

Campus Oversight Policy (Executive Order No. 814)

I. Overview/Purpose

By Executive Order, the President (or designee) shall ensure appropriate oversight of all university health services. The purpose of this policy is to outline standards and guidelines for the provision of health services to students, employees, and visitors by all campus entities, e.g., student health centers, athletic departments, academic programs and auxiliary organizations. The intent is to assure compliance with relevant California State University policy, privacy practices, and federal, state and local laws.

II. Scope

This policy applies to all California State University, Fresno departments, programs and auxiliaries that provide health services. Nothing in this policy shall supercede California State University Trustees' Policy or applicable Executive Orders. This policy shall not apply to first aid administered on campus, except by departments or programs that otherwise are considered to be health service entities.

III. Definition of Health Services

Health services shall be defined as the assessment and treatment or referral for treatment of medical conditions provided by a department or program or one of its auxiliaries. Any academic program that provides health services by grants or contract to the community shall also be considered a campus health service. Immunization administration and health promotion are considered health services.

Currently identified organizations are:

- A. University Health and Psychological Services (UHPS)
- B. Athletic Medicine
- C. Health services rendered as part of an academic program and under the supervision of an appropriately qualified faculty member. *e.g.*:
 - 1. Kinesiology Department (Contract with Clovis Fire/Police Departments)
 - 2. Speech and Hearing Clinic.
- D. Employee Assistance and Development Program (EADP)
- E. Services for Students with Disabilities (SSP)

IV. Standards/Guidelines for Healthcare Providers

- A. His/her professional skills, competence, and credentials shall determine each provider's role and responsibility.
- B. Only those who are qualified to provide health care shall be allowed to do so. Through a process of *credentialing*, a determination of provider qualification shall be accomplished. State law, CSU Classification and Qualification Standards, National Practitioner Data Bank review, and professional references and accreditation agency guidelines will guide the credentialing process. The President or designee, in coordination with the appropriate human resources official, is responsible for credentialing and privileging providers of health care. The UHPS Credentials Committee shall review and act on all credential applications from clinical staff of California State University, Fresno, the Athletic Corporation, or other licensed medical professionals as may be designated by the President. UHPS credentialing forms, processes, and procedures will be used throughout the University.
- C. Each licensed health service provider must:
 - 1. Meet the standards of practice for the service area
 - 2. Practice within the scope of his/her licensure, certification, and training.
 - 3. Meet the requirements/minimum qualifications set forth by the California State University Board of Trustees and applicable Executive Orders.
 - 4. Possess and maintain a valid and relevant California professional license.
 - 5. Provide documentation of current license status consistent with the professional discipline to the appropriate Human Resources office.
 - 6. Provide to the President or designee copies of health services privileges requested from or granted by a community healthcare facility.
 - 7. Consent to a confidential process by which external agencies are contacted to verify licensure, training, previous or current practice experience, malpractice history, and such other information relating to professional competencies.
- D. Unlicensed individuals providing health care must do so under the supervision of a physician or other appropriately licensed provider. The President or designee must approve such arrangements for supervision.
 - 1. Within the UHPS, the Director shall establish procedures, in consultation with Human Resources, to ensure appropriate duties consistent with license and training.
 - 2. The Director of Athletics shall designate in writing a physician who will be responsible for medical oversight of the athletic medicine program, to include a determination of scope of services to be offered. By written policies and procedures, the duties of athletic trainers, student trainees, and student assistants within the sports medicine program will be proscribed.
 - 3. Where there are applicable standards, each area will establish or implement and comply according to the professional group or accreditation body specific to their area.

4. Written policies and procedures shall be maintained that define the scope of services and basic guidelines of practice.

