|  |  |
| --- | --- |
| **Name of Requestor:** |  |
| **Name of Service User:** |  |
| **Relationship to Service User ie: PA or family member** |  |
| **PPE Telephone contact details:** |  |
| **PPE Email contact details:** |  |
| **Address:** |  |
| **How many care visits are carried out per month?** |  |
| **Is personal care provided?** |  |
| **Is more specialist care provided?** |  |
| **BASIC PPE - amount required (based on 4 weeks use)** | |
| **APRONS** |  |
| **NITRILE GLOVES** **S / M / L / XL** |  |
| **FACEMASKS Type 11R** (3PLY, fluid repellent)  **When providing personal care** |  |
| **Cleanser Alcohol Hand rub 100ml** |  |
| **Visor/Face Shield - single use only in clinical settings** |  |
| **ENHANCED PPE (only required for specialist clinical care and Aerosol Generating Procedures)** | |
| **FFP3 - RFP3FV – Cardinal Health half mask flat with valve (box of 10)** |  |
| **FFP3 – F31000 - GVS Filter Technology, flat fold unvalved)** |  |
| **FFP3 – HY9632 – Optimum Medical , cone with valve** |  |
| **FFP3 – VSP352TF-07C – Valmy flat fold unvalved** |  |
| **FFP3 – HY9330 – Meller Designs flat fold unvalved** |  |
| **Gowns Medium or Large- NON Sterile** |  |
| **Clinical Waste Bags (rolls of 20)** |  |
| **Are you, or any house member displaying Covid 19 symptoms?** |  |
| **Closest monthly collection point:**  **March, Huntingdon, Peterborough or Cambridge (Trumpington)** |  |
| **Preferred Day to collect:**  **Monday Wednesday or Friday** |  |

**\*Please note that facemasks must be worn when PPE is collected**