

Home Birth Supplies Program (HBSP)

Reusable Equipment Approval Form

All reusable equipment obtained through the HBSP is the property of the health authorities and is loaned to care providers. Care providers **must return** all equipment obtained through the HBSP when they leave a primary hospital. The expected life span for a piece of reusable equipment is 5 years. Except in extraordinary circumstances, the equipment on this list may only be ordered once every 5 years. Please complete this form in conjunction with the [PDC Reusable Equipment Order Form](#) to order reusable equipment.

Instructions:

- Put a check mark beside the item(s) being ordered.
- If the item(s) has been previously ordered from the PDC, indicate the previous order date.
- If the previous order date is within 5 (five) years, check box and complete *Order Justification* section.
- Complete the [PDC Reusable Equipment Order Form](#)
- Submit this Approval Form and the PDC Order form to your HBSP HA Lead for approval and signature.
- Completed forms should be emailed or faxed back to the Care Provider.
- Care Provider will then follow instructions on forms: a) pick up equipment b) place PDC order c) order not approved.
- For approved and signed PDC orders – submit PDC ORDER FORM to the PDC

| | | | |
|-------------------------|--|---------------------|--|
| Care Provider Name | | Date | |
| Care Provider Signature | | PDC Customer Number | |
| HBSP HA Lead Name | | Date | |
| HBSP HA Lead Signature | | | |

| Check ✓ to order* | PDC Code | Description | Previous Order Date | Within 5 years ✓ |
|-------------------|------------|--|---------------------|------------------|
| | 6515871476 | CHARGER/ADAPTER AC/DC DEVILBISS EA - not required if ordering new Devilbiss suction pump | | |
| | 6680990091 | CHARGER/ADAPTER AC/DC LAERDAL COMP SUCT - required only for existing Laerdal suction pumps | | |
| | 6515871477 | CORD POWER AC 7314P-613 DEVILBISS CHARGE - not required if ordering new Devilbiss suction pump | | |
| | 6515110800 | DOPPLER FETAL AUD 2MHZ PROBE HUNT LG 1/BX | | |
| | 6515110090 | CARRYING CASE FOR HUNT LG DOPPLERS 1EA – to be ordered with new Doppler only | | |
| | 6515508383 | HEADLAMP LED 2075 LUMENS DUAL COAST | | |
| | 6515110198 | OXIMETER PULSE DIGITAL EDAN EA | | |
| | 6515508597 | OXIMETRY NEONATAL WRAP SENSOR REUSE EA | | |
| | 6515508639 | PAD HEATING DIGITAL 12" X 24" BIOS EACH | | |
| | 6515515007 | REGULATOR OXY CP FOR SIZE "D" O2 TANK EA | | |
| | 6515160174 | SPHYGMOMANOMETER KIT ADLT DURASHOCK | | |
| | 6515160182 | SPHYGMOMANOMETER CUFF RUSE LG ADLT | | |

| | | | | |
|--|------------|--|--|--|
| | 6515160189 | SPHYGMOMANOMETER CUFF RUSE SM ADLT | | |
| | 6515990001 | SPHYGMOMANOMETER INFLATION BULB WA – for replacement | | |
| | 6515160118 | STETHOSCOPE DUAL HEAD LITTMANN BLK EA | | |
| | 6515508398 | STETHOSCOPE FETAL 22" ALMEDIC EA | | |
| | 6515110153 | STETHOSCOPE INFANT LITTMAN CLASSIC EA | | |
| | 6515872083 | SUCTION UNIT W/800ML CANIST DEVILBIS KIT | | |
| | 6515515013 | THERMOMETER DIGITAL SURETEMP W/A EA | | |

*Only single pieces of equipment can be ordered at one time. Eg. One Suction Pump and one Dopplex can be ordered at one time, but not two (2) Suction Pumps.

Home Birth Supplies Program Reusable Equipment – Order Justification

Please complete this portion of the form *if a piece of equipment listed is being re-ordered within 5 years*. For each item listed, please provide rationale (eg. item stolen or broken). If an insurance claim or warranty claim has been made, please provide documentation (if available).

| | Item (PDC Code) | Rationale for Re-Order (completed by Care Provider) | Approval (completed by HA) | | |
|----|-----------------|--|----------------------------|----------|--------------|
| | | | PDC order | Storage* | Not Approved |
| #1 | | | | | |
| #2 | | | | | |
| #3 | | | | | |
| #4 | | | | | |
| #5 | | | | | |

*HAs will have reusable equipment returned by other Care Providers in storage. If the order is approved the HA may elect that the Care Provider orders a new item from the PDC or that they get the item from HA HBSP storage. Instructions to be provided by HBSP HA Lead.

| | HA HBSP Lead Comments or Further Instructions |
|----|---|
| #1 | |
| #2 | |
| #3 | |
| #4 | |
| #5 | |

Original: HBSP HA Lead Copy: Care Provider