


THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
400 Golden Shore
Long Beach, California 90802-4275

(310) 985-2800

Date: June 7, 1995

To: Presidents

From: Barry Muntz
Chancellor 

Subject: CSU Policy on Student Health Services—Executive Order No. 637

I am transmitting to you five copies of Executive Order 637, the CSU Policy on Student Health Services. The Executive Order is issued pursuant to trustee resolution REP 07-93-05 and is based on the May 1988 version of the trustee student health policy; on trustee approval of recommendations offered by the CSU Task Force on Student Health Services (cited as authority in the draft); and on comments and suggestions received during a full systemwide consultation (AA 93-08). The new policy reflects the continuing commitment of the CSU to provide low cost, high quality ambulatory health care to CSU students.

The policy is effective August 1, 1995. Therefore, campuses should begin as soon as possible adjusting their programs to meet the provisions of the Executive Order.

Questions concerning this policy should be referred to Mr. Kenneth A. Simms at (209) 278-0421.

BM:rp

Attachment

Distribution: Vice Presidents, Academic Affairs
Vice Presidents/Deans, Student Affairs
Directors, Student Health Services
Directors of Counseling
Chairs, Campus Academic Senates
Presidents, Associated Students
Chair, CSU Academic Senate
California State Student Association
Chairs, Campus Student Health Advisory Committees
Chancellor's Office Staff

THE CALIFORNIA STATE UNIVERSITY
Office of the Chancellor
400 Golden Shore
Long Beach, California 90802-4275

(310) 985-2800

Executive Order No: 637

Title: Policy on Student Health Services

Effective Date: August 1, 1995

Supersedes: No Prior Executive Order

This Executive Order is issued pursuant to Sections 1 and 2 of Chapter III of the Standing Orders of the Board of Trustees of the California State University and Board of Trustees' Resolutions REP 11-92-04, REP 05-93-03, REP 07-93-05, and REP 03-95-04.

I. Required Basic Student Health Services

The main objective of basic services shall be to provide outpatient medical services for the care of acute and subacute conditions, illnesses and injuries rather than comprehensive care for major problems.

Although all basic services shall be available in each Student Health Center, it is recognized that these services may vary in their scope depending upon the specialties of the campus medical staff, facilities, equipment and available resources. It is also recognized that the care of certain illnesses, injuries and conditions occasionally 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 services. Since the health center may have knowledge essential to the provision of quality health care to students referred off campus (e.g., diagnostic findings, laboratory studies, patient histories), it is recognized that health center physicians, with the student's permission, may consult with off-campus physicians, including follow-up visitations to hospitalized student patients, to ensure continuity of quality care. The following basic Student Health Services, subject to the limitations stated above, shall be available to all regularly enrolled students.

- A. Primary care of acute and subacute conditions, illnesses and injuries. This includes physical examinations in the presence of bona fide medical indications.
- B. Primary care of preexistent acute and subacute conditions and exacerbations thereof.
- C. The provision of family planning services, consistent with current medical practice, excluding surgical procedures.
- D. Clinical laboratory diagnostic services in support of items A, B, and C. Campuses may recover the costs of laboratory tests performed by off-campus commercial laboratories which are beyond

the capabilities of campus health center laboratories. However, certain basic laboratory tests shall be provided at no additional charge when performed in support of basic services.¹

- E. Diagnostic X-ray service in support of items A, B, and C interpreted and reported by a board certified radiologist.
- F. Health education programs in support of items A, B, and C (e.g., nutrition, sexually transmitted diseases, HIV, alcohol and drug abuse, eating disorders, preventive medicine).
- G. Immunization programs for the prevention and control of communicable diseases. It may also include immunizations required or recommended for participation in the educational programs of the campus (e.g., measles, rubella, diphtheria, tetanus, polio).
- H. Evaluation and counseling for individual health problems.
- I. Preparation and maintenance of professional medical records.
- J. Medical liaison services with other community health agencies and services, e.g., county health departments, medical and nursing schools.
- K. Consultative services on health-related issues involved in other campus programs.
- L. Pharmacy services in support of basic services which include all costs except the actual acquisition cost of drugs and medications. Each campus shall be responsible for that portion of costs above the current fee limit. A maximum of \$1.00 may be charged per prescription for packaging, labeling and administrative costs.

