



HLC Accreditation 2020-2021

# Evidence Document

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WSU Policies and Procedure Manual

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## Chapter 20 / Miscellaneous Policies

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**Additional information:** See the web page at:  
[https://www.wichita.edu/about/policy/ch\\_20/](https://www.wichita.edu/about/policy/ch_20/) (Accessed March 10, 2021).



# WSU Policies and Procedures

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## 20.01 / Kansas Open Records Act

Effective: July 01, 1997 Revised: May 08, 2018

### I. The Kansas Open Records Act

The Kansas Open Records Act, K.S.A. 45-215 *et seq.* (the "Act") grants the public the right to inspect and obtain copies of public records created or maintained by public agencies in Kansas. The Act declares that "public records shall be open for inspection by any person" unless otherwise indicated by the Act. Wichita State University is considered a public agency for purposes of the Act and complies with all provisions thereof.

### II. Public Records Maintained by Wichita State University

Public records are any recorded information, regardless of form, characteristics or location, which are made, maintained or kept by or are in the possession of a public agency or any of its officers or employees pursuant to their official duties and related to the public agency. Public records maintained by the University may include, but are not limited to:

- Policies
- Minutes/records of open meetings
- Salaries of public officials
- Agency budget documents

### III. Requesting a Record

Requests to the University for access to or copies of public records under the Act must be made in writing and must include the following contact information:

- Name
- Organization (if requesting on its behalf)
- Mailing address
- Email address
- Daytime phone number
- A specific description of the records requested (all requests should be as specific as possible to expedite the process)

Requests should be made at [openrecords.wichita.edu](http://openrecords.wichita.edu).



## IV. Delayed and Declined Requests

All effort is made to fully respond to a records request as soon as it is received. A full response may be delayed if:

- Clarification or refined scope is required;
- Legal issues must be resolved before requested records can be produced;
- The records are archived or stored off-site; or
- The scope or large volume of requested records requires more time to assess record existence, availability, and any fees incurred to produce.

If further delay is required, the University will provide its explanation and the earliest date by which it expects a response.

A request may be declined in whole or in part if:

- The requested records do not exist;
- The requested records are exempt from disclosure by law (see K.S.A. 45-221(a));  
or
- The request is insufficiently clear in scope.

Permission to access public records may also be declined if the request "places an unreasonable burden in producing public records or the custodian has reason to believe that repeated requests are intended to disrupt other essential functions of the public agency." See K.S.A. 45-218(e).

## V. Fees and Costs

Commensurate with the actual costs of University employee time and resources, fees shall be charged for the retrieval, review (e.g. processing, examining and redacting), and productions of public records. Payment of total estimated fees is required in advance of records production.

In accordance with K.S.A. 45-219, the University has established the following fee schedule:

- Staff rate for retrieval and/or review: based upon employee's annual salary/hourly pay rate
- Outsourcing retrieval and/or review: actual cost incurred by University
- Specialized computer retrieval: \$75/hour
- Digital transmission or mailing fee: \$1.50
- Copying: 10 cents per page



If the actual cost in time and resources exceeds the fee estimate, the requester will be billed for the balance of fees incurred, with full payment required before records production. If the actual cost incurred is less than the fee estimate, the requester will be refunded any difference over \$5.00. Payment must be made at the Office of Financial Operations in Jardine Hall, 2nd floor.

## VI. Freedom of Information Officer

For questions regarding the Act or the University's policies under it, or to obtain assistance in resolving disputes related to the Act, contact the Freedom of Information Officer:

*Freedom of Information Officer*  
*102 Morrison Hall, Campus Box 62*  
*Wichita State University*  
*Wichita, Kansas 67260-0062*  
*(316) 978-3409*  
*Email: [foi@wichita.edu](mailto:foi@wichita.edu)*

## VII. Non-Compliance

All employees are required to follow this policy and all published associated procedures. Failure to do so may result in discipline, up to and including termination. Any questions regarding this policy or requests made pursuant to this policy shall be directed to the Office of General Counsel.



## 20.02 / Crisis Management Planning and Preparedness

Effective: December 01, 1999 Revised: February 06, 2009

### I. Purpose

Establish crisis management plan for the University.

### II. Preamble

In order to have a prudent and responsible plan of response to emergency or crisis situations involving death, serious injury, destruction of University physical plant or that threaten continued operation of the University, the following crisis management plan is hereby adopted and put in place.

### III. Policy

#### A. Executive Policy and Decision Team

1. The University shall have an Executive Policy and Decision Team made up of the President, the Provost, the Vice President for Finance and Administration, the Vice President for Student Affairs and the General Counsel. The General Counsel shall serve as primary coordinator of Team activities with each member being responsible, during a declared crisis situation, for arranging communication with, and facilitating operations by, their particular division. The Executive Policy and Decision Team shall, to the extent reasonably possible, establish and maintain communications with the President during any period when the President is away from campus or Wichita.
2. Only the President or an officially designated member of the Executive Policy and Decision Team (after first conferring with the President, if possible) shall have authority to declare a University crisis situation.
3. Crisis situations would include, but not necessarily be limited to, the following: physical destruction of one or more campus buildings or facilities, including data processing capabilities [weather or natural disaster, bomb, fire, chemical explosion]; any situation on campus where individuals are injured or killed [weather or natural disaster, laboratory explosion, fire, construction accident]; actual or threatened criminal violence on campus [workplace violence, hostage situation]; a death in a University building or residence hall [suicide, accident, criminal violence, weather or natural disaster]; or an accident or incident involving a



University group or activity which results in death or serious injury [transportation of students or athletic team].

4. The Executive Policy and Decision Team shall approve overall priorities and strategies; approve public information reports and instructions; and act as liaison with governmental and external organizations.