V. Environmental Health, Safety and Risk Management

- A. All campus activities providing health services will ensure a clean, safe, functional and effective environment to reduce the risk of environmental spread of disease.
- B. Health providers or facilities that stock or provide medications to patients shall establish special security measures to secure and document the dispensing of such pharmaceuticals. A professional pharmacist shall evaluate processes, procedures, and safeguards to ensure compliance with applicable federal and state laws and regulations.
- C. Medical equipment and/or devices used shall comply with appropriate safety standards and shall be inspected and calibrated as required by state or federal law or rule.
- D. The Director, Environmental Health and Safety shall establish procedures for the disposal of biohazard waste generated in the course of the provision of medical services. Used needles, syringes, and the like shall be stored onsite in appropriate puncture and tamper proof containers. Paper and other medical trash shall be placed in appropriately identifiable bags/containers. Disposal of all medical waste shall be done consistent with state and federal laws. The responsibility for determining the need and specifications for a biohazard waste disposal contract with a commercial vendor shall rest with the Director, EH&S, in consultation with the Director of Procurement.
- E. Campus activities should consult with the Offices of Risk Management to ensure adequate insurance and liability coverage.
- F. The President, or designee, in consultation with the Director of Public Safety, shall develop campus security policies specific to facilities in which health services are provided.
 1. Provisions for formal monitoring of the effect of such policies must be established. The monitoring process and results of such monitoring shall be reported to the Chancellor.
 2. Only those authorized by the UHPS Director shall have access to the Health Center building. The Director of Public Safety shall, on a periodic basis, provide the UHPS Director the control list for building access.
 3. The UHPS Director, in consultation with the appropriate campus authority, shall authorize building access at other than routine business hours. An access list shall be maintained and approved by the Director, UHPS.
 4. Others may access the building if UHPS staff members are present and medical records, equipment, and pharmaceuticals are secured.
 5. The Athletic Director shall establish comparable procedures for the training room.

6. The President, or designee, shall likewise designate, as necessary, other campus facilities in which medical records, equipment, or pharmaceuticals are stored and assign security responsibilities appropriately.

VI. Protected Health Information

- A. The Medical Record
 1. Information shall be considered confidential and should be secured in compliance with state and federal laws (*Family Education Records Privacy Act, Health Insurance Portability and Accountability Act, California Information Practices Act {Civil Code §1798.1 et seq}* & *Confidentiality of Medical Information Act {Civil Code § 56 et seq}*)
 2. Contains documentation in a given area and shall meet the guidelines of the applicable profession as defined by an appropriate oversight organization or accreditation organization for that area. At minimum, the documentation shall include:
 - Name of the recipient (patient)
 - Date
 - Location
 - The health service provided
 - Name, signature, and professional discipline (i.e., MD, RN, FNP, etc.) of the provider(s)
- B. Protection and Release of Medical Information
 1. Medical information is not part of the academic or employment record except as specified in the Family Education Records Privacy Act (FERPA).
 2. SSD Records are also protected under special provisions as stated in the opinion of the General Counsel.
 3. For nonstudents, the provisions of HIPAA apply if the program is declared a health care component of the university. If not designated as being subject to HIPAA and /or if California law is more stringent, then California privacy laws shall apply.
 4. Disclosures relating to patients generally may only be made with the specific consent of the patient except for those purposes as excepted by law or court order.
 5. If subject to HIPAA, a notice of privacy practices must be provided by the healthcare component to each patient at the time of first visit or treatment and acknowledged in writing by the patient.
 6. Incidental disclosure and use of medical information is not a violation of this procedure or applicable law so long as the medical information is protected by reasonable safeguards and a minimum necessary use standard is met.
 7. No medical information shall be made available for marketing purposes, except when specifically approved by the patient.

8. Medical information that identifies a specific individual may be provided for research purposes only when consent is received and when the campus Committee on the Protection of Human Subjects approves the research. Medical information that is statistical in nature and does not identify an individual may be released subject to appropriate approval of the campus research review committee.
9. Contractors, vendors, and other third parties, which may have access to medical information in the course of supporting a health service, shall demonstrate compliance with applicable security and privacy standards and, as appropriate, render and effect a Business Associate Agreement as part of the contracting effort.
10. Releases under subpoena or at the request of government agencies or law enforcement agencies shall be processed through the office of the Vice President for Administration.
11. Medical information (i.e. medical records) shall be secured when not in use in either a locked room or locked containers in addition to being in a secured, i.e., locked building. Access to such records shall be limited to the minimum necessary to accomplish the records maintenance function; the President or designee(s) shall establish such control measures as are necessary to protect such records in a consistent fashion anywhere in the university. Positive control of records, when not stored, shall be established. Positive control, in this context, means a system of actively identifying the location of the record, either by user or function, and a policy of return of such records at the close of the current business day.

