

Clinical Placement Insurance Guide

This guide outlines the insurance available for medical, nursing, dental, counselling & psychotherapy 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

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.

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

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:	
	Email	
	Phone	
BACKGROUND / DESCRIPTION OF EVENT		
ENQUIRIES / INVESTIGATIONS UNDERTAKEN		
CURRENT STATUS		
ASSESSMENT OF RISK		



14 January 2020

To Whom it May Concern,

Marsh Pty Ltd
ABN 86 004 651 512

Level 1
148 Frome Street
ADELAIDE SA 5000
GPO Box 1693
ADELAIDE SA 5001

Tel +61 8 8418 0288
Fax +61 8 8223 6903

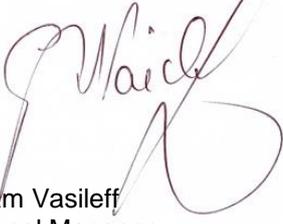
www.marsh.com.au

Certificate of Currency

Our Ref: 045851

INSURANCE CLASS	Medical Malpractice Liability	
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:	North Terrace, Adelaide South Australia 5005	
PERIOD OF INSURANCE	From: 31 December 2019 To: 31 December 2020 Both days inclusive at 1600 Local Standard Time at the Principal Address of the Insured.	
LIMIT OF INDEMNITY:	\$20,000,000 any one claim and in the aggregate, including costs and expenses	
TERRITORIAL LIMITS:	Worldwide	
INSURER	PROPORTION	POLICY NUMBER
Underwriters at Lloyd's	100.000%	F11227819

This certificate of currency provides a summary of the policy cover and is current on the date of issue. It is not intended to amend, extend, replace or override the policy terms and conditions contained in the actual policy document. This certificate of currency is issued as a matter of information only and confers no rights upon the certificate holder. We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or in transmitting this certificate by email or for any loss, damage or expense thereby occasioned to any recipient of this letter.


Graham Vasileff
Divisional Manager



14 January 2020

To Whom it May Concern,

Marsh Pty Ltd
ABN 86 004 651 512

Level 1
148 Frome Street
ADELAIDE SA 5000
GPO Box 1693
ADELAIDE SA 5001

Tel +61 8 8418 0288
Fax +61 8 8223 6903

www.marsh.com.au

Certificate of Currency

Our Ref: 045853

INSURANCE CLASS	Public & Products Liability
INSURED	The University of Adelaide (ABN 61 249 878 937)
PRINCIPAL ADDRESS	North Terrace, Adelaide South Australia 5005
PERIOD OF INSURANCE	From: 31 December 2019 To: 31 December 2020 Both days inclusive at 1600 local standard time at the Principal Address of the Insured.
LIMIT OF INDEMNITY	\$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
TERRITORIAL LIMIT	Worldwide
INSURER	Newline Underwriting Management Limited, Lloyd's Syndicate 1218 & others
POLICY NUMBER	FI0732417 & others

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Graham Vasileff
Divisional Manager



14 January 2020

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www.marsh.com.au

Certificate of Currency

Our Ref: 051697

INSURANCE CLASS	Group Personal Accident – Students Undertaking Work Experience (Undergraduate)
INSURED	The University of Adelaide
GEOGRAPHICAL SCOPE	Anywhere in Australia and in accordance with the applicable Policy Wording / Product Disclosure Statement.
PERIOD OF INSURANCE	From: 31 December 2019 at 4 PM Local Time (SA). To: 31 December 2020 at 4 PM Local Time (SA).
INSURED PERSON(S)	Students undertaking work experience: Cover under this Policy applies to all those hazards to which a Covered Person is exposed whilst actually engaged in Work Experience Activities including necessary direct travel to and from such work experience on behalf of the Policyholder. PROVIDED ALWAYS that the Policy shall only apply in respect of such work experience officially organised by and under the control of the Policyholder.
INTEREST INSURED	Students undertaking work experience subject to limits in regards to Death and Capital Benefits of \$100,000 and Weekly Accident / Injury Benefit of \$300 subject to 85% of earnings. Subject to lesser limits where applicable.
INTERESTED PARTY	Undergraduate Work Experience Students at the University of Adelaide.

INSURER	PROPORTION	POLICY NUMBER
AIG Australia Limited	100.000%	2300110172

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Felicity Furby
Senior Account Executive



13 January 2020

To Whom it May Concern,

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ADELAIDE SA 5001
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Certificate of Currency

Our Ref: 051696

INSURANCE CLASS	Travel								
INSURED	The University of Adelaide								
TERRITORIAL LIMITS	Worldwide excluding sanctioned territories unless specifically agreed by the Insurer to provide cover for individual trips referred.								
POLICY PERIOD	From: 31 December 2019 at 4 PM Local Time (SA). To: 31 December 2020 at 4 PM Local Time (SA).								
INSURED PERSON(S)	Category 1 – Nominated Staff as agreed. Category 2 Staff, Private and Alumni Travel as agreed. Category 3 – Post Graduates as agreed. Category 4 – Honorary Position Holders, Contract Lecturers and Contractors as agreed. Category 5 – Undergraduate Students as agreed.								
DEFINITION OF TRAVEL	As agreed for each Category of Insured Person(s) nominated above and as set out in the Schedule of Insurance.								
AGGREGATE LIMITS OF LIABILITY	<table><tr><td>Total Liability (a)</td><td>\$7,000,000</td></tr><tr><td>Unscheduled Flights (b)</td><td>\$2,500,000</td></tr><tr><td>Kidnap Ransom & Extortion (c)</td><td>\$1,000,000</td></tr><tr><td>Personal Liability (d)</td><td>\$10,000,000</td></tr></table>	Total Liability (a)	\$7,000,000	Unscheduled Flights (b)	\$2,500,000	Kidnap Ransom & Extortion (c)	\$1,000,000	Personal Liability (d)	\$10,000,000
Total Liability (a)	\$7,000,000								
Unscheduled Flights (b)	\$2,500,000								
Kidnap Ransom & Extortion (c)	\$1,000,000								
Personal Liability (d)	\$10,000,000								

INSURER	PROPORTION	POLICY NUMBER
AIG Australia Limited	100.000%	2300110171

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Felicity Furby
Senior Account Executive