

Western Uusimaa Wellbeing Services County's care equipment distribution instruction 2026

Contents

1	Care equipment distribution.....	1
1.1	Referral for care equipment	2
1.2	Customer register maintenance.....	2
1.3	Ordering.....	2
2	Care equipment for clients with diabetes.....	2
2.1	Blood sugar indicators	3
2.2	Blood sugar test strips	3
2.3	Ketone measuring strips.....	3
2.4	Blood sampling device	3
2.5	Lancets for blood sampling	4
2.6	Insulin syringes and insulin pen needles	4
2.7	Insulin pens	4
2.8	Insulin pump equipment	4
2.8.1	Sensors of diabetic patients using a sensor-augmented insulin pump.....	4
2.8.2	Sensor-based tissue glucose monitoring system.....	5
3	Urological care equipment.....	5
3.1	Urine catheters.....	5
3.2	Urine collection bags/accessories.....	5
3.3	External urine collector	6
3.4	Incontinence pads.....	6
4	Faecal incontinence	7
4.1	Colon-cleansing system	7
5	Stoma care equipment.....	7
5.1	Intestinal stoma equipment	7
5.2	Urostomy equipment	7
5.3	Other stoma equipment	7
6	Gastrostomy equipment.....	7
7	Tracheostomy equipment	8
8	Other catheters	8
9	Oxygen concentrator and oxygen container.....	8
10	Medication pump.....	8
11	INR value determination equipment.....	8
12	Central venous catheter care equipment	8

13	CPAP equipment.....	9
14	Draining kit for pleural fluid.....	9
15	Palliative care	9
16	Other care equipment	9
17	Not covered by care equipment distribution	9

1 Care equipment distribution

The centralised care equipment distribution distributes care equipment required for the treatment of chronic illness for the residents of the Western Uusimaa Wellbeing Services County under section 24 of the Health Care Act. Care equipment is given out when a client has needed it for the treatment of their illness for at least three months. An exception is a need caused by a permanent illness, in which case the care equipment can be given already before the 3-month time limit (diabetes equipment and stoma equipment).

Care equipment is distributed from the wellbeing services county with which the client has a basic health care treatment relationship. If the client of another wellbeing services county has transferred their client relationship concerning basic health care to a health centre in the Western Uusimaa Wellbeing Services County, they will also receive the necessary care equipment from the Western Uusimaa Wellbeing Services County. The client's own wellbeing services county is invoiced for the distributed equipment.

The referral for care equipment is given by the health care professional who is responsible for the client's treatment and writes the referral for care equipment with the distribution instruction in mind. The determined individual need for care equipment is recorded in the client's treatment plan, after which the health care professional responsible for the client's treatment regularly monitors the client's need for equipment.

The selection of care equipment is steered, in addition to the client's individual need and an assessment made by a health care professional, by the procurement legislation concerning the competitive tendering for care equipment. If the client wants a product not included in the procurement selection, they have to procure and pay for it independently. Deviating from the distribution instruction is processed client-specifically through a special permit process.

Health care is not obligated to give the client such care equipment that is deemed necessary by a party other than public health care. Public health care is also not obligated to reimburse care equipment that a person or insurance institution has directly ordered from a supplier. Therefore, the requirement for the granting of care equipment to be used in independent medical care is a written referral from a health care professional that is pursuant to the valid instructions and a personal treatment plan. A referral or treatment plan recorded in the private sector is reviewed before enforcement.

Care equipment distribution does not give equipment to people in an institution under a long-term decision. On the other hand, a resident living in a home-like environment (e.g. nursing homes) is entitled to the care equipment in accordance with their treatment plan.

Care equipment is free of charge for the client.

1.1 Referral for care equipment

Care equipment always requires a referral. The referral for care equipment is made by a health care professional with the distribution instruction in mind. A new referral is always needed if, later on, there are changes to the client's treatment that impact the nature or amount of care equipment.

