health Services Control Point.

   Commandant (CG-1122) is the Health Services Control Point for Coast Guard health care material; in that capacity he or she takes these actions.

   a. Prepares and distributes the Health Services Allowance List, COMDTINST M6700.5, M6700.6, and M6700.7 (series).

   b. Informs and assists field units.

   c. Reviews and responds to requests to change units' base operating funds allotment targets. Annually provides funds for routine health care supplies to the field as part of the recurring base of funds distributed through the Administrative Target Unit (ATU) budget process.

2. Responsibility for General Stores Items.

   a. Supply Officer.

      (1) Procures, receives, stores, issues, ships, transfers, and accounts for command stores and equipment;

      (2) Maintains specified records; and

      (3) Submits required reports for stores and equipment.

   b. Health Services Department Representative. Except where specific responsibility has been assigned, the Health Services Department Representative does not determine general supply requirements but acts in an advisory capacity for those items the department uses. The Health Services Department Representative will maintain close contact with the Supply Officer on special department needs and advise the latter when the requirement for any item will exceed the quantity normally carried in stock. The individual designated in writing as responsible for Health Services supply operations shall maintain a supply policy and procedures manual.

3. Supply Support Assistance.

   a. Direct problems with supply support of health care supplies (except controlled drugs) that cannot be resolved through the supply source, to Commander, Maintenance and Logistics Command (k). Direct problems with supply support of controlled drugs to Commandant (CG-112).

   b. Commandant (CG-112) will coordinate initial outfitting of new classes of units and vessels. Commander, Maintenance and Logistics Command (k) will help in the initial outfitting process, limited to submitting requisitions and staging, when Commandant (CG-112) so requests through (CG-83).

4. Authorized Allowances.
Coast Guard units are assigned specific minimum required allowances of health care supplies and equipment as described in COMDTINST M6700.5 (Shore Units), M6700.6 (Vessels), and M6700.7 (Shore Units and Vessels)(series).

5. Supply Sources.

a. Standard Items. Items listed in the DoD Medical Catalog (FEDLOG) are "standard". Obtain items with an Advice Acquisition Code (AAC) of "D" from the Defense Personnel Support Center (DPSC) through the Automated Requisition Management System (ARMS).

(1) Non-Obtain "non-standard" items, i.e., those not described as above, from commercial sources.

(2) All commercial procurements shall be made under the applicable acquisition regulations and Coast Guard Acquisition Procedures, COMDTINST M4200.19 (series). Commercial procurement of health care supplies, equipment, and repair and maintenance service is authorized in these conditions:

(a) Time does not permit obtaining standard items from Government sources; or

(b) A legitimate need exists for nonstandard items;

(c) Equipment requires repair or maintenance.

(3) These items are authorized:

(a) Newly listed standard items not available from government sources;

(b) Necessary non-standard health care supplies and equipment;

(c) Medical Catalog (FEDLOG) items bearing the Acquisition Advice Code "L";

(d) Equipment repair and maintenance (excluding installation); and

(e) Health care technical books, publications, and professional journals.

(4) Local or commercial procurement is not authorized for these items:

(a) Non-standard items differing only slightly from standard items of identical capability; and

(b) Preferred trade names and proprietary products in lieu of standard items.

b. Prime Vendor Items.

(1) A prime vendor is one pre-arranged on behalf of the government procurement system. The Defense Personnel Support Center (DPSC) negotiates prime vendors, equivalent to Federal "depot" sources, for medical commodities.

(2) Where available, DPSC prime vendors shall serve as the primary source of supply for pharmaceuticals. Use other sources if it is determined their price or service better meet the unit's needs.

6. Health Care Equipment.

a. Factors for Initial Procurement. Due to changes in the beneficiary population or unit mission, a health care facility may require health care equipment not previously held by that facility. Units requesting an initial procurement shall provide justification on form CG-5211.

b. New Installations. The appropriate construction project (AC&I) funds normally will pay for equipment for newly constructed facilities. To ensure standardization, authorization and approval MUST be obtained from Commandant (CG-112) before requisitioning or procuring health care equipment for new installations.

c. Health Care Equipment. All units with health care equipment (items with an original cost of more than $1500.00 or more for clinics and $500.00 or more for sickbays) shall verify their equipment annually (January) and submit the report to MLC (k). Definitions for health care equipment, procurement procedures, and the criteria used for approval are outlined below.