#### **B. Pre-Event Activities**

1. The Executive Policy and Decision Team will coordinate and work with existing University groups and committees as appropriate and required to put the University in the best possible situation to be prepared and address foreseeable crisis situations. The Team will designate specific committees to assist with assigned tasks and assignments, including, but not limited to, a "Critical Incident Planning Group," a "Business Continuity Committee," a "Behavior Intervention Team," a "Communications Team" and a "Health Risk Assessment Committee."
2. The Executive Policy and Decision Team shall work to achieve compatibility with the doctrines and methods expressed in the National Incident Management System (NIMS), the Incident Command System (ICS), the National Response Plan (NRP), Homeland Security Directives, and Kansas Executive Order 05-03.
3. The Executive Policy and Decision Team shall work to establish open channels of communication between the University and local fire, police, emergency and counseling services, including collaboration with local crisis responders on anticipated actions in event of a crisis at the University or in the community of Wichita.
4. The Critical Incident Planning Group will initiate training programs and requirements for all University employees and make regular reports to the Executive Policy and Decision Team.
5. The Critical Incident Planning Group will initiate testing of all existing crisis notification/communication systems on a regular basis and make regular reports to the Executive Policy and Decision Team.
6. The Critical Incident Planning Group will initiate situation-specific drills and/or "table-top" exercises to:
  - a. Evaluate lock-down capabilities.
  - b. Provide "active shooter" training for the University Police Department.
  - c. Evaluate the University's ability to plan for interference with University operations.
7. The Executive Policy and Decision Team will develop and maintain procedures and an "action plan" to carry out and implement its duties under this policy.
8. The Executive Policy and Decision Team will meet at least two (2) times during each twelve (12) month period to review its readiness to respond





to any particular crisis situation and to update, as required, its developed procedures and "action plan."

9. Members of the Executive Policy and Decision Team will keep current telephone numbers on file with the President's Office, the University Police Department and the University Communications Office.
10. The Behavior Intervention Team shall establish and implement campus threat assessment procedures and resources.

### **C. Responding to a Crisis Situation**

1. Upon the declaration of a University crisis situation, members of the Executive Policy and Decision Team shall meet immediately, said meeting to be on campus if possible, in one of the several previously identified locations (said location to be dependent upon the particular nature of the declared crisis). The members of the Team shall be guided by the following principles:
  - a. Preserve and protect life above all.
  - b. Provide open communication with the University community and the community-at-large, including utilization of a calling tree/chain of contact.
  - c. Identify an on-site incident commander as quickly as possible.
  - d. Seek liaison with the University Police Department and other specific departments as appropriate and required under the circumstances of the particular situation.
2. The Executive Policy and Decision Team should be prepared to report to the President within four (4) hours of its first meeting to review actions and/or steps being implemented in any particular crisis situation. The Team is authorized to move forward and/or make decisions without specific approval of the President.
3. The Executive Policy and Decision Team shall, as soon as reasonably feasible, initiate communications with and to all appropriate constituencies utilizing some or all of the following technologies: text messaging, email blasts, digital communications, webpage(s), existing weather sirens, telefacsimile transmissions, telephone, walkie-talkie, etc. The Team should, at all times, strive to authorize and/or provide:
  - a. Timely and accurate updates.
  - b. An identified and accessible liaison to the media.
  - c. A centralized location for updates and press conferences. It is recognized that those interested in the University will want to hear from the President, as and if reasonably possible.
4. The Executive Policy and Decision Team shall initiate counseling/support to the University community, including crisis victims and the families of any victims. Such counseling should be made available on campus, if appropriate, with trained and licensed providers. The Team shall also



seek to make University staff available while counseling support is pending.

5. The Executive Policy and Decision Team will remain active and operational until the crisis situation is declared to be ended by the President of the University, or the President's designee.

#### **D. Post-Crisis Activities**

1. The Executive Policy and Decision Team shall conduct debriefing activities to evaluate the handling of any crisis and the effectiveness of the response thereto.
2. The Executive Policy and Decision Team shall update, revise and amend this policy statement and accompanying procedures to respond to needs identified by the University's response to and handling of any particular crisis.
3. The Executive Policy and Decision Team shall develop a plan to provide a family resource and victim support center in the aftermath of a crisis situation.

#### **E. Implementation**

This policy shall be included in the *WSU Policies and Procedures Manual* and shall be shared with all appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication and distribution of this University policy.

(See also [Emergency Response and Evacuation](#) at Section 20.21 of this manual.)



## 20.03 / Closing the University in the Event of Severe Weather or Other Emergency Situations

Effective: February 23, 2018

### Policy

- A. All decisions to close or suspend operations shall be made by the President, or the President's designee.
- B. In most circumstances, that decision should be made in consultation with the chief business officer, chief academic officer and chief student affairs officer, or their designees. After a decision is made, it should be shared with the President's Executive Team and with leaders most responsible for implementing the decision, such as those in the Physical Plant and University Police Department.
- C. Once a decision is made, Strategic Communications should widely communicate the decision and other relevant information to students, employees, organizers of on-campus events, media and public.
- D. The Director of Intercollegiate Athletics, or the Director's designee, in consultation with the President, or the President's designee, shall determine if scheduled athletic competitions should be held, postponed or canceled.



## 20.04 / Tornado Warnings

Effective: July 01, 1997

### I. Purpose

To provide policy guidance regarding university activities during tornado warnings.

### II. Policy

It is the policy of Wichita State University that all classes (including examination, lectures, and laboratories in progress) and activities on campus will be officially suspended when the City of Wichita is included in an officially declared tornado warning. Faculty, staff, students and visitors shall be instructed to seek appropriate shelter for the duration of the warning.

### III. Definitions

An officially declared tornado warning is defined as notification that the City of Wichita (or all of Sedgwick County) is included in the warning area as confirmed by the National Weather service via a weather alert radio, AM/FM radio, an Emergency Building Coordinator, or the University Police Department.

An Emergency Building Coordinator is one or more persons per building on campus designated as such by a budget officer or budget review officer. The coordinator has the authority to instruct persons in the building to take shelter and direct them to the appropriate location.

### IV. Procedures

The first indication of a tornado warning is frequently made by radio or civil preparedness sirens. Persons who are not able to confirm whether the Wichita area is included in the tornado warning by one of the means outlined above should proceed immediately to shelter upon hearing the sirens. The University would rather have faculty, staff and students disrupt current activities than take any chances.

Emergency Building Coordinators will post signs on building entrance doors to notify persons arriving on campus to take shelter. University Relations will issue public statements indicating classes and events have been suspended during periods of time the City of Wichita is included in the tornado warning area.



## 20.08 / Workforce, Professional & Community Education

Effective: March 25, 2016

### I. Purpose

To ensure the most cost-effective use of University resources and staff time, and to ensure University activities appropriately and consistently reflect the University's mission.

### II. Policy

Programs being done in the name of the University, at which external audiences (non-degree seeking) are expected, and either 1) a program registration fee is charged or underwritten (e.g. grants, sponsorships, research funds), or 2) continuing education units (CEUs, contact hours, or other profession-specific credits) or academic credits are offered, must be coordinated through the Office for Workforce, Professional & Community Education (WPCE), and that office will be partially funded through coordination fees charged to program sponsors.

### III. Implementation

- A. Campus units submit a planning and approval form to WPCE as soon as a decision is made to offer a program (conferences, courses, workshops, institutes, symposiums, seminars, etc.) using the University's name ([click here](#) for web page with planning and approval form and instructions).
- B. Upon receipt of the planning and approval form, the Assistant Director of WPCE will review the form to determine if the activity falls within the scope of WPCE or if an exemption should be issued.
- C. When a program falls within the scope of WPCE, WPCE will meet with the requesting unit to determine the following: budget, marketing plan and publicity, timeline, and WPCE fee based on the total number of staff hours required to produce the event.

### IV. Exemptions

In the event a campus unit does not agree with the determination of the Assistant Director of WPCE, the unit may submit its exemption request to the Director of WPCE who will review the request with the Associate Vice President for Academic Affairs. Alternatively, the divisional vice president may grant an exemption.



## 20.10 / Fundraising Efforts Involving Naming Opportunities (Other Than Buildings or Facilities)

Effective: May 01, 2001

### I. Purpose

The purpose of this statement is to set forth University policy with regard to initiation of fundraising efforts that propose a naming opportunity other than the naming of a University building or facility. (See [Section 11.06](#), *WSU Policies and Procedures Manual*, relative to the naming of University buildings and facilities and the Kansas Board of Regents Policy Manual relative to the naming of academic units.)

### II. Preamble

Fundraising efforts or initiatives often include or are based upon a naming opportunity, i.e., "John Jones Lecture Series," or the "Jane Doe Endowed Lectureship." In an attempt to avoid embarrassment and/or to prevent fund-raising campaigns that cannot accomplish the intended goals of honoring an individual or individuals, it is necessary and appropriate that such campaigns be reviewed and approved prior to their initiation.

### III. Policy

- A. No University fundraising campaign which proposes a naming opportunity other than the naming of a University building or facility, whether facilitated through the University or the WSU Foundation, shall be initiated without advance review and approval by the President of the University.
- B. Any proposal involving a naming opportunity other than the naming of a University building or facility shall be submitted, after review and approval by the appropriate University Vice President, to the President of the University prior to the initiation of any fundraising effort and before any communication is made with the proposed honoree or honorees. The proposal must be in writing and provide an explanation or justification for the naming opportunity and information about the viability of the fundraising campaign.

### IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

(Note: The reader should also refer to the [Naming of University Facilities Policy](#) at Section 11.06 of this manual.)



## 20.11 / Use of the University's Name, Seal, Logos or Marks

Effective: November 01, 2001 Revised: February 01, 2010

### I. Purpose

The purpose of this statement is to set forth University policy with regard to the usage of the University's name, seal, logos or marks.

### II. Preamble

The University receives numerous requests from outside the University community relative to proposed usage of the University's name, the University seal and University logos and/or marks. The University considers its name, seal, logos and marks, whether registered or not, to be University property and subject to University control relative to usage. This policy is designed to provide guidance to University officials and to those interested in usage as to how usage will be controlled. See also the WSU Visual Identity Standards Manual (<https://www.wichita.edu/visualstandards>) for specific instructions and guidelines for consistent and appropriate use of the University's name, the University seal and University logo and/or marks as they relate to all forms of University communications.

### III. Policy

- A. Faculty, staff and students are encouraged to use the name of the University and to use University stationery for official correspondence.
- B. Faculty, staff and students should not use the name of the University in any announcement, advertisement, publication, or report involving personal or unofficial activities, if such usage could be construed as implying University endorsement of any product, project or service.
- C. Requests from outside the University for use of the University seal should be directed to the General Counsel.
- D. Requests from outside the University for commercial use or exploitation of the University name or University logos or marks should be directed to the Athletic Director or the Athletic Director's designee.
- E. Requests for use of the University name to indicate an existing or previous business relationship should be directed to the General Counsel. Such requests may be granted, subject to the following parameters:
  1. Any usage shall be subject to written authorization and permission from the University.



