

Student's Name:

**COVID 19 INFECTION PREVENTION AND CONTROL**

**On completion of mandatory COVID-19 AND PPE training, please complete the below table:**

*Please mark in the box every area that you have covered (in reference to 4.1 needs to be completed prior to clinical placement); leave **blank** if you have not covered any area and **flag it ASAP** to [medclinical@st-andrews.ac.uk](mailto:medclinical@st-andrews.ac.uk). All need completing prior to a clinical placement, with the training provided at the School designed to address these areas.*

**SECTION 4: CONTROL MEASURES TO MANAGE THE RISKS OF COVID-19 FOR ALL STUDENTS**

	X
4.1. Generic infection control training and clinical site-specific PPE training and needs to be planned or completed including training that is applicable to controlling COVID-19 exposure	<input type="checkbox"/>
4.2. Aware of the need to be familiar with PPE protocol for the clinical area	<input type="checkbox"/>
4.3. Aware of government physical distancing guidelines	<input type="checkbox"/>
4.4. Aware of government hand-hygiene guidelines	<input type="checkbox"/>
4.5. Aware of government face-covering guidelines when using public transportation and in other settings	<input type="checkbox"/>
4.6. Aware of guidance related to returning home	<input type="checkbox"/>

Signed .....

Date .....

Print Name ..... (also write name at top right of page)

**Please circle below as appropriate**

Course: BSc (Hons) Year (1<sup>st</sup>/ 2<sup>nd</sup>/ 3<sup>rd</sup>) ScotGEM Year (1<sup>st</sup>/ 2<sup>nd</sup>)