GUIDE TO POLICIES

OF

CREIGHTON UNIVERSITY

Prepared by the President's Office
November, 1995
This *Guide to Policies of Creighton University* is intended to assist the Creighton community to locate information concerning University Policies and other policies throughout the University.

Copies of this Guide are located in the offices of the President, Vice Presidents, Deans, Directors of the University named on the University Organizational Chart in this Guide, and in the three libraries of the University: Reinert Alumni Memorial Library, Health Sciences Library, and Law Library. This Guide replaces the former *University Policies Manual* and should be located in a place easily accessible for use by faculty, staff, and administrators in your area.

The responsibility for producing this Guide rests with the Office of the President. It is the responsibility of the Vice Presidents, Deans, and Directors to keep this Guide current. When University Policies are developed or revised, the holders of the Guide will receive the entire policy to be included in their binders.

The "Introduction" to this Guide has information concerning how University Policies are proposed, approved, and promulgated. When new University Policies are written and submitted for the President's approval, they should be written according to the format described on pages five and six of the "Introduction."

If you have any questions concerning University Policies, contact the President's Office. If you have any questions concerning other policies cited throughout this Guide, contact the office or person referenced on the Creighton University Organizational Chart.

President's Office
July 1, 2000
GUIDE TO POLICIES OF CREIGHTON UNIVERSITY

INTRODUCTION

I. NEED FOR GUIDE TO POLICIES OF CREIGHTON UNIVERSITY

Policies for Creighton University have existed since the first day classes were held on September 2, 1878. The University opened its doors with four Jesuits, one lay man and a lay woman as the first faculty members.

Over the years the Creighton community has organized itself and made policies and procedures to fit the needs of the time. Today the volume of information concerning policies and procedures for managing the multiple areas of the University needs to be organized so faculty, administrators, and staff have the proper information to do their best work. When an employee asks, "Do we have a policy on ...?" this Guide should facilitate finding the information that is needed.

The Guide to Policies of Creighton University is intended to be a quick reference to information throughout the University. This Guide is distributed to Vice Presidents, Deans, Directors named on the Organizational Chart in this book, and to the three libraries of the University. Additionally, the Guide is available on-line at the following website address: http://www.creighton.edu/President/PresOfc/GuideToPolicies/Guide.pdf. The University reserves the right to modify, amend, or terminate policies in this Guide at any time. The policies do not constitute a contract between the University and the faculty/employee.

It is the responsibility of the President's Office to keep this Guide current. The President's Office should be notified when information contained in this Guide is being revised.

II. SCOPE OF POLICIES IN THIS GUIDE

It is not the intent that this Guide include all the policies and procedures of Creighton University. It is a reference to find information concerning policies. The Organizational Chart of the University, at the end of this Guide, has names of persons to contact for detailed information.

This Guide has these sections:

♦ Creighton University Policies
♦ Creighton University Statutes (website referenced)
♦ Creighton University Handbook for Faculty (website referenced)
♦ Creighton University Employee Handbook (website referenced)
♦ Creighton University Student Handbook (website referenced)
♦ Creighton University Manuals (Indexes or website addresses of these manuals are referenced.)
  ◊ Affirmative Action Plan
  ◊ Budget Office Policies and Procedures Manual
  ◊ Graphic Standards Manual
  ◊ Purchasing Policies and Procedures Manual
♦ Creighton University Organizational Chart
Creighton University Policies
(http://www.creighton.edu/President/PresOfc/GuideToPolicies/Guide.pdf)

University policies are those that have been approved by the President in consultation with the Vice Presidents of the University, have been signed by the President, and promulgated by the President to the University community. The master copy is kept in the President's Office.

University policies have been formulated throughout the history of the University. The policies address a broad spectrum of topics. In this Guide the University policies are divided according to Identity, Administration (General, Human Resources, Facilities), Financial, and Academic Concerns (Faculty, Students).

Other sections may be added in the future if the need arises.

Creighton University Statutes
(http://www.creighton.edu/President/PresOfc/Statutes/index.html)

The Creighton University Statutes are promulgated by the General Counsel’s Office of Creighton University. The Statutes govern the daily operations of the University under the authority of the President and Board of Directors, as provided by the Articles of Incorporation, the laws of the State of Nebraska, and the Bylaws of Creighton University, as adopted by the Board of Directors.

Amendments to the Creighton University Statutes are approved by the Academic Council and forwarded to the President for his approval. The Creighton University Statutes are revised annually.

Creighton University Handbook for Faculty
(http://www.creighton.edu/President/PresOfc/FacultyHandbook/Faculty_Handbook_2005)

The Creighton University Handbook for Faculty governs the definition and organization of the University faculty and the relationship between the University and the faculty. It defines procedures for faculty appointment, promotion, tenure, non-reappointment, termination and dismissal, establishes grievance procedures, and establishes procedures to protect Academic Freedom. The Handbook for Faculty defines faculty responsibilities, duties, conduct, benefits, services, and organizations. It also provides information of interest to faculty members.

Amendments to the Handbook for Faculty are approved by the Academic Council and forwarded to the President for his approval. The Handbook for Faculty is revised annually.

Creighton University Employee Handbook
(http://www.creighton.edu/HR/employee/HBeng_index.html)

The Creighton University Employee Handbook provides general information to staff about the University. It includes particular information for exempt and non-exempt employees as well as benefits for all employees. The handbook is not an employment contract.

The Director of Human Resources oversees the contents of the Creighton University Employee Handbook.
Creighton University Student Handbook
(http://www.creighton.edu/StudentServices/CSI/)

The Creighton University Student Handbook is the official guide for all students of the University. Every student is held responsible for knowledge of the regulations and information contained in the handbook. The handbook contains information about student services, academic regulations, University resources, student organizations and activities, the code of conduct, and various University regulations that pertain to students. The Residence Life policies are a special section of the Student Handbook. The Vice President for Student Services oversees the contents of the Student Handbook.

Creighton University Manuals

Some offices of the University have distributed manuals containing the policies and procedures of a specific office. The Table of Contents and the offices to be contacted are referenced in this Guide.

◊ Affirmative Action Plan

The Affirmative Action Plan is written in accordance with the applicable Federal Laws and Regulations. The employment policies and practices of Creighton University are administered without unlawful regard to race, color, religion, national origin, sex, age, disability, marital status, or veteran status. The Affirmative Action Plan describes Creighton University's status and progress concerning the Plan.

The Director of Affirmative Action prepares the plan for the President's approval and signature. The Affirmative Action Plan is distributed by the President's Office to Vice Presidents, Deans, and appropriate Directors.

◊ Budget Office Policies and Procedures Manual
(http://www.creighton.edu/budget/)

The Budget Office has developed the Policies and Procedures Manual to assist the departments in preparing their annual budgets, making budget transfers and adjustments during the year, preparing quarterly current estimates, and performing other budget related functions.

(http://www.creighton.edu/Controllers/)

The Controller's Office has developed the Policies and Procedures Manual to assist all departments in understanding University fiscal policies, expediting their financial transaction processing, and to share information regarding the Controller's Office's mission and roles.

◊ Graphic Standards Manual
(http://logo.creighton.edu/)

The Graphic Standards Manual is designed to define the manner in which Creighton University is to be visually identified to its various publics. The Public Relations Office is responsible for this manual.
The Purchasing Policies and Procedures Manual is designed to provide a brief overview of the Purchasing function as it relates to the University. The Purchasing Department is responsible for this manual.

The Creighton University Organizational Chart is revised periodically. The President, Vice Presidents, Deans, Directors, and other administrators of the University are identified. This chart is referenced throughout this Guide for persons to contact for more detailed information. The President's Office is responsible for the development of this chart.

