



**RCN  
BULLETIN**

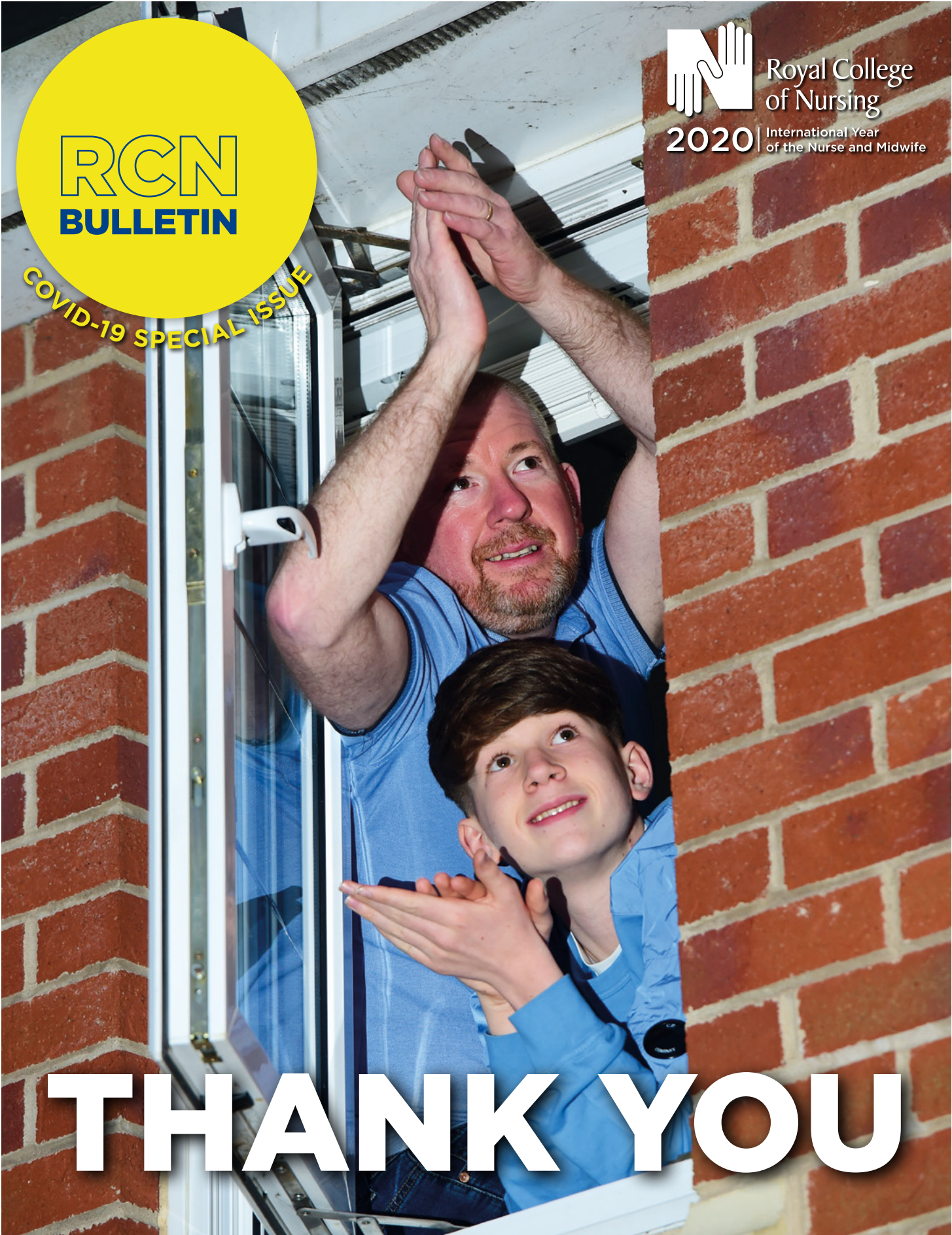
**COVID-19 SPECIAL ISSUE**



Royal College  
of Nursing

**2020**

International Year  
of the Nurse and Midwife



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**On behalf of members and in the interests of public safety, we're demanding urgent clarity and assurances from government and health authorities across the UK that there will be:**

- ▶ Priority COVID-19 testing for all health care professionals.
- ▶ Access to adequate supplies of personal protective equipment and hand sanitiser for all nursing, midwifery, social care and student nurse staff for use at the point of care.
- ▶ Full occupational sick pay, paid from day one for all our members, with no detriment, regardless of where they work.
- ▶ Provision from government and employers to ensure all nursing staff can care for their children without a loss of income.
- ▶ Clarity on the measures taken to protect pregnant and vulnerable nursing staff.
- ▶ Stringent measures in place to ensure the health, safety and wellbeing of staff by addressing fatigue, hydration and issues of abuse towards them.



# ‘We’re here for you and will fight for you’



The COVID-19 pandemic becomes more serious each day. In recognition of the rapidly shifting situation, this issue of *RCN Bulletin* contains a useful round-up of our resources and guidance at the point it went to press on 27 March. The RCN website should be the first place you go to see what we’re doing to support you in real time. Please check back there regularly for our very latest information and advice: [rcn.org.uk](https://www.rcn.org.uk)

I have seen the full range of emotions on display from nursing staff in the last few weeks. Your professionalism and determination is a source of strength for each other and for the country. And while I share your anxieties and fears, I also share in the pride at how we’re pulling together.

Thousands of people who had retired or moved on from nursing have come back to their roots. Many of the next generation of nurses, in their final months of education, are making difficult decisions to start their careers earlier than anybody expected.

On your behalf, I am demanding a lot from governments and health authorities no matter

where in the UK you’re working – no matter which country, role, or care setting.

You’ll see opposite that these demands include better equipment, testing and support. I hope employment practices on the frontline have improved as this lands on your doormat.

We know this is all-consuming. On shift, if at all possible, please take your break. If you get symptoms, we’ve got your back in telling your employer there’s only one thing to do. Off shift, try to recharge – get air and exercise and focus on something happier.

We’ll get through this the only way we know how – together. I will not stop working on your behalf to ensure your work is recognised and repaid.

**Dame Donna Kinnair**  
RCN Chief Executive & General Secretary

**The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.**

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## New student measures see more able to help during COVID-19 pandemic

Nursing students are being given the option to work in clinical practice to help bolster the nursing workforce during the COVID-19 pandemic.

First-year students may volunteer or undertake paid work in a clinical setting in their spare time, while they maintain their academic study.

Most other nursing students will be invited to spend 80% of their time in paid clinical practice and 20% of their time in academic study.

Third-year students in the last six months of their programme can choose to spend those six months on a paid clinical placement.

RCN Chief Executive & General Secretary Dame Donna Kinnair said: "These unprecedented measures will enable nursing students, who I know are keen to do what they can in this crisis, to provide much-needed support to the registered nursing workforce.

"It will be important that those students are fully supported, supervised and remunerated for their valuable contribution. These arrangements are voluntary, and students will not be disadvantaged if they decide that they're not able to work in clinical practice, for whatever reason."

See page 12 for more.

## Thousands return to nursing



More than 6,000 nurses have said they'll return to work to help fight COVID-19. Those choosing to return to frontline nursing include author Christie Watson (pictured left) and Lewes MP Maria Caulfield.

Christie said she feels compelled to return to work after watching the pandemic unfold on TV. She said: "Watching the situation unravel and escalate has made me want to go back out there and get stuck in. I hope I will be a help and not a hindrance. I am rusty and this is not something I planned for or expected, but I will do whatever is needed, wherever I am needed.

"This is a dangerous situation for nurses to be going in to. We keep hearing the word 'war' and it is a kind of war. But the very fact so many have signed up to return to frontline nursing shows that as a community of heroes, we want to stand side by side and help in any way we can."

The government is also encouraging nurses on the NMC register, but not currently working in clinical practice, to return to frontline nursing. Visit [tinyurl.com/nmc-temp-register](https://tinyurl.com/nmc-temp-register) or go to [rcn.org.uk/bulletin](https://rcn.org.uk/bulletin) to read the full interview with Christie.

## Free hospital parking

Thanks to RCN pressure, parking fees for hospital staff have been suspended across the UK during the COVID-19 pandemic. In England, the government has announced immediate funding for all NHS trusts to provide free staff car parking. The Scottish government has suspended charges at the three hospitals that still charge staff in Scotland and charges for health care workers in Northern Ireland have also been removed. Staff parking at NHS hospitals in Wales was already free.



## Dawn's emotional plea helps secure supermarket priority shopping

A moving selfie film of critical care nurse Dawn Bilbrough (pictured above) has led to nursing staff being given priority to shop rather than face empty shelves. Dawn's emotional plea, shared on social media, sparked the RCN to write a letter to supermarket leaders urging them to act. Many major supermarkets have since announced special opening times for those working on the frontline of health care.

## RCN Congress cancelled

RCN Congress, due to take place in June, will not go ahead. We understand how important the event is for some members, but there is no other option available given the importance of social distancing and the need to allow you to continue focusing on your professional role. It's also vital that we channel all our energy into supporting you in these challenging times. We're exploring a compensation scheme for members who've paid for non-refundable travel and accommodation, and more details will be available soon.





## Clap for carers

Last Thursday (26 March), people across the UK celebrated the nurses, nursing support workers, carers, doctors and other staff working tirelessly to provide health care during the COVID-19 pandemic. At 8pm, windows and doors opened for a coordinated round of applause. The public show of support has already become a regular fixture in Spain, Italy, the Netherlands and Switzerland, but this was the first of its kind in the UK. People shared their photos and videos on social media at [#clapforourcarers](#)

## Thanks a million

People are showing their thanks for nursing staff by placing a heart on a virtual NHS gratitude map. At the time *RCN Bulletin* went to press, more than 120,000 people had taken part. Warm your heart now by seeing messages of support at [thanksamillionnhs.co.uk](https://www.thanksamillionnhs.co.uk)

## NHS pay 2020/21

For information about NHS pay for 2020/21 visit [rcn.org.uk/employment-and-pay](https://www.rcn.org.uk/employment-and-pay)

# ‘We need equipment not excuses’



We’re demanding that the government ensures the sufficient supply of personal protective equipment (PPE) and provides clear guidance on how it should be used

RCN Chief Executive & General Secretary Dame Donna Kinnair has pledged to keep putting pressure on the government to address the lack of clarity around personal protective equipment (PPE) and its availability for nursing staff.

Despite the government’s promises to increase the supply, RCN members have been reporting that PPE is not always available, not just in hospitals, but in GP surgeries, care homes and in the community where nursing staff are visiting people in their homes.

In a statement issued on 26 March, Dame Donna told ministers: “Nursing staff in all health and social care settings need to feel safe as they fight this pandemic.

“I’m hearing directly from nurses who tell me they don’t feel confident in the advice they’re getting. Different facilities are adopting different measures, whilst treating similar patients. We will keep putting pressure on the government to address the issue of PPE provision and guidance.”

RCN members have also been reporting confusion due to discrepancies between the UK and World Health Organization infection prevention guidance.

Dame Donna, who has also written to the prime minister demanding his personal intervention on these issues, added: “Nurses are not expendable – they are the frontline defence. We need equipment, not excuses.”

As well as asking the prime minister to intervene on the issues around PPE, the letter calls on him to increase the number of tests for the virus for nursing staff so that those with possible symptoms of COVID-19 know whether they are infected or not.

You can find information on how to protect yourself at work in our online advice guide at [rcn.org.uk/covid-19-advice](https://www.rcn.org.uk/covid-19-advice)

To read our letter to the prime minister, visit [rcn.org.uk/publications](https://www.rcn.org.uk/publications) (code: 009219)

## RETURNING TO PRACTICE



**Kim Tolley**  
Bank staff nurse

Volunteering to step up and work in intensive care again after a 25-year break felt like a very big move. But when COVID-19 hit, it seemed obvious that even my rusty intensive care skills would be useful.

The staff welcomed me with open arms. I reported for duty, put on scrubs and was orientated to the unit. I learnt to “don and doff” the full personal protective equipment, undertook simulations to correctly place patients in the prone position and refreshed my knowledge of managing cardiac arrest.

As the day went on, the gravity of the crisis I was about to face hit me. I felt tearful and had to call a good ex-nurse friend to reassure me. But the following day I was allocated to work with a very experienced ICU nurse. And what did I learn? That the principles of good nursing care are timeless. Regular and effective communication with patients and the multidisciplinary team remains as important now as it ever was. Technical aspects of the role have actually changed very little.

If you're thinking of returning to nursing, it's a big decision to make, but so many parts of the nurse's role are constant and familiar, and your nursing colleagues will welcome you as part of the team. I can't deny that I'm really scared about what is to come and how I will cope, but it's a privilege to be able to help.

[tinyurl.com/nmc-temp-register](https://tinyurl.com/nmc-temp-register)



## What you've been saying

### The unexpected enemy of loneliness

I've been a nurse for a grand total of one month and three weeks. COVID-19 is hitting us, and I've barely had a chance to settle into my role. My confidence is low. All I can do is my best, but will that be enough when it really counts?

And then there's social distancing. I can't see my parents or my gramp, and even my husband screens me. I don't blame him at all – we're all trying to prevent the spread. But I'm getting lonely. I'm a nurse that looks after everyone else's family members, in my mask, gown, gloves and goggles. Who's going to look after me?

 [Victoria on personal blog](#)

The thought of going to work, supporting my patients' mental health, then every night coming home to an empty house – no household, no partner, no friends, no family. I know it needs to happen but I don't know how I'll cope.

 [Abby on Twitter](#)

I live on my own and have been self-isolating. The first few days are hard not seeing anyone but FaceTime works as an alternative and in the long term I know it'll be worth it.

 [Becky on Twitter](#)

### Physical distancing

Maybe instead of social distancing, we should call it physical distancing. Because we have the technology that stops us from being isolated. But people need to choose to physically distance themselves to help stop the spread of COVID-19.

 [Dan on Twitter](#)

### Forced off the frontline

I am a frontline paediatric intensive care nurse but am having to isolate for 12 weeks as I'm a high risk individual. I feel beyond guilty that I cannot use my skills to support my patients and colleagues during this time but I hope by staying safe and well I'll be better able to help at the other side of this.

 [Lucy on Twitter](#)

## QUOTE OF THE MONTH




You're worth your weight in gold right now. We need you more than ever and I want you to know you're not alone, the people are absolutely behind you


**Patient of general practice nurse Claire lets her know how much the public appreciate nursing staff, especially in the current crisis**

## SMALL ACTS OF KINDNESS

Thank you Tesco for letting NHS staff have an hour this morning to get their essentials. This nurse nearly cried at the checkout, but unlike the nurse who's gone viral, my tears were of relief. I can now go to work knowing I have food for my family.

 [Kelly on Twitter](#)

Thank you Sainsbury's for my free flowers this morning! Made finishing my third night shift a little easier!

 [Leanne on Twitter](#)



**IN THIS TOGETHER**

We would be very honoured to have students step up and help us in a registered and \*paid\* role if this becomes the case. We see you, we recognise how skilled you are, and how valuable you are. The idea of nursing in an epidemic is a scary one, but it's the grim reality we face – and all of you still coming into placement and trying to help how you can are heroes!  
[Rhi on Facebook](#)

Student nurses are just as important, just as vital and very much needed. You guys will be the toughest lot of nurses going because of what you had to bravely step up and face so early on in your career. It's OK to say this is scary because it is. You are all amazing, kind-hearted souls otherwise you wouldn't be in this profession.  
[Jade-Marie on Facebook](#)

This pandemic makes me want to be a nurse more than ever. It's tough and it's only going to get tougher, but if I can just help by unloading some of the burden off the amazing qualified nurses, I will. I only ask that patience is given and that we are respected.  
[Student nurse Caroline on Facebook](#)

Many of us first years are signing up as bank HCA staff. We are here to support you all, as you do us. We are here and in it together.  
[Student nurse Samantha on Facebook](#)

Everyone needs to just pull together, support each other and try and muddle on through what is going to be an extremely tough time. Keep doing what you're doing, stay safe and be damn proud of yourself!  
[Tayla on Facebook](#)

**Ready for the fight**

Friends and family members have asked me if I regret my career choice at the moment. I did perhaps...for one split second. Yes, we have difficult times ahead but in many ways we are the lucky ones. For starters our jobs are safe, in fact there may well be more work than we can cope with. Secondly, we get to care for people when they're at their weakest and most vulnerable. Let me tell you, and I know I speak for all nurses, this is one of the biggest honours there is.

With visiting restrictions being put in place we may well become the only people these patients see. We will hold our heads high, put on our biggest smiles (which admittedly won't be seen under the PPE) and do our absolute best for each and every patient.

We will care for them, laugh with them, cry with them, hold their hands and try and make them feel less scared. We are nurses and this is the core of what we do and it's what we do best.



The phrase of the year "in a world where you can be anything, be kind" is now more important than ever. Look out for each other, care for each other, check in on each other. Us nurses are doing everything we can and we appreciate the support shown to us.

I waved goodbye to my mum this week knowing that I may well not see her for a few months. I felt like she was packing me off for war. I guess she was in a funny kind of way. This is a war. And it's a war I'm ready to fight in. Come at us COVID-19, you won't be met with doctors and nurses, instead you will be met by warriors ready to fight you until the bitter end.

This is an edited version of a letter from an anonymous ICU nurse originally printed in *The Mirror*: [tinyurl.com/nursemirror](https://www.mirror.co.uk/news/health/nurses-prepare-2020-04-16)

**PATIENT PERSPECTIVE**



**Therese was taken to hospital after suffering with symptoms of COVID-19**

An hour after calling the 111 call-back service, I was in hospital being taken straight into a single isolation room. Immediately, two staff nurses came to me to take observations, perform an ECG and get blood samples. They explained everything and listened carefully to what I was telling them. I was told I would be sent home if my "numbers" were stable because they had to reserve beds for the most serious and those needing constant ventilation.

I was given drugs to protect against pneumonia, had a portable chest x-ray in my isolation room and a full set of nasal swabs taken. After observing me for six hours, I was allowed to go home to self-isolate.

Every single person I came into contact with acted with extreme professionalism, kindness, attentiveness and precision. They were confident and ultra-calm, explaining everything with clarity and knowledge.

As a nurse myself, it breaks my heart that there are nursing staff in hospitals right now holding the hands of patients as they die because they can't have loved ones with them. It takes untold strength to do this.

I couldn't be more in awe of everyone who looked after me during such a stressful time, from the call centre staff right through to the support worker who brought me juice and tea. Thank you.

Share your story: [bulletin@rcn.org.uk](mailto:bulletin@rcn.org.uk)





**GO ONLINE**

For the latest updates  
and advice visit  
[rcn.org.uk/  
covid-19-advice](https://rcn.org.uk/covid-19-advice)

# Your FAQs answered

We're continually updating our COVID-19 online advice in response to your queries and concerns. Here's an overview of your most frequently asked questions, and our answers, at the point we went to press on 27 March



## Will I be paid if I need to self-isolate?

We would expect employers to ensure that when you follow national public health guidelines to self-isolate, you don't suffer any financial detriment or loss of pay for being away from work on account of public safety. This also applies if you're an agency worker or hospital bank staff.

We believe that any sickness absence or self-isolation should not count towards formal sickness absence triggers. Your employer should have a clear policy outlining how this absence will be treated, and how you will be paid.

## Can I work in a different clinical area with equipment and procedures I'm unfamiliar with?

Take a look at our detailed advice on redeployment on pages 10 and 11.

## Can I refuse to treat a patient with COVID-19?

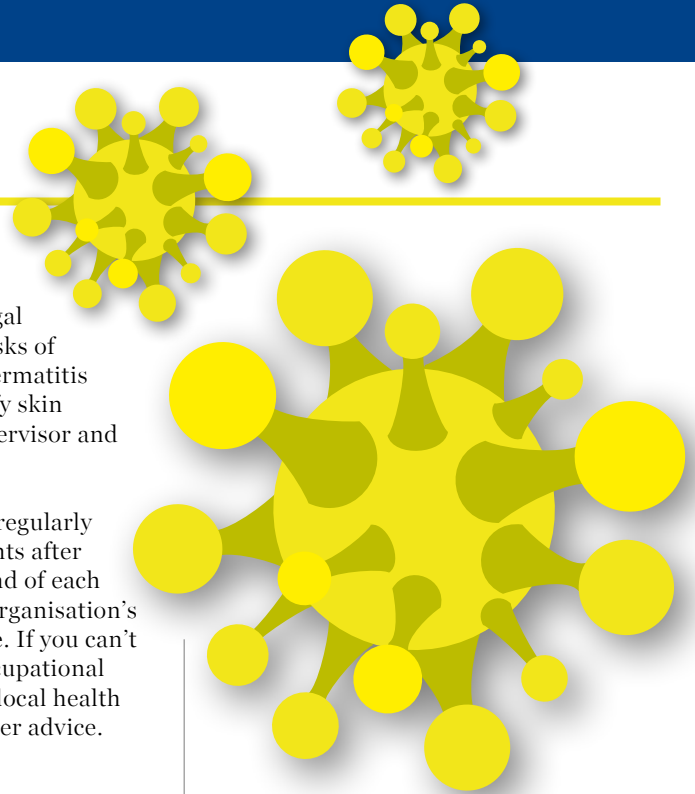
You should speak to your manager about your concerns in the first instance and consult our guidance around refusal to treat at [rcn.org.uk/refusal-to-treat](https://rcn.org.uk/refusal-to-treat)

## What about rest breaks?

Rest breaks are very important, even more so at times like these, as fatigue can lead to mistakes and increase the risk of infection. The duty is on your employer to ensure staff can take regular breaks

Governments across the UK have prepared guidance on terms and conditions for staff working in the NHS during the emergency period. For the latest information go to the employment guidance for NHS staff link at [rcn.org.uk/covid-19](https://rcn.org.uk/covid-19)





and monitor working hours to prevent the onset of mental and physical fatigue. Wearing protective clothing for long periods can be uncomfortable and hot so, as well as rest breaks, it is also important for staff to keep hydrated.

**Do I have to shave my facial hair?**

If a risk assessment and public health guidelines identify that you may be required to wear an FFP3 face mask as a form of personal protective equipment, it is important to be clean shaven to get a good protective seal of the mask to the face. You're required to co-operate with your employer to ensure they meet their legal requirements to protect your health and safety and those of other staff.

Where beards are worn for religious reasons, or where someone has a skin condition that makes it impractical to shave every day, alternative personal protective equipment in the form of respiratory hoods should be offered for those working in areas where FFP3 is deemed necessary.

**What should I be doing to ensure I protect my skin?**

Occupational dermatitis can be prevented by following this three-step approach:

- **Avoid** direct contact between unprotected hands and hazardous substances and/or wet work where this is sensible and practical.
- **Protect** the skin if you cannot avoid contact.
- **Check** hands regularly for the first signs of itchy, dry or red skin.

Employers have specific legal duties to ensure that the risks of developing occupational dermatitis are managed. If you identify skin problems, inform your supervisor and seek appropriate advice.

Participate in skin checks, regularly apply hand cream/emollients after hand washing and at the end of each work period. Follow your organisation's policies regarding skin care. If you can't find these, contact your occupational health department and/or local health and safety adviser for further advice.

**What if I'm pregnant?**

The current government advice is that pregnant women should practice social distancing. This means you should avoid risks including contact with someone who is displaying symptoms of COVID-19, non-essential use of public transport, varying travel times to avoid rush hour, and working from home where possible.

The RCN expects employers and occupational health to carry out or review a pregnancy risk assessment and put systems in place to protect you and find suitable alternative work, including home working or redeployment in line with health and safety standards.

Where the risk can't be removed and suitable alternative work isn't available, then you should be suspended on full paid leave for as long as necessary to protect your health and safety, or that of your unborn child.

You should escalate any concerns to your line manager in the first instance. You may also wish to liaise with your GP or midwife, if you're concerned.

The Royal College of Obstetricians and Gynaecologists (RCOG) has issued a statement on pregnancy and COVID-19. Visit [tiny.cc/selfisolationpregnancy](https://tiny.cc/selfisolationpregnancy)

**What should I do if I feel anxious about possible risk of exposure?**

You may have concerns about possible exposure to COVID-19 in your workplace or in your personal life. For work-related concerns, contact your local infection prevention control lead, follow their advice and alert your manager. If you are not aware who your infection prevention control lead is, check your local policy or ask your manager. For other queries, find more information on the NHS website which is continually being updated by the government: [111.nhs.uk/covid-19](https://111.nhs.uk/covid-19)

**Where can I access the RCN clinical guidance for managing COVID-19?**

Visit [rcn.org.uk/covid-clinical-guidance](https://rcn.org.uk/covid-clinical-guidance)

**Always here for you**

Staff at RCN Direct are continuing to provide you with the help you need at this crucial time. Our advice is being updated continually and is available at [rcn.org.uk/covid-19-advice](https://rcn.org.uk/covid-19-advice). While the service is operating under changed conditions, we are still available for you to get in touch if you need us. The best way to do this is using the contact form at [rcn.org.uk/contact/online-enquiry-form](https://rcn.org.uk/contact/online-enquiry-form)

# Redeployment: your essential guide

The COVID-19 pandemic may mean you'll need to work in unfamiliar circumstances or outside your usual clinical area. Any redeployment must be done within the basic principles of best practice and with a rational, pragmatic approach

## What if I'm asked to move from my normal role?

Your employer can usually request that you work somewhere other than your normal environment as a temporary measure, but they must be sure about your level of knowledge and skill.

If you're asked to move, you should consider the following:

- **your environment** – do you know where to find important equipment, fire exits and emergency equipment? If moving to another organisation, check the appropriate indemnity arrangements are in place
- **your patients** – what level of care will you be expected to give? Do you have any experience with this type of patient? If not, you should only be required to deliver the fundamentals of care
- **work** – what will you be doing? Who will be your point of contact for any queries? Who else will you be working with?

You should discuss your level of knowledge and skill with your manager. If you have concerns, please document them and contact RCN Direct for advice if they're not addressed: [rcn.org.uk/contact/online-enquiry-form](https://www.rcn.org.uk/contact/online-enquiry-form)

If you're a registered nurse, you must ensure you follow the NMC Code at all times. You must speak up if the move may undermine your ability to follow the NMC Code.

Unregistered nursing support workers, for example health care assistants (HCAs), must also speak up if they feel they don't have the required skills to do what they're being asked.

## Who is responsible for my knowledge and skill levels if I move?

Your employer is responsible for ensuring individual staff have the necessary skills and knowledge to take on work. Nurses are accountable to the NMC Code, and where appropriate the NMC's standards for competence for midwives. Your employer is also accountable for the work you carry out and must take your limitations into consideration when temporarily moving staff.

## What do I need to consider if asked to move to a new work area?

You need to have a health and safety induction and be made aware of safety procedures in the new work environment.

You need to have access to all policies, procedures and guidelines relevant to the patient population, and you must have information on who to seek guidance from.

You need to have an induction into the clinical area and the equipment, IT systems, incident reporting and record keeping as well as other support telephone systems and alarms.

You need to consider your own knowledge and skills. This might include, for example, administering IV drugs, providing respiratory care, drug administration and use of different equipment, such as resus equipment.

You need to check you're covered to work under the host organisation's indemnity and raise any concerns on being moved with your immediate line manager.

You need to follow the process for escalating issues while in the new role. If you have any issues or concerns, you will need contact details for the senior nurse in charge and/or the out-of-hours manager.

You must consider your own accountability and responsibility and have information on how to raise concerns when delegated care is not appropriate for your level of knowledge and skill. If in doubt, see the RCN guidance on raising concerns: [rcn.org.uk/raising-employment-concerns](https://www.rcn.org.uk/raising-employment-concerns)

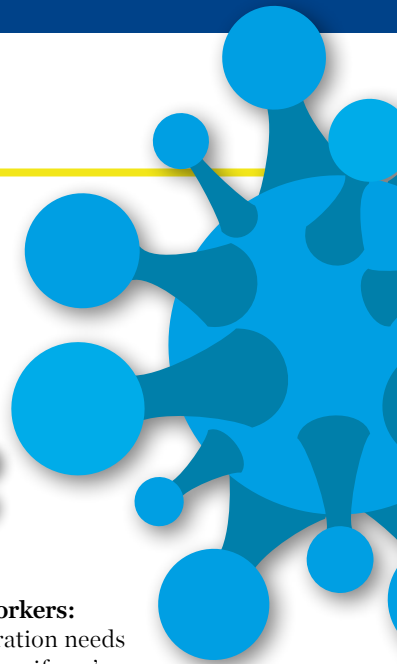
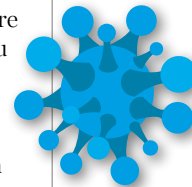
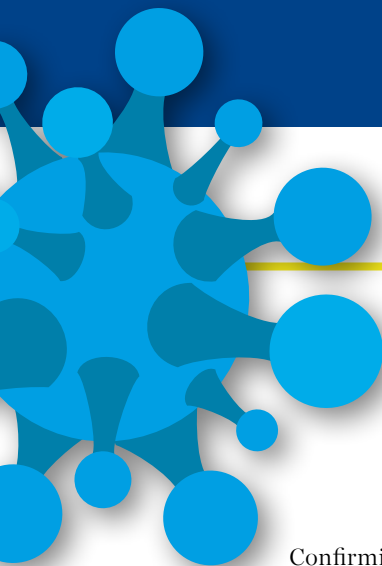
## What should the employer consider?

Undertaking risk assessments based on your experience and skills before considering areas to redeploy you.

Providing a health and safety induction and the initial support necessary.

Giving you the appropriate personal protective equipment (PPE) and appropriate training to ensure you're able to use it correctly, including safe donning and doffing.





**What are the health and safety factors?**

- **Reporting health needs/risks:** where you have particular health needs, you should be offered risk assessments and measures should be put in place to minimise the risk of exposure by following public health guidelines on the provision and use of PPE.
- **Use of PPE – FIT testing:** you should be provided with the necessary PPE relevant to the area you're being asked to work in and in line with public health guidelines. You should be given the appropriate training in donning and doffing.
- **Pregnant women:** see advice on page 9.
- **Lone workers:** consideration needs to be given if you're asked to work on your own and how you will advise your line manager and the organisation of where you are. How you'll access support and be issued with mobile phones or lone worker alarms, where appropriate, also needs consideration.

Confirming that you'll not experience any detriment in relation to pay, and terms and conditions of employment, if you're asked to move to a new work area or are temporarily moved to work for a different employer.

Complying with the requirements of the Working Time Regulations. Organisations must also ensure arrangements for recording and accruing overtime and TOIL are in place and related payments are made.

Ensuring the appropriate indemnity insurance is in place for all staff who are required to move to a new work area.

**What happens if I refuse to move to a new work area?**

If you have a disability or underlying medical condition that means you may face a risk to your health or wellbeing if you move to an unfamiliar or new working environment, you should inform your line manager or an appropriate line manager and/or seek advice from your local occupational health service before agreeing to move.

You should consult with your manager and make your concerns known verbally or in writing as soon as possible.

If you're a nurse or midwife, consider the NMC Code, the NMC's standards for competence for midwives where applicable, and your duty of care.

You can also see the RCN guidance on withdrawing care: [rcn.org.uk/refusal-to-treat](https://www.rcn.org.uk/refusal-to-treat)

**Who's responsible for what?**

The below table provides a summary of the responsibilities for the employer, individual ward, clinic or unit, and the individual.

Organisational responsibilities	A full risk assessment to be completed considering: <ul style="list-style-type: none"> <li>• staff knowledge and skill</li> <li>• health and safety assessments of the area the member of staff is being moved from and to</li> <li>• staff health and safety</li> <li>• primary movement of bank/agency staff if they have the right knowledge and skills.</li> </ul>
Ward/unit responsibilities	Completion of a health and safety check. Orientation to the ward area and an induction on health and safety equipment and procedures.
Individual staff responsibilities	Highlight your skills and knowledge to senior staff. Complete health and safety orientations. Highlight areas of concern. Escalate areas of concern to senior managers and the RCN as required.

This information was accurate as we went to press on 27 March. It is an edited version of our longer online advice. Visit [rcn.org.uk/redeployment](https://www.rcn.org.uk/redeployment) to see our full, and most up-to-date, guidance on redeployment.

# Nursing students: what you need to know

New measures have been announced to expand the nursing workforce during the COVID-19 emergency. They have a direct impact on students. Get the lowdown on what it means for you



## First-year nursing and midwifery students...

...will continue with their degree programme, with clinical placements paused for the duration of the emergency. These students may volunteer or undertake paid work in a clinical setting in their spare time, while they maintain their academic study. However, volunteering or paid work will not be counted towards the practice hours and experience required to complete their pre-registration course.

## Most other nursing and midwifery students...

...including postgraduate diploma and masters students, but **excluding third-year students in their final six months of their undergraduate degree**, will be invited to opt-in to an arrangement where they may spend 80% of their time in clinical practice, which will be remunerated and count towards practice hours. These students will spend 20% of their time in academic study during this emergency period to ensure structured, regular contact with their approved education institution.

## Third-year nursing students in the last six months of their undergraduate degree...

...can opt to undertake those six months as a clinical placement, which will be remunerated. Students on clinical placement will not be supernumerary in this emergency situation but will be supervised by another registered health care professional and work within an appropriate delegated framework. The NMC is also exploring the option of these students later opting to join the COVID-19 temporary register. However, this student part of the register will only be activated, if necessary, in the months to come.

The NMC will be publishing a set of emergency standards allowing more flexibility to be applied to the delivery of nursing and midwifery programmes to support these measures. For more information, visit [tinyurl.com/nmc-covid-students](https://tinyurl.com/nmc-covid-students)



**Jessica Sainsbury**  
RCN Students Committee Chair

As a committee of nursing students and newly qualified nurses, we understand your anxiety and worries about the immediate future of your nurse education. There will continue to be many questions following recent announcements, but we promise to represent you and advocate for you to ensure the student voice is not only heard but is shaping the conversation.

If I could give you any advice right now, it would be not to rush into making any decisions. You should work with your university to weigh up the pros and cons and decide what to do based on what is best for you. If you choose not to opt in to doing the clinical placement, please know that you won't be seen in any less regard.



# Managing your finances

If you're struggling financially as a result of COVID-19, here are some of the entitlements and support that could be available to you



## Employees off work with reduced pay

If you're employed and self-isolating whether sick or as a precaution, you're due at least statutory sick pay from the first day you're off, as long as you earn on average at least £118 a week.

The government will be making temporary arrangements for people affected by COVID-19 who are already claiming benefits or who are making a new claim for benefits.

## Self-employed/agency workers

If you're off work and not entitled to sick pay, you may be able to claim benefits, the primary one being contribution-based Employment Support Allowance (ESA).

ESA is based on your National Insurance contributions, and paid at a rate of £73 per week. It will be available from the first day you're off.

If ESA will be your only income, you may be better off claiming Universal Credit (UC), which can also assist with your rental costs and support for dependants. Read the government's guidance on claiming this at [www.understandinguniversalcredit.gov.uk/coronavirus](http://www.understandinguniversalcredit.gov.uk/coronavirus)

From 6 April, the government is increasing the standard allowance in UC and the basic element in Working Tax Credit for one year. Both will increase by £20 per week on top of planned annual uprating. This will apply to all new and existing Universal Credit claimants and to existing Working Tax Credit claimants.

## Got a mortgage?

All banks should offer those struggling a three-month holiday from mortgage payments. You will pay slightly more when you start paying again, as the interest missed will be added to your ongoing payments, but it is worth considering.

## Problems paying your rent?

Landlords will not be able to start proceedings to evict tenants for at least three months. As a result of these measures, no renters in private or social accommodation need to be concerned about the threat of eviction.

If you're a private tenant, speak to your landlord and explain the situation. You can ask for more time to pay or ask to catch up any missed payments by instalments. If you can't reach an agreement, you can seek advice from the RCN Welfare Service at [rcn.org.uk/contact/online-enquiry-form](http://rcn.org.uk/contact/online-enquiry-form)

Remember, most landlords will struggle to get new tenants right now, so there's a common interest in keeping tenants in properties. Trying to come to a reasonable mutual arrangement helps both.

## Payments to creditors

Most banks and card firms have stated that they'll allow emergency credit limit increases, while some will offer a repayment holiday and some have agreed to waive fees for missed payments. Check with your bank, as policies vary between lenders.

This is an edited version of our online financial advice. Visit [rcn.org.uk/covid-financial-guidance](http://rcn.org.uk/covid-financial-guidance) for further advice if you're unable to work, make payments or have other financial concerns.

## Useful sources of support

RCN Welfare Service: [rcn.org.uk/welfare-service](http://rcn.org.uk/welfare-service)

RCN Foundation Lamplight Support Service: [rcn.org.uk/lamplight](http://rcn.org.uk/lamplight)

Cavell Nurses' Trust: [tinyurl.com/cavell-financial-support](http://tinyurl.com/cavell-financial-support)



# Self-care during COVID-19



**Whilst the primary duty for protecting your health, safety and wellbeing at work lies with your employer, there are things that you can do to take extra care during these challenging times.**

- ▶ Use strategies that have worked for you in the past to manage stress rather than learning new ones.
- ▶ It is normal to feel sad, stressed or overwhelmed during a crisis. These feelings are no reflection on your ability to do your job.
- ▶ Seek information updates, from trusted sources, at certain times of the day rather than a constant stream: [rcn.org.uk/covid-19](https://rcn.org.uk/covid-19) and [gov.uk](https://gov.uk)
- ▶ Your stress levels and psychosocial wellbeing are as important as your physical health: [rcn.org.uk/healthy-you](https://rcn.org.uk/healthy-you)
- ▶ Talk to people you trust or contact a counsellor: [rcn.org.uk/mss](https://rcn.org.uk/mss)
- ▶ Maintain a healthy lifestyle: keep hydrated, eat and sleep well, exercise and enjoy social contact with family and friends (even if it's virtual).
- ▶ Take your breaks whenever you can and don't feel guilty about taking your days off.
- ▶ If you don't feel safe to drive after a long shift, take a rest. Look at a buddy system to share driving or speak to your employer.
- ▶ Sadly, some of you may experience negative behaviour as well as workplace issues such as equipment shortages. If you have any concerns, talk to your supervisor/colleagues/RCN rep for advice and support. RCN support is available at: [rcn.org.uk/get-help](https://rcn.org.uk/get-help)

**This is an unprecedented situation:  
it's OK not to be OK. Look after yourself  
and ensure you seek advice and support.**





# Mindful moments in a crisis

As the COVID-19 pandemic adds extra stresses to our working lives, mindfulness tools developed by nursing staff could help make things feel less overwhelming

Annette Duff works as a consultant nurse in secure settings. Over a decade of practising mindfulness, she found it improved both her mental wellbeing and her ability to do her best work.

