

Information and Guidelines - Professional Liability Insurance Coverage For Student Volunteer Events with Clinical Activity

The campus, schools and individuals on campus have been receiving an increasing number of requests for “volunteers” to assist with community outreach and volunteer events, such as requests for health aides at marathons or walks, and to give flu shots at campus or community events. These requests may be promoted through campus email or bulletin-boards by UMB or school leadership, by student groups, or by others.

It is important for students, faculty and staff to know that the professional liability insurance provided to UMB students is intended to cover only formal experiential training activities that are part of the curriculum that are organized and conducted under the supervision of the school. Students and University personnel should not assume that the same professional liability insurance provides coverage for volunteer or community outreach activities.

A school or program may determine that a specific volunteer or community outreach activity qualifies as a “formal experiential training activity that is part of the curriculum, organized and conducted under the supervision of the school.” However, such a determination must be made in advance and a specific list of qualifying criteria must be reviewed and approved before the activity may be qualified for coverage.

The criteria are designed to ensure that UMB student volunteer activities comply with the terms imposed by each insurance company as a condition of providing professional liability insurance to UMB students. In each case, the School or program must keep in its files documentation showing that a designee of the Dean determined in advance that minimum criteria were met, risks were appropriately assessed, and school oversight and control of the volunteer event was meaningful and adequate to manage risks arising from UMB student participation.

Attached is a form that should be used by each School or program. Each school or program must submit to UMB Risk Management a quarterly report of all approved student volunteer activities. The reports will be used to analyze risks and assist UMB insurers in determining future premium calculations.

These guidelines address professional liability insurance coverage for UMB students only. Determining if UMB faculty and staff are properly licensed and insured for volunteer activities requires a different analysis and is not addressed under these guidelines.

Email completed form and list of UMSOD attendees to: emarkwitz@umaryland.edu and cturton@umaryland.edu

<p align="center">Student Volunteer Activity - Application for Consideration of an Activity as: <i>A Formal Experiential Training Activity that is Part of the Curriculum, Organized and Conducted Under the Supervision of the School</i></p>
Date:
Form submitted by:
Name of event:
Sponsor name and telephone:
Date, time and location:
Description of the event:
Description of how the student's participation is part of the curriculum:
UM School and Program whose students are participating:
Names of UMB students participating (Attach List):
Minimum qualifications for UM students participating:
Role and responsibility of UM students:
Name and telephone # of School of Dentistry faculty supervising UM students:
Name, title and telephone # of Sponsor of the event:
If oral health care or other services may be provided, name and telephone of organization responsible for retaining patient/client records of services and incidents:

Organization(s) name and telephone responsible for providing drugs, devices, materials, equipment or consumables that may be used or dispensed by students:

List items that may be used or dispensed by students:

Name, title and telephone of UM person responsible for delivering to School the names of each UMB student, faculty and staff member who actually participated in the event.

I AM THE DEAN'S DESIGNEE FOR RISK ASSESSMENT OF STUDENT VOLUNTEER ACTIVITIES. I HAVE REVIEWED THE INFORMATION SUBMITTED AND DETERMINED THAT THIS EVENT:

DOES _____ DOES NOT _____

Qualify as "a formal experiential training activity that is part of the curriculum and is organized and conducted under the supervision of the school."

The event is:

Approved _____ NOT Approved _____

Signature

Date

School of Dentistry rev 02 13 2024

List Names of Participants Attending Event and put a check under the correct category:

Number	Name of Provider	Faculty	Dental Student	Dental Hygiene	Resident	Staff	
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