III. POLICIES OF COLLEGES AND SCHOOLS

The colleges and schools of Creighton University have policies that are specific to the organization and management of a particular college or school.

The academic administrative units of the University are the following:

- Creighton College of Arts and Sciences
- College of Business Administration
- Graduate School
- School of Dentistry
- School of Law
- School of Medicine
- School of Nursing
- School of Pharmacy and Health Professions
- University College and Summer Sessions

The colleges and schools have Bylaws which govern the internal administration of the particular school/college. The Bylaws are written in compliance with the Creighton University Statutes.

The colleges and schools have Executive Committees to advise the Deans concerning matters which relate to the internal academic affairs of the individual colleges and schools.

The policies and procedures of a particular college or school are found in the Bylaws and respective bulletins of the colleges and schools.

IV. OFFICES WITHIN VICE PRESIDENTIAL AREAS

Offices of Vice Presidential areas are named on the Organizational Chart in this Guide. The policies and procedures of those offices address the internal management of a particular office and may address general policies that affect other areas of the University. For more information about the policies of a particular office, consult the Director of the office referenced on the Organizational Chart.
V. HOW POLICIES ARE FORMULATED

A. University Policies

University policies are those that have been approved by the President in consultation with the Vice Presidents of the University, have been signed by the President, and promulgated by the President to the University community. Any person or committee may advance a policy to the President to be proposed as a University policy. The President reviews the proposed policy and takes action appropriate to the content. After the appropriate review has been made, the President signs the policy as University policy and it is promulgated to the Vice Presidents, Deans, Directors named on the Organizational Chart of the University, the three libraries of the University, and updated on-line. It is the responsibility of those who receive new University policies to file them in the Guide to Policies of Creighton University and to make the policy available to those he/she supervises. The Guide in the three University Libraries is available to the University community and others for their review.

An announcement is placed in Creighton Today and sent out as a “CU_Official” message informing all employees that a new University policy or a revised policy exists and that the policy can be found in the offices of the President, Vice Presidents, Deans, Directors, the three libraries of the University, and on-line.

B. Policies for Offices/Departments

Policies for offices/departments within the Vice Presidential areas are generally reviewed by the Director with the Vice President. If the proposed policy affects another Vice Presidential area, the Vice Presidents mutually agree on the details of a final policy.

If Vice Presidents individually or collectively believe that the policy should become a University policy, then the policy is advanced to the President for review, consultation, and his action. Vice Presidents have frequent meetings with the President at which time departmental policies can be reviewed before they become a policy of an office/department. General procedures, rules, and regulations are NOT considered official University policies unless they are committed to writing and signed by the President.

Most offices/departments make procedures for specific areas rather than policies.

C. Structural Guidelines for Formatting Policies

New University policies should be written in the following format:

1. **Purpose:** What is the reason for or the objective of this policy? Why does it exist?
2. **Policy:** State the policy.
3. **Scope:** To whom does the policy apply? Is there a specific group for which this policy is targeted, or a group which is excluded? For example, does a policy apply only to faculty and not to staff? Does it apply only to full-time and not to part-time employees?
4. **Eligibility:** How is a faculty member/employee eligible for this policy? For example, if the policy concerns benefits, some benefits may require one year or more of employment before an employee is eligible for coverage.

5. **Definitions:** This section should define any important terms used in the policy that need clarification to avoid misinterpretation.

6. **Administration and Interpretations:**

   Describe the parties responsible for administering the policy. This section may also indicate to whom questions regarding interpretation of the policy should be addressed.

7. **Amendments or Termination of This Policy:**

   States that the University reserves the right to modify, amend, or terminate this policy at any time. This section can also state that the policy is not a contract between Creighton University and its employees.

8. **Other:** Any items not falling into the preceding sections but worthy of comment can be stated in this section.

Specific sections should be included in a policy statement depending upon the policy's provisions.

NOTE: A "policy" is a written statement of management value. Policies are guidelines for general managerial actions that are used to promote continuity and understanding within the University.

A "procedure" promotes efficiency by explaining the steps by which a policy is implemented.

**D. Advisory Committees to the President**

There are a number of committees of the University which are advisory to the President. These committees may propose policies to the President.

1. **Standing Committees of the Academic Council**

   Standing Committees of the Academic Council are established by the Academic Council according to the *Creighton University Statutes* to aid and advise on matters affecting faculty. Standing Committees give annual reports to the Academic Council. Members are elected from the faculty. The Vice President for Academic Affairs, Vice President for Health Sciences, and some administrators appointed by the President serve on specific committees. The *Creighton University Statutes* outlines the purpose, membership, and meeting time for each of the following Standing Committees:

   - Board of Undergraduate Studies
   - Committee on Academic Freedom and Responsibility
   - Committee on Committees
   - Committee on Faculty Dismissals
   - Committee on Faculty Handbook and University Statutes
   - Committee on Rank and Tenure
   - Faculty Grievance Committee
2. Presidential Committees

Presidential Committees are committees established by the Creighton University Statutes to aid and advise the President on various University matters. Presidential Committees report directly to the President and normally give an annual report to the Academic Council. Some members are elected by the faculty and staff to serve on specific Presidential Committees. Students are appointed by the Executive Committee of the Creighton Students Union to serve on specific committees. Some members are nominated for membership by the National Alumni Board. Some members are appointed by the President. The Creighton University Statutes outlines the purpose, membership, and meeting time for each of the following Presidential Committees:

- Americans with Disabilities Act Committee
- Campus Planning Committee
- Financial Advisory Committee
- University Athletic Board
- University Committee on Benefits
- University Committee on Lectures, Films, and Concerts
- University Committee on Public Honors and Events
- University Committee on Student Discipline
- University Committee on Student Life Policy
- University Committee on the Status of Women
- University Grievance Committee
- University Staff Advisory Council

3. Committees Appointed by the President

Membership on these committees is not governed by the Creighton University Statutes. Members are appointed by the President to advise him on matters of specific importance. The committees appointed by the President are the following:

- Academic Administrators' Council
- Campus Safety Committee
- Conflict of Interest Review Committee
- Council of Deans
- Creighton University Wellness Council
- Diversity Coordinating Committee
- Government Relations Committee
- Harassment and Discrimination Committee
- Institutional Animal Care and Use Committee
- Institutional Biosafety Committee
- Institutional Review Board
- Intellectual Property Board
- President’s Advisory Board Committee
- President's Cabinet
- Radiation Safety Committee
- Radioactive Drug Research Committee
- Research Advisory Committee
- Research Compliance Committee
Other committees and task forces exist at the University to assist in the general work of the University.

For more information or clarity concerning information in this *Guide*, please call the President's Office at 280-2770.

November, 2005
Creighton, a Jesuit University, is convinced that the hope of humanity is the ability of men and women to seek the truths and values essential to human life. It aims to lead all its members in discovering and embracing the challenging responsibilities of their intelligence, freedom, and value as persons.

We therefore profess, and pledge ourselves to teach in the perspectives of, the following creed:

We believe in God, our loving Creator and Father.

We believe in the intrinsic value of the human being as created in God's image and called to be his child. This includes all persons and excludes any form of racism and other discrimination.

We believe that the deepest purpose of each man and woman is to create, enrich, and share life through love and reverence in the human community. This motivates our open and relentless pursuit of truth. For this reason we foster reverence for life in all its human potential.

We believe that we should support all persons in their free and responsible life-sharing through family and social systems, and through political, scientific and cultural achievements.

We believe that we must strive for a human community of justice, mutual respect, and concern. In this context we must cultivate respect and care for our planet and its resources.

We believe that laws exist for the benefit and well-being of individual persons, that legal systems must express the common good, and that all government must be subject to the courageous, though respectful and loyal, criticism of intelligent and responsible citizens.

