

Home Birth Supplies Program (HBSP) Agreement

The BC Home Birth Supplies Program (HBSP) came into effect April 1, 2016. The program is a standardized provincial program for all care providers attending home births to access supplies, medications and sterilization services solely for use in the home birth setting. The HBSP also supports accurate and complete data collection for home births for the purposes of provincial and regional planning. The HBSP is funded, managed and monitored by the Health Authorities for the hospitals and care providers in each region.

To be completed by the Care Provider initially joining the HBSP or subsequently moving to a new Primary Hospital Site and signed off by the HBSP HA Lead or the HBSP Site Lead associated with the Primary Hospital Site. Upon completion the HBSP Lead(s) will:

1. Create a PDC account for Care Provider by completing the Add/Remove Form.
2. Upon receipt of Reusable Equipment Approval Form and Order Form from Care Provider, complete and sign both forms and return to Provider.
3. Advise Care Provider where to pick and to return instrument sets.
4. Advise Care Provider where to pick up and exchange oxygen tanks.
5. Advise Care Provider where to fax home birth records.

I, _____ (name of Care Provider), acknowledge and agree to the following:

1. Ordering Supplies and Prescription Medications from the Product Distribution Centre (PDC)

- a. Order supplies and medications in a fiscally responsible manner.
- b. Order a quantity of supplies reasonably anticipated to be used during home births.
- c. Order supplies and prescription medications solely for use in the home birth setting.
- d. Follow the approval process for ordering reusable equipment.
- e. Continue to use reusable equipment ordered from the PDC, as long as such equipment remains in good working condition, and only replace on an as needed basis.
- f. Upon resignation or non-renewal of my privileges at my Primary Hospital Site, I will return the reusable equipment ordered from the PDC to my primary hospital site in proper working order, excluding normal wear and tear.
- g. In the case of an issue with a piece of equipment, contact PDC Customer Service to determine warranty process.
- h. Follow all instructions of the Product Distribution Centre (PDC) when notified regarding a medication or product recall.
- i. Notify the PDC Customer Service within 2 business days if items delivered were not the items that were ordered or if items are delivered in a damaged state.
PDC Customer Service phone: 604 927-2285
Email: PDCCustomerSer@gov.bc.ca
- j. Contact the PDC Customer Service if an order has not been delivered within the time frame outlined on the PDC website.
- k. Supplies and non-refrigerated medications, delivery is usually 3 – 5 business days from the day of order.
- l. Refrigerated medications, delivery is usually within 48 hrs of order.
- m. Ensure great care while placing orders online to ensure they are accurate; confirming item, quantity, volume etc. PDC is unable to accept returns except in very rare circumstances due to Health Canada regulations. Costs associated with inadvertent over ordering or incorrect ordering, will be my responsibility.
- n. I am not required to order home birth supplies from the PDC, but I will not be reimbursed the costs of ordering these supplies privately from another supplier.

2. Hospital Instrument Sets

- a. The Hospital Instrument Sets are the property of the Health Authority and are issued to me by my Primary Hospital Site.
- b. Upon resignation or non-renewal of my privileges at my Primary Hospital Site, I will return the Hospital Instrument Sets I obtained in proper working order, excluding normal wear and tear.
- c. If I use the Hospital Instrument Sets, I will bring them back to my Primary Hospital Site for reprocessing and sterilization.
- d. Follow all instructions that may be provided by the Medical Device Reprocessing Department (MDRD) at my respective Primary Hospital Site.
- e. Handle, use, clean and transport the Hospital Instrument Sets with care. Please see [Instrument Reprocessing Frequently Asked Questions](#) (FAQ) at

3. Hospital Oxygen Tanks

- a. The Hospital Oxygen Tanks (2) are the property of the Health Authority and are issued to me by my Primary Hospital Site.
- b. I will bring them back to my Primary Hospital Site for refilling and/or hydrostatic testing as needed.
- c. Upon resignation or non-renewal of my privileges at my Primary Hospital Site, I will return the Hospital Oxygen Tanks I obtained in proper working order, excluding normal wear and tear.

4. Submission of Forms for Home Births

- a. Submit the required forms for each home birth to the location designated by the HA or my Primary Hospital Site. Please see [Home Birth Records Submission Frequently Asked Questions](#) (FAQ) at
 - Antenatal Record (Parts 1 & 2)
 - Labour Partogram
 - Newborn Record (Parts 1 & 2)
 - Labour & Birth Summary
- b. Use a cover sheet for each individual set of Home Birth Records. Please see example of [Home Birth Records Submission Cover Sheet](#) at
- c. Submit the required forms within 30 days of the birth.

2.0 Designated Primary Hospital Site

- a. Indicate your Primary Hospital Site: _____
- b. Upon resignation or non-renewal of my privileges at my Primary Hospital Site, I agree to notify the HBSP HA or Site Lead for this site.

Signature of Care Provider: _____ Name (print): _____ Date signed (dd-mm-yyyy): _____	Signature of Witness (HBSP HA Lead or HBSP Site Lead): _____ Name of Witness (print): _____ Date Witnessed (dd-mm-yyyy): _____
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Original – HBSP HA or Site Lead
Copy – Care Provide