April 28, 2005

MEMORANDUM

TO: CSU Presidents

FROM: Charles B. Reed
       Chancellor

SUBJECT: Policy on University Health Services – Executive Order No. 943, supersedes Executive Order No. 814

Attached is a copy of Executive Order No. 943, superseding the California State University (CSU) policy on university health services, Executive Order No. 814.

The changes in this Executive Order include the following:

- Section VII A. - clarification in order to address more fully the credentialing and privileging of health care providers.
- Section VII B. 4 - clarification concerning the necessity of board certification for physicians.
- Section XVII C. 4 - clarification of the intent to create a single Student Health Services Advisory Committee on each campus.
- Section XVII. C. 5 - requirement for HIPAA-covered entities to provide information about the campus privacy officer.

These changes were recommended by the Student Health Services Advisory Committee and reviewed by the CSU Office of General Counsel.

In accordance with policy of the California State University, the campus president has the responsibility for implementing executive orders where applicable and for maintaining the campus repository and index for all executive orders.

CBR:lem

Attachment

cce: Provosts/Vice Presidents for Academic Affairs
     Vice Presidents for Student Affairs
     Student Health Center Directors
     Executive Staff, Office of the Chancellor
Executive Order No. 943

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
401 Golden Shore
Long Beach, California 90802-4210
(562) 951-4700

Executive Order No: 943

Title: Policy on University Health Services

Effective Date: April 28, 2005

Supersedes: Executive Order No. 814

This executive order is issued under the authority of Sections 1 and 2 of Chapter III of the Standing Orders of the Board of Trustees and is effective April 28, 2005.

I. Purpose

This policy governs the provision of health services in the California State University. It is not intended to alter but rather is intended to implement Board of Trustees’ policy. Thus, in case of perceived conflict between Trustees’ policy and this executive order, the Trustees’ policy shall prevail. Health services are provided through Student Health Centers, university athletic programs, academic programs, and auxiliary organizations. Regardless of where these services are provided, the provision of services must comply with the policies contained in this executive order. The president or designee shall ensure appropriate oversight of all university health services.

This policy applies to Student Health Centers. The section on athletic medicine applies only to athletic programs. Sections “VII. Qualifications of Providers of Health Care at CSU Campuses,” “IX. Health Facility Safety and Cleanliness,” “X. Medical Records,” “XII. Security of Health Facilities,” and “XVI. Insurance and Liability Coverage,” apply to all campus programs and entities providing health care.

Student Health Centers shall be established and maintained to facilitate the retention of students matriculated in state-supported programs of the university and to enhance the academic performance of students through accessible and high quality medical care, public health prevention programs, and educational programs and services.

II. Student Health Advisory Committee

Each president or designee shall establish a student health advisory committee. The committee shall be advisory to the president or designee and the Student Health Center on the scope of service, delivery, funding, and other critical issues relating to campus health services. Students shall constitute a majority of membership and the committee may
include faculty, administrative, and staff members and shall include a representative from the Student Health Center. A student shall chair the committee.

III. Required Basic Student Health Services

A. The following basic services shall be available in all Student Health Centers subject to the limitations stated below. These basic services shall be available to all matriculated students who have paid the appropriate mandatory student health fee:

1. Primary outpatient care consistent with the scope of service, and the skills and specialties of clinical staff;

2. The provision of family planning services, consistent with current medical practice excluding surgical procedures;

3. Public health prevention programs including immunizations for the prevention and control of communicable diseases including required immunizations and those immunizations required for participation in educational programs of the campus (e.g., nursing);

4. Health education (e.g. nutrition, sexually transmitted infections, HIV, alcohol and substance abuse, eating disorders, preventive medicine);

5. Evaluation and guidance for individual health problems;

6. Clinical laboratory diagnostic services in support of basic services. Tests to be provided at no additional charge, regardless of where performed, include the following: complete blood count, urinalysis, screening cultures, and urine pregnancy tests;

7. Basic diagnostic X-ray services;

8. Pharmacy services;

9. Medical liaison services with other community health agencies and services (e.g., county health departments, medical and nursing schools);

10. Consultation with and referral to off-campus health care providers and hospitals; and

11. Consultative services on campus health issues.

A common core of basic medical services for students within the CSU system shall be provided although it is acknowledged that some services on individual campuses may vary from those provided elsewhere in the system due to the availability of medical personnel, facilities, and equipment. It is also recognized that the care of certain illnesses, injuries, and conditions may require hospitalization or referral to other
community medical facilities for after-hours, long-term, specialty, or other care requiring staff, facilities, and equipment which are either not available to the Student Health Center or beyond the scope of authorized service. The patient, not the university, is financially responsible to the provider for health services received off campus and for health services received on campus but beyond the scope of authorized services.