Emergency first aid shall be available to all persons while on the campus, or at campus activities if a campus physician or a qualified nurse or nurse practitioner is in attendance. This care shall be provided for conditions immediately endangering life and health or for the alleviation of pain and suffering. Students eligible for basic services at one CSU campus shall be eligible for basic services provided by other CSU campuses at no additional cost.

Directors of Student Health Services may authorize continued care to a student 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. Directors of Student Health Services may also in rare cases deny care to students based on professional judgment as to the appropriateness and efficacy of such care according to accepted medical and professional standards.

Campuses may assess mandatory student health services fees of all students if necessary to provide basic services. Such fees shall not exceed substantially the cost of services provided. All proceeds of mandatory health services fees, both fee revenue and interest earned (if any), shall be used only to support student health services operations. Campus presidents may establish campus-based procedures for waiving such fees in exceptional circumstances.

A Student Health Advisory Committee should be maintained on each campus to recommend scope of services, hours of operation, fee-for-service charges, mandatory health fee levels, and annual budgeting, as well as to evaluate alternative revenue sources and periodic independent audits, which shall

¹Tests to be provided at no additional charge, regardless of where performed, include complete blood count, urinalysis, diagnostic smears, screening cultures and urine pregnancy tests. A fee for Papanicolaou smears may be charged but shall not exceed actual cost of performing the test. Testing for HIV antibodies shall be conducted in such a way as to preserve the anonymity and/or confidentiality of test subjects consistent with applicable state and federal laws.

include faculty, administrative, and staff members. Students shall constitute a majority of membership. The committee shall be chaired by a student. The committee shall serve as an advisory committee to the health service and the president.

1. The Associated Students on each campus shall solicit nominations and shall make student appointments to the Student Health Advisory Committee within 45 days of the beginning of the academic year.
2. Each campus Student Health Advisory Committee shall make recommendations regarding health services fees to the campus president, who shall ask the Associated Students Senate for its recommendation before taking final action.

II. Augmented Services

Augmented services shall be those health services which are elective in nature and not required for the care and treatment of acute illnesses and injuries. Only augmented services as listed herein, or interim services deemed necessary to meet urgent campus health needs, shall be authorized. The following augmented services may be authorized if the conditions stated in Section III have been met:

- A. Elective physical examinations (e.g., premarital, preemployment, overseas travel, scuba diving certifications, certifications for varsity or intramural sports) in the absence of bona fide medical indications.
- B. Elective immunizations (e.g., immunizations required for personal overseas travel as requested by individual students not required for the support of basic Student Health Services).
- C. Special immunizations required for students participating in academic programs (e. g., Nursing, Laboratory Technology) may be provided at cost of the vaccine, when such cost exceeds \$25 per dose (e.g., Hepatitis B).
- D. Allergy testing and hyposensitizations (allergy desensitizations).
- E. Physical therapy services.
- F. Dental education/screening programs.
- G. Cancer detection.
- H. Ophthalmology/Optomety with emphasis on disease prevention.
- I. Athletic medicine (e.g., special physical examinations, provisions for team physicians).
- J. Pharmacy services (actual acquisition cost of medications and other prescribed items). A maximum of \$1.00 may be charged per prescription for packaging, labeling and administrative costs.
- K. Employee services beyond emergency first aid. (See policy Section VI, entitled "Employee Services.")
- L. Clinical laboratory and X-ray services provided in support of augmented services.

