# **COVID-19 Distribution of Masks and Other PPE to General Practice**Expression of Interest Form

To support general practices providing assessment and testing of patients with suspected COVID-19 and in recognition of the limited availability of commercial supplies, the Commonwealth Department of Health (DoH) and SA Health have been distributing PPE from National and State stockpiles via Adelaide PHN and Country SA PHN to **general practices with a demonstrated need** across the state.

Since 31 January, Adelaide PHN has received multiple but limited deliveries of surgical masks from the National stockpile for distribution to general practices in need across the Adelaide region. As of 3 April 2020, Adelaide PHN received surgical and N95 masks, along with other PPE items, from the National and State stockpile. Adelaide PHN has also privately sourced and funded a small supply of hand sanitiser.

**All supplies remain very limited** and allocation of all masks and other PPE items will continue to consider accessibility of commercial supplies, National and State distribution guidelines, demonstrated need, use within current guidelines and equitable access across our region.

Where your practice is running low of any masks or other PPE, please recomplete and submit the EOI. Where available and there is evidence of use within current guidelines – Adelaide PHN is supporting resupply.

Expression of Interest Form

*Please complete the below details and return to* *covid19@adelaidephn.com.au**. Once Adelaide PHN has received your completed EOI, a practice facilitator will contact you. Where stock is allocated, distribution will be by courier.*

1. Please complete the following practice details and preferences:

|  |  |
| --- | --- |
| **Practice Name** |  |
| **Contact Name** |  |
| **Phone Number** |  |
| **Practice Address** (for courier) |  |

1. As a demonstration of need, please confirm the general practice:

|  |  |
| --- | --- |
| …has no or low existing stock of requested PPE and have no access to local stock | Yes / No |
| …provides care to patient groups more likely to have been exposed to COVID-19 and/or has an unusual number of patients presenting with respiratory symptoms  | Yes / No |

1. Where available please indicate what masks and other PPE items your practice needs:

|  |  |  |
| --- | --- | --- |
| **Surgical Masks** | Yes / No |  |
| **P2 / N95 Masks** | Yes / No |  |
| **Hand Sanitiser\*** | Yes / No |  |