

Information and guidance for NHS Hospital Trusts and students on Clinical placement during COVID19 [version 031220]

Background

Student placement in primary care and secondary care settings is core to all clinical training on both MBBS and Physician Associate programmes.

During the first lockdown in March 2020, there was limited understanding of COVID19 transmission and infection. In addition, there were limited supplies of PPE with a lack of clarity on what forms of PPE were appropriate when caring for patients with or without active COVID19 infections.

Since the summer, the international community have gleaned a great deal of knowledge and information about the COVID19 pandemic in a very short space of time. This has facilitated informed discussions around recommencing student placements, the wearing of PPE and what extra precautions need to be taken in specific clinical situations. As a result, we have had constructive discussions about how training in clinical environments should proceed with our partner hospital trusts.

Recommendations

The guidance for students on hospital placements with respect to exposure to Covid is as follows:

1. It is anticipated that students will come into contact with Covid positive patients as they return to clinical training. Whilst the colour coding varies from trust to trust, there are broadly three defined patient zones and the majority of students can attend all three zones. This includes:
 - a) Patients confirmed with COVID19 infections (e.g. some wards, ITU, theatres).
 - b) Patients with suspected COVID19 infections (e.g. A&E).
 - c) Patients with no COVID19 infections (e.g. ambulatory, OPD).
2. In all the above zones, the standard PPE worn is a surgical face mask (the type varies from trust to trust) with disposable gloves and apron. Robust protocols around handwashing and decontamination are strictly observed. The hospital Trusts make no exemption to these measures which are mandatory to ensure the safety of patients and staff.
3. In view of the additional information and experience obtained during the early stages of the pandemic, students are now allocated across all hospital zones and expected to strictly observe the local hospital protocols around PPE.
4. Students who have been identified as moderate or high risk following a COVID19 risk self-assessment will have had an occupational health review and will be advised with regards to which clinical areas that they can and cannot attend. Trusts will be notified in advance of students with special circumstances in this regard.
5. In some Trusts, students are permitted to move between hospital zones (e.g. when seeing patient referrals on wards). Student in these circumstances must strictly follow the local protocols to reduce and limit COVID19 transmission.
6. Aerosol generating procedures (AGPs) are generally performed in defined clinical areas. In the majority of situations, students will not be expected to attend areas where AGPs are being performed. In small number of placements, students may be allowed to observe an AGP (usually SSCs in ITU or surgery where a student may be required to enter theatre where patients are being intubated). In those circumstances students and staff will be required to wear an FFP3 mask and other PPE (differs from trust to trust).

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Patient¹ vs Activity²
groups

	 Known Covid-19 positive (tested)	 Suspected Covid-19 (triaged)	 Undifferentiated	 Low covid risk (triaged)	 Covid-19 screened (tested)
<i>Direct observation of or participation in Aerosol Generating Procedures</i>	✗	✗	✗	✗	✓
<i>Examination of the Throat or face necessitating close face to face contact (including ophthalmoscopy)</i>	✗	✗	✗	✓*	✓
<i>Close contact Interviewing</i>	✓*	✓*	✗	✓	✓
<i>Routine examination (excluding the above)</i>	✓*	✓*	✗	✓	✓
<i>Participation in ward rounds</i>	✓*	✓*	N/A	✓	✓
<i>Undertaking of ward procedures not classed as aerosol generating procedures (for example phlebotomy, urine testing)</i>	✓*	✓*	N/A	✓	✓

¹Known positive in line with national guidance COVID-19 patients mean those who have tested positive for covid-19 antigen and are within the infectious period and

Suspected positive means patients likely to be suffering from covid-19 based on clinical triage but who have not yet been tested. This is not patients who are self-isolating due to contact or travel.

Undifferentiated patients are those who have not had clinical triage by an appropriately qualified person

Low risk patients are those triaged as unlikely to have COVID-19 by such a clinician.

COVID-19 screened patients are patients who have followed a testing and isolation pathway for the purpose of attending treatment in COVID-19 risk reduced clinical environments that are designed to protect vulnerable patients from exposure e.g. Elective surgery, cancer services etc.

²Direct observation of or participation in Aerosol Generating Procedures: Being in the same room as during or shortly after an Aerosol Generating procedure which would necessitate under national guidance the wearing of highest level of respiratory PPE. These are procedures where national guidance dictates only the personnel who have to be present to safely carry out the procedure are in the room.

Examination of the Throat or face necessitating close face to face contact (including ophthalmoscopy): for avoidance of doubt this would be considered in the same category as an aerosol generating procedure

Interviewing and routine examination (excluding the above) of patients: this would include the auscultation of the chest using stethoscope.

*Students at moderate risk of poor outcome if contracting COVID-19

A very small number (approx. 2%) of students are able to undertake placements but because of a moderately raised risk of poor outcome have been advised by occupational health to avoid direct contact with COVID-19 known or suspected positive patients. Although the advice is tailored to the individual these students generally have ALAMA COVID age scores of around 50 and under 70. Placements guidance for these students is different and should be considered on an individual basis. It is likely that all activity in known and suspected patient groups and some activities in the undifferentiated group should be avoided.