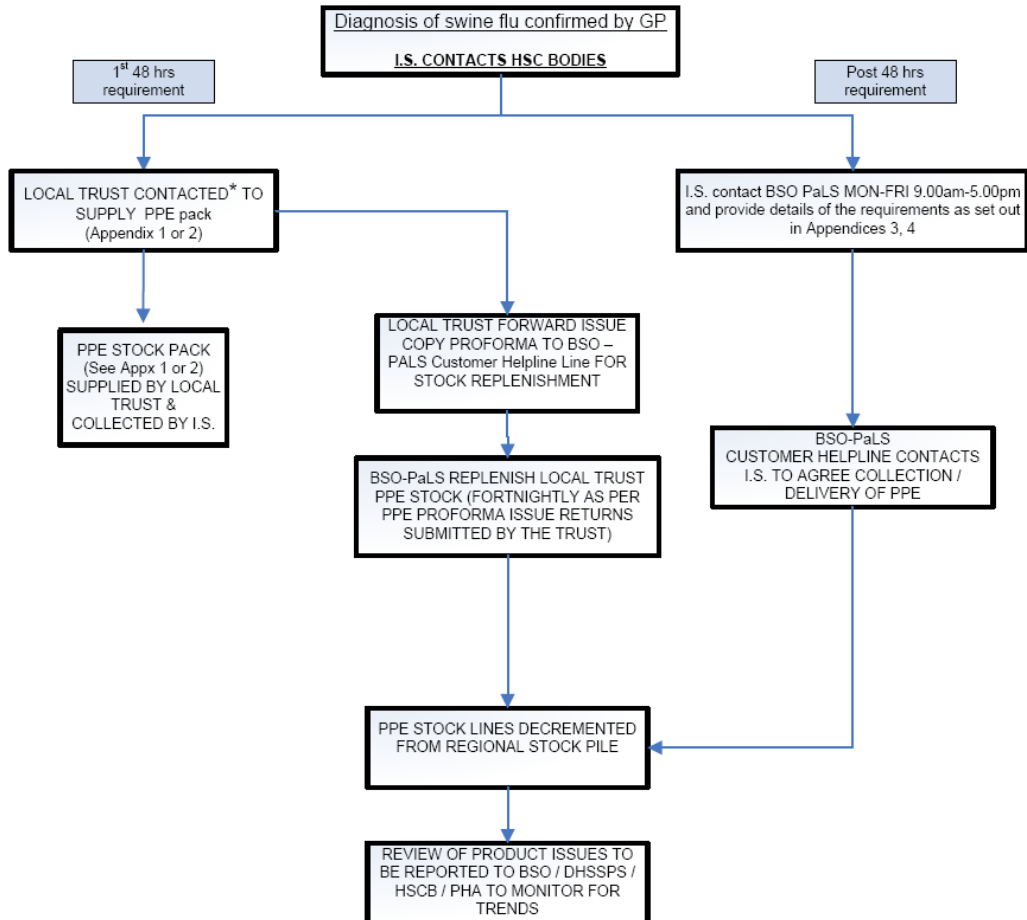


Interim Arrangements for Provision of PPE to Independent Sector Providers

INTERIM Arrangements for Provision of PPE to Independent Sector Providers

(Including Nursing Homes, Residential Homes & Domiciliary Care Services provided by the Independent Sector in Northern Ireland)



* Independent Sector Provider contacts Trust and provides contact details:
-Western Trust: Altnagelvin Switchboard – 02871 345 171
-Southern Trust: Craigavon Switchboard – 02838 334 444
-South Eastern Trust: Ulster Hospital Switchboard - 02890 484 511
-Belfast Trust: Musgrave Park Hospital Switchboard – 02890 902 000
-Northern Trust: Antrim Area Hospital 02894 424 000

Figure 1

DOMICILIARY CARE PROVIDER Request for Release of Personal
Protective Equipment from Local **TRUST** for **1st 48 hours**

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

TRUST - Independent Sector Domiciliary Care PPE Pack requested:

STANDARD PRODUCTS

Item	Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	

HSC Trust to retain original copy and FORWARD copy of this form to BSO PaLS Customer Helpline (for replenishment of Trust PPE stock pile) by e-mailing to: customer.stockorders@hscni.net

OR Fax to 028 90668989

(Clearly address: For the attention of Customer Helpline department)

Figure 2

NURSING/RESIDENTIAL HOME Request for Release of Personal

Protective Equipment from Local **TRUST** for **1st 48 Hours**

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

TRUST - Independent Sector PPE Pack requested:

STANDARD PRODUCTS

Item	Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	

HIGHER SPEC PRODUCTS – ONLY FOR NEBULISATION, CHEST PHYSIOTHERAPY & RESUSCITATION

Item	Quantity	Specify Issue Requirement
FFP3 MASK 8835 Small / Medium		
FFP3 MASK 8835 Medium / Large		
1873v MASK		
VISORS		
FLUID REPELLENT GOWN		

HSC Trust Issuing Officer (signature):

HSC Trust Issuing Officer (please print):

Position:

Date issued:

HSC Trust to retain original copy and FORWARD copy of this form to BSO PaLS Customer Helpline (for replenishment of Trust PPE stock pile) by e-mailing to: customer.stockorders@hscni.net OR Fax to 028 90668989

(Clearly address: For the attention of Customer Helpline department)

NURSING/RESIDENTIAL HOME Request for Release of Personal Protective
Equipment from **BSO** for **Post-48 Hours**

Contact BSO PaLS Customer Helpline (for additional Personal Protective Equipment after 48 Hours stock pile):

by Phone: (028) 90667799

by e-mail: customer.stockorders@hscni.net

by Fax: (028) 90668989

Clearly address correspondence: For the attention of Customer Helpline department

Name of I.S. provider requesting PPE:

I.S. Contact Name:

I.S. Contact Tel no:

Delivery Address (if applicable):

Post 48 hours - Independent Sector PPE Pack requested:

STANDARD PACK (Contents)

Item	Quantity (singles)
Aprons	
Gloves – small	
Gloves – medium	
Gloves – large	
Fluid repellent Masks	
Disinfectant hand gel	

Additional products to be specified as required

HIGHER SPEC PRODUCTS - ONLY FOR NEBULISATION, CHEST PHYSIOTHERAPY & RESUSCITATION

Item	Quantity	Specify Issue Requirement
FFP3 MASK 8835 Small / Medium		
FFP3 MASK 8835 Medium / Large		
1873v MASK		
VISORS		
FLUID REPELLENT GOWN		

For BSO – PaLS Office Use only

Customer Helpline Officer (signature):

Date issued:

DOMICILIARY CARE PROVIDER Request for Release of Personal

Protective Equipment from **BSO** for **Post-48 Hours**

Contact BSO PaLS Customer Helpline (for additional Personal Protective Equipment after 48 Hours stock pile):

by Phone: (028) 90667799
by e-mail: customer.stockorders@hscni.net
by Fax: (028) 90668989

Clearly address correspondence: For the attention of Customer Helpline department

Name of Dom. Care provider requesting PPE:

Dom. Care I.S. Contact Name:

Dom. Care I.S. Contact Tel no:

Delivery Address (if applicable):

Post 48 hours - Independent Sector PPE Pack requested:

STANDARD PACK (Contents)

Item	REVIEW QTYS AS PER DOM CARE REQUIREMENT Quantity (singles)
Aprons	
Gloves - small	
Gloves - medium	
Gloves - large	
Fluid repellent Masks	
Disinfectant hand gel	

Customer Helpline Officer (signature):

Date issued: