**North Yorkshire LRF PPE Request Form Version 6**

**Overview**

1. North Yorkshire LRF (NYLRF) has been provided with a stockpile of PPE to respond to urgent local PPE demand across the North Yorkshire region until the new national digital ordering system and the National Supply Distribution Response (NSDR) become fully established and operational.
2. All agencies in the first instance should utilise their existing PPE order process, followed by submitting a NYLRF PPE request from, before finally calling the emergency NSDR helpline. Please examine the details in Annex B.
3. NYLRF PPE is mainly intended for Adult Social Care, but can be used by other critical wider public services (primary care providers, prisons, care homes, funeral directors, police etc.) as determined locally.
	1. PPE will usually only be distributed in support of one or more of these following aims:
		1. To preserve life and relieve suffering.
		2. To support the critical functions in the health and social care system.
		3. To support the continuity of essential services, (e.g. community shielding activities, bereavement services, protecting local and national infrastructure, law and order, the democratic process etc).
4. Globally, the demand for PPE is very high. NYLRF is tasked with ensuring that the stockpile is used judicially. PPE issued from this stockpile must only be used in the way specified in the latest Public Health England guidance, or in local guidance produced by NYLRF.
5. To access the stockpile, all other options, including mutual aid must have been exhausted. This requirement can only be bypassed in exceptional and urgent cases.
6. Organisations should usually only make a request when they have less than 48 hours of supply remaining and can only request a maximum of 72 hours’ worth of stock.
7. Organisation’s that would like to make a request for supply from the PPE should complete the form at Annex A and send to covid19PPE@northyorks.gov.uk by 1100 each day. The request will be considered by a multi-agency panel and a same day decision will be provided, with information on how to access stocks if the request is approved.

**Request Approval Process**

1. An LRF PPE Panel will be formed and consist of:

	1. TCG Chair.
	2. 1 x local authority DPH rep.
	3. 2 x Health and Social Care rep.
	4. 1 x Fire & Rescue rep – impartial rep.
	5. LRF Planner to present and coordinate requests.
2. The Panel will meet every day at 1430. Once the panel has made their decisions, all submitting points of contact will be informed for their specific request. All supported requests will be sent to the Logistics Hub NLT 1700 daily for delivery on the next working day.
3. TCG Chair will have final decision if required. A DPH representative is required to approve any FFP3 requests given the limited stock and the specialist use.
4. The panel member will not take part in discussions involving their own organisation. The DPH representative will still be able to offer advice on the appropriate usage of FFP3 masks.
5. If the panel is unable to make a decision this can be raised immediately to the SCG for approval.

NYLRF PPE Panel

covid19PPE@northyorks.gov.uk

01609 797771

 **Annexes:**A. NYLRF LRF urgent PPE request form.

B. PPE ordering overview.

**Annex A to**
**North Yorkshire LRF Urgent PPE Request Form**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Contact Details |
| Name (provide 2 POCs) |  |
| Email Address  |  |
| CQC Location ID Number |  |
| Phone Number (provide 2 POCs) |  |
| Delivery address (include any delivery considerations/limitations)  |  |

1. What is your PPE request (please only complete for PPE types that are required – a maximum of 3 days’ worth of PPE only)?

|  |  |  |
| --- | --- | --- |
| **Type** | **Quantity required****(individual items numbers – not boxes)** | **How many days will your existing supply last?** |
| Aprons |  |  |
| Gloves  | **S-****M-****L-** |  |
| Type II Masks[[1]](#footnote-1) |  |  |
| Type IIR Masks[[2]](#footnote-2) |  |  |
| FFP3s[[3]](#footnote-3) |  |  |
| Visors |  |  |
| Hand Sanitizer |  |  |
| Hand Soap |  |  |
| Clinical Waste Bags |  |  |

1. Please confirm the quantities requested are limited to the amount required to bridge the shortfall until your normal procurement delivery. Maximum of 3 days’ worth of PPE may be ordered only. Please delete as appropriate: Yes / No
2. Please confirm to what level of PPE dress states (from PHE direction) you must dress to:
3. Please confirm that PPE will be used only in accordance with the PHE PPE Guidance

Yes / No

1. Which of the following Local Resilience Forum Priority Aims does your request meet?

|  |  |
| --- | --- |
| To preserve life and relieve suffering;  |  |
| To support the critical functions in the health and social care system (non-NHS only)  |  |
| To support the continuity of essential services, (e.g. community shielding activities, bereavement services, protecting local and national infrastructure, law and order, the democratic process etc); |  |

1. Please give a very brief summary of how the PPE will be used and the consequences of non-delivery:

|  |
| --- |
| Brief Overview of Purpose of Request  |
|  |
| Consequences of Non-Delivery  |
|  |

Please return the form to covid19PPE@northyorks.gov.uk by 11:00 each day.

1. **Mask Guidance** In order to aid requesters and to ensure the LRF PPE panel can make the correct decisions the following direction should be used to confirm which type of mask is required:

	1. **Type II Mask** (not fluid replant) should be used in the following circumstances, examples include but are not limited to:

		1. **Anyone** visiting or providing direct care to a person who is shielding (the extremely vulnerable group) or where a member of the household is shielding (unless higher level of PPE is required for the type of care provided for example in domiciliary care).
		2. **Patient transport service driver** conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres.
		3. **A domiciliary care worker** when the visit does not require them to touch the client but they need to be within two metres of the client.
		4. **A care home worker** when performing a task requiring them to be within 2 metres of resident(s) but no direct contact with resident(s) (i.e. no touching).
		5. **A care home worker** when working in communal areas with residents- no direct contact with resident(s) though potentially within 2 metres of resident(s).
	2. **Type IIR Mask** (fluid replant) should a greater level of protection be required than stated in examples 1 – 5 above.
	3. **FFP3** masks are only required when an Aerosol Generating Procedure (AGP) is undertaken.

**…............................................For PPE Panel only.....................................................**

|  |  |  |
| --- | --- | --- |
| **Type** | **Quantity required****(individual items numbers – not boxes)** | **Panel decision and rationale** |
| Aprons |  |  |
| Gloves  | **S-****M-****L-** |  |
| Type II Masks[[4]](#footnote-4)[[5]](#footnote-5) |  |  |
| Type IIR Masks[[6]](#footnote-6) |  |  |
| FFP3s[[7]](#footnote-7) |  |  |
| Visors |  |  |
| Hand Sanitizer |  |  |
| Hand Soap |  |  |
| Clinical Waste Bags |  |  |

**Annex B to**
**North Yorkshire LRF PPE Request Form**
**Version 6**

**PPE Ordering Overview**



1. 1, 2, 3 Please view the mask direction and guidance on page 5 to ensure the correct mask is requested. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. 1, 2, 3 Please view the mask direction and guidance on page 5 to ensure the correct mask is requested. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)