(1) Health care equipment. Any item of health care equipment which meets the following criteria:

(a) Costs $1500.00 or more for clinics and $500.00 or more for sickbays.

(b) Does not lose its identity when installed or placed into service.

(c) Has a life expectancy of one year or more.

(2) Units shall submit requests for health care equipment on form CG-5211 to the appropriate MLC (k). If the MLC (k) is unable to evaluate the CG-5211 within 15 working days of receipt, MLC (k) shall notify the commanding officer of the requesting unit regarding the delay. Each

MLC (k) shall review the request and provide a forwarding endorsement that, as a minimum, addresses the following areas:

(a) How the equipment is or is not appropriate for the requesting health care facility.

(b) Why the purchase is or is not cost effective.

(c) How the equipment will or will not impact on the quality of patient care.

(3) Commander MLC (k) will evaluate health care equipment requests, and within 30 days of receipt of the CG-5211, will notify the unit that one of the following actions will be taken:

(a) Purchase of the requested equipment.

(b) Purchase of a substitute item of a different make or model in order to standardize health care equipment and/or ensure cost effectiveness.

(c) Return the request via the chain of command with an explanation of why the equipment request was disapproved.

(4) Health care equipment costing less than $1500.00 for clinics and less than $500.00 for sickbays is a unit responsibility and shall be purchased using unit AFC 57 funds.

7. Emergency Procurement.
A request for an emergency procurement may be relayed to the appropriate MLC (K) by telephone, followed by a faxed copy of a completed form CG-5211.

8. Factors for Replacing Equipment.
The fact that an item of health care equipment is approaching, or has passed, its normal life expectancy is not considered sufficient cause for replacement in and of itself. Units that request replacement equipment shall provide justification on the CG-5211. Factors which are considered sufficient cause for equipment replacement include any of the following:

a. Unreliability. Documented unreliability of equipment, demonstrated by unusual maintenance expenses or high frequency of repairs.

b. Excessive repair costs, onetime or repetitive.

c. Obsolete Equipment. Equipment is obsolete and new technology exists that reduces pain and discomfort, improves treatment, increases diagnostic

accuracy, significantly reduces costs by conserving personnel, supplies, or utilities, or increases efficiency by reducing patient treatment time.

d. Receipts.

(1) The unit shall retain one copy of signed receipts for health services material for record purposes.

(2) Send one copy of signed receipts for all health care equipment to MLC (k).

(3) Maintain copies of receipts for controlled substances and security materials separately for record purposes.

e. Maintenance.

(1) Each unit is responsible for maintaining health care equipment in optimum, safe operating condition. Maintenance shall include:

(a) Measures necessary to ensure the equipment's operating safety and efficiency (preventive maintenance);

(b) Manufacturer's representatives' required checks to meet warranty requirements;

(c) Removing from service if deficiencies are detected; and

(d) Replacing defective parts.

(2) Preventive maintenance is systematic inspection of and service to equipment to maintain it in optimum operating condition. A properly executed program will detect and correct minor problems before they render the equipment inoperable. Manufacturers usually require preventive maintenance to maintain the warranty. Maintenance records are also valuable tools for evaluating equipment needs and justifying future equipment procurement requests.

(3) Each clinic shall designate a Preventive Maintenance Coordinator who ensures the program is established and functions effectively. If a Biomedical Equipment Repair Technician (BMET) is assigned to the unit, he or she fills this role. If not, designate an individual with mechanical aptitude or a desire to work with equipment to fill this role. Clinics may contract for preventive maintenance services if funding permits and are encouraged to enter into cooperative agreements with DoD MTFs whenever possible. Each unit shall:

(a) Establish a preventive maintenance schedule for all health care equipment. Each unit shall determine maintenance intervals based on manufacturers' recommendations and frequency of use.

