Code: AA-2002-04
January 4, 2002

To: CSU Presidents

From: David S. Spence

Subject: Health Center Policies and Procedures – Draft Executive Order

The Student Health Centers Audit Report, Report Number 00-25, April 5, 2001, was forwarded to campuses on July 2, 2001. The audit objective was to determine the effectiveness of existing policies and procedures related to the administration of Student Health Centers and to determine the adequacy of controls over other campus areas providing student health services.

The systemwide audit report included a number of findings and recommendations. In the opinion of the University Auditor, the administration and management of student health centers at the ten campuses reviewed were adequate to ensure a viable student health function. However, the University Auditor indicated that additional attention was needed to ensure that the program is comprehensive and effectively managed. Specifically, the University Auditor found the systemwide policy for student health services did not include the provision of health services in areas outside of the student health centers. It was also noted that the policy was outdated and did not include topics considered standard practice at most campuses visited or emerging issues in student health programs.

Academic Affairs accepted the audit recommendation that the Chancellor’s Office review and update Executive Order 637, “Policy on Student Health Services,” to ensure CSU campuses comply with recent legislation, policies, and procedures established by the CSU Board of Trustees and the State of California. In addition, we agreed to the recommendation to define and formalize oversight responsibilities for all student health activities. A revised executive order will be issued by March 31, 2002.

A systemwide ad hoc Student Health Audit Response Committee was appointed last summer to conduct a comprehensive review and revision of Executive Order 637. Members of the committee are included in Attachment A.
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The committee drafted a new executive order that addresses each finding and recommendation of the University Auditor. This draft executive order is included for your review as Attachment B.

We are requesting presidents to coordinate the review of the draft executive order on their campuses. Please note that the draft executive order governs the provision of health services provided through not only the student health services centers but also by athletic programs, academic programs, and auxiliary organizations. Regardless of where these services are provided, all campus programs/departments that provide student health services must comply with the policies described in the draft executive order. Therefore, the draft executive order should be reviewed not only by the vice presidents of student affairs who supervise campus student health services centers, but also by athletic directors, intercollegiate athletic directors, directors of the schools of nursing, and any other departments that provide any type of health service.

Please forward comments about the enclosed draft executive order to Mr. Allison G. Jones, Assistant Vice Chancellor, Academic Affairs, Student Academic Support, by February 8, 2002. Comments forwarded by campuses will be reviewed by the ad hoc Student Health Audit Response Committee. A final executive order will be issued by March 31, 2002. Mr. Jones may be reached by telephone at (562) 951-4744 or by e-mail at ajones@calstate.edu.

DSS:aj

Attachments

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    Directors of School of Nursing
    California State Student Association
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    Allison G. Jones
    Larry Mandel
    Jackie R. McClain
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bcc: Charles B. Reed
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Student Health Centers Audit Response Committee
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Executive Order No: XXX

Title: Policy on University Health Services

Effective Date: March 31, 2002

Supersedes: Executive Order 637

This Executive Order is issued pursuant to [appropriate Board of Trustees' citation] and is effective July 1, 2002.

I. Purpose

This policy is established to govern the provision of health services in the California State University. Health services are provided through Student Health Services/Center, university athletic programs, academic programs, and auxiliary organizations. Regardless of where these services are provided the entities must comply with the policies contained in this executive order. The president shall ensure appropriate oversight of all university health services.

The Policy on University Health Services applies to Student Health Services/Center. A section on athletic medicine applies only to athletic programs. The sections on the qualifications of health care providers, credentialing, and medical records apply to all other campus entities providing health care.

Student Health Services/Center 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 direct medical care, public health prevention programs, and educational programs and services. Student Health Services may be provided to students enrolled in self-support programs by contracts for services between continuing education program sponsors and Student Health Services/Center.

II. Student Health Advisory Committee (SHAC)

A Student Health Advisory Committee should be maintained on each campus to make recommendations to the president regarding Student Health Services/Center. Students shall
III. Required Basic Student Health Services

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

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

2. The provision of family planning services, consistent with current medical practice, including IUDs but excluding other 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.

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

5. Evaluation and counseling for individual health problems.

6. Clinical laboratory diagnostic services.

7. Basic diagnostic X-ray service.

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 physicians and hospitals.