2. The University will be given an opportunity to review and approve the intended usage.
  3. The period of usage will be well-defined and limited; continued usage will be subject to further University review and approval.
  4. The University's name, logos or marks may not be displayed more prominently or any larger than other corporate marks or logos.
  5. Any display of the University's name, logos or marks shall be accompanied by the following text:  
"The University's name, logo or mark are used with the permission of Wichita State University. Usage reflects a prior or current business relationship and does not constitute an endorsement or recommendation."
- F. Subject to the above limited circumstances, use of the University's name, seal, logos and/or marks is specifically prohibited; provided, however, that the University does not intend or understand this policy to prohibit usage of the University's name in connection with news items or stories, in connection with events or activities where the University is a recognized sponsor, or pursuant to a specific contractual agreement.

#### IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication, dissemination and implementation of this University policy.

(Regarding *Use of University Name*, see also [Commitment of Time, Conflict of Interest, Consulting, and Other Employment](#) at Section 3.04 of this manual.)





## 20.12 / Usage of Multi-Passenger Vans

Effective: June 19, 2001 Revised: November 01, 2006

### I. Purpose

The purpose of this statement is to set forth University policy with regard to the usage of multi-passenger vans for transportation of University employees and/or students off of and away from the campus of the University.

### II. Preamble

It is recognized that a multi-passenger van (hereinafter "Van" or "Vans") will often be the most effective means of transportation for certain activities and events involving University employees and/or students. This policy statement is intended to implement uniform standards of usage in an effort to maximize the safety of those utilizing the Van.

### III. Policy

- A. All Van usage must be in compliance with applicable municipal, state and federal requirements and applicable University policies.
- B. Van drivers must be full-time employees of the University, have an appointment as a graduate assistant, or be employed as a Coach of a University sports club operating under the auspices of the Heskett Center.
- C. Van drivers must complete training/safety class[es] provided through the University Police Department prior to the operation of a Van.
- D. No driver should operate a Van more than ten hours in any twenty-four period. The Van driver must take a mandatory thirty minute rest break every four hours.
- E. The Van driver will be personally responsible for any and all traffic or parking citations, tickets or fines received while operating a Van.
- F. All occupants of the Van must use a seat belt at all times of operation.
- G. No Van will be used to transport or carry more than its listed capacity (including the driver) at any one time.
- H. A Van may only be used when the final destination is within seven hundred miles of Wichita.
- I. No Van may be used to tow a trailer.
- J. No luggage may be stored on top of a Van.
- K. This policy is applicable to the usage of all Vans, whether owned, rented or leased by the University.



## IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The Vice President for Finance and Administration shall have primary responsibility for publication, dissemination and implementation of this University policy.



## 20.13 / Internal Mail Distribution System

Effective: March 17, 1998 Revised: April 01, 2019

### I. Purpose

To state University policy with regard to the use of the University's internal mail distribution system for the delivery and distribution, without postage, of written communications pertaining to University operations.

### II. Preamble

The University maintains an internal mail distribution system to assist and facilitate the operation and functioning of the University. The internal mail distribution system is intended for University business only.

### III. Policy

- A. The University maintains an internal mail distribution system for University business only.
- B. The use of this internal mail distribution system for purposes other than University business, including, but not limited to solicitation, political or personal business purposes is expressly prohibited.
- C. Mail boxes in the various departments and buildings are considered to be under the jurisdiction and the responsibility of the unit in which they are located. Materials may be placed directly by individuals in these departmental or unit mail boxes if permission has been obtained from the appropriate person with responsibility for that particular unit.
- D. All internal and external mail and deliveries shall be addressed using the address format shown below, representing the university street address and unique ZIP Code. This format and the University's address shown below should be used on all official correspondence, including departments located on the Innovation Campus.

Faculty/Staff  
Office Name (optional)  
Wichita State University  
1845 Fairmount, Campus Box Number \_\_\_\_  
Wichita KS 67260-0\_\_\_\_



- E. The University's named streets and issued addresses for buildings are for emergency service purposes only, not for mail delivery.

#### **IV. Implementation**

The Vice President for Finance and Administration shall have primary responsibility for the publication and distribution of this University policy.



## 20.14 / Use and Operation of U.S. Postal Substation

Effective: May 15, 1998 Revised: April 01, 2019

### I. Purpose

To state University policy with regard to the use and operation of the U.S. Post Office substation located in Morrison Hall.

### II. Preamble

The University maintains an official U.S. Postal Service substation located on the first floor of Morrison Hall to assist and facilitate the operation and functioning of the University. The postal substation is to be used in accord with this policy statement and U.S. Postal Service regulations.

### III. Policy

- A. The U.S. Postal Service substation is provided to receive, sort, distribute, and meter first class, international, book rate, certified, registered, and insured mail for University business mail.
- B. The U.S. Postal Service substation provides all the services that a regular post office provides and may be used for the personal purchase of postage, money orders and philatelic products. It is open during posted office hours on Monday through Friday and it is closed for all holidays recognized by the University.
- C. Correct addressing of U.S. mail is imperative for prompt delivery and receipt. All U.S. mail should show the addressee's name, department name, department box number, building name and nine-digit ZIP Code legibly on the envelope to ensure accurate delivery.
- D. All internal and external mail and deliveries shall be addressed using the address format shown below, representing the university street address and unique Zip Code. This format and the University's address shown below should be used on all official correspondence, including departments located on the Innovation Campus.

Faculty/Staff  
Office Name (optional)  
Wichita State University  
1845 Fairmount, Campus Box Number \_\_\_\_  
Wichita KS 67260-0\_\_\_\_



- E. The University's named streets and issued addresses for buildings are for emergency service purposes only, not for mail delivery.
- F. It is a violation of state law for any person to use, or to permit any unauthorized person to use, any form of postage paid for with state funds for such person's personal use. See [K.S.A. 21-6006](#), as amended.

