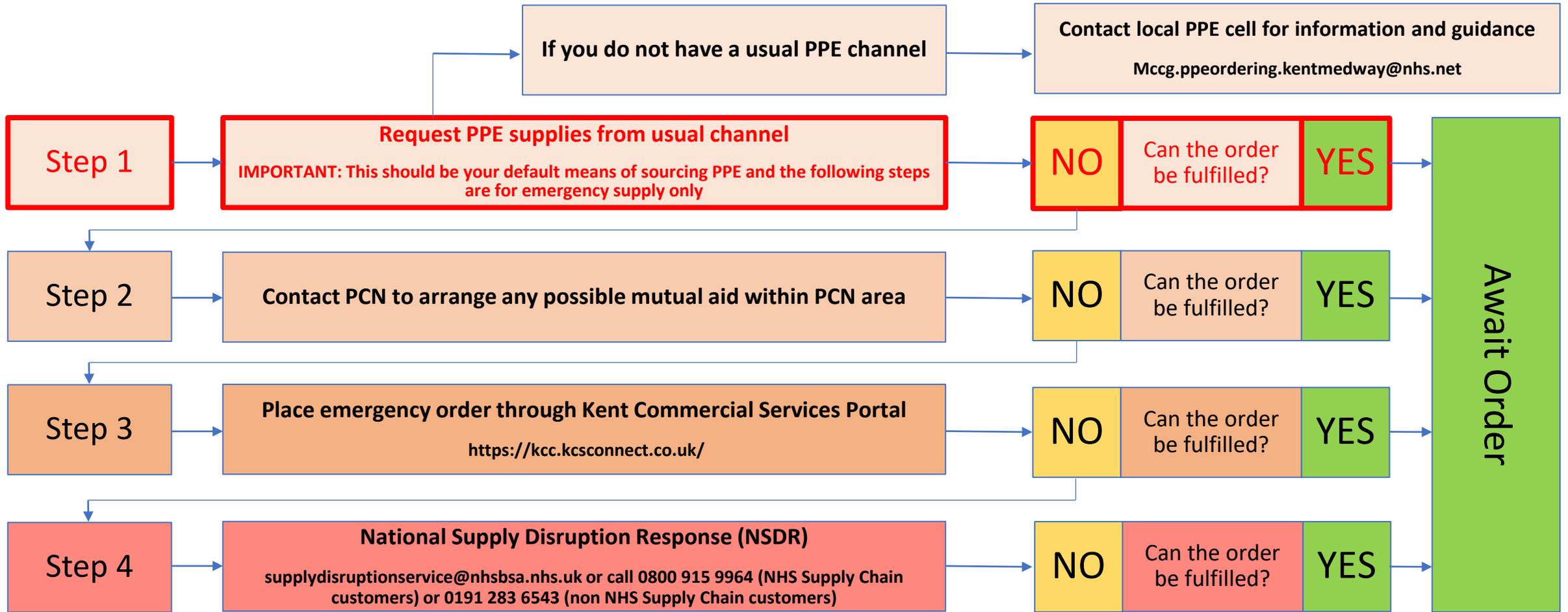


Escalation process if care provider has less than 48 hrs of PPE remaining



Information required when escalating a PPE requirement	Customer name	Organisation address	Dealing with confirmed COVID-19 case(s) – Y/N Dealing with suspected COVID-19 case(s) – Y/N Dealing with ‘shielded’ people – Y/N
	Contact e-mail	Order reference	
	Contact telephone	Delivery address	
	Organisation name	Special delivery instructions	