

## Procedures for Campus Health Oversight

All health service providers shall engage in an ongoing, documented process of review and improvement of its health services. This process may include but is not limited to:

- A peer review process to ensure practice meets or exceeds standards of care
- A regular review of the operation and compliance with standards of operation with relevant campus, California State University, governmental, and ethical guidelines.
- An assessment of the timeliness and appropriateness of services provided.

All health service providers shall implement 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:

- The patient or client reports physical, personal, or financial loss as a result of an action or inaction.
- The patient or client reports harm physically, psychologically, or financially by an assessment, treatment, or referral.
- The patient or client must seek treatment elsewhere due to an unplanned outcome of a service provided.
- The patient or client may file a claim against the University.

Athletics and the SHCS share a mutual interest in the health of student athletes. Student athletes are regular students of the University and are therefore eligible for health services from the SHCS. The Department of Athletics herein after referred to as Athletics, may fund and/or provide additional health services to student athletes, including but not limited to services from team physicians, trainers, and the training room. As such, the following coordinating procedures apply:

- Athletics shall, when referring a student athlete for supported services, ensure that the appropriate consent to disclose medical information has been signed and dated by the student athlete and that it will specifically permit the exchange of medical information between team physicians, trainers, SHCS physicians and other SHCS clinical staff members as necessary for the effective care of the student athlete. Copies of consent forms shall be provided to the SHCS on an as-needed basis.
- Coaches, administrators and others who are not directly engaged in the treatment process have no “right of access” to protected health care information without a patient’s written consent. Release of medical information in response to a request from the Big Sky Athletic Conference, National Collegiate Athletic Association or other sports authority shall be processed in accordance with all state and federal laws including FERPA, HIPAA, the California Information Practice Act and the Confidentiality of Medical Information Act.

- 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 (written or electronic) shall meet or exceed the standards established for SHCS.
- Athletics will provide to SHCS on an annual basis a written listing by name and telephone number of team physicians, athletic trainers, student trainers, and any other medical providers.
- SHCS will honor prescriptions from team physicians and will provide copies of x-rays and clinical laboratory test results to the team physician or his/her designee upon request.
- Coordination of care will be routinely accomplished between SHCS clinical staff members and team physicians (or athletic trainers when so designated). The Director of Athletic Training or the trainer for each sport, as designated by Athletics, shall act as liaison between the SHCS and the team physician(s). Transportation of an injured or ill student athlete to the SHCS 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. SHCS shall notify Athletics in a timely fashion should certain services not be available and the expected duration of the non-availability.
- In order to ensure effective coordination of services, SHCS staff members shall meet with Athletics team physicians and/or trainers on at least an annual basis or as necessary by mutual agreement.

The departments providing health services as of the date of this policy and applicable credentialing procedures are as follows:

- Student Health and Counseling Center (SHCS)
  - Credentials for all licensed Sacramento State SHCS providers will be reviewed by the SHCS Credentialing Committee bi-annually or as appropriate given the expiration dates of licensure as dictated by individual licensing boards. The Sacramento State SHCS Credentialing Committee will credential physicians including athletic team physician(s), nurse practitioners, physician assistants, nurses, radiology technicians, pharmacists, psychologists, social workers, marriage/family therapists, and other allied health professionals.
- Intercollegiate Athletics
 

The Medical Director(s) for Athletic Medicine will be responsible for the oversight of health services for the athletic medicine program.

  - The Medical Director(s) and the Director of Athletics and/or designee will develop and maintain policies and procedures that define and guide the scope of practice of health services by athletic trainers, student trainees, and student assistants.
  - Unlicensed providers providing health care in the Department of Athletics (e.g. athletic trainers) must do so under the supervision of the team physician(s) or other appropriately licensed provider. Qualification, experience, and performance of athletic trainers are reviewed annually by the Medical Director(s) and the Director of Athletic Training.
- College of Health and Human Services
 

The Dean of the College of Health and Human Services will be responsible for the oversight of health services provided through the college.

- The Department of Physical Therapy will credential department physical therapists.
- The School of Nursing will credential department nurses and nurse practitioners.
- The Department of Speech Pathology & Audiology will credential licensed speech-language pathologies and audiologist who work in The Maryjane Rees Language, Speech, and Hearing Center
- Unlicensed providers of health care within the Department of Kinesiology must do so under the supervision designated by the Department Chair.
- Full-time faculty members in the Department of Kinesiology possess a Ph.D. with extensive backgrounds within his/her designated field.
- Part-time lecturers and Graduate Teaching Assistants must possess a Bachelor of Science degree in Kinesiology, current CPR/First-Aid certification, automatic external defibrillator (AED) training, and be currently enrolled and meeting minimum requirements for the graduate program.
- Annual review of credentials of part-time Lecturers and Graduate Teaching Assistants will be conducted by the designated faculty in accordance with department policies and procedures.

Information contained in a patient's medical record shall be considered confidential and secured in compliance with state and federal laws including FERPA, HIPPA, the California Information Practices Act (Civil Code §1798.1 et seq.), and Confidentiality of Medical Information Act (Civil Code § 56 et seq.). Medical records may be written, electronic, or a hybrid of the two.

Medical information is not part of the academic record except as specified in FERPA. For non-students, the provisions of HIPPA apply if the program is declared a health care component of the University; if not designated as being subject to HIPPA and/or if California law is more stringent, then California privacy laws shall apply.

- Disclosures relating to patients may generally only be made with the specific consent of the patient except for the purposes exempted by law or court order.
- If subject to HIPPA, a notice of privacy practices must be provided to each patient at the time of first visit or treatment and acknowledged by the patient.
- Medical information that identifies a specific individual shall not be released. Medical information that is statistical in nature and does not identify an individual may be released subject to appropriate approval of the campus Institutional Review Board (IRB).
- Contractors, vendors, and other third parties, who may have access to medical information in the course of supporting a health service, shall demonstrate compliance with applicable security and privacy standards.
- Releases under subpoena or at the request of government agencies or law enforcement agencies shall be processed through the University Counsel.