(b) Maintain a written record of all preventive maintenance and repairs performed on health care equipment using NAVMED 6700/3CG, Medical/Dental Equipment Maintenance Record; see Figure 8-D-1. Use side A to record preventive maintenance and safety checks and side B to record repairs.

(c) Charge clinic health care equipment maintenance costs to unit AFC-57 funds and sickbay health care equipment maintenance costs to unit AFC-30 funds.

(d) MLC and HQ units shall establish and maintain a program to replace their health care equipment.

CHAPTER 8

FISCAL AND SUPPLY MANAGENETNT

Section E. Eyeglasses and Ophthalmic Services.

Section E. Eyeglasses and Ophthalmic Services.

1. General.
   This section describes ophthalmic services (refractions and spectacle issue) provided.

2. Personnel Authorized Refractions.

   a. Coast Guard medical treatment facilities and USMTFs. Coast Guard medical treatment facilities and USMTFs to the extent of available facilities, including ophthalmologists' and optometrists' services, may furnish refractions to active duty, dependents that are not Prime Enrolled on a "space available" basis and retired uniformed services members.

   b. No MTF. Where USMTF's are not available, MLC (k) may authorize refractions at other facilities for active duty members only.

   c. USMTFs may furnish non-active duty eligible beneficiaries refractions if facilities are available. USMTFs may not furnish eyeglasses to dependents at government expense except as Section 8. E. 3. b. (2) (b) authorizes.

   d. Reserve members on active duty for training for more than 30 days are authorized repair or replacement of standard eyeglasses during the active duty if the member did not damage or lose the eyeglasses through his or her own negligence.

3. Procuring and Issuing Standard Prescription Eyewear.

   a. Coast Guard units shall order standard eyewear from optical laboratories as outlined in this section.

      (1) Civilian sources are acceptable for procuring eyewear providing the prescription is for standard frames and lenses are available from fabrication labs. Transcribe this request on DD-771, Eyewear Prescription.

      (2) If fabrication would entail a prolonged delay (more than eight weeks) and the member's vision is so poor he or she cannot safely perform assigned duties, procure non-standard eyewear from local civilian sources using non-Federal health care funds.

      (3) Members requiring corrective lenses shall have two pair at all times, including eyeglasses issued from government sources or purchased at their own expense.

      (4) Requests for tinted eyewear for non-aviation members must be justified solely on the duties they perform, e.g., majority of duty time in bright sunlight, etc.

      (5) Replacement eyewear may be obtained without repeating a visual acuity check, provided the replacement prescription is less than two

years old. If a corrected visual acuity check is required and indicates the current prescription is inadequate, and obtain a refraction.

b. Available Eyewear and Standard Eyewear Sources of Supply.

(1) These types of eyewear are available:

Type of Correction	Cellulose acetate frame	
	Glass Lens	**Plastic Lens**
Single Vision, white [1]	X	X
Single Vision, tinted [1, 2]	X	X
Bifocal, 25mm segment, white [1]	X	X
Bifocal, 25mm segment, tinted [1, 2]	X	X
Trifocal, white	X	
Cataract Aspheric		X
Trifocal, white and tinted [1, 2]		X

(1) Eyewear provided in FG-58 (Flight Goggle) mounting for authorized personnel

(2) Only N-15 and N-32 tints authorized

(2) Process all requests for standard prescription eyewear through the below military optical laboratory; this is the only optical laboratory from which Coast Guard units are authorized to order standard prescription eyewear.

Naval Ophthalmic Support and Training Activity
Yorktown, VA 23691-5071

(a) It is extremely important to properly complete the DD-771 service identification block to indicate the patient's service affiliation.

(b) Dependent care in isolated areas. Spectacles may be furnished to command-sponsored dependents of uniformed services members assigned outside CONUS with the exception of Alaska, Hawaii and Puerto Rico.

