



# Returning to clinical placements – dealing with the risk of Covid-19

## Guide for HEIs – updated 3 August 2020

As healthcare students return to more normal (unpaid) clinical placement arrangements over the next few months, HEIs and the Council are being asked about arrangements for risk assessments, life assurance and shielding students. This document seeks to address some of these questions and most of the recommendations also apply to placements for new starters. It can be shared with practice partners where that is helpful. Separate model FAQs have been produced for students, which members are welcome to use or edit for their own institution.

### What do students need to know?

Most healthcare students are probably at very low risk of experiencing severe symptoms from Covid-19 infection.

Some students will understandably be anxious about placements but return to placement environments is unavoidable for students who wish to progress in the 2020/21 academic year. We have produced some model [FAQs for students](#) anxious about returning to placement. It is important that students understand:

- how Covid-19 affects different groups and that most students are at low risk of severe infection
- that student welfare is paramount to the university and placement provider
- that risk assessments will be undertaken by the placement provider and university and that decisions will be made accordingly, in discussion with the student
- that placement providers will provide suitable personal protective equipment (PPE)
- while Covid-19 remains in circulation, no placement is without risk but this was also true before the pandemic.

### Risk assessing students

The risk to the student body of Covid-19 is likely to change over the academic year and will probably vary from region to region. The introduction of a vaccine, greater understanding of the disease and antibody tests may also change the risk or perception of risk to students.

While on paid placements, students fall under arrangements for staff risk assessments. Under normal placements arrangements, risk assessments will be carried out by both the placement provider and HEI.

These risk assessment processes should be seen as two parts of the same process, under the overall supervision of the HEI.

In England, risk assessment processes and scoring methods vary across placement providers and across HEIs. They may also vary between NHS and non-NHS environments. Practice placement leads need to talk to placement providers before every placement about the level of environmental risk to help ensure that students are placed appropriately taking into account individual and organisational risk factors.

The NMC's Recovery Programme Standards require AEs to ensure appropriate risk assessments are carried out:

R1 Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students.

Institutions and their practice learning partners will need to continue to work with their students to find appropriate placements, ensuring appropriate risk assessments are carried out. This is also underpinned by our other standards which require that institutions should be actively supporting their students' health and wellbeing at all times.

The HCPC also has requirements linked to risk assessment:

2.5 The admissions process must ensure that applicants are aware of and comply with any health requirements.

This standard is about making sure that learners will be able to take part in a programme safely and effectively and meet our standards for registration once they complete the programme.

3.16 There must be thorough and effective processes in place for ensuring the ongoing suitability of learners' conduct, character, and health.

This standard is about how you take responsibility for protecting service users and carers who interact with learners, and for making sure that learners who complete the programme meet our standards for registration and expectations of professional behaviour.

5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

This standard is about making sure the programme delivers continued quality of practice-based learning. You must have a system for approving practice-based learning and for regularly monitoring it. This may include collecting, analysing and acting on feedback from learners, service users, practice placement educators and others.

5.4 Practice-based learning must take place in an environment that is safe and supportive for learners and service users.

This standard is about making sure that practice-based learning settings are suitable and that they support safe and effective learning.

NHS England and NHS Improvement have recently [written](#) to NHS organisations to emphasise the importance of risk assessments for employees. The Council has asked that this message is clearly extended to encompass healthcare students.

Some students will be at greater risk of experiencing severe Covid-19 symptoms and this will need to be carefully managed by the university at an individual level. Students will normally have been through a

health screening process when they joined the course, but it is recommended that this process is repeated with a focus on risk factors associated with Covid-19. Universities should document and record this process as well as those who declined the risk assessment process as part of their duty of care to students. Students should be encouraged to engage fully with this process. The virus has impacted disproportionately on Black, Asian and minority ethnic groups. Risk assessments of students from BAME backgrounds therefore warrants sensitive and robust engagement.

Systemic issues and experiences of discrimination can make it more difficult for BAME students to raise concerns. HEIs and placement provider organisations should ensure that personal tutors and mentors are supported to have sensitive and comprehensive conversations with BAME students, recognising the long-standing context of the poorer experience of BAME staff in all parts of the NHS. They should identify any existing underlying health conditions that may increase the risks for them in undertaking their frontline roles, in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the feelings of BAME students, particularly regarding both their physical safety, their psychological safety, and their mental health.

