Frequently Asked Questions (FAQs)
Answers for those practitioners supporting, supervising and assessing Nursing, Midwifery and Allied HealthProfessions (NMAHP) students on practice learning experiences during COVID-19

Healthcare students across Scotland recommence pre- and post-registration programmes at the start of the new academic term in September 2021. September 2020 saw the reinstatement of practice learning experiences for nursing, midwifery and allied health professions students (see Appendix 1 for details of all allied health professions) following an interruption due to the first wave of COVID-19. Since recommencement of practice learning experiences, several questions have arisen from practitioners supporting students during a time when COVID-19 continues to be prevalent in practice learning environments. This set of frequently asked questions and answers is designed to address some of the commonly asked questions. As well as national guidance that is available and signposted within this document, please also refer to any local guidance applicable to your practice learning environment.

NMAHP students are future healthcare professionals. In the same way healthcare staff are considered key workers, students also retain this status. Students should be provided with the same protection as other health and care professionals and will be expected to follow all guidance and processes during this COVID-10 pandemic that members of staff do.
# Supporting practice learning experiences during COVID-19

## 1. Why have practice learning experiences continued across Scotland for NMAHP students given we continue to live with COVID-19?

Practice learning experiences (PLEs) are a vital part of pre- and post-registration NMAHP programmes. For some Nursing, Midwifery and Allied Health Professions (NMAHP) students this can constitute 50% of their programme. During the early stages of the COVID-19 pandemic opportunities for PLEs were reduced and, in some case, stopped altogether so, a significant number of students across Scotland have a deficit in practice hours. Without PLEs students will be unable to complete their programmes and graduate, therefore leaving a shortfall in our future registered workforce, your future colleagues, which could have an impact on the delivery of safe, effective person-centred care in the coming years.

## 2. I am anxious about taking a student during this period of COVID-19 what should I do?

Feeling anxious about supporting, supervising and assessing a student is not necessarily confined to this period of the COVID-19 pandemic, although the current situation does generally make us more cautious both in our personal, and professional, lives. Our professional codes clearly outline our role in supporting students’ learning in the practice setting. The NMC (2020, p.10) code indicates that nurses and midwives should “share...skills, knowledge and experience for the benefit of...students’ learning to help them develop their professional competence and confidence”, while the HCPC (2016 p.6) standards of conduct, performance and ethics directs allied health professionals to “...work in partnership with colleagues [students], sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers”.

The NMC and the four Chief Nursing Officers from across the United Kingdom issued a joint letter on the 20th November 2020 thanking nurses and midwives for continuing to support students in practice and underlined the commitment to carry on supporting students to successfully complete their programmes on time. If you have not read this letter it is available at: [https://www.nmc.org.uk/news/news-and-updates/joint-letter-second-wave-covid/](https://www.nmc.org.uk/news/news-and-updates/joint-letter-second-wave-covid/).

A joint statement issued by the AHP Directors Scotland Group, Universities and NHS Education for Scotland in July 2020 stated, “the vital role practice educators in Health, Social Care and other sectors play...”
in creating the future workforce is both recognised and highly valued, and your ideas and support in providing student PrBL moving forward with adjustments to structure, delivery of services and working practices are greatly appreciated.” A copy of this statement can be accessed at: [http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4099791/8c4993da-b48c-47af-931f-630fcba6a83.pdf](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4099791/8c4993da-b48c-47af-931f-630fcba6a83.pdf). This sentiment was reinforced in October 2020 when HCPC released a statement setting out broad expectations regarding registrants’ participation in the supervision of students on HCPC approved programmes. The full statement can be accessed at: [https://www.hcpc-uk.org/about-us/corporate-governance/policies/statements/hcpc-statement-on-student-supervision/](https://www.hcpc-uk.org/about-us/corporate-governance/policies/statements/hcpc-statement-on-student-supervision/). Guidance is also available which includes meeting HCPC standards in a challenging environment and advice for those providing effective supervision or delegating work, Access at: [https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/supervision-and-delegation/](https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/supervision-and-delegation/)

If you have any concerns about supporting, supervising or assessing students during this COVID-19 period there is a national network of allied health professions practice education leads (PELs), nursing and midwifery practice education facilitators (PEFs), care home education facilitators (CHEFs) as well as university lecturers who can support you in your role as practice supervisor, practice assessor or AHP practice educator. Details of contacts can be accessed locally.

<table>
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<tr>
<th>3</th>
<th>What if I am worried about the student’s wellbeing while they are in placement what support is available for them?</th>
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<td>If students are experiencing any issues during their practice learning experience, they should be encouraged to discuss these with you or the manager in the areas. They should be encouraged to also keep in touch with their university lecturers who are there to advocate on their behalf when required. Students' mental wellbeing is a priority, and the National Wellbeing Hub is there for students to access: <a href="https://www.promis.scot/">https://www.promis.scot/</a> Universities will also have specialist counselling and mental health services available and, if required, students should be encouraged to seek this support when needed.</td>
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<th>4</th>
<th>We don’t have enough space in our practice learning environment to support a student and maintain physical distancing and I am working mostly from home. How can I support a student?</th>
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This is a relevant concern and although recent reductions from 2 metres to 1 metre physical distancing can now be advised in some areas and the guidance on physical distancing for each setting has now been updated by Scottish Government as detailed in the: Update to the National Infection Prevention and Control Manual COVID-19 addenda on physical distancing in Health and Social Care your team may still require to work in a more flexible way and this may result in changes to usual working practices or shift patterns to support the observance of physical distancing measures.

While in the workplace it is essential that all staff and students also continue to adhere to Infection Prevention and Control (IPC) measures which remain in place to mitigate risk where physical distancing is reduced; including but not limited to; extended use of facemasks and face coverings, twice weekly LFD testing, optimising ventilations across health and social care settings.

In order to support the observance of physical distancing measures in your practice area some modifications to consider could be the introduction of a rota that details when staff and students can access the practice learning environment, therefore limiting numbers at any one time. Agile working is not unique to the COVID-19 pandemic and there will be times when you are at your base and at other times, visiting or even working remotely with patients.

It is important that students experience authentic working practices and are supported to learn what this means. Students may carry out some directed practice learning activities, accompany you on home visits or link in from their home to take part in, or undertake under your (remote) supervision any virtual consultations you may be conducting from home.

To learn more about how you can enable students to use digital platforms to engage with patients, other practitioners, or you as their practice educator or supervisor see the national guidance around virtual placements for nursing, midwifery and allied health professions students available at Guiding Principles for Virtual/Digitally Enhanced Practice Placement Experiences for Nursing, Midwifery and Allied Health Professions Students (scot.nhs.uk) or contact your local AHP PEL, nursing and midwifery PEF or CHEF or local university representative for more information. They may be able to share some innovative approaches to help you.
5. Is there IT equipment available should students need this to participate in digital/virtual practice learning experiences?

Students may be able to use their own devices, borrow a device from their university or the placement provider. NHS Health Boards and other placement providers will have specific guidance about the use of equipment for virtual consultations in line with local IT governance guidelines. NHS Education for Scotland have provided funding for IT equipment to support the recovery of NMAHP student placements. In the first instance to aid AHP placement recovery this is to support AHP student practice learning experiences. However, as AHP placement issues resolve, those resources ultimately will become an NMAHP resource available to support NMAHP students.

6. Student status during COVID-19 practice learning experiences

6. Last year some healthcare students were deployed to practice learning experiences under student specific job descriptions and contracts. Is this happening again?

No. In Scotland, healthcare students will continue to undertake practice learning experiences in line with their programme requirements. Students’ practice learning experiences will continue as planned and their supernumerary status as learners is being retained. Students will not be deployed under contract at the present time but, are being offered the opportunity of joining their local Bank and working some hours outwith their programmed hours of study and placement.

7. I have a nursing student who has commented that they do not feel their ‘supernumerary’ status is being recognised in our practice area. How should I manage this situation?

Thank the student for raising the issue and have a discussion so you can understand it from the student’s perspective. You may find the vignettes in Appendix 2 a useful tool to use to clarify the issue. Providing an explanation or taking limited action may be enough to resolve the situation. If not, then both you and the student may wish to seek support from the PEF or CHEF or student’s academic assessor.

8. If students are employed as healthcare support workers on the Bank can they work in the same area they are on for their practice learning experience?

5
| 9 | **Are healthcare students still classed as “key workers”?**  
Yes. Scottish Government has confirmed that healthcare students will continue to retain key worker status whilst undertaking practice placements and can access necessary documentation to substantiate this through their university. DL (2021) 02 published on 18th January 2021 confirms this in point 28. The DL can be accessed at [https://www.sehd.scot.nhs.uk/dl/DL(2021)02.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2021)02.pdf) |

| Practice learning experience - cancellation | **I work in a practice learning environment where we have an ongoing outbreak of COVID-19 and a student is due to start in a few days' time, should I cancel this student’s placement?**  
No. Like you, any student you are supporting, supervising and assessing will have completed a COVID-19 Occupational Risk Assessment in line with the current Scottish Government ‘Coronavirus (COVID-19): guidance on individual risk assessment for the workplace guidelines.’ Students will have completed the COVID-age calculator tool, in order to calculate their COVID-age and identify their own level of vulnerability. You can be assured that only those students that fall into a COVID-age risk category compatible with the practice learning experience you are offering will be allocated to your area of practice. Should you wish to know more about the students’, the education institutions and practice providers role in this process then the risk assessment process for |
Students titled, ‘Nursing, Midwifery and Allied Health Professions Students’ Return to Supernumerary Practice Learning Experiences – applying the COVID-19Occupational Risk Assessment Guidance’ is available at: https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/

Students’ exposure to COVID-19 positive environments not only provides a unique learning experience but enables you to “act as a role model of professional behaviour for students...to aspire to” (NMC 2020, p.19) in terms of knowledge and skills such as triaging, infection control precautions, compassionate care, end of life care and psychological support. Remember students are keen to continue their development as health and care professionals. They also want to understand more about the role they can play supporting the health, social care and other services during this difficult time.

Please note the Scottish position, outlined here, in relation to any proposed cancellation of placements. A rapid action placement oversight group (RAPOG) has been established in Scotland which has published a placement principles paper stating that: “Students already on practice learning experiences during a surge should not be removed from the practice learning experience (unless their COVID-19 risk assessment or occupational health assessments indicates otherwise). Nor should practice learning experiences be cancelled at a local level without following either the:

- Established AHP practice-based learning cancellation guidance, OR
- Established local N&M capacity reduction guidance and processes.”

For further information on RAPOG and access to the placement principles paper please access https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/


The national governance process for changes to nursing and midwifery student capacity can be accessed at the NES COVID-19 supervision and
A student was due to start in my practice learning environment but unfortunately for reasons in line with the placement cancellation guidance I have had to cancel the placement at short notice. The student has already paid in advance for the accommodation booked for the duration of the placement. What advice can I give the student regarding reimbursement of expenses?

Direct the student to discuss the issue with their university/college lecturer as they may be able to seek reimbursement via SAAS if they are an undergraduate student or through the university student hardship funds.

The Scottish Government letter issued a letter on the 9th December 2020 titled 'NMAHPs students – changes to placement expenses’ and this provides guidance on placement expenses for Scottish domiciled students on placement in the rest of the UK and information on additional travel costs incurred due to COVID-19 restrictions. A copy of which is available at: [https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/](https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/)

What happens if a student’s nominated practice supervisor, practice assessor or practice educator is moved to another practice area because of COVID-19 and workforce needs?

The practice supervisors, assessors or educators should seek advice from their local PEF, CHEF or AHP PEL or University link.

In these circumstances it may be possible for the student to remain in the same placement and be supported by the remaining practice supervisors, assessor or educators within the team. Or alternatively, it may be deemed possible for the student (if it is compatible with their COVID-19 Occupational Risk Assessment) to move with the practice supervisor, assessor or educator to their new area of work. **It is important that each student scenario is considered and assessed on an individual basis.**

If a move with the practice supervisor, assessor or educator is considered possible, the placement managers in both practice areas
would need to confer to ensure workforce requirements would allow any move to take place.

The practice supervisors, assessors or educators should seek advice from their local PEF, CHEF or AHP PEL to ensure the area has been audited in line with NMC or HCPC regulatory requirements, is deemed appropriate for placements and is appropriate for the students learning outcomes to be achieved.

If a move is supported by all parties, the University should be contacted to ensure all parties are aware and university systems updated.

Students and car sharing while on practice learning experiences

I work in a community setting. The student who arrives next week will be in the car with me when undertaking community visits. What action should I take?

Follow the guidance ‘Car sharing for healthcare professionals including trainees/students’ available in the National Infection Prevention and Control Manual available at: http://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/#a2712 (see section 5.11.1). This guidance recognises that there are occasions where car sharing is unavoidable such as;

- Healthcare staff who carry out community visits
- Healthcare staff who are commuting with students as part of supported learning/mentorship
- Healthcare staff living in areas where public transport is limited, and car sharing is the only means of commuting to and from the workplace.

Please read this guidance as it outlines the steps you require to take when car sharing with a student or other work colleague.

Students and testing while on practice learning experiences

Do all healthcare students have access to COVID-19 testing?

Healthcare students are in the same position as staff. Currently asymptomatic Lateral Flow Device (LFD) testing is encouraged twice weekly, although Polymerase Chain Reaction (PCR) testing is not currently available for all healthcare staff.
LFD testing:

LFD testing of staff is offered on a voluntary basis and the same principle applies for students. However, the Scottish Government strongly encourage all eligible staff and students to undertake the testing.

Relevant documents and updated guidance including Directors Letter: Guidance on expansion of Health Care worker testing, the Frequently asked questions (FAQs) and standard Operating Procedures (SOP) are available from Scottish Government at: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/#history

Please note: The guidance includes detailed information on the transition from ‘Innova testing’ to ‘Orient Gene’ kits. It also contains resources to support “Its Kind to Remind” campaign.

PCR testing:
Weekly PCR testing is not routinely available to all staff, but you may be aware of the expansion of PCR testing which has been taking place for some healthcare workers since July 2020.

Weekly PCR testing has been in place since July for healthcare workers in the following specialties/wards:

- in oncology and haemo-oncology in wards and day patient areas including radiotherapy
- in wards caring for people over 65 where the length of stay is over 3 months
- in wards within mental health services where the anticipated length of stay is over 3 months

Weekly PCR testing and twice weekly asymptomatic LFD testing also takes place in older adult care home settings for health and care workers.

Relevant documents and guidance on PCR testing are available from Scottish Government at: https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/#history
### Do students require a negative test result before coming to placement?

No, this is not normally expected (see also answer to question 22). It is expected that students on placements will be provided with their LFD tests and information on how to access training materials on their first shift. This is to ensure tests are conducted correctly and to provide an overview of how to capture results.

It is important to remember that healthcare students are to have the same opportunities as other healthcare workers in terms of testing when on a practice learning experience.

Frequently asked questions which details all the information you and a student need to know about asymptomatic testing of patient-facing staff can be found at: [https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/#history](https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/#history)

### Some of the staff I work with have expressed a concern that students coming to our practice learning environment have jobs in another healthcare environments e.g. as a healthcare support worker in another Health Board or care home and may therefore present an increased risk in terms of the spread of COVID-19. What can I do to reassure them?

You can reassure colleagues that students present no more a risk than working alongside other healthcare colleagues. Many healthcare colleagues have second jobs in other healthcare environments, especially at present with so many service changes and ongoing staffing challenges within all healthcare settings so the situation of working in a secondary healthcare setting is not unique to students.

Every individual working in a healthcare setting has a personal and professional responsibility to ensure that they understand the appropriate infection control guidance and that they implement this in their day-to-day practice. Students, like other healthcare practitioners, work in line with a professional code of conduct (HCPC 2016, NMC 2020). Since April 2020, all staff/residents working or living in a care home environment have had access to weekly COVID-19 testing and since then the Scottish Government have been supporting the roll out of asymptomatic testing to a wider range of frontline staff. For more information access: [https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/](https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/) Therefore, if students or other healthcare colleagues have a secondary job within such areas, this testing only enhances the existing layers of protection that are currently in place.

17 **One of the patients has expressed a concern about a student accompanying me on a home visit after reading about COVID-19 outbreaks in university halls of residence. How should I manage this situation?**

This scenario is not unique to the COVID-19 pandemic but may be increased by such media reports. Individuals can refuse entry of any health or care professional to their home, but this situation may arise more often as individuals are feeling more anxious about the potential spread of COVID-19 at this time. Reassurance is key. It may be useful to inform the patient that healthcare students are bound by professional codes of conduct as are you. It may also be helpful to discuss this potential issue with your student at the beginning of each shift and, if you feel it is appropriate, contact can be made beforehand with the individuals you and the student intend to visit to alert them to the student’s presence. This would allow the individual to discuss how they feel about a student visiting and give you the opportunity to reassure them about the infection control measures that both you and the student will adhere to when conducting home visits. Therefore, allowing them to make an informed choice.

Up to date guidance in relation to COVID-19 infection control guidance can be found at [https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/](https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/)

**Healthcare students and vaccination while on practice learning experiences**

18 **Are students getting access to the COVID-19 vaccination?**

Yes, healthcare students have access as everyone, aged 16 years and over, is now eligible for vaccination in NHS Scotland. All mainland health boards are offering coronavirus (COVID-19) vaccine drop-in services therefore students can attend a drop-in clinic should they wish to uptake the vaccine.

Information on how students can find drop-in vaccination clinics in their local area can be found at [https://www.nhsinform.scot/covid-19-vaccine/invitations-and-appointments/vaccine-drop-in-clinics](https://www.nhsinform.scot/covid-19-vaccine/invitations-and-appointments/vaccine-drop-in-clinics)
19 Will all students be fully vaccinated before they commence on practice learning experiences?

No. While the coronavirus vaccine can reduce the risk of developing coronavirus and make symptoms milder if individuals contract the virus, accepting the vaccine is not mandatory. Although NHS Scotland does strongly recommend that all individuals get the vaccine when offered it, some students like some of your health and care colleagues, may not be able, or wish, to uptake the offer of vaccination. Also, as the eligibility of vaccination to all 16 years and 17-year olds commenced on the 10th August 2021 (see https://www.gov.scot/news/vaccines-for-16-17-year-olds/) some healthcare students may only have received the first dose of their vaccine before commencement of their practice learning experience.

Students who are either not vaccinated or only partially vaccinated should follow the same local guidance as is being applied to health and care staff in the same position.

20 Are healthcare students able to participate in vaccination programmes?

Yes, where it contributes to their agreed programme learning outcomes. As with any practice learning environment, areas where vaccination programmes are taking place must have a current educational audit in place alongside, appropriately prepared practice educators, practice supervisors and assessors in line with NMC and HCPC regulatory standards. The university and practice placement providers must also be assured that the necessary provision for student induction, risk assessments and student support, supervision and assessment are in place.

Like the situation, as currently happens, where some students have the opportunity to participate in flu vaccination programmes exposure to COVID-19 vaccination programmes could allow student to gain relevant practice learning experiences related to aspects of their learning outcomes.

N.B. while some students do participate in flu vaccination programmes students do not administer the vaccination itself. The flu vaccine is often supplied and administered through a Patient Group Direction (PGD). Legislation (The Human Medicines Regulations, 2012) which does not allow students to administer drugs that are prescribed as part of a PGD. PGD medications can only be administered by a qualified healthcare professional and cannot be delegated.
If you are unclear as to the position within your area of practice in relation to students and their role in COVID-19 vaccination administration, then contact your local PEF or CHEF or local AHP or nursing and midwifery university link representative for more information. While the two national vaccine protocols have the facility to enable other registered and non-registered professionals to administer the vaccination, students would need to receive the right education and training under the relevant national protocol before undertaking such a role.

Two national protocols for the two COVID-19 vaccines currently being administered have been published and copies are available at: [https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/](https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/) Both protocols are clear about the underlying preparation required to undertake COVID-19 vaccine administration.

Within both the ‘Protocol for the supply and administration of AstraZeneca COVID-19 Vaccine (ChAdOx1-S [Recombinant])’ and the ‘Protocol for the supply and administration of COVID-19 mRNA Vaccine BNT162b2 Pfizer/BioNTech’, the Scottish Government is clear that service providers are responsible for the designation and authorisation of persons in the administration of both vaccines and that an individual who is administering the vaccine must:

1. Demonstrate appropriate knowledge and skills to work under the National Protocol for the supply/administration of the COVID-19 vaccine.

2. Have met the requirements of the NES Proficiency document - COVID-19 vaccine administration for registered staff or the NES Proficiency document –COVID-19 vaccine administration - Healthcare support workers as appropriate: [https://learn.nes.nhs.scot/37676/immunisation/covid-19-vaccines](https://learn.nes.nhs.scot/37676/immunisation/covid-19-vaccines)

There is no separate/specifc proficiency document for students, therefore, at this time, a specific healthcare student education resource is not available. **As healthcare students are classified as non-registered staff within the vaccine protocol, they must meet the requirements of the NES Proficiency document –COVID-19 vaccine administration - Healthcare support workers in order to administer vaccinations.**
HCPC have indicated that ‘Each of the UK four nations will determine whether or not students can be involved with the administration of the COVID-19 vaccine’. For up to date information visit: https://www.hcpc-uk.org/covid-19/vaccinations-what-you-need-to-know/

The NMC FAQs on vaccination at: https://www.nmc.org.uk/news/coronavirus/vaccines/ highlights that ‘Students would need to receive the right education and training under the relevant national protocol and be supervised to administer either of these vaccines in line with our standards of student supervision and assessment.’

The NMC response in relation to the consultation on widening the criteria for those who could administer COVID-19 vaccinations stated that if it is expected that nursing and midwifery students “will be involved in administration of vaccines, this must be in the context of this activity being a planned part of their programme of education with the key objective being that this contributes to their agreed learning outcomes. As such, students would be need to retain their supernumerary status and should receive appropriate supervision when administering vaccines.” They also reiterated that “Students are supernumerary throughout their practice learning experiences and would be taught and able to practice the administration of parental medications only under supervision. As much as the vaccination programme provides a learning opportunity for students, they would need to be supervised to administer either of these vaccines in line with our standards of student supervision and assessment.” The NMC response can be accessed at https://www.nmc.org.uk/globalassets/sitedocuments/nmc-response-to-the-consultation-on-changes-to-the-human-medicine-regulations-170920-003.pdf

N.B. Please note that the clinical supervisor required in the vaccine protocol is not the same as a practice supervisor as required by the NMC SSSA.
### Healthcare students and self-isolation while on practice learning experiences

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<th><strong>What do students need to do if they are identified as a close contact with someone who has tested positive for Coronavirus (Covid 19)?</strong></th>
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Students should do the same as staff. You will be aware that from Monday 9 August the guidance regarding isolation was updated with regards to those who work in health and social care. See [guidance](https://www.gov.scot/publications/guidance-on-self-isolation/) issued by Scottish Government on 27th August 2021 and the link to specific [health and social care guidance](https://www.gov.scot/publications/guidance-on-self-isolation/). Based on these guidelines:

1. If a student is identified as a close contact, they should book a test as soon as possible and isolate while waiting on the result.

As a close contact, the student can end self-isolation if all the following apply:

- They are double vaccinated with an approved vaccine at least 14 days prior to exposure (with the day of vaccination counting as ‘day 1’)
- They have a negative PCR test, where the sample is taken after exposure
- They are not currently self-isolating as a case

Exemption from self-isolation applies even if there is ongoing exposure to -the index case, e.g. a household member but students advised to limit contact as part of the COVID mitigation advice issued to the general population.

In addition:

- If they are younger than 18 years and 4 months or medically unable to get vaccinated, provided they return a negative PCR test result and remain asymptomatic, they may end self-isolation as a close contact.
- Also, if they are identified as a close contact and they have tested positive for coronavirus in the last 90 days, they do not have to self-isolate or book a test if fully vaccinated unless they develop new symptoms.

**Like staff returning to work, students attending or returning to a**
practice learning experience, if they have been identified as a close contact with someone who has tested positive for Coronavirus (Covid-19, must also adhere to the following clinical safeguards. Students must:

1. take a daily LFD test for the 10 days since they last saw the person who tested positive. **Note**: If a student has had a positive PCR within the last 90 days (and are no longer an active case) they do not need to carry out a PCR test but an LFD test. They need to have a negative LFD test prior to their initial return to work and need to do the daily LFD test for 10 days from last exposure to the case (or date of symptom onset/date of positive test if there is ongoing exposure to the index case).

2. report the result of every daily LFD test to their practice supervisor/practice assessor/practice educator or the line manager for the area (dependant on local reporting mechanisms). They must also report their result through the NHS Scotland portal. If one of the daily LFD tests is positive, they must self-isolate and undertake a PCR test (see advice above regarding having a positive PCR within the last 90 days).

3. not work with patients in high clinical risk categories - (for example are on chemotherapy, immune-suppressants such as pre/immediately post-transplant, or those who have profound immune-deficiency) If the student does work with patients in high clinical risk categories, or other groups identified as vulnerable in local guidance then seek guidance from your local PEF, CHEF or PEL and inform the university representative as the student may require to be moved to another area. **N.B.** Following advice from with Senior Medical Officers (Obstetrics and Paediatrics) and Midwifery leads in Scottish Government and with the Deputy Chief Medical Officer; As a cohort, pregnant women and neonatal babies are not considered to be in the high clinical risk category in the context of staff and student exemption from self-isolation, unless they have another condition that puts them into that high-risk category as identified above.

4. must adhere to infection prevention and control appropriate to the setting in which they are placed. PPE should be worn in accordance with the relevant Scottish COVID 19 IPC addenda (for information Acute, Care Home and Community Health and Care settings).

**Please note** that where a student declines PCR testing or daily LFD testing then they should not work in any clinical setting during the
isolation exemption period.

<table>
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<th>Resources to support supervision and assessment of students during COVID-19</th>
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<td>AHP practice education community: <a href="http://www.knowledge.scot.nhs.uk/ahppe.aspx">http://www.knowledge.scot.nhs.uk/ahppe.aspx</a></td>
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<tr>
<td>Royal College of Nursing frequently asked questions: <a href="https://www.rcn.org.uk/get-help/rcn-advice/covid-19">https://www.rcn.org.uk/get-help/rcn-advice/covid-19</a></td>
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<td>Royal College of Midwives frequently asked questions: <a href="https://www.rcm.org.uk/coronavirus-qa/">https://www.rcm.org.uk/coronavirus-qa/</a></td>
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<td>Self Isolation directors’ letter with links - <a href="https://www.scot.nhs.uk">DL(2021)24 - Update on isolation exemptions for Health and Social Care staff (scot.nhs.uk)</a></td>
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Appendix 1

List of all professions within Allied Health Professions

- Art therapists
- Dance Movement Psychotherapists
- Dietitians
- Drama therapists
- Diagnostic radiographers
- Occupational Therapists
- Orthoptists
- Orthotists
- Paramedics
- Podiatrists
- Prosthetists
- Physiotherapists
- Music Therapists
- Therapeutic radiographers
- Speech and Language Therapists
Appendix 2

Supernumerary Vignettes

Over the last year, practice learning experiences for pre-registration nurses and midwives have involved working with teams during the pandemic in paid placements and then returning to supernumerary status in September 2020. Students have continued to provide overall positive feedback on their practice learning experiences throughout the last year, but in listening to the student voice, there are some concerns that not all feel they are supernumerary. These “vignettes” are drawn from student experiences and presented from the view of the student but may also be useful to provide context and understanding of supernumerary status to practice assessors and practice supervisors.

Please always remember that the students can provide constructive feedback by using the QMPE system and this feedback can be used in practice to promote good practice and identify improvements.

Student Vignette 1 – Care Home

You are halfway through a 12-hour shift in a care home when the registered nurse you are working alongside has been sent home unwell. The nurse in charge who is looking after the unit upstairs has said she is very pleased with your progress and thinks you capable of taking charge of the unit, which has ten residents, by yourself. There is a health care support worker in the unit next door.

Do you think the above vignette is an example of a student being supernumerary?

No it is not. As a student being supernumerary means you should not be counted in the staffing numbers required to deliver safe care.

What should you do?

Immediately raise your concern with your practice supervisor or practice assessor or the senior member of the care home team.

This quote enables context to be added to your concern. The NMC states that ‘students must be considered ‘supernumerary’, meaning that they are not counted as part of the staffing required for safe and effective care in that
setting.’ It is your responsibility to raise any concerns immediately if you think you are not being classed a supernumerary.


Can you identify how this early conversation has added additional context to your concern?

By having this conversation and raising your concern early you enable the staff to make arrangements to ensure you are able to receive the supervision you require.

Student Vignette 2 – Indirect Supervision

You are on placement in a rural area with the local community team. You met with your practice supervisor at the beginning of the week to arrange and discuss the visits you would undertake independently throughout the week. You have completed these visits with no issues but are concerned as your practice supervisor has not been physically present although you have been meeting via Teams on a daily basis after your visits have been completed.

Do you think the above vignette is an example of being supernumerary?

Yes it is. This is an example of indirect supervision.

What should you do?

You should discuss your concerns with your practice supervisor when you next meet. The NMC standards for supervision state ‘Practice supervision can be either direct or indirect, or the practice supervisor can support independent learning as appropriate. The level of practice supervision for a student might change depending on their increasing proficiency in an area.’


Can you identify how this early conversation has added additional context to your concern?
It is important to understand how you are being supervised and supported. If you feel you require more direct supervision then you should discuss this with your practice supervisor in the first instance.

**Student Vignette 3 – Medication Round**

You and your practice supervisor have identified medication administration as a learning objective during your preliminary meeting. You have not had many opportunities to administer medication as part of the medication round in your programme so far. This is the second time you have been asked to leave a medication round to answer a patient buzzer during this shift.

**Do you think the above vignette is an example of being supernumerary?**

Yes it is. You had a leave a one learning experience to participate in another (which was based on patient need) therefore your supernumerary status has been maintained. Given medication administration was a learning need objective identified at your preliminary meeting further learning opportunities may need to be identified.

**What should you do?**

Immediately raise your concern with your practice supervisor or practice assessor or a senior member of the clinical team.

This NMC quote allows context to be added to your concern. There are specific proficiencies that need to be achieved during your practice placements. It is important you are supported to meet these. The NMC state ‘Learning experiences should enable students to meet their learning outcomes, achieve competence and work towards becoming independent, reflective and professional practitioners within their chosen field or area of practice.’


**Can you identify how this early conversation has added additional context to your concern?**

Creating the opportunity to discuss these challenges with your supervisor can enable appropriate steps to be taken.
**Student Vignette 4 – Working with HCSW**

You start your placement on a busy ward. Your practice supervisor meets you at the start of your first shift and organises for you to work alongside a healthcare support worker who is delivering fundamental care to patients. You do not feel this is an appropriate learning experience and wonder why you are not spending the full shift with your practice supervisor.

**Do you think the above vignette is an example of being supernumerary?**

Yes it is. Working alongside other team members gives variety to your learning experiences, provides the opportunity to understand their roles and those members can also contribute to your progress through feedback to your named practice supervisor.

**What should you do?**

You should discuss your concerns with your practice supervisor during your shift. Your practice supervisor should be able to identify for you the potential learning objectives working alongside other key members of the team can provide. The NMC state ‘The practice supervisor ensures the learning they provide, organise, or delegate is tailored to enable the student to meet their learning outcomes and learn ‘independently’ where appropriate.’


**Can you identify how this early conversation has added additional context to your concern?**

It enables you to understand the learning opportunities available and work in partnership with your practice supervisor to identify and plan a programme of learning that meets your learning requirements which may include working alongside colleagues from across the multi-disciplinary team.