#### **IV. Implementation**

The Vice President for Finance and Administration shall have primary responsibility for the publication and distribution of this University policy.



## 20.15 / Use and University Mailing Permits

Effective: October 09, 2001

### I. Purpose

The purpose of this statement is to set forth University policy with regard to the usage of University mailing permits.

### II. Preamble

The United States Postal Service has issued various mailing permits to the University for its use as a state educational institution of Kansas. The University's Postal Services unit (hereinafter "Campus Post Office") is responsible for usage of the mailing permits on behalf of University operations, including all contracted mailings by outside sources, and compliance with all applicable United States Postal Service rules and regulations governing the use of mailing permits.

### III. Policy

- A. This policy statement is applicable to the following permits:
  1. First-Class Mail, Permit 1232
  2. Standard Mail (A), Permit 1232
  3. Nonprofit Mail, Permit 1232
  4. Business Reply Mail, Permit 328
- B. No University mailing permit may be used without the advance written authorization of the Campus Post Office.
- C. Use of an outside contractor for printing and mailing when use of a University mailing permit is desired is subject to the following requirements:
  1. Piece design must be submitted to the Campus Post Office to permit advance review for compliance with United States Postal Service requirements, and
  2. Issuance of two copies of PS Form 3602 by the Campus Post Office authorizing use of a University mailing permit.

### IV. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The Vice President for Finance and Administration shall have primary responsibility for publication, dissemination and implementation of this University policy.



## 20.16 / Food and Beverage Policies

Effective: August 08, 2017 Revised: November 12, 2018

### I. Purpose

The purpose of this policy is to clarify expectations regarding the sale and distribution of food on campus and to communicate requirements for Wichita State University, the Rhatigan Student Center, and non-WSU affiliated food providers and ensure proper food handling to avoid the risk of foodborne illness. This includes any private, public or formal events that require food or alcohol service.

### II. WSU Dining

WSU Dining is a key provider of dining service requests for the Wichita State University and the Rhatigan Student Center with some exceptions. WSU Dining (Chartwells) is the recommended caterer for all on-campus events. WSU Dining is not the exclusive provider of food on campus with the exception of Shocker Hall. Requests for catering by WSU Dining may be made by contacting the Dining Services Office.

### III. Catering Locations

With some qualifications, WSU maintains an open catering policy throughout the campus. A reserving party may choose catering from WSU Dining or a list of Approved Caterers. Catering in Shocker Hall is restricted to WSU Dining.

### IV. Approved Caterers

In addition to food services provided by WSU Dining Services, a reserving party may choose a caterer of their choice from a list of approved preferred caterers. Catered events with food service costs of less than \$100 are exempt from the required approval process.

Applications for the Approved Caterers list as well as a complete list of approved vendors is available at the [Event Services](#) webpage.





## V. Recognized Student Organizations

Recognized Student Organizations (RSOs) may use WSU Dining or any approved caterer for on-campus catered events. RSOs must follow Student Involvement guidelines for food service on campus.

## VI. President's Residence

Food service at the President's official residence will be determined by the President and the President's spouse.

## VII. Food Provided for Fundraisers

RSOs may conduct events where food is provided as a fundraiser. These events include those where food is catered or sold as part of a fundraising effort. Procedures for conducting fundraisers on campus are available from the Office of Student Involvement on the second floor of the Rhatigan Student Center.

## VIII. Potlucks

University departments, faculty and staff and RSOs may hold potlucks within their own facilities and are exempt from the approval process. A potluck is defined as a small member-only gathering where food is principally homemade. Events open to the general university or public are not potluck. Individuals may bring food into university facilities for their own personal consumption.

## IX. Donated Food Policies

WSU does allow for the service of donated food with the following conditions:

- Donated food must be provided by licensed provider.
- The requesting party must show proof that the food was donated.
- Donated food served on campus should be approved through the designated coordinator of the venue.
- Student organizations seeking approval to serve donated food must be an RSO.
- Requests for the use of donated food must be accompanied by a space reservation.
- Food valued at \$100 or under does not necessitate an approval process.
- Any donated food items must be approved by the Vice President for Student Affairs or designee.



## X. Exclusive Beverage Contract

All reserving parties serving drinks on campus must comply with the Wichita State University exclusive beverage contract with Pepsi Cola requiring that Pepsi products including bottled water and juices must be served at meetings, events and activities on campus.

## XI. Alcohol Service

Alcohol Service is available at specific locations throughout the WSU campus with the approval of the University's General Counsel. Alcohol service must be provided by a licensed caterer with a current Kansas state liquor license. Forms for requesting permission to serve alcohol are available at the [Event Services](#) webpage or by calling the Event Services Office at 978-3475. The University's policy regarding alcohol service is available at [Section 11.07](#), Cereal Malt Beverages and Alcoholic Liquor.



## 20.17 / Protected Health Information

Effective: April 14, 2003 Revised: July 01, 2018

### I. Purpose

The purposes of this policy are to (1) designate Wichita State University as a hybrid entity, (2) designate certain units of the University as “Covered Components, “Other Clinics,” and “Supporting Units;” (3) define the University’s organizational and administrative responsibilities as they pertain to Health Information, as required under federal and state law; and (4) designate a University Privacy Officer and University Security Officer and identify their general administrative responsibilities.

### II. Scope

This policy applies to all University Covered Components, Other Clinics, and Supporting Units and their respective Workforce members who are involved in the creation, receipt, transmission, storage, or disposition of Protected Health Information. A current list of Covered Components, Other Clinics, and Supporting Units may be obtained by contacting the Privacy Officer.