We believe that the law of justice and love must regulate the personal, family, economic, political, and international life of all persons if civilization is to endure.

We believe in the teachings and example of Jesus Christ.
Creighton is a Catholic and Jesuit comprehensive university committed to excellence in its selected undergraduate, graduate and professional programs.

As Catholic, Creighton is dedicated to the pursuit of truth in all its forms and is guided by the living tradition of the Catholic Church.

As Jesuit, Creighton participates in the tradition of the Society of Jesus which provides an integrating vision of the world that arises out of a knowledge and love of Jesus Christ.

As comprehensive, Creighton's education embraces several colleges and professional schools and is directed to the intellectual, social, spiritual, physical and recreational aspects of students' lives and to the promotion of justice.

Creighton exists for students and learning. Members of the Creighton community are challenged to reflect on transcendent values, including their relationship with God, in an atmosphere of freedom and inquiry, belief and religious worship. Service to others, the importance of family life, the inalienable worth of each individual and appreciation of ethnic and cultural diversity are core values of Creighton.

Creighton faculty members conduct research to enhance teaching, to contribute to the betterment of society, and to discover new knowledge. Faculty and staff stimulate critical and creative thinking and provide ethical perspectives for dealing with an increasingly complex world.
To call a university Jesuit today is to specify a particular framework of thought and an inner intensity of person which seeks to communicate an awareness of Biblical transcendence and of the presence of Jesus Christ, the God man, in the midst of the growing development of man's intellectual achievements.

Such "Jesuitness" is by no means restricted to members of a single religious order. It is a quality or "style" of teaching and of thought-structure in which we invite and expect all the members of our University community to participate. Such a mark, or stamp, or character, or style prescinds from invidious comparison with others and it is surely not restricted to teachers who happen to be Jesuits.

While it is obvious that such presence is not determined by the size of the Jesuit Community at Creighton, it is equally evident that a strong and healthy Jesuit community must be recruited and maintained if the institution is to have its Jesuit characteristic. We do not and could not interpret this statement to mean that Jesuits hold a superior or sheltered position at Creighton. It must, however, mean that a kind of Affirmative Action is required, by which Jesuits with full preparation and demonstrated ability will be recruited and employed whenever possible in our University.
**Policies and Procedures**

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**PURPOSE**

The purpose of Creighton's policy on racism is to underscore the University's commitment to the fair and humane treatment of all members of the Creighton community. Adherence to this policy promotes ideals consistent with the University's credo and its mission.

**POLICY**

"We are vigorously opposed to all forms of 'racism' — persecution or intolerance because of race."

This statement amply expresses the Creighton policy with regard to all words or actions in any way involving relationships among the races of the human family.

We are a Christian university. We intend to cultivate a Christian environment and to develop a vital Christian community on our campus — a community that embraces the entire university, students, faculty, administrators, and staff. It is evident that such a community cannot and will not tolerate any kind of discrimination or any evidence of bigotry based on racial differences, real or supposed.

"Any physical or verbal assault," as our Student Handbook states, "shall be subject to University disciplinary action." This regulation must be considered as applicable not only to students but to faculty, administration, staff, and all who in any way represent Creighton.

**SCOPE**

This policy applies to all employees of the University.

**DEFINITIONS**

**Racism** can be defined as persecution or intolerance because of the race to which the individual belongs.
Creighton University, in its public and official identity as a Catholic university, is committed to certain principles of the moral, intellectual, and religious order. Its policies and programs must, in fidelity to its purpose, conform to these principles. Although the fundamental principles are, for the most part, universally understood and need no explicit mention, in matters of possible ambiguity a clarification is in order.

Because of laws in various states legalizing abortion, it seems prudent to remove from any misunderstanding the University’s position on this subject. The University reaffirms the sanctity and inviolability of human life and vigorously opposes abortion as a morally acceptable option for unwanted pregnancies, and it expects any use of its name, facilities, and resources to reflect its position.
Policies and Procedures

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It is important that Creighton University speak with a unified voice, especially on matters of University policy, sensitive issues, legal matters and in emergency situations. As the University's primary voice to the news media, the Department of Public Relations and Information serves as the clearinghouse for information on these matters.

All media inquiries dealing with University policy, emergency situations, legal matters or issues of University-wide concern should be directed to the Department of Public relations and Information. Faculty, administrators and staff should never assume the role of spokesperson for the University unless they have been asked to take that role by the Manager of Media Relations, Public Relations Director or by the University President.

However, the University also recognized that many of its faculty members possess expertise that is of interest to the news media.

Therefore, Creighton faculty members, administrators and staff are permitted and encouraged to comment to the news media in areas related to their academic or administrative expertise. Faculty, administrators and staff should alert Public Relations when they are interviewed by the media to assist the department in tracking media contacts.

Public Relations is available to assist faculty, staff and administrators in preparing for media interests or handling media inquiries. Contact the Manager of Media Relations at extension x2738 for assistance.
Policies and Procedures

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| POLICY: Speakers Policy | PAGE 1 OF 1 |

Creighton is a Catholic University. As Catholic, Creighton is committed to identification with a specific religious tradition and all of its essential values. As a university, Creighton is committed to the widest possible freedom of expression, including critical examination of ideas and perspectives which may be or may appear to be incompatible with its Catholic tradition and mission. Because these two fundamental commitments may sometimes conflict, especially when speakers are invited on to campus, the University adopts a Speakers Policy with these components.

1. Only authorized sponsoring organizations may invite a speaker on to campus. Ordinarily, the Vice President for Student Services must be notified of an invitation at least three weeks before the scheduled appearance of a speaker whose presentation will be advertised to the general public.

2. The fact that some authorized sponsoring organization invites a speaker on to campus in no way states nor implies that the University endorses the ideas or perspectives offered by that speaker.

3. Sponsoring organizations are expected to use responsible judgment in selecting speakers. When it is likely that a speaker may espouse or appear to espouse positions hostile to Creighton's traditions and values, opportunities for expression of alternative viewpoints must be assured. The Vice President for Student Services, in consultation with the appropriate academic Vice President and University Committee on Lectures, Films, and Concerts, may require that a speaker make the presentation in a debate or panel of discussants format so as to assure expression of other views.

4. If there is reason to suppose that the presentation of a speaker on campus may pose safety problems, the Vice President for Student Services may postpone the speaker's presentation for up to three weeks so that security arrangements can be developed.
Both the official Creighton University emblem and the Bluejay athletic emblem are registered with the U.S. Patent Office. Creighton University has exclusive ownership rights regarding the use of these emblems as well as the Creighton University name.

It is in the best interest of the University to set certain standards governing the use of these emblems and the name in terms of appropriateness and good taste, to protect against over-commercialization of the University's name and emblems, and to secure reasonable compensation through authorized use by commercial enterprises.

Whenever these emblems are used by University organizations, its affiliates or authorized non-affiliates, the emblems must carry the proper registration mark as shown. The exception: when used on University stationery, envelopes, business cards and formal invitations.

Official contracts, duly signed by the contract officer of Creighton University and by the authorized official of the using organization, are required when these emblems or the Creighton name are to be used for commercial enterprise for fund-raising projects by affiliated organizations, such as student or faculty groups, or by unaffiliated organizations. Requests for these contracts can be made through the Department of Public Relations and Information.

Permission may be granted to affiliated or unaffiliated organizations for not-for-profit use by a letter or authorization for a specific purpose through the Director of Public Relations and Information or his/her designated representative. Advertisers in official University programs, athletic programs and other official Creighton publications do not require contracts or written authorization for use for those purposes.

Alterations or variations of the University seal (emblem) are not permitted. Those using the Bluejay emblem are strongly urged to use the registered trademark version. Any variation must be approved through the Department of Public Relations and Information and must closely approximate the trademarked version.
Student publications and broadcasting will follow these guidelines:

1. Advertising which is in violation of any local, state, or federal law or regulation will not be published or broadcast.

2. Advertising which promotes a product, service, or cause contrary or hostile to the moral and religious principles set forth in the Creighton Credo will not be published or broadcast.

3. Advertising whose claims are fraudulent, misleading, or grossly unsubstantiated, or which appear to require further substantiation for the protection of consumers, will not be published or broadcast until sufficient substantiation of claims is made.

4. Advertising for products or services which may be injurious to health will not be published or broadcast.

5. Ordinarily, only advertising which carries the signature or identification of a responsible advertiser will be published or broadcast so that consumers may know whom to contact regarding returns, adjustments, breach of warranty, etc. It is also highly encouraged to provide a phone number so individuals may contact the group for further information.

6. Entertainment or speaker/lecture advertising will need to comply with all current guidelines regarding posting and promotion as found in the Student Handbook. Advertising may also be examined for acceptability on more particular grounds, including the following:

   a. Advertisements, copy and/or illustrations which pander to a prurient interest in violence or human sexuality, or which denigrate the beliefs, customs, or physical attributes of ethnic or religious groups will be rejected.

Implementation Procedures

1. The Coordinator for Greek Affairs and Student Organizations shall be responsible for implementation of and adherence to the guidelines.

2. In case of any questions arising with regard to implementation or interpretation of any guidelines, the Coordinator of Greek Affairs and Student Organizations will confer with the Vice President of Student Services.
Creighton University's purpose in permitting telecasts of competition in which its athletic teams engage is to (1) achieve exposure for the University and its athletic programs and to (2) generate reasonable income.

Ordinarily, telecasts will not be permitted if ticket sales will be adversely affected.

Creighton University considers its athletic programs to be a significant part of its composition and of its primary mission of education.

Therefore, the University insists that there be a reasonable balance between major and minor, men's and women's athletic events allowed to be televised.

Creighton also recognizes that its students in communications and broadcasting curriculum should have the opportunity through the telecasts for laboratory production experience in remote sports productions.

The University wants the opportunity on occasion to help fulfill its obligation to participate in the programming of the Omaha Educational Consortium System by telecasts of selected Creighton athletic events. Telecasts of Creighton athletic events on this system may at times be given priority to fulfill the University's obligation to the consortium and its concomitant educational mission. However, Creighton recognizes the special needs, attractiveness, and potential of commercial television enterprises.

Accordingly, in the spirit of cooperation to meet their needs, Creighton University on a regular basis will supply interested television companies with schedules of all athletic events that the University will allow to be televised. The television company will then select those contests that it wants to originate for its own programming on its own channel, at its own expense and time, by a predetermined deadline. There must be a commitment at an agreed upon date. The University will do its best to honor these requests and confirm rights to specific event telecasts.

Following determination of what events the television system will be permitted to telecast, the units of the University responsible for programming the Educational Consortium channels will arrange for telecasts of other specific events with the Athletic Department of the University. Assignment of rights to telecast specific events will rest primarily with the Athletic Department, but what best serves the long-range interests of the University in its total context as an institution of higher learning in the judgment of its administration always must be the primary consideration.
Post-season events (not pre-scheduled) are governed by the same policy.

The University expects the television system to advertise and promote those Creighton University athletic events that it is granted the right to telecast.
**POLICY**

1. In considering any request to use Creighton University facilities, the University's purpose and needs must be kept in mind. Ordinarily, only requests from nonprofit organizations which enhance or promote activities consistent with Creighton's goals and traditions will be considered. University facilities may be made available only to organizations which will not use such facilities for immediate financial gain or profit. This is essential in order to maintain Creighton University's stated charter and tax exemption status.

2. Creighton University will not consider applications for use of its facilities when to do so would compete with similar facilities operated by private enterprise or under government authority.

3. No admission or other charges shall be made by the applying organization for any event which will exceed the reasonable expenses incurred by the organization in sponsoring and holding such event, except when all proceeds are committed to charity. An event budget, including income and expenses, may be required if admission charges appear to exceed a reasonable rate.

4. Organizations sponsoring an event for which University facilities will be used shall agree to indemnify and hold harmless Creighton University for and from any claim or loss to the University by reason of any damages resulting in any manner from such use of Creighton's facilities, including damages to Creighton's property, and injuries to any person or persons, including injuries resulting in death.

If extraordinary risk appears to be involved, the sponsoring organization may be required to supply the University with a Certificate of Public Liability insurance naming Creighton University as additional insured in the amount of no less than $300,000 for bodily injury per occurrence and $100,000 property damage per occurrence. This would insure Creighton against claims of any persons arising out of the use of the premises or facilities.
5. In addition to the applicable laws and public regulations, Creighton shall have the right and authority to specify such further reasonable regulations as regarded necessary for the proper use of its facilities to any sponsor.

SCOPE

This policy applies to all non-University groups seeking to use Creighton University facilities.

PROCEDURES

Each Vice President and his or her Deans or Directors are in charge of University space assigned to them and have policies and procedures relating to the frequency and type of activities for which they allow the space to be used. The office in charge is responsible for the good name of the University and the safety of its property, and should therefore scrutinize all requests carefully. All requests for use of University facilities must be made through the office responsible for each individual area.

The office in charge of each specific area of the University has developed fee structures governing the use of the facilities for which they are responsible. These fees are to be collected prior to actual use of the facilities. The office in charge of an area may waive some or all of the fees depending on the specific policies and procedures governing their area.

Additional charges may be assessed depending on the specific nature of the event. If an event requires any type of special arrangements, these need to be made through the appropriate departments. For example, security guard service may be required, in which case special arrangements need to be made through the Creighton University Department of Public Safety.

If food is to be served, the sponsor must contract with the University's food service contractor. Exceptions must be cleared through the Office of the Vice President for Student Services or that of the Director or Dean responsible for the area.
### Policies and Procedures

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<td>Use of University Facilities by Non-University Groups</td>
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**ADMINISTRATION AND INTERPRETATIONS**

Questions about the use of University facilities may be directed to any of the offices responsible for reserving facilities. In addition, the Office of the Vice President for Student Services may be a helpful resource.

**AMENDMENTS OR TERMINATION OF THIS POLICY**

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
**Policies and Procedures**

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Before signature by the President, all contracts with outside groups must receive approval from the Vice President for Administration/Finance where the official copy of the contract must be filed.
PURPOSE

The purpose of this policy is to outline the University's policies on use of software and digital materials that are copyright protected and to identify the person to receive notification from copyright owners of claimed copyright infringement.

POLICY

The University is committed to academic freedom regardless of the medium of expression. However, it is the policy of the University to respect the copyright protections given by federal law to owners of software and digital materials. It is against University policy for Users to use Information Resources to access, use, copy or otherwise reproduce, or make available to others any copyright-protected digital materials or software except as permitted under copyright law (e.g. fair use doctrine) or specific license.

Information posted on any University system must comply with federal copyright laws.

The University regards any violation of this policy as a serious matter and any such violations is subject to appropriate disciplinary action, including removal of the material from Information Resources. Repeated violations will result in termination of computing privileges in addition to other sanctions.

Pursuant to the Digital Millennium Copyright Act (37 CFR 201.38), the University has designated the following individual to receive notification from copyright owners of claimed copyright infringement.

University General Counsel
Creighton University
2500 California Plaza
Omaha, NE 68178
(402) 280-5589 - telephone
(402) 280-5719 – fax
gjahn@creighton.edu

This contact information shall be posted on the University's web site.
Policies and Procedures

SECTION: Administration

CHAPTER: General

POLICY: Copyrights of Digital Materials and Software

SCOPE

This Policy applies to faculty, staff, students, alumni and all other persons authorized to use the University's Information Resources ("Users") whether accessing those Information Resources on campus or remotely. Disciplinary action for violating the policies shall be governed by, but not limited to, the applicable provisions in this Guide to Policies of Creighton University and any applicable sections of federal and state law. Users who violate this Policy may have, at a minimum, the alleged infringing material removed from Creighton's Information Resources pending evaluation of the alleged violation. In each case corrective action shall be tailored to redress the severity of the particular violation or violations.

DEFINITIONS

Information Resources. Information Resources include all computer and telecommunications hardware, software and networks, owned, leased or operated by the University and the information stored therein.

Users. All persons who have access to and use of Creighton's Information Resources, including, but not limited to faculty, staff, students, alumni, guests and other authorized individuals.

ADMINISTRATION AND INTERPRETATIONS

The above policy statements are intended to work to the benefit of all who use Creighton University's Information Resources by encouraging responsible use of scarce computer resources. Users deemed in violation of these policies will be immediately notified of the nature of the complaint and may have their access temporarily suspended. Any notice will provide information on the alleged copyright infringement and the User's rights and obligations.

RESOURCES

Educational materials on copyright protections and exemptions are available through the Reinert Library at http://reinert.creighton.edu/circulation/copyright.htm and Health Sciences Library at http://adonis/hsl/copyright/copyres.html#CU.
All University mailings must be processed through the Creighton University Mail Center. No mailings will be sent to outside contractors such as Acme, A-1, Interstate, etc., without the approval of the Mail Center Director.

All mailing expenses, including postage, express mail, and any labor associated with mail preparation will be billed back to the originating department.

No University employee shall enter into an agreement, either oral or written, with any non-University individual or company, which presumes the processing of mail by the University Mail Center without the express, written consent of the Vice President for Administration/Finance.
Attended visitor parking for guests and parents is available Monday through Friday from 8:00 a.m. to 5:00 p.m. at the northeast corner of 24th and Cass Street. After hours and on weekends, access may be obtained by using the Direct Dial, Public Safety Callbox located on the Guardhouse at the entrance. Special accommodations for larger groups or conferences may be arranged through the Department of Public Safety.
**Policies and Procedures**

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Sodexho Marriott, Inc. has been designated as the official contracted food service. All activities using food in the Student Center, Brandeis Hall, or Becker Hall are required to make the appropriate arrangements with the University contracted food service.

In other Creighton facilities when catering is required, all parties are asked to give the University contracted food service the courtesy of seeking a bid from them for their event.
PURPOSE

Creighton's policy on employee use of personal vehicles for University business is designed to maximize convenience to faculty and staff, and to conduct University business as efficiently as possible, while protecting the individual employee and the University from undue liability in the event of accident.

POLICY

Use of personal vehicles on University business is permitted.

State regulations require that insurance coverage for a vehicle must be retained by the vehicle owner. Initial insurance claims on the vehicle are always made to the owner's insurance policy. The University cannot be responsible for damage to an employee's vehicle while the vehicle is in use on University business. Since the employee must look to personal auto insurance coverage if an accident occurs, it is important that adequate limits of personal liability and physical damage coverage be maintained on your vehicle.

The University's auto liability insurance is excess over an employee's personal auto liability insurance for third party bodily injury and third party property damage claims that may arise.

SCOPE

This policy applies to all University employees.

PROCEDURES

All University business-related travel should be approved by the employee's supervisor in advance.

ADMINISTRATION AND INTERPRETATIONS

The University's Human Resources Department, the Director of Human Resources, and the Purchasing Department, encompassing fleet management, will all be helpful in answering questions with regard to this policy.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
**PURPOSE**

Creighton University's noncommercial aircraft policy is designed to protect employees and the University from liability related to air travel during University or University-related business.

**POLICY**

For liability and insurance reasons, no University employee may act as pilot, copilot, or crew member of any airplane, helicopter, or other aircraft while traveling on or performing University or University-related business. This includes attendance at meetings, seminars, or conventions relating to University business or professional development.

**SCOPE**

This policy applies to all employees of Creighton University.

**ADMINISTRATION AND INTERPRETATIONS**

Questions about this policy can be directed to the University Risk Management Office for review. Request for exceptions must be made by submitting a completed Employee Operated Aircraft Questionnaire through the appropriate Vice Presidential Office to the University President. Copies of the completed, approved Questionnaires will be retained in the Risk Management Office. Approvals must be updated annually.

**AMENDMENTS OR TERMINATIONS OF THIS POLICY**

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
PURPOSE

This policy has been developed to define standards of conduct and establish mandatory training for faculty, staff, students and volunteers who operate motor vehicles while conducting Creighton University business. The primary goal of this policy is to help prevent accidents and minimize the risk of personal injury associated with those incidents.

POLICY

Driving History Review. A review of the driving history of all individuals will be conducted prior to hire, transfer or promotion into a position that requires the frequent operation of a motor vehicle for University business. Persons applying for new employment will not be eligible for hire, and current Creighton University employees will not be eligible for transfer or promotion into positions requiring them to frequently operate a motor vehicle if their driving history record reveals any of the following within the previous 24 months.

- A revocation or suspension of driver's license in any state.
- A major violation such as reckless driving, negligent driving, or driving under the influence of alcohol or other controlled substance.
- Convictions for traffic offenses totaling six or more Nebraska Motor Vehicle points within the last two years.

Current Creighton University motor vehicle operators whose annual driving history review reveals any of the aforementioned will be placed on probation for two years with any subsequent violation resulting in disciplinary action up to and including termination of employment.

Driver's License. All University motor vehicle operators must be in possession of a valid driver's license from their state of residence. They must also sign the Vehicle Use Acknowledgment Form that allows the Risk Management Office to obtain state driving records. In the event that an employee's job description requires him or her to drive a "commercial vehicle," the employee will be required to obtain and maintain a valid Nebraska commercial driver's license.

Vehicle Operator Responsibility. Motor vehicle operators must report all traffic citations received while on University business to their department head. They must also report the onset of any physical or mental condition that may impair their ability to drive.
Motor vehicle operators are required to conduct a vehicle safety inspection prior to the operation of the vehicle. Windows and mirrors must be scraped and defrosted during inclement weather. Deficiencies or any mechanical defect that would jeopardize the safe operation of the vehicle (such as a leaking gas line or overheating engine) must be corrected immediately. Vehicles found to be in unsafe condition are not to be operated until repairs are made. It is the responsibility of all motor vehicle operators to drive in a safe manner and conform to all applicable laws and regulations.

Motor vehicle operators must:

- Wear seat belts/shoulder harnesses as provided in the vehicle.
- Avoid wearing radio headsets or listening to loud music that would prevent them from hearing traffic warning devices.
- Utilize mechanical and/or hand signals at all times to inform others of their intentions.
- Adhere to all Creighton University Traffic and Parking Regulations when operating or parking a University-owned vehicle on campus.

Ensure that the vehicle is secured when parked by:

- Turning the ignition switch off and removing the key.
- Making sure that vans and all other vehicles equipped with automatic transmissions are placed in "park" and that vehicles equipped with manual transmissions are placed "in gear."
- Setting the hand brake.
- Chocking the rear wheels of the vehicle, or turning the front wheels toward the curb when the vehicle is parked on an incline.
Ensure the safe transport of all materials and goods by:

- Securely fastening all loads, regardless of weight or height, to prevent rolling, pitching, shifting or falling. No one will be allowed to physically "steady" a load while riding in the back of the vehicle.

- Securely fastening all doors while the vehicle is in operation.

- Securing tailgates in an upright position while the vehicle is moving, except when the load exceeds the length of the vehicle bed.

- Affixing a red flag to the end of any load that extends two feet or more beyond the end of the vehicle.

- Ensuring that loads do not extend beyond the width of the vehicle.

Ensure the safety of all passengers by:

- Requiring them to use seat belts.

- Not allowing any passengers to routinely ride in the bed of a truck. However, when any passengers must ride in the bed of a vehicle, they must be seated at all times. **Passengers will not be allowed to sit on the tailgate or sides of the vehicle nor extend their arms or legs beyond the vehicle while it is moving.**

- Prohibiting any passenger from riding on a trailer while it is being towed.

- Prohibiting more than two passengers in the front seat of any vehicle unless additional seat restraints have been installed.

- Prohibiting any passenger from riding between bucket-type seats, on the engine cowling or placing a chair between the seats while the vehicle is moving.

- Drive defensively at all times.
Department Head Responsibility. Department heads are responsible for ensuring that University-owned vehicles are operated by authorized Creighton University motor vehicle operators only. They are also required to conduct an annual driver's license review to verify that each motor vehicle operator holds a valid license and is complying with all restrictions.

Department heads must also:

- Immediately notify the Risk Management Office and Human Resources if a vehicle operator's license has been suspended or revoked.
- Ensure that all employees and students who frequently operate a motor vehicle on University business attend a vehicle safety class within 90 days of their employment date, and before they operate a University-owned vehicle.
- Require that each supervisor review the Vehicle Safety Policy with each new employee before authorizing the employee to operate a University-owned vehicle.
- Schedule additional training as required to ensure the safe operation of special purpose vehicles, such as sweepers, snow plows, riding lawn mowers, etc.
- Document all training and provide copies to Human Resources for inclusion in the employee's personnel record.

University Responsibility. Creighton University is responsible for equipping each University-owned vehicle with safety equipment necessary for safe operation during inclement weather. Snow tires, chains, additional lights, ice scrapers and other safety equipment will be provided in those vehicles as needed. The University will also equip each of its vehicles with a fire extinguisher.

Accident Reporting. It is the responsibility of all Creighton motor vehicle operators to report all accidents, regardless of damage. Accidents that occur on University property must be reported immediately to Public Safety (280-2104). Accidents that occur off Creighton University property must be reported immediately to the appropriate law enforcement agency and to the Risk Management Office as soon as practical. If an accident occurs on University property:
Call or have someone call Creighton Public Safety at 280-2104 and provide information about the accident. **Do not** leave the scene or move the vehicle until advised to do so by a Public Safety Officer.

Assist injured persons, but **do not** attempt to move them unless a threat to life exists.

Report the accident to your supervisor as soon as practical.

Obtain the names of witnesses, insurance information and other pertinent facts. Forward the information to the Risk Management Office as soon as possible. An accident report form will be placed in the glove box of all University-owned vehicles.

Notify Creighton Public Safety if you strike an unattended vehicle or object while on campus, but **do not** leave the scene until given permission by a Public Safety Officer.

If an accident occurs off campus property:

- Contact the appropriate law enforcement agency.
- Obtain the name, address and insurance company of any and all drivers and witnesses involved in the accident. Also record the name and badge number of the officer who takes the report.
- Request a copy of the incident report or obtain the case number associated with the accident if a copy is not immediately available.
- Report the incident to your supervisor as soon as practical.

**Accident Review and Insurance.** The Risk Management Office and the Environmental Health and Safety Office will review each accident that involves a University-owned vehicle and each incident where a vehicle operator has been cited for a violation of Motor Vehicle Law, or the Creighton University Vehicle Safety Policy, while operating a vehicle on University business.

Risk Management will maintain a driving record on each employee driver. Risk Management will notify the appropriate department head in writing to schedule a Vehicle Safety Class for any employee who:
Has been involved in an accident and was cited by the investigating police officer or was determined to be at fault in the accident by Risk Management or Environmental Health and Safety personnel.

Has received two tickets for moving violations within one calendar year.

University insurance:

- Covers liability for personal injury and damage to the property of others. It does not cover deductibles associated with comprehensive or collision damage. Departments with vehicles assigned to them are responsible for any uninsured loss.

- Covers faculty, staff, students and volunteers while they are driving University-owned or rented vehicles. When employees operate their own vehicles while on University business, their insurance company will be considered as the primary insurer with the University's coverage being secondary.

- A contracted chartered bus service must maintain liability limits of at least $5 million and must name the University and its affiliates as additional insureds. They must also provide an acceptable certificate of insurance to Risk Management prior to service.

**Discipline.** Drivers who violate the Creighton University Vehicle Safety Policy are subject to disciplinary action as outlined in the "Supervisors Policy and Procedures Guide."

Department heads will send documentation for any disciplinary action associated with the enforcement of this policy to Human Resources and Risk Management for inclusion in the employee’s file.

**SCOPE**

This policy applies to individuals who, in the course of their employment, are frequently required to operate a motor vehicle, University-owned or personally-owned, to conduct University business.

**DEFINITIONS**

For the purpose of this policy, "motor vehicle operator" refers to any faculty, staff, student or volunteer, 18 years of age or older, who frequently operates a motor vehicle while conducting University business. "Frequently" shall be defined as once a week or more. Individuals who are under 18 years of age may not operate a motor vehicle to conduct University business.
This policy is administered jointly by the Department of Environmental Health and Safety and the Risk Management Office. Questions regarding this policy should be referred to the respective directors.
Purpose

To outline the policies and procedures regarding interaction between University personnel and external auditors or reviewers (federal, state, or private) who conduct audits and program reviews at Creighton University.

Policy

1. It is the policy of Creighton University to cooperate with external auditors or reviewers in the performance of their duties and to provide access to relevant documents and data as requested, except those deemed by the General Counsel to be legally privileged or protected.

2. Persons who receive notice of an external audit or review should notify the President, appropriate Vice President, Dean (if appropriate), Internal Audit Director, General Counsel, and Vice President for Administration and Finance. The notice should be put in writing describing the nature and scope of the planned audit or review.

3. The Internal Audit Director shall function as a liaison among the external auditors or reviewers, the area subject to external audit or review, and the President, General Counsel, and Vice President for Administration and Finance. In certain situations with the approval of the President, other qualified and knowledgeable University personnel may function as the liaison.

Procedures

1. Upon notification, all relevant correspondence and a summation of the audit or review should be forwarded to the President with courtesy copies to the Internal Audit Director, General Counsel, Vice President for Administration and Finance, Vice President of the area subject to audit or review, and Dean (if appropriate).

2. The Internal Audit Director, or approved liaison, shall coordinate and conduct an entrance conference with appropriate University personnel and the external auditor or reviewer. The objectives of this conference are to establish the purpose, scope, and timing of the audit or review; determine the information required by the auditor or reviewer; and arrange for physical facilities and equipment needed to facilitate an audit or review.
Policies and Procedures

SECTION: Administration

CHAPTER: General

POLICY: Interaction with External Auditors or Reviewers

3. The Internal Audit Director shall be advised of progress and any difficulties encountered during the audit or review by University personnel.

4. The Internal Audit Director shall notify the President, the Audit Committee of the University’s Board of Directors, as directed by the President, and provide status reports.

5. At the completion of the audit or review, the Internal Audit Director, or approved liaison, shall coordinate and conduct an exit conference. The purpose of the exit conference is to inform University personnel of the audit or program review results. At this time, any misunderstandings are clarified and unresolved issues discussed. Minutes are to be taken at the meeting and made available to auditors or reviewers and appropriate University personnel.

6. In most cases, a written response to the audit or review findings will be requested from the University. The response is to be prepared by University personnel responsible for the area audited or reviewed. It is subject to review and approval by the Vice President of the area subject to audit or review, Dean (if appropriate), the Internal Audit Director, and General Counsel prior to issuance.

7. The final report shall be reviewed by the President, Internal Audit Director, General Counsel, Vice President of Administration and Finance, Vice President of the area subject to audit or review, and Dean (if appropriate).

8. All significant post audit or review correspondence shall be forwarded to the President, Internal Audit Director, General Counsel, Vice President for Administration and Finance, Vice President of the area subject to audit or review, and Dean (if appropriate).

9. The Internal Audit Director and General Counsel are to be consulted during the audit or review resolution phase.

ADMINISTRATION AND INTERPRETATIONS

Questions regarding the administration of this policy should be addressed to the Internal Audit Director. Questions regarding interpretation of this policy should be addressed to the General Counsel.
PURPOSE

The purpose of the Creighton University Advertising Policy is to ensure the wisest use of University resources in the creation, production and placement of advertising and to ensure consistency in image, message, branding, timing, and graphic standards.

POLICY

Advertising placed by Creighton University departments to be paid by University funds or in-kind services will be approved by the Public Relations and Information Department. Advertising must be consistent with the University’s graphic standards and overall marketing goals, have adequate tracking mechanisms, be appropriately timed, and achieve economies of scale regarding rates and placements. The Public Relations and Information Department is responsible for the creation, placement and budget management of image advertising for the University. The Department serves as a consultant for all University departments regarding marketing planning and advertising and promotion strategy, budgeting, creative, production, placement and assessment.

SCOPE

This policy applies to all Creighton University employees, persons not employed by Creighton but who are contracted to create, produce or place print or electronic advertising in any media, locally or nationally, including videos, CD-ROMs, Internet banners, etc. It includes full or limited service agencies, independent free lance professionals, other vendors and media, all of which should become familiar with the University’s graphic standards.

This policy covers all print, outdoor, and electronic marketing tools and display type advertising directed to primary University audiences. Classified advertising for the purpose of hiring or recruiting employees is NOT covered by this policy. Advertising paid for through research grants is subject to grant restrictions, but the advertising director should be made aware of its placement.

It should be noted that the Public Relations and Information Department is not designed to be a full-service agency, but can advise and assist in the procuring of appropriate advertising services.

DEFINITION

Advertising under this policy includes, but is not limited to, print or electronic advertising in paid or in-kind media such as newspapers, magazines, maps, brochures, electronic signage, outdoor billboards, bus benches, television and radio commercials, Internet advertising and Yellow Pages (video and print).
PROCEDURES

Departments wishing to place advertising are urged to seek the input of the Public Relations and Information professionals early in the planning stages. The University’s advertising director can serve as the interface between departments and agencies, graphic designers, writers, vendors and media.

Ample lead time should be given appropriate to the scale of the project. In the case of a major, multi-media campaign, planning should take place several months before scheduled advertising dates. In the case of a simple small display ad, two to three weeks may be ample time for proper creative, production and placement.

Departments placing ads are responsible for adequate budgeting, PO numbers or direct pay orders. Each will also be responsible for tracking responses and evaluating them with the assistance of the advertising director.

ADMINISTRATION

For guidance in interpreting and administering this policy, supervisors may contact the Human Resources Department of the University, the University’s Director of Public Relations and Information and the department’s advertising director.

AMENDMENTS OR TERMINATION OF POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.
I. PURPOSE

The primary purpose of the research compliance reporting process is to provide nont致命ing ways for employees and agents of Creighton University to report any activity or conduct that they suspect is not in compliance with the Research and Sponsored Programs Compliance Plan (Plan) or with applicable federal or state laws and regulations. Information received through the research compliance reporting process will be used to investigate, verify, and correct any identified noncompliant conduct in research or sponsored program activity.

II. POLICY

Employees, students, and agents of Creighton University who know or suspect that noncompliant conduct is occurring or has occurred in any research or sponsored program activities conducted and/or approved through Creighton University should report such conduct. No person shall be retaliated against by Creighton University or any of its employees, students, or agents for making a good-faith report of suspected noncompliant conduct in research or sponsored program activities.

III. SCOPE

This policy applies to all full-time and part-time faculty, administrators, staff, volunteers, students, and agents of Creighton University.

IV. PROCEDURE

Reporting Noncompliant Conduct

1. University research oversight committees, boards, and offices: Individuals who know or suspect that noncompliant conduct is occurring or has occurred should first discuss their concerns with their immediate supervisor, if appropriate. As necessary, concerned individuals should then contact the appropriate University research oversight committee, board, or office responsible for the element of research compliance in question, as described in the Plan. Concerned individuals who do not know which committee, board, or office to contact or who have a general research compliance concern should contact the Research Compliance Officer (402-280-2360).
### 2. Research Compliance Hotline

The Research Compliance Officer shall establish and maintain a Research Compliance Hotline (402-280-3200) to allow individuals to anonymously report noncompliance in research or sponsored program activities. Any person may call the confidential Research Compliance Hotline to report any known or suspected noncompliant conduct in research or sponsored program activities. Anyone who intentionally makes a false report or misuses the Research Compliance Hotline shall be subject to discipline.

#### Confidentiality of Individuals Reporting Noncompliant Conduct

All reports regarding suspected noncompliant conduct shall be maintained in a confidential manner to the extent allowed by law. Persons who wish to remain anonymous may report concerns using the Research Compliance Hotline.

Individuals receiving reports of noncompliant conduct shall maintain the confidentiality of the person making the report, shall utilize the procedures in this policy to obtain information, and shall confidentially submit the information to the Research Compliance Officer for further action. Except as required by law, no one shall disclose the name of anyone making a report of noncompliant conduct without the express consent of the person making the report.

A caller who uses the Research Compliance Hotline and wishes to remain anonymous will be assigned a tracking number. Callers who do not want to provide contact information will then be able to follow up by calling the Research Compliance Hotline and referencing their assigned tracking number.

#### Notice of the Research Compliance Hotline Number

The Research Compliance Officer shall provide a current notice of the Research Compliance Hotline number to all University vice presidents, deans, and department heads to be posted in noticeable locations for employees, students, and agents working in those locations.
### Policies and Procedures

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#### POLICY:

**Reporting Noncompliant Conduct in Research or Sponsored Programs**

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**Procedures for Receiving Reports of Noncompliant Conduct**

All reports of noncompliant conduct shall be handled in a confidential manner, according to the following guidelines:

1. **Recording Information:** Persons receiving reports of noncompliant conduct shall use the Report of Noncompliant Conduct Information Sheet (Attachment A) to obtain the information necessary for investigating the complaint. The completed Report of Noncompliant Conduct Information Sheet shall be forwarded to the Research Compliance Officer, who shall maintain the confidential information in a secure location.