(3) Procurement Procedures. Order all prescription eyewear using DD-771, Eyewear Prescription. It is extremely important to accurately complete the prescription form. If the prescription is wrong, the patient is inconvenienced; the Coast Guard is required to pay for eyewear even if it cannot be used; and the supply activity will reject an improperly

prepared prescription, resulting in delay. Use these guidelines to prepare DD-771. See Section 4-B for more detailed instructions.

(a) Use a separate DD-771 for each type of eyewear.

(b) If no health services personnel are available at the unit, send the prescription obtained from the health record or local civilian source to the health record custodian to prepare and submit the DD-771.

(c) Submit all three DD-771 copies to the approving authority or supply activity; disregard the distribution instructions. Remove all carbon sheets before submission. File a photocopy of the DD-771 in the member's health record.

(d) TRACEN Cape May shall send recruits' eyewear prescriptions separately and mark the envelope, "RECRUIT—PLEASE EXPEDITE".

(4) Health Record Entries. Record on a separate DD-771 the current prescription, including frame measurements and all other data necessary to reorder eyewear, for each individual requiring eyeglasses.

4. Aviation Prescription Lenses.
These personnel are authorized two pair of clear aviation spectacles (FG-58) and one pair of tinted spectacles (N-15).

a. Aviators Engaged in Actual Flight Operations. Aviation spectacles may be ordered for distant vision correction, or for distant vision and near vision correction (bifocal lenses). Those aviation personnel engaged in flight operation who desire near vision only correction in aviation frames must order bifocal lenses containing plano top portion and the near vision correction on the bottom. Spectacles containing only near vision correction are not authorized in aviation frames. This type correction will only be order in cellulose acetate frames.

b. Landing Signal Officers (LSO).

c. Coast Guard Ceremonial Honor Guard personnel.

d. Small Boat Crew members are required to wear a helmet while performing their assigned duties.

5. Contact Lenses.
Contact lenses are issued only to active duty personnel for postocular surgical difficulties or to enable a member to overcome a handicapping disease or impairment. MLC (k) will not approve contact lenses solely for cosmetic reasons with exception of the CG Honor Guard, where wearing of eye glasses may interfere with the performance of their duties.

a. Submit letter requests for contact lenses to MLC (k) under Section 2-A-7.a.; include the type of lenses and cost.

b. Approval. If MLC (k) approves, he or she will provide an authorization number by return correspondence. Units will write this number on all correspondence and billings before submitting to MLC (k).

6. Sunglasses for Polar Operations.
Military fabrication laboratories no longer issue polar operation sunglasses. Activities requiring such glasses may use the process below to obtain them:

a. Non-prescription Lenses. If issuing, the command must purchase and issue non-prescription lenses as part of the cold weather clothing allowance and pay the lenses' costs from operating expenses. The command should issue the lenses on a custodial basis; departing members should return them to the command for reissue.

b. Prescription Lenses. Procure prescription lenses in the specifications below under the guidelines in Supply Policy and Procedures Manual**,** COMDTINST M4400.19 (series)**.**

(1) Aviation-type frames.

(2) Lenses must contain Type 1 or 1-A metallic coat.

7. Safety Glasses.

a. Standards. Non-prescription or prescription safety glasses meeting American National Standards Institute Standard Z87.1 shall be for industrial wear to military and civilian personnel working in any environment hazardous to eyes, e.g., welders, machinists, mechanics, riggers, and grinders.

b. Non-prescription safety glasses shall be furnished on a custody receipt when a prescription lenses are not required.

c. Prescription safety glasses are no longer available from military optical laboratories**.** Prescription safety eyewear for government civilian personnel guidelines are provided in Chapter 2. Enclosure 2-4 AFC 30 of the Financial Resource Management Manual, COMDTINST M7100.3 (series),. Note: Government civilian employees requiring prescription safety eyewear must have their eye examination performed by an optometrist or ophthalmologist at no expense to the government.

8. Contemporary Prescription Eyewear Procurement.
This optional program enables active duty members to obtain contemporary prescription eyewear on a cost-shared basis. Contemporary Prescription Eyewear Procurement, COMDTINST 6490.1 (series), contains current policies and procedures to obtain contemporary prescription eyewear.