### III. Policy

Wichita State University is committed to protecting individuals’ health information in compliance with all applicable laws and regulations. Accordingly, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, 1996, as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Privacy and Security Regulations at 45 CFR §§ 160 and 164 (hereinafter collectively, “HIPAA”), Wichita State University has adopted the following Health Insurance Portability and Accountability Act Policy which shall serve as a supplement to other university policies as well as federal and state laws.

HIPAA specifically excludes from its purview “treatment records” or student “education records” covered by the Family Educational Rights and Privacy Act (FERPA) as defined at 20 U.S.C. 1232g or in 34 CFR Part 99, as well as records of an employer in the capacity of employer, such as workers’ compensation records and records retained regarding requests for leave.

Capitalized terms in this policy have those meanings as set forth in Appendix A, “HIPAA Definitions.”



#### **IV. Hybrid Entity Designation**

- A. HIPAA applies to individuals and organizations meeting the definition of “Covered Entities.” Covered Entities include group health plans, health care providers who conduct certain transactions electronically — including but not limited to transmissions of health care claims — health care payments, enrollment in a health plan and referral authorizations and health care clearinghouses. Although the University does not primarily or solely engage in any of these activities, some units within the University perform functions that bring them within the definition of a Covered Entity.
- B. WSU has designated itself a Hybrid Entity in accordance with HIPAA. As such, it must designate as part of its Covered Functions any component that would meet the definition of a covered entity if it were a separate legal entity (“Covered Component”). A current list of the University’s Covered Components, including Supporting Units, can be obtained by contacting the Privacy Officer.

#### **V. Operational Guidelines**

In addition to this policy, the University has issued operational guidelines (“HIPAA Operational Guidelines”) regarding the privacy and security of Individuals’ Health Information. These operational guidelines are merely the University’s minimum standards for HIPAA compliance. Covered Components, Other Clinics, and Supporting Units may find it necessary to adopt additional operational protocols and procedures for their specific unit. Any such unit-specific operational protocols and procedures must be approved by the Privacy Officer and the Security Officer prior to implementation. A copy of the HIPAA Operational Guidelines, as well as unit-specific protocols and procedures may be obtained by contacting the Privacy Officer.

#### **VI. Roles and Responsibilities**

##### **A. Privacy Officer**

1. The President of the University shall designate a Privacy Officer who shall be responsible for coordination of the University’s HIPAA compliance efforts. The duties and responsibilities of the Privacy Officer will include, but are not limited to:
  - a. reviewing and overseeing all privacy, confidentiality and security standards and procedures created by the Covered Components, Other Clinics, and Supporting Units;
  - b. providing HIPAA guidance and acting as a compliance resource to the Workforce;
  - c. overseeing the development and implementation of Privacy and Security Awareness Training;



- d. establishing and administering a process for receiving, documenting, investigating and taking action on complaints, concerns, or reports of breach regarding Health Information;
  - e. cooperating with the government, other legal entities, and University administrators, as necessary, in any compliance reviews or investigations;
  - f. regularly monitoring changes to privacy laws and regulations to help ensure the University continues to conform to the applicable standards of confidentiality and privacy;
  - g. assisting with the identification and development of Business Associate relationships and Business Associate Agreements; and
  - h. working with the Security Officer on HIPAA Security Rule compliance efforts and incorporating relevant security content into the Privacy and Security Awareness Training.
2. The Privacy Officer shall have authority to appoint an individual or individuals to assist with HIPAA Privacy Rule compliance obligations.

#### **B. Security Officer**

1. The President of the University shall designate a Security Officer who shall be responsible for coordination of the University's HIPAA Security Rule compliance. The duties and responsibilities of the Security Officer will include, but are not limited to:
  - a. developing, implementing, maintaining, and ensuring adherence to the University's security policies;
  - b. overseeing HIPAA training and guidance to the Workforce members on security matters;
  - c. receiving any complaints or inquiries about security matters and responding to such complaints or inquiries;
  - d. documenting all security-related complaints or inquiries received and ensuring complaints are investigated;
  - e. cooperating with the government, other legal entities, and University administrators in any compliance reviews or investigations;
  - f. working with appropriate technical personnel to protect Electronic PHI from unauthorized Use or Disclosure, and to ensure the availability and integrity of Electronic PHI; and
  - g. conducting periodic security audits and taking remedial action, as necessary.

#### **C. Privacy Liaisons/Committee**

There is hereby established a University HIPAA Committee. This Committee shall be comprised of one (1) representative from each of the Covered Components and Other Clinics and one (1) representative who shall serve on behalf of the Supporting Units. The Committee is charged with providing broad strategic



guidance and oversight to support the University's overall HIPAA compliance effort(s).

## **VII. Uses and Disclosures of Protected Health Information**

### **A. Use and Disclose without authorization**

Covered Components may Use and Disclose PHI without the Individual's Authorization in the following specific instances:

1. For purposes of Treatment, Payment or Health Care Operations ("TPO")
2. Uses and Disclosures Required by Law
3. Uses and Disclosures for Public Health Activities
4. Disclosures About Victims of Abuse, Neglect or Domestic Violence
5. Uses and Disclosures for Health Oversight Activities
6. Disclosures for Judicial and Administrative Proceedings
7. Disclosures for Law Enforcement Purposes
8. Uses and Disclosures for Cadaveric Organ, Eye, Tissue Donation
9. Uses and Disclosures for Research Purposes
10. Uses and Disclosures to Avert a Serious Threat to Health or Safety
11. Uses and Disclosures for Specialized Government Functions
12. Disclosures for Workers' Compensation
13. Disclosures to Friends and Family Members Involved in an Individual's Care
14. Disclosures Regarding the Location of the Individual in a Disaster

### **B. Disclosure without authorization**

Covered Components may also Disclose PHI without obtaining Authorization from the Individual in the following specific instances:

1. To another Covered Entity for Treatment performed by the other Covered Entity;
2. To another Covered Entity for the other Covered Entity's Payment activities; and
3. To another Covered Entity for the other Covered Entity's Health Care Operations in certain limited circumstances.

