

COVID-19 Supplemental Student Undertaking/Declaration

Undertaking Experiential Learning Placements - Infection Prevention and Control (IPC)

Student Name (Block Capitals)			
School of Pharmacy (tick one)	UCC	RCSI	TCD
Your university email address:			
Training Establishment name and address for 2nd -year experiential learning placement			

In advance of the experiential learning placement as part of studies at the University/College listed above ("**University**"), I acknowledge I have a personal responsibility to protect myself, patients and the general public from the potential of COVID-19 virus transmission and to comply with Public Health Advice. Accordingly, I will ensure:

1. I am aware of and have familiarised myself with COVID-19 symptoms. Please see: <https://www2.hse.ie/coronavirus/>
2. I will not present myself to my experiential learning placement (or to the University) if I have symptoms of COVID-19 or acute infections such as symptoms of viral respiratory tract infection or gastroenteritis.
3. In the event that I develop COVID-19 or other communicable infectious disease (for list see <https://www.hpsc.ie/notifiablediseases/listofnotifiablediseases/List%20of%20Notifiable%20Diseases%20February%202020.pdf>), I will immediately notify my Supervisor and the Practice Educator in my School so the School can communicate with the relevant HSE service (where applicable)/Training Establishment, in case it has implications for patients and staff.
4. I commit to providing a record of daily declarations that I am free of symptoms of COVID-19 relating to each day that I present for placement, completed on the day of placement prior to my attendance at the Training Establishment.
5. Where required, I commit to maintaining a daily readily accessible record of the clinical areas I was assigned to and at what times. This may be required in the event of an IPC incident such as an outbreak.

6. I will keep myself up-to-date and comply with current Public Health Advice regarding COVID-19.
7. I am aware that if I am declared a close contact of someone with COVID-19 (as communicated by, for example, the contact tracing service), I am not to present to my Training Establishment (or to the University) until I have spoken to my Supervisor and Practice Educator.
8. In advance of commencing my experiential learning placement, I will comply with all Infection Prevention and Control training required by my School and the HSE.
9. I will ensure that I abide by, and comply with, the rule of 'bare below the elbows/bare above the wrist' while on placement, where applicable.
10. I acknowledge I have been (or will be) provided with training in the performance of hand hygiene in advance of my placement and will undertake competence review at least once in each academic year.
11. I will comply with Infection Prevention and Control directions given by the HSE, my Supervisor and other Clinical staff at all times when I am in clinical areas, and any other measures the HSE or my Supervisor has in place to prevent the emergence of COVID-19 in while I am on placement.
12. I will cooperate with requirements for the management of outbreaks or other incidents of infection, including providing samples for testing where required.
13. I have considered the Personal Support Plan Questionnaire provided below (Appendix 3), should I need to self-isolate or restrict my movements.

I acknowledge my placement is subject to Public Health Advice which may be in place from time to time, and that public health advice may result in changes to arrangements during the course of my placement.

Data Protection

Any information disclosed to the University pursuant to this declaration will be treated with the highest standards of security and confidentiality and processed in accordance with the University's Data Protection Policy. The University is collecting this personal data in light of the COVID-19 pandemic and to implement the requirements of the HSE in relation to the undertaking of experiential learning placements. The legal basis for processing this data is based on protecting vital interests and for the reasons of public interest in the area of public health.

Signed:

Print student name:

Student number:

Date: