

CLINICAL PLACEMENT GUIDE

This guide outlines the insurance available for medical, nursing, dental and psychology undergraduate and postgraduate students participating in University approved clinical placements.

Pre-conditions to this cover:

- The clinical placement is a requirement of the student's course of study.

*Please note: if there is an institutional level agreement between the University and the Host Organisation, there is **no need to complete** the Clinical Placement Agreement form in this guide. Please check with your Placement Coordinator before proceeding.*

- The student's participation has been approved by the Head of School.
- The student is not employed by the Host Organisation where the placement is being undertaken.
- The student is not paid for the work performed.
- The student is supervised by experienced personnel throughout the placement.
- The University is not liable for any negligent act, error or omission on the part of the Host Organisation that results in injury to a student, or loss or damage to the student's personal property.

If you require assistance, please contact the Legal & Risk Branch.

Special notes about the University's Insurance

The University obtains insurance to provide protection (indemnity) to the University in the event of a claim made by a third party. Students undertaking approved work experience placements are provided with:

- **Medical Malpractice** provided that the student is supervised at all times.
- **Public Liability Insurance** to a limit of \$20M per any one event for an act, error or omission on the part of the student that results in injury loss or damage to the Host Organisation.
- **Travel Insurance** while undertaking approved University travel.
- **Personal Accident Insurance**.

Students are not "registered practitioners" and are therefore not authorised to practice their discipline independently in **any** capacity. The student status allows students to undertake supervised clinical activity in an approved clinical environment.

Students are required to act in accordance with the directions of their clinical placement supervisor as well as in accordance with the policies and procedures of the Host Organisation.

Students must not provide advice or treatment to patients without the approval of their placement supervisor.

Work experience versus paid employment:

Psychology accreditation guidelines stipulate that one in three placements may be undertaken at a workplace where a student is employed (generally on a part-time basis).

In such situations, paid work must be clearly defined, as University cover will cease during this time and the Host Organisation employing the student will need to provide the necessary WorkCover and Public Liability insurance (as is the case with any paid employment).

The University's insurance cover does not extend to students working in paid employment.

If the placement is considered legally to be an employment relationship, the University's insurance cover will not apply.

Steps to obtain cover

1. The student must complete Part A of this guide – the *Clinical Placement Agreement* – and submit it to the Host Organisation - along with copies of the University's certificates of currency for Medical Malpractice, Public Liability, Personal Accident and Travel Insurance (which are attached to this guide).
2. The Host Organisation is asked to complete Parts B and D, and note the conditions in Part C, and to return the completed *Clinical Placement Agreement* to the Schools Administration Office.
3. The Head of School (or delegate) must complete Part E approving the clinical placement with the Host Organisation and retain the documentation on file.
4. To ensure cover remains valid the student or School **must** report any adverse or notifiable events as soon as they occur.

Reporting adverse or notifiable events

A Notifiable Event is any incident that could result in a claim made against the University. It may be a consequence, fact, situation, error, omission, occurrence, activity or failure to do something.

Examples:

- Injury to a patient during treatment
- Adverse patient event
- Fraud or fraudulent activity
- Threat of legal action
- Damage or vandalism of property or equipment

THE UNIVERSITY MUST NOTIFY
OUR INSURERS OF EVERY
NOTIFIABLE EVENT TO ENSURE
WE REMAIN INSURED

It is essential that notifiable events are reported to the Legal & Risk Branch as soon as they occur or become evident. Any change in the circumstances of a previously reported notifiable event must also be reported.

A failure to report may mean the denial of a claim.

How to make a report

To report a notifiable event, please complete the report form in Part F at the end of this guide and email it to helpdesklegal@adelaide.edu.au.

Alternatively, please ring the Legal & Risk Branch on (08) 8313 4539 to discuss the matter.

Clinical Placement Agreement

Part A - Student Details

Family Name _____ Given Names _____

Student ID No. _____ Student Phone No. _____

Degree/Program enrolled _____

Faculty _____ Campus _____

Emergency contact

Name _____ Relationship _____

Phone No. (home) _____ (work) _____

Mobile No. _____

School contact

Name _____ Phone No. _____

As a student on clinical placement, I agree

1. To attend the workplace to which I have been assigned at the agreed times and days (as stated in part B).
2. To notify both my Supervisor / Placement Coordinator (named in Part B) and the School Contact above if I am unable to attend for reasons of ill health or any other reason.
3. To present myself in an appropriately dressed fashion ensuring I am wearing any protective clothing required by the Host Organisation.
4. To familiarise myself and comply with workplace policies and procedures brought to my attention and obey all lawful directions of the workplace to which I have been assigned.
5. To work to my full capacity, with due regard for my responsibilities in the workplace.
6. To work under the supervision of a qualified officer of the Host Organisation at all times, acknowledging that I am not qualified to practice my discipline independently in any capacity.
7. To adhere to privacy and confidentiality requirements of the workplace.
8. To comply with all Workplace Health & Safety requirements of the Host Organisation.
9. To inform the Host Organisation workplace supervisor / Placement Coordinator and the School Administration Office of any accident, injury or emergency which I have been involved in.
10. That if I do not comply with these obligations or act in a way that is detrimental to the Host Organisation, my placement may be suspended or terminated by the Host Organisation and/or may be considered as student misconduct for the purposes of the University's policies.

Student's Signature _____ Date _____

Clinical Placement Agreement

Part B - Host Organisation Details

Name _____ Phone No. _____

Street Address _____

Contact Person _____ Phone No. _____

Email Address _____ Fax No. _____

Location of placement _____

Supervisor Name _____ Phone No. _____

Date of placement (from) _____ (to) _____

Hours of work (start) _____ (finish) _____

Description of tasks to be performed _____

Special Conditions (clothing, safety equipment, parking) _____

Clinical Placement Agreement

Part C - Conditions

We (the Host Organisation) agree to accept the named student on clinical placement and plan an appropriate program and provide suitably qualified and experienced personnel to supervise the student.

We agree to provide the student with a workplace induction that will prepare them to undertake the tasks and duties of the clinical placement safely. All reasonable precautions will be taken to ensure the workplace is non-discriminatory and harassment free.

The University/School Administration Office will be notified by our organisation in the case of a student's illness, injury or unexplained absence. The student will not receive any form of reward or payment for work performed during the placement and will not be used to replace paid workers or be used during any form of industrial dispute. The student is not to be required to undertake any task prohibited by the University, Legislation or insurance requirements.

It is understood by all parties that the University, the Host Organisation or the student may, without notice, cancel the clinical placement.

Part D - Insurance

The University maintains a Public Liability insurance policy that will indemnify the Host Organisation for any negligent act, error or omission by the student during the period of the work experience placement. Certificates of Currency for Medical Malpractice, Public Liability, Travel and Personal Accident are attached to this Placement Agreement.

It is the Host Organisation's responsibility to ensure that the placement does not give rise to an employment relationship. The Host Organisation understands and agrees that the insurance coverage provided by the University for the student for the placement will not apply in the event the placement is determined at law to give rise to an employment relationship.

The Host Organisation agrees to indemnify the University and the student for any negligent act, error or omission by its employees, agents or contractors that results in any injury, loss or damage to the student or to University property being used by agreement with the Host Organisation.

The Host Organisation's liability to indemnify the University or the student is reduced proportionately to the extent that any negligent act, error or omission by the University or the student contributed to the injury, loss or damage.

Clinical Placement Agreement

Part D – Insurance

The Host Organisation is required to provide the University/School Administration Office with proof of Public Liability insurance.

A copy of a valid Certificate of Currency is attached

(please tick)

Signed by the Host Organisation's Authorising Officer

Name _____

Signature _____

Date _____

Part E – Head of School Authorisation

I grant permission for the above named student to undertake the placement with the above named Host Organisation in accordance with the conditions and guidelines above.

Signed by the Head of School (or delegate)

Name _____

Signature _____

Date _____

Distribution

1. School Administration Office
 2. Host Organisation
 3. Student
-

Reporting Adverse Events

Part F – Notifiable Event Summary

To report a notifiable event, the student or School should complete this report form and email it to helpdesklegal@adelaide.edu.au.

Alternatively, please phone the Legal & Risk Branch on (08) 8313 4539 to discuss the matter.

NAME OF STUDENT		
STUDENT NUMBER		
DATE OF EVENT		
LOCATION OF EVENT		
NAME OF HOST ORGANISATION		
ADDRESS OF HOST ORGANISATION		
HOST ORGANISATION CONTACT	Name:	
	Title:	Contact Details Email: Phone:
BACKGROUND / DESCRIPTION OF EVENT		
ENQUIRIES / INVESTIGATIONS UNDERTAKEN		
CURRENT STATUS		
ASSESSMENT OF RISK		

Invoice # 050-469686
The University of Adelaide



UNIQUE MARKET REFERENCE B1262 FI 0732117

ATTACHING TO DELEGATED UNDERWRITING CONTRACT NUMBER Not Applicable

TYPE Medical Malpractice

INSURED The University of Adelaide (ABN 61 249 878 937)
Adelaide Unicare Pty Ltd
Spencer Gulf Rural Health School (Run-off cover)
Adelaide to Outback
Colgate Australia Clinical Dental Research Centre
Adelaide Research & Innovation Pty Ltd in respect of Pain & Anaesthesia
Research Clinic (PARC)
ACN 008 123 466 Pty Ltd (formerly Repromed Pty Ltd) (Run-off cover)
Women's & Children's Health Research Institute

including controlled entities

PRINCIPAL ADDRESS OF INSURED C/O Legal and Risk
Mitchell Building
North Terrace
Adelaide
South Australia 5005

PERIOD OF INSURANCE From: 31 December 2018

To: 31 December 2019

Both days inclusive at 1600 Local Standard Time at the Principal Address of the Insured.