VII. Oversight

- A. Any academic or administrative program that renders definitive health services, refers to community health resources, and/or documents health services rendered must self-identify, in writing, such services on an annual basis to the President or designee.
- B. When a campus activity engages in the provision of health services, the President or designee shall identify one individual as responsible for the oversight of the program.
 1. For the UHPS, the Director is the designated responsible individual.
 2. The Athletic Director is responsible for the athletic medicine program; he shall designate in writing a physician to exercise medical oversight. Policies and procedures for the athletic medicine program shall be in writing and approved by the designated physician.
 3. The Directors of the Employee Assistance and Development Program and Services for Students with Disabilities shall be responsible for their respective programs.
 4. The principal grant or contract holders shall be responsible for such an effort.

- C. Control and dispensing of prescription drugs shall be subject to review by a professional pharmacist. The athletic medicine program shall make appropriate arrangements to consult with a professional pharmacist when medications are stored/dispensed by the program; the program shall also make arrangements for periodic review of such medication storage and dispensing policies and procedures by a professional pharmacist.
- D. All service areas shall engage in an ongoing, documented process of review and improvement of its offerings. This process shall include, but need not be limited to:
 - 1. Peer Review
 - 2. A system for documenting and evaluating unusual occurrences. Any adverse outcome of a health service provided shall be reported as soon as possible to the campus Risk Manager. An outcome should be considered adverse if:
 - a. The patient/client suffers physical, personal, or financial loss as the result of an action or inaction.
 - b. The patient/client is harmed physically, psychologically, or financially by an assessment, treatment, or referral.
 - c. The patient and/or client must seek treatment elsewhere due to an unplanned outcome of a service provided.
 - d. The patient/client is apt to file a claim against the university.
 - 3. A regular review of its operation and its compliance with standards of operation and relevant campus, California State University, governmental, and ethical guidelines.
 - 4. An assessment of the timeliness and appropriateness of its services.
- E. Quality management and improvement records shall be safeguarded and are not subject to routine release, subject to the guidance of Staff Counsel.

VIII. Student Health Services Advisory Committee

- A. The president or designee shall establish a student health advisory committee.
 - 1. The committee shall be advisory to the President or designee and the UHPS.
 - 2. The committee shall advise on
 - a) The scope of service
 - b) Delivery of health services
 - c) Funding
 - d) Other critical issues relating to campus health services
 - 3. Membership
 - a) Students shall constitute a majority of membership
 - b) Other members may include faculty, administrative, and or staff

- c) A representative of the UHPS
- d) A student shall chair the committee

IX. Coordination of health services between University Health and Psychological Services and the Department of Athletics

- A. Student athletes are regular students of the university and are therefore eligible for medical services from the University Health and Psychological Services. The Department of Athletics (Athletics), through the Athletic Corporation, may fund and/or provide additional medical services to student athletes, including, but not limited to, services from team physicians, athletic trainers, and the training room.
- B. As Athletics and UHPS share a mutual interest in the health of student athletes, it is understood that the following coordinating procedures and policies will apply:
 - 1. Athletics shall, when referring a student athlete for supported services, ensure that an appropriate consent to disclose medical information is initiated and signed and dated by the student athlete and will specifically permit exchange of medical information between team physicians, athletic trainers, and UHPS physicians and other clinical staff members as is necessary for the effective care of the student athlete. Copies shall be provided to UHPS on an as-needed basis.
 - 2. Coaches, administrators, and others who are not directly engaged in the treatment process have no right of access without patient consent. Release of medical information in response to a request from the conference, NCAA, or other sports authority shall be processed in accordance with Department of Athletics and university procedures with due regard to the privacy of the individual.
 - 3. Care rendered to student athletes by team physicians shall be documented and maintained by such means as is determined by Athletics. However, any system of records shall meet or exceed that established for the UHPS. A legible copy of such documentation, identifiable with the name of the student, the date of each treatment instance, and the name of the individual rendering medical care, shall be provided to UHPS for inclusion in the medical record of the student athlete to insure continuity of the medical treatment effort.
- C. Reimbursement for health services
 - 1. When so agreed, Athletics shall pay UHPS fees and charges for services which otherwise would be the responsibility of the student athlete. Student athletes eligible for paid services will be provided a “Fresno State - Department of Athletics Treatment Release” which will identify the student athlete, the services to be paid, and will be signed and dated by an authorized individual. The student athlete must present the form to UHPS at the time services are rendered. Athletics shall be the sole authority to determine which services shall be paid for by Athletics; the student athlete shall be responsible for payment of any charges not paid for by Athletics.