The referral concerning care equipment must contain:

- A medical reason (the ICD-10 code corresponding to the illness due to which the issuing of the care equipment is being proposed). Supplemental diagnoses if necessary
- Current medication
- Estimated duration of the care equipment (permanent or temporary)
- Product/brand and the necessary REF numbers
- Number of products. The number/day or week or month must always be marked in detail.
- Size, if needed, e.g. the length of an insulin pen needle
- Grounds for deviation. Reason why the amount pursuant to the instruction is being exceeded. After this, the deviation from the distribution instruction is processed client-specifically through a special permit process
- Place of treatment, especially if the treatment place is other than the client's own health centre
- Signature of a health care professional, contact information.

Incomplete referrals are returned to the unit that sent them.

1.2 Customer register maintenance

The customer relationship and all the care equipment the client has received, and the amount of equipment are recorded in the patient information system in use.

1.3 Ordering

The ordering and delivery of care equipment happens through centralised care equipment distribution, primarily with the electronic order form or alternatively by phone.

2 Care equipment for clients with diabetes

Diabetes equipment is primarily only distributed to clients who have a diabetes diagnosis. The referrals for care equipment are made by a health care professional.

2.1 Blood sugar indicators

One basic indicator is given to the client. If the client uses several different indicators, they get the measuring strip they need for one indicator. Blood sugar indicators are given and replaced when needed.

The blood sugar monitoring of diabetic patients in dietary therapy is mainly implemented during clinic visits.

For children, the individual need for indicators is always assessed by specialised health care, and the needed indicator(s) are granted on the basis of this needs assessment.

2.2 Blood sugar test strips

The Current Care Guidelines for diabetes are followed in the distribution of the measurement strips needed in the monitoring of diabetes.

The daily self-monitoring of blood glucose has not been shown to have any additional benefit if the HbA1c level of a patient with type 2 diabetes is in line with the target and the patient does not use medicines that expose them to hypoglycaemias. In this case, the monitoring of blood glucose and HbA1c is carried out at a laboratory, for example, in connection with periodic controls. For reasons justified from the point of view of treatment, a patient with type 2 diabetes may be given strips to support guidance at the initial stage of diabetes treatment and, for example, in connection with special situations affecting the glucose balance. If the HbA1c level is not in line with the target, the indicative number of strips is 2–14 per week.

Blood glucose test strips can be given to clients on the bases of individual need in certain therapeutic situations even if diabetes has not actually been diagnosed (e.g., cortisone-induced hyperglycaemia and some cancer treatments).

The treatment plan must include the need for care, the care target, the implementation of care, the means of care (e.g. medication, lifestyle changes, blood glucose measuring frequencies and daily acts), support, monitoring and assessment (e.g. the next appointment with possible laboratory examinations). The care equipment referral is written by a doctor/nurse who is responsible for the monitoring of the treatment.

2.3 Ketone measuring strips

Given, according to individual need, to insulin deficiency patients and children with severe epilepsy on the basis of a treatment referral from specialised medical care.

2.4 Blood sampling device

A blood sampling device is given in accordance with the procurement agreement.

2.5 Lancets for blood sampling

Given according to the treatment plan. A blood sampling lancet can be used 1–6 times or for 1–3 days in good conditions.

2.6 Insulin syringes and insulin pen needles

Given according to the treatment plan. The recommendation is that the injection tools (needles and syringes) are changed after each injection.

2.7 Insulin pens

Reusable insulin pens are given according to the guarantee time for each insulin quality to be injected.

If the insulin pen goes missing or gets broken due to carelessness, the client shall obtain a new pen independently.

No additional insulin pens are given for trips. Single-use syringes with fixed needles are given as a standby.

2.8 Insulin pump equipment

As a rule, insulin pump equipment is distributed according to the recommendations of the equipment suppliers selected by means of procurement decisions. The equipment distributed includes infusion sets, insulin reservoirs, cannulas and protective cases.

The client obtains the special and additional equipment of an insulin pump (pump-specific special batteries, belts, bags, harnesses, fastening tapes/films, glue-removing spray/wipes and skin-protecting spray/wipes) themselves.