B. **First Aid** – Student Health Centers shall provide first aid during normal operating hours to all persons while on the campus, or at campus activities, if a qualified health care provider is available and in attendance. First aid is defined as one-time treatment that typically does not require a physician, laboratory, X-ray, or pharmacy services.

C. **Reciprocal Services** – Students eligible for basic services at one CSU campus shall be eligible for basic services provided by other CSU campuses at no additional charge.

D. **Funding Basic Services**

1. Campuses may assess all students a mandatory student health services fee to provide basic services. Campuses may also fund basic student health services using General Fund allocations. Such fees shall not exceed substantially the cost of services provided. Additional fees for basic services may not be charged except for the cost of laboratory tests sent to reference laboratories and the actual acquisition cost of vaccines, medications, and devices/appliances. All proceeds of the mandatory student health fee and interest earned shall be used to support Student Health Center operations.

2. The campus president or designee may establish campus-based procedures for waiving mandatory student health services fees in exceptional circumstances (REP 07-93-05).

3. The establishment and changing of student health fees are subject to the California State University’s student fee policy, described in a separate executive order.

E. **Continued Care** - Student Health Center directors may authorize continued care to a patient who has become ineligible but has not completed prescribed treatment begun while an eligible student. Such care may continue to resolution of the current condition or until appropriate referral has been accomplished. In no case should care extend more than one academic term beyond the loss of eligibility. Continued care is subject to the payment of fees defined in Section “V. Provision of Student Health Services.”

F. **Denial of Care** – Student Health Center directors may, in rare cases, deny care. Student Health Centers shall maintain a written policy that governs denial of care.

IV. **Augmented Services**

Augmented services shall be those health services offered by the Student Health Center that
are elective or specialized in nature and not included in basic services. Only augmented
services listed below or interim services deemed necessary to meet urgent campus health
needs shall be authorized.

A. The following augmented services may be authorized if the conditions stated below in
Section “IV.B. Conditions for Approval of Augmented Services” are met:

1. Specialty care appropriate to the health needs of students and when economically
feasible;

2. Elective physical examinations (e.g., pre-employment, overseas travel, scuba diving
certifications);

3. Elective immunizations (e.g., Hepatitis A, Meningococcal vaccine, or
immunizations required for personal overseas travel);

4. Allergy testing and immunotherapy;

5. Physical therapy services;

6. Dental services;

7. Ophthalmology/Optometry services;

8. Athletic or sports medicine (e.g., required physical examinations);

9. Employee services beyond emergency first aid (See Policy Section “XV. Employee
Health Care Services”);

10. Pharmacy services in support of augmented services;

11. Clinical laboratory and X-ray services provided in support of augmented services;

12. Other appropriate health services as consistent with CSU policy and approved in
writing by the president or designee; and

13. Provision of augmented services to students from other CSU campuses who are
eligible for reciprocal services.

B. Conditions for Approval of Augmented Services - The president or designee is
delegated the authority to approve any augmented service listed above in Section IV.A
subject to all of the following conditions:

1. The service is provided consistent with CSU policy and in a manner that prevents
diversion of resources or staff from the adequate provision of basic student health
services;
2. The Student Health Center or contracted provider is equipped to provide the service;

3. The medical qualifications and specializations of the staff are sufficient to provide the service;

4. Justification of student need or demand for the service has been made;

5. The method for providing the service is the most effective in terms of both treatment and cost; and

6. Proposed services have been submitted for consideration to the student health advisory committee prior to review by the campus president or designee.

It is recognized that augmented services may vary from campus to campus depending upon student needs, facilities, equipment, resources, and medical qualifications and specialties of staff.

C. **Funding Augmented Services** - Each Student Health Center may provide augmented services without imposing additional student fees subject to the conditions stated above. If such services cannot be provided without additional funding support, campuses may use the following methods for funding approved augmented services:

1. A fee for service charged for each use of an augmented service rendered to students.

2. A fee charged to students at the beginning of the term that allows unlimited use of all augmented services provided by the Student Health Centers at no additional charge.

Augmented health service fee charges\(^1\) shall be separate from mandatory student health services fees and shall be charged to students in amounts not to exceed the actual cost of providing the services and/or materials. All proceeds of augmented fees, both revenue and interest earned (if any), shall be used to support Student Health Centers operations. The establishment and changing of augmented health services fees are subject to the California State University’s student fee policy that is described in a separate executive order.

D. **Procedures for Deposit, Accounting, and Expenditure of Augmented Fees**

1. Procedures for the collection of fees by the Student Health Centers shall be in compliance with policies established or approved by the Business Office.

2. Funds collected shall be deposited in a local trust account (Ed. Code, § 89721 (i)).

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\(^1\) Title 5, California Code of Regulations, Section 42659(p) provides that student body organizations also may fund augmentations of campus health services.
3. Expenditures may be budgeted and expended in the independent operations program of the Support Budget.

4. The support appropriation shall be reimbursed at least monthly from the trust account for expenses incurred in providing student health services.

5. Expenditures shall be restricted to staffing, supplies, services, and equipment in the Student Health Center.

6. The Business Office may be reimbursed for costs incurred in the accounting and disbursement of fees at a rate not to exceed 8 percent of fees collected.

V. Provision of Student Health Center Services

A. Academic Year - Student Health Centers or contracted health care providers shall provide medical services Monday through Friday throughout the academic year, excluding campus closures and holidays, to serve all students matriculated in state-supported instruction.

B. Summer - Each Student Health Center on a non year-round campus may provide services during summer periods\(^2\) to regularly enrolled continuing students subject to resources and available funding. A “regularly enrolled continuing student” during quarter or semester breaks, intersession, or the summer is defined as a student who:

1. Was enrolled as a matriculated student in state-supported instruction during the preceding term;

2. Paid all charges and fees due to the campus; and

3. Registered, or is expected to register, for the succeeding term.

Required immunizations may be provided to individuals admitted to the university who intend to enroll in classes in the following term.

C. Year-Round Operations – On campuses with year-round operation (YRO), the term “summer period” used in this section means any one of the four quarters or one of the three semesters during the 12-month year provided that the student has been regularly enrolled at least two terms immediately prior to the term of nonattendance and there is an indication of intent to enroll during the following quarter. Students at YRO campuses may count only one term per 12-month period as a “summer period.” Campuses operating state-supported instruction in the summer shall continue to provide

\(^2\) Some campuses are incapable of providing basic services during certain summer periods. For example, when the only physician on a small campus is on vacation, services must be curtailed. If a campus is unable to provide summer services due to insufficient staff and/or resources, it shall implement a policy to refer students, workshop and institute participants, and campus visitors to appropriate community medical facilities.
regularly enrolled summer students with basic services.

D. **Campus-Sponsored Programs** - Student Health Centers may serve participants in campus-sponsored programs (e.g., continuing education, “Summer Bridge,” on-campus youth programs). Medical services may be made available to such students on condition that service to regularly enrolled students is not diminished.

E. **Continuing Education** - Student Health Centers may provide services to students enrolled in self-support programs by contracts for services between continuing education program sponsors and the Student Health Center.

F. **Distance Learning** - Students enrolled in a distance learning program must choose the campus from which to receive basic services and pay the corresponding mandatory student health fee.

G. **Service Fees** - The chancellor is authorized to establish the following fees for services, consistent with other executive orders:

1. Category III fees (fees paid to receive services) - For regularly enrolled continuing students, workshop, thesis, continuing education, “Summer Bridge,” and on-campus youth program participants during the summer, a fee to receive services may be charged on a fee-per-visit basis.

2. Category I fees (fees paid to enroll in and attend the university) - Students enrolled in continuing education programs and participants in workshops and institutes may be charged a mandatory fee that includes the average cost of staffing, supplies, services, and the administrative and accounting costs necessary to provide basic student health services (such fee shall not be charged on a fee-per-academic-unit basis).

3. Funds collected shall be deposited in a local trust account (Ed. Code, § 89721 (i)).

VI. **Pharmacy Services**

A. **Purpose** - Pharmacy services shall be made available to support the provision of basic and augmented student health services. Pharmacy services shall be provided in accordance with CSU Board of Trustee policy, ethical and professional practices, and state, federal, and local laws.

B. **Pharmacy Operations**

1. Student Health Center pharmacies shall be licensed by the State of California and operated in accordance with the California Business and Professions Code and the most current California State Board of Pharmacy’s Rules and Regulations.
2. Staffing:
   a. The campus president or designee shall provide staffing in a manner that
      ensures coverage of the pharmacy by a registered pharmacist currently licensed
      by the State of California to the fullest extent possible when the Student Health
      Center is open. A licensed pharmacist shall be designated as “pharmacist in
      charge.”
   b. Student Health Centers that offer pre-packaged medication shall provide
      appropriate staffing and ensure professional consultation that maintains
      compliance with state, federal, and local laws.

3. Student Health Center pharmacies shall fill prescriptions written by Student Health
   Center medical providers or appropriately licensed professionals. With the written
   approval of the campus president or designee, the director of the Student Health
   Center may implement a policy that permits the Student Health Center pharmacy to
   fill prescriptions written by off-campus licensed health care professionals for those
   eligible for services.

C. Student Health Center Formularies

1. Student Health Center formularies shall be limited to medications that are necessary
   to provide quality health care and are representative of those medications most
   effective in terms of treatment.

2. Consideration shall be given to cost and quality factors in determining which
   medications shall be included in the formulary.

3. Formulary content shall include prescription and non-prescription items and be
   reviewed at least annually.

4. Quantities dispensed per prescription should reflect current standard medical and
   pharmaceutical practice and appropriate patient monitoring.

D. Inventory Management For Pharmaceuticals

1. Inventories for purposes of inventory control shall be conducted at least annually.

2. Outdated, deteriorated, or recalled medications must be purged on a regular basis
   and disposed of in accordance with federal, state, and local laws.

E. Fees for Medications and Pharmacy Items

Each Student Health Center shall develop a pricing policy for medications, vaccines,
and other pharmacy items consistent with each of the following:
1. Provide such medications, vaccines, and other pharmacy items without a fee; or

2. Charge a fee that shall not exceed the acquisition cost of the medication, the administrative costs, and a fee to cover the cost of packaging, supplies, and labels set and adjusted pursuant to the CSU fee setting authority. These fee provisions shall apply to any single prescription or individually packaged over-the-counter item provided in medically appropriate quantities or representing a one-month supply or less of the prescription item.

F. Procedures for Deposit, Accounting, and Expenditure of Fees for Medications and Prescribed Devices

1. Funds collected shall be deposited in a local trust account (Ed. Code § 89721 (i)).

2. All proceeds of pharmacy fees collected (both fee revenue and interest earned) shall be expended only to defray costs of medications, pharmacy staffing, supplies, and Student Health Center administrative and accounting costs associated with the pharmacy medication program.

G. Pharmacy Security

1. Security standards shall be in place for pharmaceuticals maintained and dispensed through Student Health Center licensed pharmacies. These security standards must comply with federal, state and local laws.

2. The pharmacist in charge shall be responsible for maintaining the security of the licensed pharmacy facility.

3. The pharmacy shall remain locked at all times. Only persons authorized by the pharmacist-in-charge shall be permitted access and only when a licensed pharmacist is present.

4. Pharmacy keys and/or access cards shall be issued only to licensed pharmacists. In addition, the director of the Student Health Center shall possess a single key to the pharmacy that is maintained in a tamper evident container for the purpose of delivering the key to a pharmacist or providing access in case of an emergency (e.g., fire, flood, or earthquake). The signature of the pharmacist-in-charge shall be present in such a way that the pharmacist may determine readily whether the key has been removed from the container. A log showing date, time, name, signature, and purpose must be maintained and reviewed by the pharmacist-in-charge.

5. Only an authorized officer of the law or a person licensed to prescribe may enter the pharmacy when a licensed pharmacist is not present.
H. Security of Pharmaceutical Items Maintained Outside of the Licensed Pharmacy

1. When pharmaceuticals, pre-packaged medications, over-the-counter items, samples, and other medications are stored outside the licensed pharmacy and are for the use of more than one licensed health care provider, the Student Health Center must obtain and maintain a California State Board of Pharmacy Clinic Permit.

2. Procedures must be developed for inventory control, regular removal of outdated, deteriorated, or recalled medications, security procedures, training, protocol development, record keeping, packaging, labeling, dispensing, and patient consultation.

3. The policies and procedures to implement the clinic permit shall be developed and approved by a consulting pharmacist, a physician acting as a professional director, and by the director of the Student Health Center.

4. The policies and procedures shall include a written description of the method used in developing, approving, and revising them.

5. The dispensing of drugs by the Student Health Center, outside of the licensed pharmacy, shall be performed only by a physician, a pharmacist, or other person lawfully authorized to dispense drugs, and only in compliance with the laws.

6. The provisions of Business and Professions Code, Sections 4180 (authorizing the purchase of drugs at wholesale) and 4181 (restricting the dispensing of drugs to a physician and a pharmacist) apply to CSU Student Health Centers (Business and Professions Code § 4180 (a)(1)(e)).

7. When pharmaceuticals are maintained for dispensing by a single licensed health care provider, written policies and procedures must be developed for storage, security, labeling, outdates, record keeping, and other applicable California State Pharmacy and Medical Board law.

VII. Qualifications of Providers of Health Care at CSU Campuses

A. Only those who are qualified to provide health care shall be hired and shall be assigned duties consistent with their qualifications. The determination of qualifications will be guided by state law, CSU Classification and Qualification Standards, National Practitioner Data Bank review, professional references, and accreditation agency guidelines. The Student Health Center director or designee, in conjunction with campus Human Resources, is responsible for the credentialing and privileging of providers of health care in the Student Health Center. For all other campus entities providing health care, including athletic departments, academic programs, and auxiliary organizations, the president or designee is responsible for the credentialing and privileging of health care providers.
B. The **minimum qualifications** for health care providers include the following:

1. Possession of a valid and relevant California professional license. Unlicensed individuals providing health care (e.g., athletic trainers) must do so under the supervision of a physician or other appropriately licensed provider. Such arrangements for supervision must be approved by the Student Health Center director or designee;

2. Possession of a valid Drug Enforcement Agent (DEA) certificate for those who prescribe controlled substances;

3. Current cardiopulmonary resuscitation (CPR) certification as appropriate to assigned duties; and

4. Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) medical board certification appropriate for assigned duties for physicians hired after September 1, 1988. A physician can be given clinical privileges pending initial certification but must be board **certified** as soon possible, but not later than two years after the date of hire. If a physician loses certification thereafter, then the physician may be allowed to continue to provide health care for up to one year while recertification is obtained. If s/he is not recertified within the one-year grace period then the physician's clinical privileges in the Health Center may be suspended immediately.

VIII. Educational Programs

The Student Health Center may participate in educational programs (e.g., residency programs, nursing programs) that involve the provision of health care. Participation in such programs requires the approval of the president or designee, a contract or a memorandum of understanding that has been approved by the CSU Office of General Counsel, and oversight by the Student Health Center Director or designee.

IX. Health Facility Safety and Cleanliness

Student Health Centers and other health facilities have unique needs with regard to cleanliness, sanitation, and employee safety. It is imperative that the president or designee makes consistent and effective efforts to ensure the safe disposal of hazardous waste material and reduce the risk of the environmental spread of disease.

A. To ensure the health and safety of employees, patients, and others, each campus shall implement a written plan that addresses the health and safety risks associated with health facility operation. The plan, consistent with federal and state guidelines, shall include at least the following items:

1. Provides appropriate consultation with custodial staff to address health facility sanitation and safety issues and provides for the assignment of identified and
trained custodial personnel to ensure appropriate cleanliness of the health facility;

2. Addresses the unique conditions that determine the frequency and adequacy of cleaning of specific health facility areas (e.g., laboratory, examining rooms, minor surgery rooms, waiting areas, halls, restrooms); and

3. Provides orientation, continuing education, and training of custodians regarding the transmission and prevention of infectious diseases. Guidelines provided by federal and state agencies shall be followed.

X. Medical Records

A. Medical records shall be secured in compliance with state and federal laws.

B. Only persons authorized by the health facility’s director may gain access.

C. Medical records, defined by California’s Confidentiality of Medical Information Act (Civil Code § 56 et seq.), that are maintained in any other departments than the Student Health Center (e.g., nursing departments, athletic departments, speech pathology laboratories, disabled student services, environmental health and safety) shall follow the same guidelines and controls as medical records kept in the Student Health Center, including the following:

1. The medical record shall document any consent to treat, all exams, diagnoses, services, and follow up, indicating the date, name of the student, name of the provider(s), and a description of the service. The provider of the service shall sign the record;

2. When not in use, medical records shall be stored in either locked files or in a locked room;

3. Access to keys to medical files and/or record room shall be limited to those university employees authorized by the department to have such access;

4. In order to ensure that medical records are filed, stored, and utilized in a manner that provides maximum confidentiality, each campus department shall review biennially its record management procedures;

5. Campuses should maintain electronic data backup in off-site locations; and

6. Confidentiality of all medical information shall be maintained in accordance with the California’s Information Practices Act (Civil Code § 1798.1 et seq.), Confidentiality of Medical Information Act (Civil Code § 56 et seq.), and other state and federal laws.
XI. External Reviews of Student Health Centers

A. In order to obtain external professional assessment of the provision of quality medical care, each Student Health Center shall be evaluated and accredited by an appropriate, nationally recognized, independent review agency such as the Accreditation Association for Ambulatory Health Care, Inc. or the Joint Commission on Accreditation of Healthcare Organizations.

B. Reaccreditation evaluations shall be conducted at three-year intervals or as determined by the accrediting agency and the campus.

C. The report of the accrediting agency shall provide an external assessment of the quality of medical services provided by the Student Health Center. The accrediting agency’s report shall be sent to the campus president or designee. A report of the accreditation process shall be provided to the chancellor.

D. Each Student Health Center shall adopt the quality assurance program required by the accrediting agency as a core component of the campus quality of care assurance program consistent with accreditation guidelines.

XII. Security of Health Facilities

A. Each campus shall develop a formal method of monitoring compliance with campus security policies of all areas of campus that provide health services. In addition, this monitoring process and results should be reported to the chancellor.

B. In order to ensure that patient confidentiality is maintained and that equipment and medical supplies are protected, health facilities shall implement written policies for the control of access to the facility. In recognition of the unique security issues associated with health facility operations, the policy shall address the following:

1. Keys and/or access cards to the facility shall be issued only to personnel approved by the health facility director and those service personnel as designated in the campus key control policy. The facility’s director shall review the control lists of key holders and/or access cardholders annually;

2. Access to the health facility during the hours the facility is closed shall be limited to personnel and other individuals authorized by the health facility director; and

3. Provisions permitting non-health facility employees continuing access to the facility may be made if medical records, medications, and equipment are maintained in locked rooms and/or health facility staff is on duty. Authorization for such access shall be provided by the health facility’s director and approved by the president or designee.

C. Pharmacy Security (See Section “VI. Pharmacy Services”).

D. Medical Records (See Section “X. Medical Records”).
XIII. Athletic Medicine

A. The president or designee is responsible for ensuring appropriate oversight of all medical services provided to students participating in intercollegiate athletics on each campus.

B. Athletic departments shall comply with Section “X. Medical Records.”

C. The president or designee is responsible for having athletic medicine policies and procedures approved in writing by the physician responsible for medical oversight of the athletic medicine program.

D. The physician responsible for medical oversight of the athletic medicine program shall approve all changes in policies and procedures in writing.

E. Credentialing: Only those who are qualified to provide health care shall be allowed to do so in the CSU. The determination of qualifications shall be guided by state law, CSU Classification and Qualification Standards, National Practitioner Data Bank review, and professional references. The president or designee, in conjunction with campus Human Resources, is responsible for credentialing and privileging providers of health care in the athletic department. (See Section “VIII. Qualifications of Providers of Health Care.”)

F. Scope of Service

1. The scope of service for each health care provider shall be in written protocols that are established on each campus.

2. These protocols shall be reviewed biennially for currency and should be available for audit purposes.

3. These protocols shall cover student assistants, student athletic trainers, and other health care providers for intercollegiate athletics.

G. Intercollegiate athletic departments shall develop a quality assurance program similar to that used by the campus Student Health Center.

H. When pharmaceuticals are maintained for dispensing by a single licensed health care provider, written policies and procedures shall be developed for storage, security, labeling, outdates, record keeping, and other applicable California law.

1. Drug distribution records shall be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The records shall be current and easily accessible by medical personnel.
2. Individuals receiving medications shall be properly informed about what they are taking, who prescribed the medication, and how they should take it. Drug allergies, chronic medical conditions, and concurrent medication use should be recorded and readily retrievable in the athletic training room medical record. These records should be reviewed on a regular basis.

