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**Personal Protective Equipment (PPE) for unpaid carers who do not live with the person they care for – supplied by Universal Services for Carers on behalf of Derby City Council.**

If you require PPE to ensure you are able to carry out your caring role safely, you can request FREE PPE supplies from ourselves. The procedure for this is as follows:

1. Complete the form overleaf with one of our advisors
2. Select a date and time you would like to collect your PPE from our City office (Stuart House, Green Lane, Derby)
3. Collect your PPE from our office in a socially-distance manner.

Attached to this document is also an image detailing what PPE carers coming into your home or the home of the person you care for should be wearing (see final page). You can use this image to decide what PPE you require.

Once you have completed this process, you will receive of copy of this form for your own records.

**EXTRA RESIDENT NON PAID CARERS ADDITIONAL COVID RELATED PPE REQUEST CHECKLIST & ORDER FORM** **– MAR TO JUN 2021**

This checklist is to confirm that the carer’s PPE request is for additional COVID related need, is appropriate and they are adhering to the most current guidance on PPE use.

|  |  |
| --- | --- |
| **Name of Carer:** |  |
| **Do they live with the person they care for:** | Answer should be ‘no’ |
| **Date request received by phone/email/in person:** | \_ \_ /\_ \_ /\_ \_ \_ \_  |

|  |  |
| --- | --- |
| **Action completed** | **Response**  |
| Confirm they are following the most recent guidance on the use of PPE? [COVID-19: how to work safely in domiciliary care in England - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care)<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911188/PHE_PPE_guide_for_community_and_social_care_settings_AUG_2020.pdf> | Y/N |
| Ask a couple of questions to check their knowledge and practice – are you satisfied the Carer is using PPE appropriately for COVID related need? | Y/N |

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| --- |
| **What tasks are being carried out that require PPE (please tick):** |
| **Feeding** |  |
| **Bathing/Personal Care** |  |
| **Medication** |  |
| **Assisting and Moving**  |  |
| **Contact with an individual where social distancing can be maintained** |  |
|  **PPE items needed** | **Quantity Requested**  | **Quantity issued** | **Comments** |
| **Disposable Gloves (small)\*** |  |  |  |
| **Disposable Gloves (medium)\*** |  |  |  |
| **Disposable Gloves (large)\*** |  |  |  |
| **Disposable Gloves (extra large)\*** |  |  |  |
| **Face Mask (IIR splashproof surgical mask)** |  |  |  |
| **Clear Face Visor** |  |  |  |
| **Disposable Aprons\*** |  |  |  |

\*gloves and aprons are always single use and must be disposed of and replaced after use

|  |
| --- |
| **Details of Carer/person who will be collecting the PPE**  |
| **Name:** |  |
| **Mobile Number:** |  |
| **Date and time of collection:** | **\_ \_ / \_ \_ / \_ \_ @ \_ \_ : \_ \_ hrs** |

**Declaration by the Carer:**

I confirm that:

* I have read and understood the current guidance issued by the Government regarding the safe and appropriate use of PPE for COVID 19 related need and have been given an information leaflet;
* I am following current Government guidance in the use of PPE including the donning, doffing and disposal of the items I am using for my ‘cared for’ person(s) and have or will access this link <https://youtu.be/-GncQ_ed-9w>;
* This order is for the sole purpose of undertaking care and support for my ‘cared for’ person(s);
* I am personally supporting the ‘Let’s do the right thing for Derby’ and following the guidelines to:
	+ Keep our distance
	+ Wash our hands
	+ Staying home if we have symptoms, and applying for a test
	+ Wear a face covering, if we can

Signed: …………………………………………………………………………………………………………………………..

Print Name: ………………………………………………………………………………………………………………………….

Date: \_ \_ / \_ \_ / \_ \_ \_ \_

**Final confirmation of date and time collecting PPE:**

**Admin and relevant managers informed of order and collection date and time: YES/NO**

**Advisor initials:**