2.8.1 Sensors of diabetic patients using a sensor-augmented insulin pump

Distributed sensors are in line with the latest procurement decisions. Sensors are distributed according to the use times specified by the manufacturers in the procurement decisions.

A referral from specialised health care (public health care) is written for children and young people with diabetes who use a sensor-augmented insulin pump.

For adults, the referral is written by specialised health care, a diabetes centre or by the diabetologist at a health centre.

2.8.2 Sensor-based tissue glucose monitoring system

Continuous glucose monitoring is mainly intended for patients with type 1 diabetes or similar insulin-deficient diabetes (LADA, insulin deficiency following pancreatitis or the removal of the pancreas) requiring multiple daily injection therapy. Based on clinical need, it is also possible to consider granting continuous glucose monitoring to other patients with insulin-treated diabetes on the basis of their individual needs.

In multiple daily injection therapy, self-monitoring is carried out 8–15 times a day, which is why tissue glucose sensing is necessary in the treatment of insulin-deficient diabetes and in achieving the targets of the treatment.

Distributed sensors are in line with the latest procurement decisions. Sensors are distributed according to the use times specified by the manufacturers in the procurement decisions. It is also possible to revert from a sensor-based tissue glucose monitoring system to fingertip measuring if the benefits for the patients are no longer realised.

Sensors are given every 3 months, 6+6+6+6 sensors/12 months.

The client must commit to monitoring their blood sugar, i.e. carry out sensing over 6 times a day. The patient's commitment to the treatment is monitored at the clinic.

3 Urological care equipment

Given according to the treatment plan.

3.1 Urine catheters

Urine catheters, permanent catheters, special catheters and suprapubic catheters are given according to the treatment plan.

A gauze pad and medical tape can be granted for the base of the catheter if necessary. Other care-related bandages are paid by the client.

3.2 Urine collection bags/accessories

Urine collection bags are given to clients at an average of 1–2 pieces/week. The holding sleeve is given to the client at 1 piece/3 months. Fastening strings are given at one pair/3 months.

Holding sleeve and fastening strings are not for single use, they can be washed several times.

3.3 External urine collector

External urine collectors are given according to a referral from specialised medical care.

For clients doing recurring catheterization or using incontinence pads, urine collectors are given according to individual need.

3.4 Incontinence pads

There are three determined severity levels of urinary incontinence. The diagnosis and degree of incontinence is determined on the basis of preliminary information and clinical research results.

Degree 1 mild: urinary incontinence occurs rarely or when exerting, in which case the client procures the product by themselves.

Degree 2 moderate: urinary incontinence occurs several times a day and the amount is about 1.5 dl at once.

Degree 3 severe: urinary incontinence occurs no matter the position and all the time = wets completely (incontinent).

Before the long-term use of incontinence products, it must be investigated whether the incontinence can be treated or alleviated through other means (e.g. physiotherapy, medication, surgery). This means that the right to care equipment might not be created.

Incontinence pads are granted to diagnosed persons who suffer from moderate or severe urinary incontinence and who have a diagnosed organic chronic illness or disability where the urinary incontinence has lasted for at least three months.

Incontinence pads are granted to children over the age of 4 for the treatment of the following diagnosed chronic illnesses, among others:

- Disability that does not enable staying dry (the wetting mechanism must be indicated clearly in the referral)
- Primary neurological illness that affects the urinary bladder
- Condition that leads to disturbed function of the spine
- Functional issues of the urinary bladder caused by medical treatment (sequelae of pelvic area cancer, radiotherapy)
- Diagnosed memory disease
- Palliative care patient living at home

Normal night-time wetting does not entitle anyone to the incontinence products distributed free of charge.

Pads are generally granted 2–4 pieces/day.

The permanent or suprapubic catheter that the client has may affect the number of incontinence pads granted. Incontinence pants are granted to a client who is able to independently manage their bathroom functions.

When planned well, the need for incontinence pads does not usually exceed 3–4 pads a day.

4 Faecal incontinence

Anal tampon is given for a specialised medical care referral. Alternatively, incontinence pads can be given when the faecal incontinence is caused by a chronic illness or disability.