11. Consultative services on campus health issues.

12. First Aid – Student Health Services/Center shall provide first aid during normal operating hours to all persons while on the campus, or at campus activities, if qualified health care provider is available and in attendance. First Aid is defined as one-time treatment that typically does not require a physician.
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13. Reciprocal Services – Students eligible for basic services at one CSU campus shall be eligible for basic services provided by other CSU campuses. Students enrolled in a distance learning program may choose the campus from which to receive basic services and pay the corresponding mandatory student health fee, if any, to that campus.

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 Services/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.

B. Funding Basic Services

1. Campuses may fund basic Student Health Services using General Fund allocations. Campuses may also 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. They may not charge additional fees for basic services except for the cost of laboratory tests sent to reference laboratories and the actual acquisition cost of vaccines and medications. All proceeds of mandatory health services fees and interest earned shall be used only to support Student Health Services operations.

2. Campus presidents may establish campus-based procedures for waiving such fees in exceptional circumstances, e.g., International Program students, Alan Patee Scholarship holders, distance learners.

3. The establishment and changing of student health services fees are subject to the California State University’s student fee policy which is described in a separate Executive Order.

C. Continued Care - Directors of Student Health Services/Center 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.
D. Denial of Care - Directors of Student Health Services/Center may, in rare cases, deny care. Student Health Services/Center shall maintain a written policy that governs denial of care.

IV. Augmented Services

Augmented services shall be those health services which 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 B, Meningococcal vaccine or immunizations required for personal overseas travel).

4. Allergy testing and hyposensitizations (e.g., allergy desensitizations).

5. Physical therapy services.

6. Dental services.

7. Ophthalmology/Optometry with emphasis on disease prevention.

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.

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B. **Conditions for Approval of Augmented Services** - The president is delegated the authority to approve any augmented service listed above in 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 facility is equipped to provide the service.

3. The medical 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.

6. Proposed services have been submitted for consideration to the Student Health Advisory Committee (SHAC) 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 specialties of staff.

C. **Funding Augmented Services** - Each campus 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 which allows unlimited use of all augmented services provided by the Student Health Services/Center 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 only to support Student Health

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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.
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Services/Center operations.

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

1. Procedures for the collection of fees by the Student Health Services/Center 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)).

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 quarterly 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 Services/Center function.

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 Services during Periods of Non-Enrollment

Student Health Services/Center or contracted health facilities shall be open Monday through Friday throughout the academic year, excluding campus closures and holidays, to serve all students matriculated in state-supported instruction.

A. During summer periods\(^2\), each campus may provide basic services 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

\(^2\) Some 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, campuses operating state-supported instruction in the summer shall continue to provide regularly enrolled summer students with basic services.
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.

B. 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.”

C. Campus-Sponsored Programs - Each campus may also serve participants in campus-sponsored programs (e.g., continuing education, “Summer Bridge,” on-campus youth programs, etc.). Services may be made available to such students on condition that service to regularly enrolled students is not diminished.

D. Service Fees

The president is authorized to establish the following fees for services, consistent with other Executive Orders:

1. A “User Fee” for Service - For regularly enrolled continuing students, workshop, thesis, continuing education, “Summer Bridge,” and on-campus youth program participants during the summer, a “user” fee to include the average cost of staffing (for other than regularly enrolled continuing students), supplies and services, and administrative/accounting costs on a fee-per-visit basis.

2. A Mandatory Fee - 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 all Student Health Services, both basic and augmented (such fee shall not be charged on a fee-per-academic-unit basis).

VI. Distance Learning

Students enrolled in a distance learning program may choose the campus from which to receive basic services and pay the corresponding mandatory student health fee. Campuses may choose to waive fees for programs where students are not physically present to receive services.
VII. 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 Services/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 Law Book.

2. **Staffing:**
   
   a. Each campus 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 Services/Center is open. A licensed pharmacist shall be designated as "pharmacist in charge."

   b. Campuses that offer pre-packaged formularies shall provide appropriate staffing and ensure professional consultation that maintains compliance with state, federal, and local laws.

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

C. **Student Health Services/Center Formularies**

1. Student Health Services/Center 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.

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 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 medications must be purged on a regular basis and disposed of in accordance with federal, state and local laws and regulations.

E. Fees for Medications and Pharmacy Items

Each Student Health Service 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 actual 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 fee setting authority of the chancellor. 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.

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 Service administrative 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 Services/Centers 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 shall be issued only to licensed pharmacists. The director of Student Health Services/Center may possess a single key to the pharmacy that is maintained in a tamper evident container for the purpose of (1) delivering the key to a pharmacist or (2) providing access in case of an emergency. An emergency would include 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.

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 Services/Centers must obtain and maintain a California State Board of Pharmacy Clinic Pharmacy Permit.

2. Procedures must be developed for inventories, security procedures, training, protocol development, record keeping, packaging, labeling, dispensing, and patient consultation.

3. The policies and procedures to implement the laws and regulations shall be developed and approved by a consulting pharmacist, a physician acting as a professional director and by the director of the Student Health Services/Centers.

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

5. The dispensing of drugs the Student Health Services/Centers, 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 all applicable laws and regulations.

6. The provisions of Business and Professions Code, Sections 4180 and 4181 apply to CSU Student Health Services/Centers (Business and Professions Code § 4180 (a)(1)(e)).
7. When pharmaceuticals are maintained for use 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.

VIII. Qualifications of Providers of Healthcare at CSU Campuses

Only those who are qualified to provide health care shall be hired as members of the Student Health Services/Center, and they shall be assigned duties consistent with their qualifications. The determination of qualification and 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 Services/Center Director or designee, in conjunction with campus Human Resources, is responsible for credentialing and privileging providers of health care in Student Health Service. For all other campus entities providing health care, including athletic departments, academic programs, and auxiliary organizations, the President, or designee, is responsible for credentialing and privileging health care providers.

A. The minimum qualifications for health care providers include the following:

1. Possession of a valid and relevant California professional license. Those who are providing health care without a license (e.g., resident physicians, student nurses, 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 if providing medical care.

4. Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) medical board certification for physicians appropriate for assigned duties hired after September 1, 1988. Such certification shall be maintained while providing health care. If certification is lost then the provider may be allowed to continue to provide health care, but will have one year to regain certification. If certification is not regained after one year then clinical privileges will be lost. A provider can be given clinical privileges pending initial certification, but must be board eligible and become certified.
within two years or clinical privileges will be lost. Those without clinical privileges will not be allowed to provide health care in the CSU.

B. The Student Health Service/Center Director or president's designee, in conjunction with Human Resources, is responsible for ensuring that appropriate credentials are maintained and for annual review of clinical privileges.

IX. Educational Programs

The Student Health Service 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, a contract or MOU that has been approved by CSU general counsel, and SHC Director or designee oversight.

X. 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.

A. 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:

1. 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.

2. 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).

3. 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.

4. 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
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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.

5. Provides for monitoring employee adherence to recommended protective measures through effective supervision.

6. Assures that supplies and equipment necessary to minimize the risk of infection are made available and used.

XI. Medical Records

A. Medical records shall be maintained in a secure area.

B. Only persons authorized by the department director may gain access.

C. Medical records for all departments that provide health services and/or maintain medical records, e.g., speech pathology laboratories, Disabled Student Services, Environmental Health and Safety, etc., must follow the same guidelines and controls as medical records kept in the Student Health Services/Center, including the following:

1. The medical record will document the 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. This note shall be signed by the provider of the service.

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. Confidentiality of medical records shall be maintained in accordance with the California Information Practices Act and applicable state and federal laws.
XII. External Reviews of Student Health Services/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.

B. All campuses were to have initiated an accreditation evaluation of their Student Health Services/Center programs by May 1990. Accreditation is to be sought and maintained through the Accreditation Association for Ambulatory Health Care, Inc. or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

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

D. The report of the accrediting agency shall provide an external assessment of the quality of medical services provided by the Student Health Services/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.

E. 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.

XIII. Security of Health Facilities

A. Each campus must develop and implement a formal method of monitoring all areas of campus, which provide health services to students. In addition, this monitoring process and results should be reported to the Chancellor’s Office.

B. 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:

1. Keys to the facility shall be issued only to health center personnel approved by the health services/center director.

2. Access to the Student Health Services/Center during the hours the facility is closed shall be limited to health center personnel and other individuals authorized by the health services/center director.

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

C. Pharmacy Security (See Section VII, "Pharmacy Services")

D. Medical Records (See Section XI, "Medical Records")

XIV. Athletic Medicine

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

B. Policies and procedures governing the provision of healthcare to athletes must be in
writing.

C. These policies and procedures must be reviewed biennially to ensure quality and
currency.

D. The Intercollegiate Athletics Department is responsible for having these policies and
procedures approved in writing by the physician responsible for medical oversight
of the Athletic Medicine program.

E. All changes in policies and procedures must be approved in writing by the physician
responsible for medical oversight of the athletic medicine program.