### **C. Written Authorization Required**

Uses and Disclosures of PHI for purposes other than those set forth herein require a valid written Authorization from the Individual.

### **D. Minimum Necessary Requirements**

1. When required by the HIPAA Privacy Rule, each Covered Component shall make reasonable efforts to verify the need for and to limit the Use



and/or the Disclosure of PHI to only that information necessary to accomplish the intended purpose of the Use or Disclosure.

2. Covered Components will not Disclose an Individual's entire record or file unless the Disclosure is not subject to the minimum necessary requirements or the Covered Component has documented justification for making the Disclosure.

#### E. **Identity Verification Prior to Disclosure**

Covered Components will Disclose PHI only after verifying the identity and authority of the person or entity requesting the PHI, in accordance with this policy, HIPAA Operational Guidelines, and unit-specific protocols and procedures.

### VIII. **Individual Rights**

The HIPAA Privacy Rule provides Individuals with certain rights related to their PHI, which include:

- A. **The Right to Receive a Notice of Privacy Practices.** Individuals receiving services from a Covered Component that performs Covered Functions will be notified of how and when it may Use and/or Disclose their PHI; this is accomplished through the provision and posting of a Notice of Privacy Practices ("NPP").
- B. **The Right to Place Restrictions on the Use and Disclosure of PHI.** Individuals have the right to request restrictions on how a Covered Component Uses and/or Discloses their PHI for TPO purposes, for notification purposes, and to family members or friends involved in the Individual's care or payment for the Individual's care.
- C. **The Right to Request Access to PHI.** Individuals generally have the right to access or receive copies of their PHI maintained by a Covered Component, subject to certain limitations set forth in the relevant University guideline(s).
- D. **The Right to an Accounting of Disclosures.** Individuals have a right to an accounting of certain Disclosures of PHI that are made by a Covered Component. Each Covered Component will maintain a record of the Disclosures that are required to be documented and will provide an Individual with an accounting of such Disclosures.
- E. **The Right to Request an Amendment of Protected Health Information.** Individuals generally have the right to request that the PHI maintained by a Covered Component be amended, such as in instances where the Individual believes that an error has been made or information in his or her record is not correct. However, the Covered Component is not obligated to agree to the request, provided that certain processes are followed and requirements met.



- F. **The Right to Request Alternative Methods of Confidential Communications of PHI.** Individuals have the right to request that a Covered Component communicates with them about their PHI in a certain way or at a certain location (e.g., an Individual may request that all telephone communications be made to a certain number and all mail be sent to a specific address).
- G. **The Right to File a Complaint.** Individuals who believe that a Covered Component has violated their privacy rights may file a complaint with the University or with the Secretary.

## IX. Business Associates

- A. In some cases, a Covered Component may require a person or entity that is not a part of the University to perform or assist in the performance of certain functions, activities or services for or on behalf of the Covered Component that requires Use of, or access to, PHI by the external person or entity. Examples include, but are not limited to, medical transcription services, third party billing companies, medical software vendors, billing or collections services, consulting companies, accreditation organizations, and medical record copying services.
- B. Prior to permitting creation, receipt, Use, maintenance, transmission of and/or access to the PHI, the Covered Component must ensure that the external person or entity has entered into a “Business Associate Agreement.” The Covered Component shall be responsible for maintenance of the appropriate documentation and verification of the business associate, vendor, contractor or subcontractor. All Business Associate Agreements must be established contractually in accordance with University contracting procedures and HIPAA Operational Guidelines and must be approved by the Office of General Counsel.
- C. In some cases, a unit of the University may function as a Business Associate of an outside HIPAA Covered Entity or another Business Associate. Such Business Associate relationships must be established contractually in accordance with University contracting procedures and HIPAA Operational Guidelines and must be approved by the Office of General Counsel.

## X. HIPAA Security Rule Compliance

- A. **Administrative, Technical and Physical Safeguards**
  - 1. Each Covered Component, Other Clinic, and Supporting Unit must ensure that appropriate administrative, technical, and physical safeguards are implemented to protect the confidentiality, integrity and availability of the PHI in its care. Safeguards shall apply regardless of form or format of data, device or storage (e.g., verbal, paper, electronic, server, portable device, etc.) and shall be consistent with the HIPAA Operational Guidelines. Safeguards must be approved by the Privacy Officer and the Security Officer prior to implementation.
- B. **Risk Analysis and Risk Management Plan**
  - 1. The HIPAA Security Rule requires the University to: (a) conduct thorough and timely risk assessments of the potential threats and vulnerabilities to the confidentiality, integrity and availability of its Electronic PHI (“Risk









































## V. Procedures

### A. Responsibilities for Managing Official University Records

Departments that maintain any University Records are the Official Repository of such records and each department head or designee must:

1. Implement the department's record management practices consistent with this policy.
2. Educate staff within the department in understanding sound record management practices, including a system for efficient retrieval of Active Records.
3. Transfer Inactive Records that may have historic value to the University Archives.
4. Ensure that access to confidential files is restricted. Long-term restrictions on access to selected Archival Records should be negotiated at the time of their transfer to the University Archives.
5. Destroy Inactive Records that have no historic value upon passage of the applicable retention period. If in doubt as to the potential historic value, consult with the Curator of Special Collections and University Archivist (hereinafter University Archivist) before destroying the Inactive Records.