INTEREST The Insurer agrees to indemnify the Insured for Medical Malpractice as more fully disclosed within the Policy Wording.

LIMIT OF INDEMNITY \$20,000,000 any one claim and in the aggregate, including costs and expenses

DEDUCTIBLE \$100,000 Each and Every Claim (including Defence Costs)

TERRITORIAL LIMITS Worldwide

Attention: Ms A Hill

To Whom It May Concern,

MEMORANDUM OF INSURANCE

This Memorandum is to confirm that, as the appointed insurance broker to The University of Adelaide, the following contract of insurance has been arranged as at the date of this Memorandum.

CLASS OF INSURANCE: Public & Product Liability

INSURED: The University of Adelaide and its Controlled Entities, Associated Entities and Businesses

PERIOD OF INSURANCE: From: 31 December 2018 to: 4:00pm 31 December 2019

INTEREST INSURED: Legal liability for bodily injury and/or property damage limited to \$20,000,000 any one loss, unlimited in the aggregate in regard to Public Liability and any one loss and in the aggregate in regard to Products Liability

SITUATION World Wide

INSURER: Newline Underwriting Management Limited, Lloyds Syndicate 1218 & ots

POLICY NO: FI0732418 & ots

INTERESTED PARTY: Various parties as declared from time to time

****IMPORTANT NOTICE****

This Memorandum is issued as a matter of information only and does not confer any rights upon the Memorandum holder. This Memorandum does not alter or override the terms and conditions of the contract of insurance. You must consult the policy wording for the terms, conditions and exclusions of the contract of insurance.

Issued on 31 December 2018
By ARTHUR J. GALLAGHER
A Division of Arthur J. Gallagher & Co (Aus) Limited



David Clarke
Client Manager - Corporate

Attention: Ms A Hill

To Whom It May Concern,

MEMORANDUM OF INSURANCE

This Memorandum is to confirm that, as the appointed insurance broker to The University of Adelaide, the following contract of insurance has been arranged as at the date of this Memorandum.

CLASS OF INSURANCE: Group Personal Accident - Undergraduate Work Experience

INSURED: The University of Adelaide and its Controlled Entities, Associated Entities and Businesses

PERIOD OF INSURANCE: From: 31 December 2018 to: 4:00pm 31 December 2019

INTEREST INSURED: Students undertaking work experience subject to limits in regard to Death and Capital Benefits commencing at \$100,000, Weekly accident benefit \$300 subject to 85% of earnings. Subject to lesser limits where applicable

SITUATION Anywhere in Australia

INSURER: AIG Australia Limited

POLICY NO: 2300110172

INTERESTED PARTY: Undergraduate Work Experience students at the University of Adelaide

****IMPORTANT NOTICE****

This Memorandum is issued as a matter of information only and does not confer any rights upon the Memorandum holder. This Memorandum does not alter or override the terms and conditions of the contract of insurance. You must consult the policy wording for the terms, conditions and exclusions of the contract of insurance.

Issued on 31 December 2018
By ARTHUR J. GALLAGHER
A Division of Arthur J. Gallagher & Co (Aus) Limited



David Clarke
Client Manager - Corporate

Attention: Ms A Hill

To Whom It May Concern,

MEMORANDUM OF INSURANCE

This Memorandum is to confirm that, as the appointed insurance broker to The University of Adelaide, the following contract of insurance has been arranged as at the date of this Memorandum.

CLASS OF INSURANCE: Corporate Travel

INSURED: The University of Adelaide and its Controlled Entities, Associated Entities and Businesses

PERIOD OF INSURANCE: From: 31 December 2018 to: 4:00pm 31 December 2019

INTEREST INSURED: Loss in accordance with the sections of the policy while travelling anywhere in the World limited as per policy terms and conditions

SITUATION World Wide

INSURER: AIG Australia Limited

POLICY NO: 2300110171

INTERESTED PARTY: Various staff, students and other parties as declared from time to time are Insured Persons for the purpose of this cover

****IMPORTANT NOTICE****

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Issued on 31 December 2018
By ARTHUR J. GALLAGHER
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David Clarke
Client Manager - Corporate