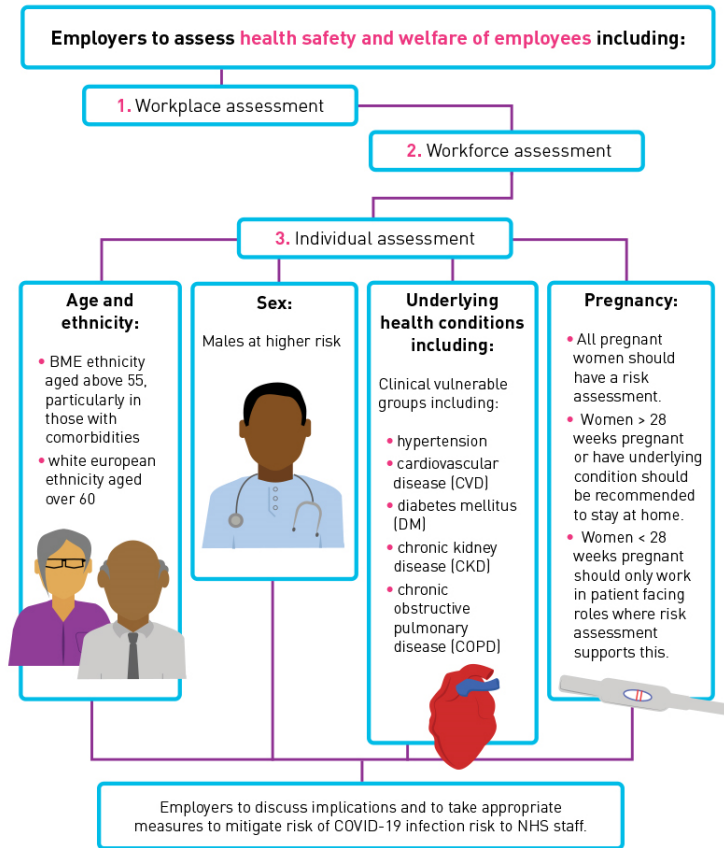
Universities currently use a range of different frameworks for health screening and risk assessment and this is unlikely to change. Some will reflect the processes of local placement providers. All should use up to date information on Covid-19 risk. If you are reviewing your own risk assessment process you may find the following resources helpful:

[NHS Employers guidance on risk assessment for staff](#)

[All Wales workforce risk assessment tool](#)

The Faculty of Occupational Medicine has produced a risk reduction framework reproduced below.

### COVID-19 RISK REDUCTION FRAMEWORK FOR HEALTHCARE WORKERS



Source: Risk reduction framework for NHS staff at risk of Covid-19 infection, Faculty of Occupational Medicine

Students must be encouraged to report any relevant changes in their own circumstances such as pregnancy or underlying health conditions.

The Medical Schools Council [states](#) that it expects its students to fall into three broad risk categories:

1. **Low risk of experiencing severe health outcomes from Covid-19.** These students can resume placements but should be told that they need to inform their school if their health status changes for any reason.
2. **Medium increased risk of experiencing severe outcomes from Covid-19.** These students will need to be referred to occupational health for a formal opinion of whether they can resume placements and what reasonable adjustments they will require if they do. The Medical Schools Council suggests that reasonable adjustments might include: placing students in lower risk environments, balancing placements so the student spends slightly longer in areas where a significant portion of care is provided remotely, ensuring students are given appropriate PPE whilst in clinical environments.

3. **Significant risk of experiencing severe outcomes from Covid-19.** Students who have been identified as 'clinically extremely vulnerable' or who have been shielding are an example of those students this category might apply to. The NHS has a published [list](#) of conditions and circumstances that could leave students at higher risk of severe symptoms. These students may be best advised to defer their studies. Occupational health input may be required if continuity of study is requested.

The mental health of students should also be taken into consideration.

A collaborative approach between the HEI, the student, the responsible executive public body and the placement provider to information sharing should be adopted.

### **PPE use within HEIs**

Each HEI will already be assessing which university-based clinical skills and simulation sessions will require some form of PPE. HEIs are not expected to deliver all skills training in the same way in 2020/21 and some may try to minimise aerosol generating procedures. Public Health England's joint report with Public Health Scotland, Health Protection Scotland, Public Health Wales and Public Health Agency provides guidance on the PPE requirements for clinical settings.<sup>1</sup> It is recommended that HEIs risk assess the use of fluid-resistant surgical masks and visors in line with the Public Health England joint guidance: 'Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session'.<sup>2</sup> HEIs are able to increase their requirements of PPE from the requirements listed above, if they feel it is necessary to do so.

Some HEIs are concerned about their ability to secure PPE for students, particularly where supplies were donated to the NHS during the peak of the pandemic. The Council has raised this matter with HEE, NHS England and NHS Improvement and asked that arrangements are put in place for university healthcare faculties to access enough PPE.

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<sup>1</sup> Public Health England (2020), [Covid-19: infection prevention and control guidance Appendix 2, table 4](#)

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## Life assurance arrangements

While students were on paid placements they had access to the NHS pensions scheme, which included [‘death in service’ benefits](#) in the event of death. In fact, the benefits available through this scheme to the family of newly contracted students would have been very limited.

A [temporary life assurance scheme](#) was created this year in England and in Wales for the families of health and social care workers who die as a direct result of Covid-19 infection caught in the workplace.

- In [Wales](#), students are included in the list of eligible individuals.
- In [England](#), students on paid placement were eligible for this scheme but students on normal placements are not automatically eligible. The Secretary of State has discretion to make life assurance payments to the families of unpaid students if the individual case fulfils the scheme’s strict criteria<sup>3</sup>. The Department of Health and Social Care has produced a [factsheet](#) about the scheme in England.
- In Scotland the Cabinet Secretary for Health and Sport agreed on 15 July to offer temporary Covid-19 linked death in service cover to students undertaking clinical placements in NHS Scotland. In mid-August Scottish Government extended this cover to students on placements in all health and social care settings. This scheme provides a single lump sum payment of £60,000 to the next of kin of any student of an HEI in the event of a Covid-19 related death.

Heightened risk and discussion of death in service during the pandemic has created some unease about students returning to the status quo ante. The Council has asked Governments in England and Scotland to review life assurance arrangements for students on placement with a view to securing a comprehensive scheme to cover death from any cause related to healthcare placements. Discussions are complicated by the diverse sectors in which healthcare students are placed. They also raise questions about students from other disciplines who go out on placement.

Students on placement are covered by employers’ liability arrangements, as confirmed in learning agreement documents in England, but, unless the placement provider was found guilty of negligence resulting in death, it is unlikely that this would result in payment to a student’s family. This is something Health Education England has agreed to check with lawyers.

There has been some suggestion in England and Scotland during recent discussions that if life assurance is required for students, it should be the education sector that takes out insurance policies. Universities

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<sup>3</sup> For a claim to be accepted, the Secretary of State (in England) must be reasonably satisfied that:

- coronavirus disease was wholly or mainly the cause of death
- the individual was exposed to a high risk of contracting coronavirus disease in circumstances where they could not reasonably avoid that risk because of the nature and location of the work their work
- the individual contracted coronavirus in the course of their work

who have explored this with their legal departments are finding that it is not feasible to insure the lives of students on placement through their insurance policies or other commercial schemes.

Failure to create a new life assurance scheme for students on placement means a return to the pre-Covid situation, with the addition of Covid-19 life assurance scheme benefits in some parts of the UK. In this context, it is important to emphasise the low risk of serious consequences presented by Covid-19 to most healthcare students and that both HEIs and placement providers will carefully risk assess students to ensure that those at higher risk are properly protected.

If placement providers in England are refusing to arrange placements because of life assurance arrangements, you should let your regional HEE partners know and, if necessary, escalate this to the Council who can raise it nationally.

As has always been the case, individual students have the option of taking out private life insurance policies to cover their death from any cause.

#### For more information contact:

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