### B. Preserving or Disposing of Official University Records

When the prescribed retention period (see University [Records Retention Schedule](#)) for official University records has passed, a determination of whether to preserve or dispose of the documents must be made. To decide if a University Record is of historic value to the University, consult the University Archivist who has the authority to designate which University Records are archival.

#### 1. Archival Records

If it has been determined that the University Records are Archival Records, they may be transferred to Special Collections. Call the University Archivist to initiate the following:

- a. Review records to be sent to University Archives;
- b. Request a transfer form;
- c. Depending on the amount of material to be transferred and staff availability, the Special Collections staff may make a site visit and pick up the records. If staff is unavailable to pick up the material, the department of origin may take the material to Special Collections at a prearranged time; and
- d. Small quantities may be sent through campus mail.



University Records that are transferred to Special Collections are not in storage. The transfer is permanent and the University Records become part of the University Archives (see definition G above).

## 2. Inactive Records

If it has been determined that University Records are Inactive Records, and therefore, not of permanent historic value, they, consistent with K.S.A. 45-403, should be destroyed in one of the following ways:

- a. Recycle non-confidential paper records; or
- b. Shred or otherwise render unreadable confidential records; or
- c. Erase or destroy Electronic Records (periodically review records generated and maintained in University information systems or equipment to ensure that these requirements are met).

## C. Location and Duration for Record Retention

1. The University [Records Retention Schedule](#) lists the Official Repositories for University Records, as well as how long these records must be maintained.
2. Record retention periods may be increased by government regulation, judicial or administrative consent order, private or governmental contract, pending litigation or audit requirements. Such modifications supersede the requirements listed in this policy. Any suspension of record destruction required will be accomplished by a notice sent out to the affected units or individuals by the General Counsel's Office.
3. Questions regarding the retention period for any specific document or class of documents not included in the schedule should be addressed to the General Counsel's Office.
4. Departments that are not Official Repositories, and that retain duplicate or multiple copies of University Records, should dispose of the records when they are deemed to be no longer useful.

## CI. Electronic Records

1. Maintenance and disposal of Electronic Records, as determined by the content, is the responsibility of the Custodian/Electronic Record and must be in compliance with the University [Records Retention Schedule](#). Work related email is a University Record and must be treated as such.
2. Email messages and any associated attachment(s) with retention periods greater than three (3) years are to be maintained according to the University Records Retention Schedule in a format capable of reproduction. It is important to note that the email message should be kept with the attachment(s). If emails are printed and filed in similar fashion to paper records for retention purposes, the printed copy of the email must contain the following header information:



- a. Who sent message
  - b. Who message was sent to
  - c. Date and time message was sent
  - d. Subject
3. When email is used as a transport mechanism for other record types, it is possible, based on the content, for the retention and disposition periods of the email and the transported record(s) to differ. In this case the longest retention period shall apply.
  4. Information Technology Services (ITS) performs backups on a regular schedule of the email and electronic files stored on central servers for disaster recovery. These backups are to be used for system restoration purposes only. The information technology system administrator is not the Custodian/Electronic Record of messages or records which may be included in such backups.
  5. When litigation against the University or its employees is filed or threatened, the law imposes a duty upon the University to preserve all documents and records that pertain to the issues. As soon as the General Counsel is made aware of pending or threatened litigation, a litigation hold directive will be issued to the appropriate individuals. The litigation hold directive overrides any records retention schedule that may have otherwise called for the transfer, disposal or destruction of the relevant documents, until the hold has been cleared by the General Counsel. Email and computer accounts of separated employees that have been placed on a litigation hold by the General Counsel will be maintained by ITS until the hold is released. No employee who has been notified by the General Counsel of a litigation hold may alter or delete an electronic record that falls within the scope of that hold. Violation of the litigation hold request may subject the employee to disciplinary action, up to and including dismissal, as well as personal liability for civil and/or criminal sanctions by the courts or law enforcement agencies.

## VI. Implementation

This policy shall be included in the *WSU Policies and Procedures Manual* and shared with appropriate constituencies of the University.

The General Counsel shall have primary responsibility for publication, dissemination and implementation of this University policy.



## 20.24 / Designating University Title IX Coordinators and Associate Coordinators

Effective: September 15, 2011 Revised: July 24, 2019

### I. Purpose

The purpose of this policy is to designate the University officials who have primary responsibility for Title IX compliance.

### II. Preamble

Title IX of the Education Amendment of 1972 prohibits discrimination on the basis of sex in any federally funded education program or activity. In an effort to put in place and coordinate efforts to comply with and carry out institutional responsibilities under Title IX, the University is promulgating this policy.

### III. Policy

#### A. Title IX Coordinator

Title IX Coordinator

Human Resources Center 110

(316) 978-5177

[sara.zafar@wichita.edu](mailto:sara.zafar@wichita.edu)

Duties and Responsibilities: Monitoring and oversight of overall implementation of Title IX compliance at the University, including coordination of training, education, communication and administration of all related policies and procedures. Complaints of discrimination on the basis of sex that are reported to the Title IX Coordinator will be investigated. The Title IX Coordinator will receive complaints and provide information regarding available resources as well as reporting and resolution options. The Title IX Coordinator will also designate Deputy Coordinators in specific academic and administrative units to conduct outreach and provide information about addressing complaints of sex discrimination, sexual misconduct, sexual harassment, relationship violence and stalking.

#### B. Title IX Deputy Coordinators

1. For athletics, contact:













## VI. **Applicable Laws**

FAR 52.222-50

## VII. **Policy Owners**

Federal Contracts Compliance, NIAR Research Compliance