- M. Services for participants in campus-sponsored "Summer Bridge" programs who are expected to be regularly enrolled students in the succeeding fall term.
- N. Services for high school students participating in campus programs, campus community youth program participants, and other individuals participating in campus-sponsored programs (e.g., cheerleading camps, National Youth Sports Program).
- O. Other appropriate health services as consistent with CSU policy and approved in writing by the president.

III. Conditions for Approval of Augmented Services

The president is delegated the authority to approve any augmented service listed in Section II subject to all of the following conditions:

- A. 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;
- B. The Student Health Center or contracted facility is equipped to provide the service;
- C. The medical specializations of the staff are sufficient to provide the service;
- D. Justification of student need or demand for the service has been made;
- E. The method for providing the service is the most effective in terms of both treatment and cost; and
- F. Proposed services have been submitted for consideration to the Student Health Advisory Committee (SHAC) prior to review by the campus president.

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

IV. Funding Augmented Services

Each campus may provide augmented services without imposing additional student fees subject to the conditions stated in Section III. If such services cannot be provided without additional funding support, campuses may use the following methods for funding approved augmented services.²

- A. A "user" fee charged for each use of an augmented service rendered to students (Individual Coverage Fee);
- B. A voluntary fee charged to students at the beginning of the term which allows unlimited use of all augmented services provided by the Student Health Center at no additional charge (Full Coverage Fee).

Augmented health service fee charges 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.

²Title 5, California Code of Regulations, Section 42659 (p) provides that student body organizations also may fund augmentations of campus health services.

Procedures for Deposit, Accounting, and Expenditure of Fees

- a. Procedures for the collection of fees by the Student Health Center shall be in compliance with policies established or approved by the Business Office.
- b. Funds collected shall be deposited in a local trust account in accordance with Section 89721(g) of the Education Code (Attachment 1).
- c. Expenditures may be budgeted and expended in the independent operations program of the Support Budget.
- d. The support appropriation shall be reimbursed at least quarterly from the trust account for expenses incurred in providing Student Health Services.
- e. Expenditures shall be restricted to staffing, supplies, services, and equipment in the Student Health Services function.
- f. 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.

Review of Fee Levels

- a. Each campus shall maintain an accurate record of the income generated by each fee.
- b. Each fee shall be reviewed annually as to fee income and expenditures to ensure that fees are maintained at a level which does not exceed cost plus administrative expenses.
- c. Each campus shall report the status of the local trust account for Student Health Services and the results of the fee level review to the chancellor no later than October 31 of each year.

V. Provision of Services to Regular, Extension, Summer Session and Institute Students

Student Health Centers or contracted facilities shall be open Monday through Friday to serve all regular students throughout the academic year. During summer periods³, each campus is authorized to serve regular continuing students. A "regular continuing student" during quarter or semester breaks, intersessions, or the summer is defined as a student who (a) was regularly enrolled during the preceding term; (b) paid all charges and fees due to the campus; and (c) registered, or expected to register, for the succeeding term.

On campuses with year-round operation (YRO), the term "summer period" used in this section means any one of the four quarters during the 12-month year, provided that the student has been enrolled as a regular student at least two quarters immediately prior to the quarter of nonattendance and there is an indication of intent to enroll during the following quarter. Students at YRO campuses may count only one quarter per 12-month period as "summer period."

Each campus may also serve enrolled summer session students, extension students, and students participating in campus summer bridge programs, summer youth programs on campus, workshops and institutes. Services may be made available to such students on condition that service to regularly enrolled students is not diminished.

³Some campuses are incapable of providing even the most basic services during certain summer periods. For example, when the only physician on a small campus is on vacation, services must be curtailed. Therefore, 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. On the other hand, summer quarter campuses shall continue to provide regularly enrolled summer quarter students with basic services.

The president is authorized to establish the following fees for services:

- A. For regular continuing students, workshop, extension, summer session, summer bridge, and on-campus youth program participants during the summer, a "user" fee to include the average cost of staffing (for other than continuing students), supplies and services and administrative/accounting costs on a fee-per-visit basis.
- B. For summer session students, extension students, workshop and institute participants, a mandatory fee may be charged to all such students and participants which includes the average cost of staffing, supplies, services, and the administrative and accounting costs necessary to provide all Student Health Services, both basic and augmented (such fee shall not be charged on a fee-per-academic-unit basis).

All fees established for summer services or services provided to extension students or workshop participants during the academic year shall be reported annually to the chancellor and shall be deposited, accounted for, and expended in a manner similar to that established for other augmented services.

VI. Employee Services

Although state policy does allow agencies to provide some limited employee services, the policy of the Board of Trustees limits these services to campuses which can provide assurance that the service will not affect services to students. The CSU policy is as follows:

- A. Employee services are defined as those outlined in State University Administrative Manual, Sections 0190-0191 (Attachment 2).
- B. *The president 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 director, Student Health Services, indicating that such services are within the scope of campus staff and facility capability;*
 - 5. 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);
 - b. First medical treatment of work injuries (excluding emergency first aid); and
 - c. *Evaluation of physical ability of injured to return to work; and*
 - 6. No comparable medical service can be obtained from nonstate sources at lower cost.

VII. Pharmacy Services

A. Purpose

Pharmacy services shall be made available to support basic and augmented health services. Pharmacy services shall be provided in accordance with CSU policy, ethical and professional practices, and legal requirements.

B. Pharmacy Operations

1. Campus pharmacies shall be licensed by the state of California and operated in accordance with the California Business and Professions Code.
2. Each campus shall provide staffing in a manner which ensures coverage of the pharmacy by a registered pharmacist to the fullest extent possible when the Student Health Center is open. A licensed pharmacist shall be designated as "pharmacist in charge."
3. Pharmacy formularies shall be limited to medications which are necessary to provide quality health care and are representative of those medications most effective in terms of treatment. Consideration shall be given to cost factors in determining which medications shall be included in the formulary. Inventories shall be conducted at least annually in order to purge outdated medications and to maintain formularies consistent with CSU policy.
4. With the written approval of the president, the director of the Student Health Center may implement a policy that permits the campus pharmacy to fill prescriptions written by off-campus physicians or other appropriate health care professionals.

C. Fees for Medications and Pharmacy Items

1. Each campus shall develop a pricing policy for medications and items consistent with each of the following:
 - a. for all medications with an acquisition cost of \$1.00 or less, each campus shall implement one of the following:
 - (1) provide such medication and items without a fee;
 - (2) charge a fee not to exceed actual acquisition cost; or
 - (3) charge a fee of \$1.00⁴
 - b. for all medications and items that cost more than \$1.00, each campus shall either:
 - (1) provide such medications and items without a fee; or
 - (2) charge a fee which shall not exceed actual acquisition cost of the item or \$10.00, whichever is less; or
 - (3) with approval of the president, charge actual acquisition cost for high cost medications and items.

⁴The fee shall not apply to samples and medications sold without a prescription (over-the-counter items).

2. The above fee provisions shall apply to any single prescription.
3. Actual acquisition cost shall include only the cost of the medication and the staffing necessary to dispense it. A maximum fee of \$1.00 for packaging supplies, labels, administrative costs (e.g., business office account management fees) may be added to the acquisition cost.

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

1. Funds collected shall be deposited in a local trust account.
2. Expenditures may be budgeted and expended in the independent operations program of the Support Budget.
3. The support appropriation shall be reimbursed at least quarterly from the trust account for expenses incurred in the pharmacy medication program.
4. Fees collected shall be expended only to defray costs of medications, pharmacy staffing, supplies, and accounting associated with the pharmacy medication program.

E. Procedure for Increasing Maximum Fee

1. The campus president shall establish a procedure for determining the need for increases in the maximum fee.
2. This procedure shall include annual reviews of medication acquisition costs.
3. Should the acquisition cost for a prescribed medication or pharmacy item exceed the allowable fee, the president may approve charging such acquisition cost. Such approval shall be in writing. The campus shall include in its annual trust account report justification of any fees that exceed the maximum fee provisions of CSU policy.

F. Pharmacy Security

In accordance with the security standards for retail pharmacies contained in California law, each campus shall ensure that:

1. The "pharmacist in charge" shall be responsible for maintaining the security of the pharmacy facility.
2. 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.
3. Pharmacy keys shall be issued only to licensed pharmacists. A pharmacy key may be maintained by the director of the Student Health Center. That key shall be kept in a sealed envelope and placed in a locked container and may be used only when emergencies arise and a licensed pharmacist is not present.
4. All pharmacy emergency visits shall be logged and reported to the "pharmacist in charge."

VIII. Medical Disaster Planning

- A. Each campus shall be responsible for ensuring that campus emergency plans include provision for the training and assignment of health center staff in medical emergencies.
- B. Medical Disaster Plans should be reviewed annually by Student Health Center staff. Proposed revisions of such plans shall be approved by the president.

IX. Health Activity Data Elements

A. Health Activity Data Elements

The following data elements and definitions shall be used by each campus. Reports utilizing these data elements shall be sent to the Chancellor's Office annually. The written documentation on which these reports are based shall be maintained by each campus for a period of no less than three years. Each campus may build upon this core of elements in order to collect its own unique data. All data collection activities shall be conducted in such a manner as to ensure confidentiality of patient records as required by the California Information Practices Act and applicable federal and state law. Required data elements are:

1. **Number of Individual Patient Visits for Basic Services.** An individual patient visit is defined as the pulling of the medical record with the patient physically present, resulting in both the provision of a health service to the patient by a physician, nurse practitioner, registered nurse, or licensed vocational nurse and a written entry describing the service in the medical record. If more than one service is rendered at the time of the visit, it should still be counted as only one visit. If a student comes to the health center and causes the medical record to be pulled, but leaves before any service is rendered, it shall not be counted as a visit. Visits which require only augmented services or services provided by ancillary departments (e.g., physical therapy, X-ray, pharmacy, laboratory) shall not be counted in this category. A separate accounting shall be made for students, summer bridge program participants, campus-sponsored community youth program participants, employees, campus visitors and workshop participants as authorized by CSU policy.
2. **Number of Patient Visits for Augmented Services.** (Total patient visits, as defined in 1. above, for augmented health services.) Patient visits which involve both basic and augmented services shall be counted as one basic visit and one augmented visit regardless of the number of basic and augmented services provided. Visits which require only services provided by the laboratory, X-ray, physical therapy, and pharmacy departments shall not be counted in this category. A separate accounting shall be made for students, summer bridge program participants, campus-sponsored community youth program participants, employees, campus visitors and workshop participants, as authorized by CSU policy.
3. **Number of Physician-Patient Contacts.** The smallest unit of face-to-face physician-patient contact that involves a clinical decision that can be identified consistently by an entry made in the patient's record. A visit, as defined in 1. above, may result in multiple patient contacts (e.g., a referral from a nurse to a nurse practitioner to a physician constitutes three (3) patient contacts within one (1) visit).
4. **Number of Nurse Practitioner-Patient Contacts.** The smallest unit of face-to-face nurse practitioner-patient contact that involves a clinical decision that can be identified consistently by an entry made in the patient's record. A visit, as defined in 1. above, may result in multiple patient contacts.

5. **Number of Nurse-Patient Contacts.** The smallest unit of face-to-face nurse-patient contact that involves a clinical decision that can be identified consistently by an entry made in the patient's record. A visit, as defined in 1. above, may result in multiple patient contacts.
6. **Number of Other Professional-Patient Contacts.** The smallest unit of face-to-face professional-patient contact that involves a clinical decision that can be identified consistently by an entry made in the patient's record. This category includes, but is not limited to, health educator, psychologist, dietitian, social worker and family planning counselor. Reports for this category should list the total contacts for each type of professional separately.
7. **Number of Prescriptions Filled by the Campus Pharmacy.** The total number of line items sold or issued by prescription should be reported. A line item is considered one line on a prescription form.
8. **Number of Over-the-Counter (OTC) Items Dispensed Without Prescription by the Campus Pharmacy.** Campuses that dispense OTC items without a prescription shall report the number of line items dispensed. Each OTC item dispensed must be recorded in such a way that records can be audited. Samples or "cold packs" shall not be reported.
9. **Number of Laboratory Tests Performed.** A laboratory test shall be reported as a procedure if it results in an answer to a specific request. A complex test shall be counted as one test, unless it can be and is ordered by its component parts. Then each component part shall be reported as a single test. Tests performed by outside laboratories are to be reported separately.
10. **Number of X-Ray Procedures Performed in the Health Center.** Each area examined radiographically shall be reported as one procedure regardless of the number of views taken or amount of film used. A combination fluoroscopic examination and spot film of the same area shall be reported as two procedures.
11. **Number of Physical Therapy Treatments Provided in the Student Health Center.** The number of treatments provided shall be reported. One patient-physical therapist contact may result in multiple treatments. For example, whirlpool and exercise treatments prescribed for the same patient shall be counted as separate treatments.

B. Reporting Procedures

1. The data elements shall be reported annually to the Division of Academic Affairs in the Chancellor's Office. Totals for each data element for the previous year shall be submitted by October 31.
2. The Chancellor's Office shall distribute annually to the campuses a standard form for reporting health activity data. The appropriateness of the form shall be reviewed and updated annually.
3. An annual systemwide report of health activity shall be compiled by the Chancellor's Office.

X. Minimum Qualifications of Professionals in Student Health Services

Only qualified professionals shall be hired as members of the Student Health Center staff and they shall be assigned duties consistent with their qualifications. Physicians hired after September 1, 1988, shall possess and continue to maintain certification by a medical specialty board appropriate to their assigned duties. Physicians may be hired contingent on their becoming board certified as soon as possible, but not later than two years after the date of hire.

- A. Each professional employee shall be required to provide valid information on his/her qualifications applicable to his/her expected duties. These qualifications shall include at a minimum:
1. Possession of a valid professional California license;
 2. Possession of a Drug Enforcement Agent number for prescribing physicians;
 3. Compliance with continuing education as required by the particular profession;
 4. Appropriate cardiopulmonary resuscitation certification;
 5. Current medical board certification appropriate to assigned duties for physicians hired after September 1, 1988.

Applicants shall also provide references who are knowledgeable about the individual's training, professional judgment and experience, technical skills, reliability, integrity and relationships with peers and patients.

- B. Each professional employee or applicant shall provide written authorization to allow verification of all information submitted. This verification shall include communication with the appropriate state licensing board and, as appropriate, the American Medical Association, the California Medical Association, county medical societies, hospital affiliations, professional school(s), and training programs.
- C. The director of the Student Health Center shall ensure that all of the minimum qualifications are present and documented.
- D. Documentation for each professional employed shall be maintained in a manner consistent with campus personnel policies.

XI. External Reviews of Student Health Centers

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.

- A. All campuses were to have initiated an accreditation evaluation of their Student Health Services programs by May 1990. Accreditation is to be sought and maintained through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Accreditation Association for Ambulatory Health Care, Inc. in cooperation with the California Medical Association (AAHC/CMA).
- B. Reaccreditation evaluations shall be conducted at three-year intervals or more often 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. A report of the accreditation process shall be provided periodically to the chancellor.
- D. Each campus 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 Student Health Centers

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

- A. Keys to the facility shall be issued only to health center personnel approved by the health center director.
- B. Access to the Student Health Center during the hours the facility is closed shall be limited to health center personnel and other individuals authorized by the health center director.
- C. Provisions permitting non-health center employees continuing access to the facility may be made if medical records, medications and equipment are maintained in locked rooms and/or health center staff are on duty. Authorization for such access shall be provided by the health center director and approved by the president.
- D. Pharmacy Security (Section VII - F of revised CSU Policy.)
- E. Medical Records
 - 1. Medical records shall be maintained in a secure area. Only persons authorized by the health center director may gain access.
 - 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 Student Health Center employees authorized by the health center director 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 health center shall review biennially its record management procedures.
 - 5. Confidentiality of medical records shall be maintained in accordance with the California Information Practices Act and applicable state and federal laws.

XIII. Health Center Safety and Cleanliness

Student Health Centers have unique needs with regard to cleanliness, sanitation and employee safety. It is imperative that health centers, as medical facilities regularly dealing with sick and injured patients, make consistent and effective efforts to ensure the safe disposal of hazardous waste material and reduce the risk of the environmental spread of disease.

In order 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 center operation. The plan shall include at least the following items:

- A. Provides appropriate consultation with custodial staff to address health center sanitation and safety issues and provides for the assignment of identified and trained custodial personnel to ensure appropriate cleanliness of the Student Health Center.

Executive Order No. 637

- B. Addresses the unique conditions that determine the frequency and adequacy of cleaning of specific health center areas (e.g., laboratory, examining rooms, minor surgery rooms, waiting areas, halls, restrooms).
- C. Provides orientation, continuing education and training of custodians regarding the transmission and prevention of infectious diseases. Guidelines provided by the Centers for Disease Control (CDC) shall be utilized.
- D. Provides written guidelines to be used by health care workers and custodians in performing assigned cleaning duties. The CDC's "universal blood and body fluid precautions" and any state and federal OSHA requirements shall be incorporated in the procedures for cleaning body/body fluid spills and disposing of hazardous wastes.
- E. Provides for monitoring employee adherence to recommended protective measures through effective supervision.
- F. Assures that supplies and equipment necessary to minimize the risk of infection are made available and used.


Barry Munitz, Chancellor

Dated: June 7, 1995

§ 89721. Chief fiscal officer's deposit of various moneys in trust accounts

Notwithstanding any other provision of law to the contrary, the chief fiscal officer of each campus of the California State University shall deposit into and maintain in local trust accounts or in trust accounts in accordance with the provisions of Sections 16305 to 16305.7, inclusive, of the Government Code, or in the California State University Trust Fund, moneys received in connection with the following sources or purposes:

(a) Gifts, bequests, devises, and donations received under Section 89720.

(b) Any student loan or scholarship fund program, including but not limited to, student loan programs of the state, federal government (including programs referred to in Section 89723), local government, or private sources.

(c) Advance payment for anticipated expenditures or encumbrances in connection with federal grants or contracts.

(d) Room, board, and similar expenses of students enrolled in the international program of the California State University.

(e) Cafeteria replacement funds.

(f) Miscellaneous receipts in the nature of deposits subject to return upon approval of a proper application.

(g) Fees and charges for services, materials, and facilities authorized by Section 89700 where such fees or charges are required of those persons who, at their option, use the services or facilities, or are provided the materials, for which the fees or charges are made. Fees and charges so received and deposited shall be used solely to meet the costs of providing such services, materials, and facilities.

(h) Fees for instructionally related activities as defined by the trustees and as authorized by Section 89700 and revenues derived from the conduct of such instructionally related activities. The trustees shall have all authority necessary to administer and use the fees and revenues received and deposited to support such instructionally related activities. *(Added by Stats.1981, c. 254, p. 1315, § 1, eff. Aug. 23, 1981. Amended by Stats.1982, c. 1165, p. 4165, § 2; Stats.1983, c. 359, § 1).*

MEDICAL AND HOSPITAL SERVICES PROVIDED BY STATE INSTITUTIONS (Revised 8/92) 0190

State agencies are responsible for carrying out the policies of this SAM Section.

Extensive medical and hospital services should only be provided to the inmates, wards, patients, members or students for whom the State-operated medical facilities were established. This is because of physical and policy limitations.

Employees. Limited care and treatment of employee injuries and illness is permitted. In this case the medical staff, equipment, materials, and hospital services may be used. The illness or injury must be reported to arise out of and occur during the course of State employment. They also must be within the scope of the State's liability as defined by Workers' Compensation and Safety Laws. The following are considered to be reasonable services:

1. First aid treatment.
2. First medical treatment of a work injury.
3. Diagnosis and prognosis of conditions connected with work.
4. Arrangement for further treatment.
5. Evaluation of the physical ability of an injured employee to return to work.
6. Pre-employment and periodic physical exams for fitness and ability to safely perform arduous and hazardous tasks.
7. Preventive measures such as chest x-rays, lab tests, immunization and other measures that will minimize hazards of exposure to contagious diseases while at work.

First medical treatment of a work injury should usually be limited to injuries that will not require more than five visits to a first aid clinic or will not result in a disability beyond the date of the injury. Injury that will result in a temporary disability payment or a permanent disability should be treated by a panel physician outside of the institution. Injuries that require hospitalization should also be treated by an outside panel physician.

See SAM Sections 2581.4 through 2581.6 for procedures on reporting employee work injuries.

Visitors. First aid is the only medical service that should be given to visitors who become ill or are injured while on State property. Medical personnel must be certain that one of the following has occurred before the visitor is discharged:

1. The visitor has been transferred to another physician.
2. A friend or relative has accepted responsibility for further care.
3. The visitor can properly take care of himself or herself if no further medical attention is needed.

When outside physicians or ambulances are called, it should be made clear to the visitor that the visitor, and not the State, is responsible for the costs of all medical care, treatment, and other provided services.

When the visitor alleges injury or was involved in an accident on State property, Accident Report, STD. 268, *must* be filled out. See Appendix A-1. SAM Section 2460 explains the reporting procedures.

Records. Complete records must be kept of all first aid services rendered at State medical facilities. The records must fully identify:

1. The person treated.
2. The date of the injury or illness.
3. The full diagnosis.
4. The reason the treatment was needed; i.e., a description of the accident, etc.
5. The services rendered, including drugs and supplies used.

SAM-GENERAL

EMPLOYEE PHYSICAL EXAMS (Revised & Renumbered from O190.1 8/92)

0191

When physical examinations are required for pre-employment or as a condition of employment, the State will provide or pay for them. The applicant must pay for any more studies or exams beyond the approved level.

State agencies that have a medical or hospital clinic must perform the exams except when it costs less to have them done by an outside service.

Agencies that do not have a medical clinic must have the exams done by a State facility if possible, or by an outside service. In either case, the agency must pay for the exam.

The State Personnel Board is responsible for ensuring the uniformity of health questionnaires and exam forms. The State Personnel Board's Medical Officer must approve any job classification's requirement for all tests or procedures. The description of all special or extensive tests or procedures must also be approved by the Medical Officer.

DHS sets the dollar amount that the State will pay for all exams and related medical services. The most allowed for a general physical exam (including routine, complete urinalysis) is \$41.36. This amount may be changed by Memoranda of Understanding applicable to rank and file employees or by DPA regulations that apply to employees excluded from collective bargaining. The State will also pay for required diagnostic services or special tests when they are not commonly performed as part of the general physical exam. Reimbursement for physician services will be based on the proper unit value listed in the "1969 California Relative Value Studies" multiplied by the following conversion factors:

	<u>Conversion Factors</u>
Medicine Section (Codes 90000 - 90470)	\$.92
Medicine Section (All other codes)	.52
Radiology Section	3.52

Reimbursement for pathology services is based on the proper unit value listed in the "1974 California Relative Value Studies" multiplied by a \$0.76 conversion factor.

You can get copies of both the 1969 and 1974 California Relative Value Studies from the DHS's Rate Development Branch, (916) 657-1566 or CALNET 437-1566.