Mindfulness helps you to connect to what’s happening right now, rather than reliving scenes from the past or getting worried about what might happen in the future. During the COVID-19 outbreak, such skills could be a lifeline for busy nursing staff.

Hoping to pass the techniques on to her colleagues, Annette collaborated with a mindfulness facilitator, Fran Cognetti. First, the pair created an eight-week course for nurses in secure settings. “People said they felt more grounded and less anxious,” says Annette. “They were calmer in the moment. They found an ability to leave work at work.”

It became clear that nursing staff everywhere could benefit from mindfulness. Annette is also vice-chair of the RCN Nursing in Justice and Forensic Health Care Forum and established Time and Space – a forum project to make mindfulness more accessible.

## Staying present and talking openly

Annette and Fran created six short films, each linked to a stage in the working day: waking up, the journey to work, arriving at work, leaving work, the journey home and arriving at home. Each film encourages you to check in with yourself, notice what’s happening in that moment and do a calming breathing exercise. They’re online at [rcn.org.uk/mindfulness](https://rcn.org.uk/mindfulness), so you can watch them whenever and wherever’s convenient.

“It can help people to separate home and work, and be very present in the moment at work,” says Annette. “When you’re

present in the moment and you’re not worrying about the past or future, you provide better patient care.” In times of uncertainty, this could be a helpful way to stay grounded.

A video for leaders about team support and defusing can help create a culture of mindfulness whatever setting you’re working in, giving every member of staff a voice and the chance to reflect on the highs and lows of their shift. With a fast-changing situation, lots of new knowledge

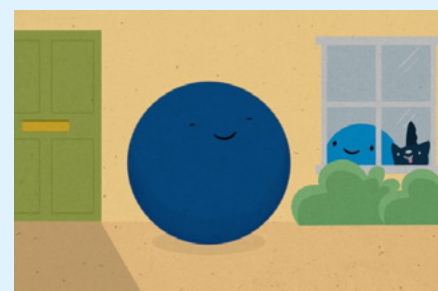
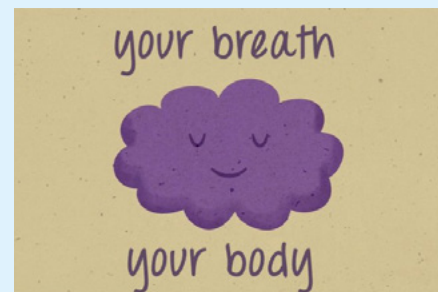
to digest every day, and potential concerns to address, the video and leaflet suggest ways to maintain open, honest communication and focus on teamwork. During a crisis, checking in on everyone’s mental health and wellbeing is vital.

Annette says: “Every nurse needs this.”

Watch the videos at:  
[rcn.org.uk/mindfulness](https://rcn.org.uk/mindfulness)

## Six steps to mindfulness

1. Connect to your senses to bring you into the moment – notice what you can see, hear, smell and feel.
2. Take three mindful breaths, focusing on how it feels when you breathe in and out deeply.
3. Be aware of your body, how it feels and any movements you’re making.
4. Notice the emotions you’re feeling. Pause to name them, without judging or criticising yourself.
5. Notice the type of thoughts in your mind, rather than specific thoughts. Name the types – are they memories, worries, past conversations or future plans?
6. Find somewhere to sit or stand to do a three-step breathing practice:
  - Awareness: notice how your body feels and what you’re thinking.
  - Your breath: become aware of which parts of your body move when you breathe in and out and how this feels.
  - Expanding: breathe deeply so it feels like each breath fills your whole body.



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# 10 steps to effective hand washing



1 Wet hands and forearms



2 Soap up rubbing palm to palm



3 Rub with fingers interlaced



4 Massage between fingers, right palm over back of left hand, left palm over back of right hand



5 Scrub with fingers locked including finger tips



6 Rub rotationally with thumbs locked



7 Rinse thoroughly



8 Dry palms and backs of hands using a paper towel to help remove remaining bacteria



9 Work towel between fingers and dry around and under nails



10 Place used towels in a bin, ensuring that you do not touch the bin lid with your hands





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Duties will include:-

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Informal enquiries and practice visits are very welcome - contact Zeph Churchill (Lead Nurse) via email on Zephania.Churchill1@nhs.net

Applications by full and detailed CV and accompanying letter to:

Mr Don McGeorge, Practice Manager, Beechfield Medical Centre, Beechfield Gardens, Spalding PE11 2UN or (preferably) by email to Don.McGeorge@nhs.net

FURTHER INFORMATION ABOUT THE PRACTICE AND THE ROLE IS AVAILABLE AT [www.beechfieldmc.co.uk](http://www.beechfieldmc.co.uk)

CLOSING DATE FOR APPLICATIONS: 21 April 2020

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For further information or to join our team, please email a copy of your CV including details of your qualifications to [admin@hghealthcare.co.uk](mailto:admin@hghealthcare.co.uk)

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Come and see us at our Open Day at Charing Cross Station on Saturday 9th May 2020.

To find out more information or to apply please visit [www.met.police.uk/car/careers](http://www.met.police.uk/car/careers)

The MPS's recruitment practices reflect our commitment to safeguarding the welfare of children and vulnerable adults. The MPS is an equal opportunities employer.



Distant, unresponsive, pupils dilated, no form of identification

Aggressive, uncooperative, lashed out at officers but also cried, agitated when questioned



Upset, incoherent, slurred speech, smell of alcohol, seemed confused and frightened



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£24,698 – £28,750 per year, pro rata (dependent on experience), plus shift enhancements • 22.5 – 37.5 hours per week, to include family friendly shifts

We are recruiting qualified Staff Nurses to join our nursing team on our new 28 bed Inpatient Unit. Our dedicated nurses pride themselves on delivering the highest quality, compassionate care and support to our patients, their families and carers.

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For further information including application details: [www.radley.org.uk](http://www.radley.org.uk)

Radley College is committed to safeguarding and promoting the welfare of children and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Disclosure and Barring Service.

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Informal enquiries to: SCN Fiona McGlynn on 01463 704335 / 706142  
email: [fiona.mcglynn@nhs.net](mailto:fiona.mcglynn@nhs.net)

Closing date for completed applications: 16th April 2020.

Job reference: 019775.

Please apply via our website: <https://apply.jobs.scot.nhs.uk/displayjob.aspx?jobid=20057>



[www.nhshighland.scot.nhs.uk](http://www.nhshighland.scot.nhs.uk)



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Interested?