4.1 Colon-cleansing system

Colon-cleansing system is only given for a specialised medical care referral.

5 Stoma care equipment

Given customer-specifically on the basis of a specialised medical care referral.

5.1 Intestinal stoma equipment

Either a closed or an emptiable colostomy bag and stoma protective plate is given according to the treatment plan.

5.2 Urostomy equipment

Urostomy bag and protective plate are given according to the treatment plan.

5.3 Other stoma equipment

Given according to the treatment plan:

- Protective paste or protective ring for the skin
- Skin-protecting spray or skin-protecting wipes
- Glue-removing spray or glue-removing wipes
- Stoma belt 1 piece/3 months

The equipment not included in the stoma equipment list shall be paid the client.

6 Gastrostomy equipment

Given customer-specifically on the basis of a specialised medical care referral. Care equipment distribution does not give out nutrition transfer pumps.

7 Tracheostomy equipment

Given customer-specifically on the basis of a specialised medical care referral.

8 Other catheters

Given according to the treatment plan: rectal catheters, ileostomy catheters, suction catheters and suction bags/tubes.

The suction device is not given by care equipment distribution.

9 Oxygen concentrator and oxygen container

Oxygen therapy is started in specialised medical care from where the client can borrow an oxygen concentrator.

If the user requires oxygen when moving outside their home, they shall rent an oxygen container independently with a medical certificate.

Care equipment distribution gives a nasal cannula or a mask for the client's use.

The client shall purchase the medicinal oxygen independently, Kela will reimburse them for the purchase. For the Kela reimbursement, the client must fill out form SV 178 (Medicine expenses incurred in Finland).

Saturation measurement devices and their accessories are not given by care equipment distribution.

10 Medication pump

The infusion tube and syringe – and adapter if necessary – are given when using an independently maintained medication pump.

Care equipment distribution does not give batteries.

11 INR value determination equipment

The strips and lancets needed for the monitoring of anticoagulant therapy are only granted to children (under the age of 18).

12 Central venous catheter care equipment

Sterile wads and skin protective plates are given according to the treatment plan.

13 CPAP equipment

Both mask and tube are given on the basis of a referral for the duration of one year. Filters are given 4 pieces/year. The humidifier chamber is given every other year.

14 Draining kit for pleural fluid

Given according to the treatment plan.

15 Palliative care

To clients with palliative care decisions is granted and given care equipment that is pursuant to the distribution instruction, deemed to support the care, and promotes care that is as painless as possible when the palliative care takes place in the client's home.

Products that are not given through the care equipment unit can be found in the last chapter of the distribution instruction.

16 Other care equipment

Granted and given based on a special permit process.

Wound dressings for a chronic wound (over 3 months) are handed over to the client at the health centre or through home care.

Other adhesive dressings classified as wound dressings, for example, to be used at the insertion site of a pyelostomy catheter, are handed over by a health centre or by home care in connection with treatment.

17 Not covered by care equipment distribution

The following products are not given as part of care equipment distribution (not an exhaustive list):

- Bed protectors
- Draw sheets, protective plastic for bed, slide sheets
- Normal hygiene maintenance products such as shampoo, toothpaste, etc.
- Drip collectors and pads designed for mild incontinence
- Bibs
- Facecloths, washing lotions or wet wipes
- Hygiene overalls
- Menstrual pads
- Protective gloves, protective aprons
- Urinals, catheterisation sets

- Sterile instruments
- Washing emulsions/lotions
- Kidney dishes
- Tissues, cotton wool, etc.
- Medicinal care/support socks
- Disinfectants for skin
- Medicines or medicine-like products, lotions, anaesthesia gels, salt, enemas, honey used in wound care, wound-care solutions, etc.
- Hazardous waste container
- Medication dispensers such as pill organisers, inhaler spacer used in asthma treatment
- Batteries for indicators/devices
- Assistive devices

Care equipment required by professionals, such as protective gloves and facecloths are paid by the unit caring for the patient.

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