2. Student costs for specified services in the UHPS will be paid monthly, in arrears, by Athletics on presentation of an UHPS Request for Billing, processed through the campus accounting office, with supplemental itemized listings of services rendered and the cost for each service attached. Such medical services normally will consist of laboratory tests, x-rays, pharmaceuticals, and per diem visit charges in effect during periods other than the regular academic semesters. All charges will be at UHPS rates and charges in effect at the time the service is rendered.
- D. Athletics will provide to UHPS, on at least an annual basis, a written listing by name and telephone number of team physicians, professional (regular staff) athletic trainers, and student athletic trainers.
- E. UHPS will honor prescriptions from team physicians and will provide copies of x-rays and clinical laboratory test results to the team physician or designee upon request. Test results will not be provided to student athletic trainers unless authorized in writing to do so by the physician responsible for medical oversight of the athletic medicine program.
- F. Coordination of care will be routinely accomplished between UHPS clinical staff members and team physicians (or professional athletic trainers when so designated). The senior trainer or the trainer for each sport, as designated by Athletics, shall act as liaison between the UHPS and the team physician(s). Transportation of an injured or ill student athlete to the UHPS shall be the responsibility of Athletics, and normally shall be preceded by a notification call in order to ensure that adequate staff and facilities are available. UHPS shall notify Athletics in a timely fashion should certain services not be available and the expected duration of the nonavailability.
- G. UHPS medical care rendered to regular Athletics staff members shall be accomplished and reimbursed consistent with the university's policies on workers' compensation for initial evaluation and care of an on-the-job injury or illness, for immunization programs for infectious diseases, such as Hepatitis B, or for limited medical examinations relating to job function, such as DMV Class B Drivers' License examination.
- H. UHPS medical care rendered to employees of the Athletic Corporation shall be subject to the policies and procedures of the Athletic Corporation and shall normally require prior clearance before care is rendered.
- I. Student athletic trainers who are regular students of the university are eligible for all UHPS services, subject to payment of the mandatory student health services fee. In those instances when Athletics requests a special service and agrees to pay student costs for such a service, such as an Hepatitis B immunization, such requests should normally be in writing and in advance of the desired date of service.
- J. In order to ensure effective coordination of services, UHPS staff members shall meet with Athletics team physicians and/or athletic trainers on at least an annual basis or as necessary by mutual agreement.

X. Medical Disaster Planning

- A. The President or designee shall be responsible for ensuring that campus emergency plans include a provision for the training and assignment of UHPS staff in disasters that may require emergency medical services.
- B. The Director, UHPS, and his staff shall review medical disaster portions of the campus emergency plan annually.
- C. The Director, UHPS, may make recommendations to the President or designee regarding staffing augmentations from other campus activities having medical professionals or, in conjunction with the Director, Human Resources, recommend the training and composition of staffing teams to augment campus health resources, i.e., litter teams, decontamination teams, first aid responders, and the like.

XI. Required Reporting

- A. The designee shall prepare for the President's review and approval an annual campus survey for submission to the Office of the Chancellor as required by Executive Order No. 814.
- B. The survey shall consist of:
 - 1. A written listing of health services approved by the President, or designee, provided by all campus departments, to include athletics, academic programs and auxiliary organizations.
 - 2. Annual comparative performance measures in a form and manner to be developed by the Chancellor's system-wide advisory committee on health services.
 - 3. Reports by accreditation bodies if performed during the year.
 - 4. Copies of campus oversight policies when approved by the President.
 - 5. Membership, recommendations, and outcomes of recommendations made by the Student Health Advisory Committee.