Further information and an application pack can be obtained by visiting [www.treloar.org.uk](http://www.treloar.org.uk) or for an informal visit please contact Georgina Flower (HR) on 01420 547400 ext. 3411. Closing date: 19th April 2020.

Treloar Trust is committed to safeguarding children, young people and vulnerable adults. All successful candidates will be subject to a DBS check along with other relevant employment checks.

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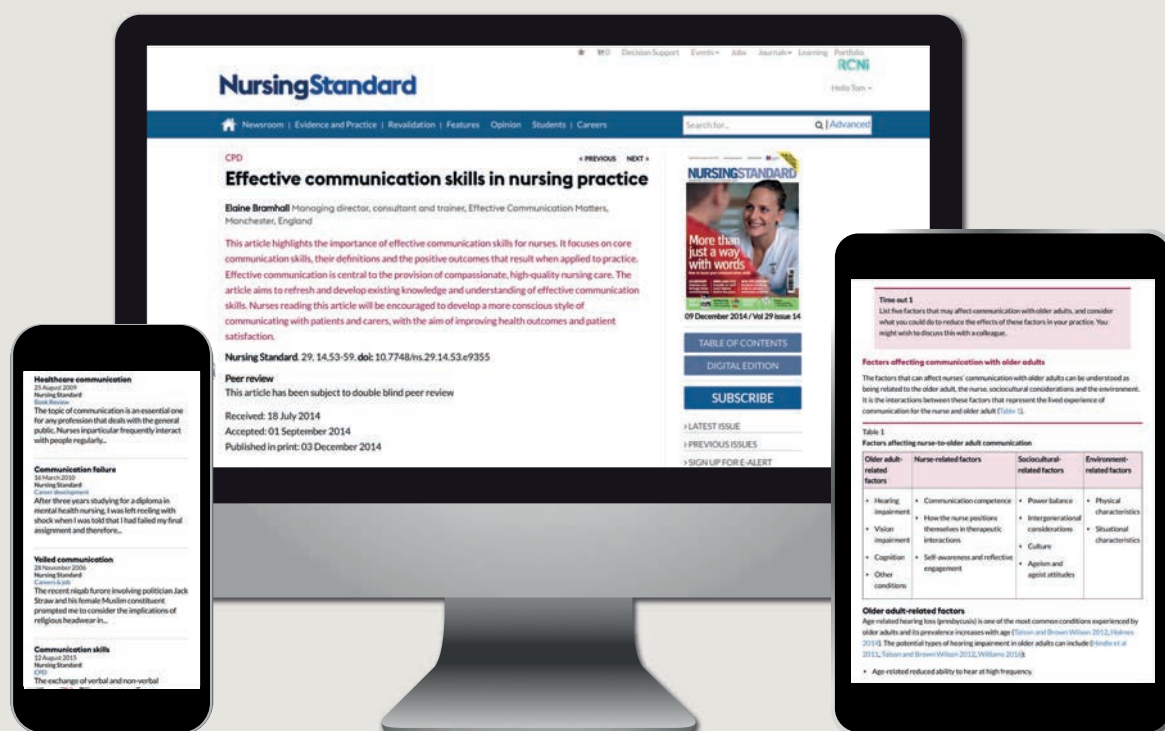


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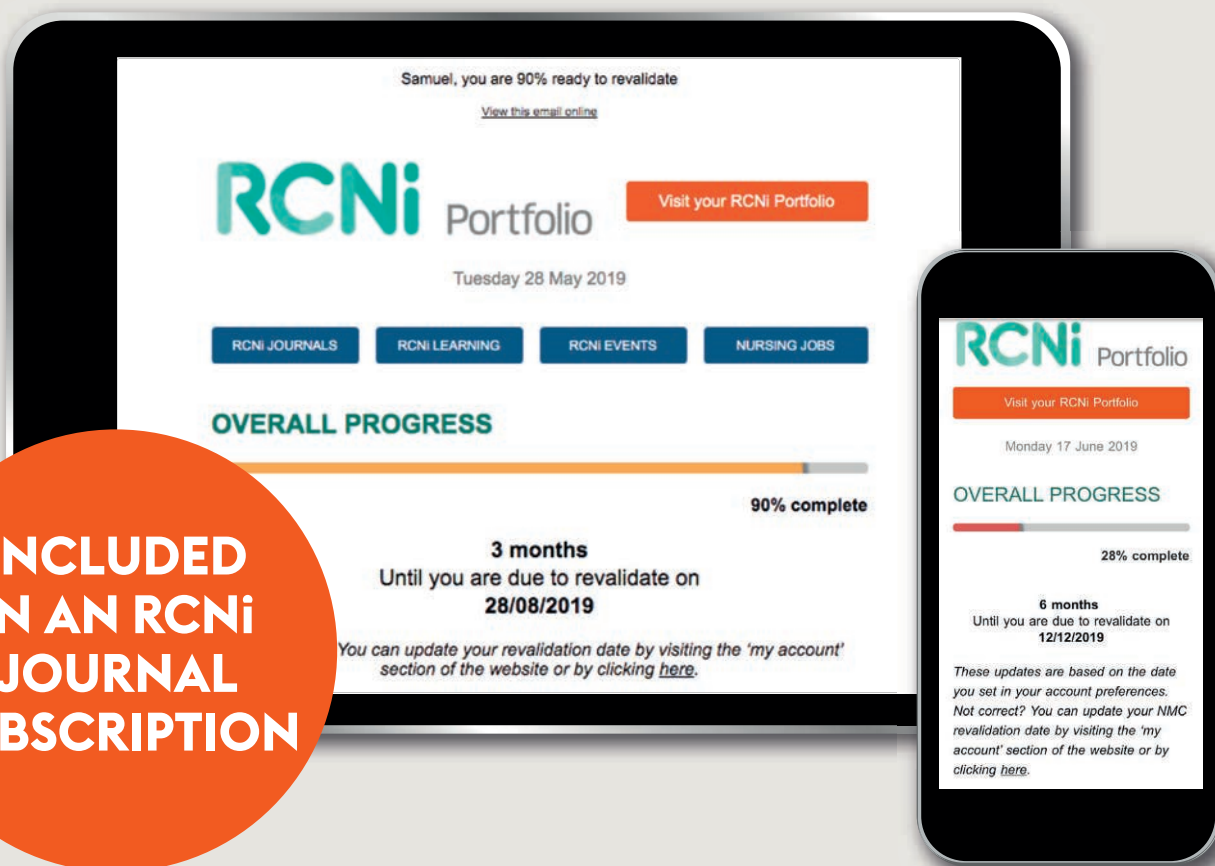
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