# **Coronavirus Update - Distribution of Masks to Pharmacy, Aboriginal Health Services and Eligible Allied Health Expression of Interest Form**

As many local Adelaide health professionals will be aware, there has been an outbreak of a novel (new) coronavirus (2019-nCoV) originating in Wuhan, Hubei Province, in mainland China. Coronavirus is an evolving international health concern with the World Health Organization (WHO) declaring a global emergency on the 30 January 2020.

On 12 February, the Department of Health indicated that a supply of surgical masks from the National stockpile would be made available via Primary Health Networks (PHNs) to both pharmacies and Aboriginal Health Services across Australia. On 30 April, the Department of Health released a fourth tranche of masks from the National Stockpile with distribution extended to allied health providers likely to be working in direct close contact with higher risk or vulnerable populations, who have limited ability to manipulate their work practices or environment to reduce transmission risk, and where no commercial supply is available\*.

To comply with Department of Health requirements and ensure equitable access across our region, Adelaide PHN will allocate 1 box/bundle of masks (50 masks) to every pharmacy, Aboriginal health service and eligible allied health service within the Adelaide metropolitan region who opt in via the below linked Expression of Interest (EOI) form. Where available, additional boxes will be provided to those who can demonstrate need.

Upon receival of your EOI, Adelaide PHN will contact you. **All distribution is by courier only.**

**Expression of Interest Form**

*Please complete the below details and return to* [*covid19@adelaidephn.com.au*](mailto:covid19@adelaidephn.com.au)*. Once Adelaide PHN has received your completed EOI, one of our practice facilitators will contact you.*

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| --- | --- |
| **Pharmacy/AHS/Allied Health Service Name** |  |
| **Contact Name** |  |
| **Type of provider, service or specialty (i.e. respiratory physio)** |  |
| **Phone Number** |  |
| **Email** |  |
| **Address** (for courier) |  |

As a demonstration of need and to support assessment of your application - please confirm your service:

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| --- | --- |
| …has no/ low existing stock of masks AND have no access to commercial supply | Yes / No |
| …provides direct close contact care to patient groups more likely to have been exposed to COVID-19 and/or has a high number of patients presenting with respiratory symptoms | Yes / No |
| …cannot manipulate your work environment or mode of practice to reduce risk (i.e. provide care via telehealth) | Yes / No |