3. All drug stock shall be examined at regular intervals for removal of outdated, deteriorated, or recalled medications. Inventories shall be conducted at least annually in order to purge outdated, deteriorated, and recalled medications and to maintain formularies consistent with CSU policy. A written protocol for reviewing all drug stock shall be established and available for review.

4. All emergency and travel kits containing medications and over-the-counter drugs shall be routinely inspected for drug quality and security. A written protocol and log shall be maintained to ensure compliance with this mandate.

I. Safety, Sanitation, and Cleanliness of Facilities: athletic training facilities have unique needs with regard to cleanliness, sanitation, and employee safety and shall comply with "TX. Health Center Safety and Cleanliness."

XIV. Employee Health Care Services

A. Although state policy allows agencies to provide limited employee health care services, the policy of the Board of Trustees limits these services to campuses that can provide assurance that the service will not adversely affect services to students.

B. The president or designee is delegated the authority to approve the provision of employee services on individual campuses subject to all of the following conditions:

1. The service does not divert staff or resources from the adequate provision of health services for students;

2. The medical specialties of the staff are sufficient to provide the service;

3. The scope of basic and augmented services available to students is sufficient to provide the service;

4. The written justification for this service includes the assurance from the Student Health Center director that such services are within the scope of campus staff and facility capability;

5. No comparable medical service can be obtained from non-state sources at lower cost; and

6. Reimbursement is provided to the Student Health Center by the campus for the cost of the following services:
a. Employee physical examinations (employment qualification and periodic exams);

b. First medical treatment of work-related injuries and illnesses; and

c. Evaluation of physical ability of injured to return to work.

XV. Medical Disaster Planning

A. The president or designee shall be responsible for ensuring that campus emergency plans include provision for the training and assignment of Student Health Center staff in disasters that may require emergency medical services.

B. The Student Health Center staff should review medical disaster plans of the campus emergency plan annually. The president or designee shall approve proposed revisions of such plans.

XVI. Insurance and Liability Coverage

The president or designee shall be responsible for ensuring that the Student Health Center and other on-campus medical providers (e.g., athletic departments, academic programs, auxiliary organizations) are adequately covered through risk management and insurance and liability coverage. Campuses should consult with the offices of Risk Management and General Counsel about appropriate coverage.

XVII. Chancellor's Office Oversight Responsibilities

A. To ensure operational effectiveness and efficiency, to ensure compliance with management and regulatory policies, and to reduce risk exposure, the division of Academic Affairs, Student Academic Support within the Chancellor's Office shall monitor systemwide Student Health Center activities.

B. To assist the Chancellor's Office with this oversight responsibility, a systemwide health services advisory committee shall be established. This advisory committee shall be responsible for the following activities:

1. Develop a campus survey based upon an assessment of potential risks that must be completed annually by each campus, e.g., a written list of health services approved by the president or designee provided by all campus departments such as the Student Health Center, athletic department, academic programs, and auxiliary organizations;

2. Review and recommend comparative performance measures developed in collaboration with Student Health Centers directors;
3. Identify the provisions in the executive order that will be evaluated for compliance in the survey;

4. Review annual campus reports, including campus accreditation reports completed during the year of the evaluation, to assess potential risks;

5. Recommend corrective measures to minimize risks identified in the annual survey and accreditation report;

6. Review, revise, and update the executive order to ensure compliance with changes in state and/or federal law; and

7. Recommend to the chancellor university health policy.

C. The president or designee shall report annually the following information:

1. Complete and submit the annual survey developed by the systemwide health services advisory committee;

2. Submit copies of accreditation reports if performed during the year;

3. Submit copies of the campus oversight policy established by the president for all university health services provided by all campus entities (e.g., student health centers, athletic departments, academic programs, and auxiliary organizations);

4. Submit a report that describes the campus health services advisory committee membership, recommendations, and outcome of recommendations. Section II requires the establishment of a Student Health Advisory Committee, and it is not the intent of Section XVII to require the establishment of a second advisory committee if a committee of this nature already exists on the campus and meets the requirements of the Executive Order.

5. Provide the name, title and contact information for the campus privacy officer, if the campus is a HIPAA covered entity.

6. Review and recommend comparative performance measures developed in collaboration with Student Health Center directors.

Charles B. Reed, Chancellor

Dated: April 28, 2005