F. Credentialing: Only those who are qualified to provide health care will be allowed to
do so in the CSU. The determination of qualification and will be guided by State law,
CSU Classification and Qualification Standards, National Practitioner Data Bank
review, professional references, and accreditation agency guidelines. 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")

G. Each health care provider, employee, or applicant providing or desiring to provide
health related services at campuses in the CSU system shall be required to provide
valid information on his/her qualifications applicable to his/her expected duties.

H. Current medical board certification appropriate to assigned duties for physicians hired
after Sept. 1, 1988 and maintenance of appropriate American Board of Medical
Specialties (ABMS) or American Osteopathic Association (AOA) Board Certification.

I. Scope of Services: The scope of service for each healthcare provider must be in written protocols which are established on each campus.

1. The written protocols for scope of service must be approved in writing by the physician responsible for medical oversight of the athletic medicine program.

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

3. These protocols must cover student assistants, student trainers and other healthcare providers for Intercollegiate Athletics.

4. Intercollegiate Athletic Departments must develop a quality assurance program similar to that which is used by the campus Student Health Service.

J. Pharmaceuticals: Campuses that offer medications, including over-the-counter medications, to student athletes shall provide appropriate staffing that ensures compliance with state, federal, and local laws. Prescription medications may be dispensed only by those whose licensure allows such distribution.

K. Drug distribution records should be created and maintained where dispensing occurs in accordance with appropriate legal guidelines. The records should be current and easily accessible by medical personnel.

L. Individuals receiving medications should be properly informed about what they are taking and how they should take it. Drug allergies, chronic medical conditions, and concurrent medication use should be readily retrievable in the training room record. These records should be reviewed on a regular basis.

M. 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 medications and to maintain formularies consistent with CSU policy. A written protocol must be established and available for review.

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

O. Pharmacy Security (See Section VII, "Pharmacy Services")
P. The campus must establish protocols and evaluate the campus practice of maintaining and administering pharmaceuticals items in areas that are outside of student health centers and are not subject to accreditation or other third party reviews.

Q. Safety, Sanitation and Cleanliness of Facilities: Athletic Training Facilities have unique needs with regard to cleanliness, sanitation and employee safety. (See Section X, “Health Center Safety and Cleanliness”)

XV. 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 affect services to students.

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 of Student Health Services that such services are within the scope of campus staff and facility capability.

5. Reimbursement is provided to the Student Health Services/Center by the campus for the cost of the following services:
   a. Employee physical examinations (employment qualification and periodic);
   b. Medical treatment of work related injuries and illnesses; and
   c. Evaluation of physical ability of injured to return to work; and
   d. Immunizations required by the university or government agencies.

6. No comparable medical service can be obtained from non-state sources at lower cost.
XVI. Medical Disaster Planning

A. Each campus shall be responsible for ensuring that campus emergency plans include provision for the training and assignment of Student Health Services/Center staff in medical emergencies.

B. Medical Disaster Plans should be reviewed annually by Student Health Services/Center staff. Proposed revisions of such plans shall be approved by the president.

XVII. Insurance and Liability Coverage

Campuses shall be responsible for ensuring that Student Health Services/Centers are adequately covered through Risk Management and Insurance and Liability coverage. Campuses should consult with the offices of Risk Management and the Office of General Counsel about appropriate coverage for their campus.

XVIII. Chancellor’s Office Oversight Responsibilities

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

B. To assist the Chancellor’s Office with this oversight responsibility, a systemwide Student Health Services/Center 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., information about services provided by the campus, appropriate health activity data, etc.;

2. To review and recommend comparative performance measures developed in collaboration with CSU Student Health Services/Center 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;
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5. Recommend corrective measures, as necessary, to minimize risks identified in the annual survey and accreditation report;

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

7. Recommend to the chancellor university health policy.

C. Campuses will be required to report annually the following information:

1. Complete and submit the annual survey developed by the University/Student Health Service Advisory Committee;

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

3. Describe the campus oversight policy established by the president for all university health services provided by all campus entities, e.g., Student Health Services/Center, athletic departments, academic programs, and auxiliary organizations;

4. Submit a report that describes the campus Student Health Advisory Committee membership, recommendations, and outcome of recommendations;

5. To review and recommend comparative performance measures developed in collaboration with CSU Student Health Services/Center directors

D. The advisory committee shall consist of the following members:

1. Two vice presidents for student affairs;

2. Four student health services/center directors, at least one of whom must be a physician;

3. Two athletics directors;

4. One business officers;

5. One risk management officer;

6. Two student representatives; and

7. One representative from Academic Affairs, Student Academic Support.