2. **Handling Calls to the Research Compliance Hotline:** Calls to the Research Compliance Hotline shall be handled by the Research Compliance Office. The following procedures are to be followed in answering a call to the Hotline:

   a. **Identification:** Callers shall be asked if they want to give their name, department, and contact telephone number. If a caller wishes to remain anonymous, a tracking number shall be assigned to the caller. Anonymous callers can follow up by calling the Research Compliance Hotline and referencing their assigned tracking number.

   b. **Calls During University Business Hours (Monday–Friday, 8:00 a.m.–4:30 p.m.):** In most cases, calls to the Research Compliance Hotline during University business hours will be handled by the Research Compliance Officer. If the Research Compliance Officer is unavailable, the caller will have the option of either leaving a message on voice mail or contacting Associate General Counsel (402-280-2107) to report any suspected noncompliant activity or conduct. A caller who chooses to contact Associate General Counsel will have the option of remaining anonymous.

   c. **Calls Outside Regular Business Hours (including weekends and holidays):** During non-business hours, calls to the Research Compliance Hotline will be handled through the voicemail system for the Research Compliance Hotline. Hotline callers will be given three options:
### Policies and Procedures

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**POLICY:**

**Reporting Noncompliant Conduct in Research or Sponsored Programs**

- To call back during business hours if they do not want to leave information on the voicemail system.
- To leave their name and phone number or other contact information on the voicemail system. Callers who leave contact information will be contacted within a reasonable time, preferably the next business day.
- To leave a voicemail message regarding the suspected noncompliant conduct or activity. Callers who leave a message regarding noncompliant conduct or activity should also leave contact information or should call back on the next business day to follow up on the report.

**Investigating Reports of Noncompliant Conduct**

Before initiating investigation of any report of noncompliant conduct, the Research Compliance Officer shall contact the General Counsel’s Office. The General Counsel’s Office shall decide whether or not to oversee any investigation. If the General Counsel’s Office decides not to oversee the investigation, then the Research Compliance Officer shall be primarily responsible for conducting or supervising the investigation. In most cases, the Research Compliance Officer will forward anonymous Research Compliance Hotline reports (using only the tracking number for identification) to the appropriate University research oversight committee, board, or office for further investigation and action according to its policies and procedures for addressing noncompliance. The written results of such investigations, including any corrective action taken or recommended, shall be given to the Research Compliance Officer.

After receiving the written investigation results, the Research Compliance Officer shall ensure that appropriate corrective action, if any is required, has been taken or is implemented. The Research Compliance Officer, in consultation with the General Counsel’s Office, shall determine if any government or private funding agency must be notified prior to, during, or after any investigation.
V. ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to the Research Compliance Officer or General Counsel.

VI. AMENDMENTS OR TERMINATION

This policy may be amended or terminated at any time.
REPORT OF NONCOMPLIANT CONDUCT
INFORMATION SHEET

Date: _____________________  Time (if applicable): ______________________

Reporter’s name (optional and confidential): _________________________________

If anonymous, tracking number: __________________________________________

Reporter’s department (optional and confidential): ___________________________

Reporter’s phone number (optional and confidential): _________________________

Report received and recorded by: __________________________________________

Method of contact:

☐ Telephone, Research Compliance Hotline  ☐ E-mail
☐ Telephone, other  ☐ Other ___________________
☐ In person

Information to obtain from reporter:

a. Name(s) and department of individuals involved in alleged noncompliance: __________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

b. Description of suspected noncompliance, including date(s) and location(s), as applicable:
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

  c. Name(s) of any other persons who may have knowledge regarding this matter
     (to remain confidential for purposes of investigating the alleged misconduct): __________
     ________________________________________________________________________
     ________________________________________________________________________

   d. Has the suspected noncompliant conduct been reported to
      anyone else?  ☐ Yes  ☐ No

   e. If Yes, obtain the following information:

      1. Name of person(s) reported to: __________________________________________
      2. Date the report was made: __________________________________________
      3. Was the report written or oral? ________________________________________
f. Can the reporter provide any documentation to assist in an investigation? □ Yes □ No

g. Is the reporter willing to meet with the Research Compliance Officer and/or the chair of the associated regulatory committee? □ Yes □ No

The following is to be completed by the Research Compliance Officer.

This report has been received by and/or forwarded to the following (check all that apply) for investigation and follow-up:

- Research Compliance Officer
- Research Compliance Committee
- Institutional Review Board
- Institutional Animal Care and Use Committee
- Institutional Biosafety Committee
- Radiation Safety Committee
- Campus Safety Committee
- Grants Administration
- Controller’s Office
- General Counsel’s Office
- Internal Audit Department

The Research Compliance Officer shall attach information related to investigation, follow-up, and any disciplinary action taken.

Date investigation and file closed: ___________________________
Policies and Procedures

PURPOSE

In crisis situations the Crisis Plan will better enable the University to protect and support students, faculty, staff and visitors; enhance the University’s ability to communicate with internal and external constituents; enhance the ability of the University to quickly recover from loss or damage to facilities, equipment or grounds; facilitate the continuation of University business operations and/or University business recovery procedures; assure compliance with regulatory requirements of Federal, State and local agencies; and enable the University to utilize multi-perspective approaches in an organized manner to generate creative problem-solving solutions in a crisis.

POLICY

A Crisis Management Team (CMT) will meet when a crisis occurs. The CMT will normally be composed of the following individuals (or their designees):

- Director of Public Relations
- Director of Public Safety
- Director of Facilities Management
- General Counsel, or designee
- Vice President of affected area, or designee
- Vice President for Information Technology, or designee
- Vice President for Student Services, chair
- Vice President for Support Services, Creighton University Medical Center/Saint Joseph Hospital
- Vice President for University Ministry, or designee

Other individuals may be asked to serve on a particular CMT, based on the nature of the crisis. Examples of individuals would include representatives of Residence Life, Counseling and Psychological Services, Student Health, Student Financial Aid, Multicultural Affairs, Human Resources, International Programs, Student Center, Campus Recreation, Risk Management, Academic Affairs, Environmental Health and Safety, Facilities Maintenance, and the CSU President.

SCOPE

This policy applies to all University faculty, staff and students.
Policies and Procedures

SECTION: Administration

CHAPTER: General

POLICY: Crisis Plan

DEFINITIONS

Crises typically involve catastrophic events, significant health/safety issues, threats to University operations, and/or the news media.

Emergencies are handled by established departmental policies and procedures.

ADMINISTRATION AND INTERPRETATION

1. The Vice President for Student Services will serve as chair of the CMT. When the Vice President for Student Services determines that an emergency is a crisis situation, the Vice President will contact members of the CMT regarding the need for an immediate meeting of the committee. Other members of the campus community may contact the Vice President for Student Services and request a meeting of the CMT. The Vice President will decide if the CMT needs to meet.

The CMT will prepare the institution to deal with crisis situations and to manage crises when they occur. The preparation will entail the development of response plans at the University, divisional and departmental levels, scenario planning, training and identification of resources needed to implement the crisis plans.

The management of a crisis will commence when a situation occurs that justifies calling together the CMT. The criteria to be used to determine when a situation is a crisis will be determined by the CMT.

2. Crisis Response Teams (CRT)

The CMT may decide to organize one or more Crisis Response Teams to respond to crisis situations, where members of the team will attend to the people and the details of the situation. Response Teams will be composed of designated individuals, (e.g., Academic Affairs, University Ministry, Counseling, Residence Life, Student Services and/or Human Resources).
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A CRT will respond to the scene of the crisis situation and to other sites where a coordinated response to the crisis is deemed necessary. They will attend to the human, logistical and physical needs of the situation. CRT’s will provide support for the immediate situation, relay information to the CMT and coordinate the follow-up of the situation after the immediate crisis has passed.

The CRT may call upon resource persons in other offices to assist with handling the immediate situation and/or with handling the follow-up to the situation. Examples of such offices include University Ministry, Student Activities, Center for Service and Justice, Student Financial Aid, Bookstore, Student Center, Career Services and Campus Recreation.

**AMENDMENT**

The University reserves the right to modify, amend or terminate this policy at any time.

**OTHER**

Location: The primary location for the CMT to meet will be in Brandeis Hall, room 111. The back-up location for crisis meetings will be determined by the CMT from among conference rooms in the Skutt Student Center, Public Safety, Public Relations and Facilities Management.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Affirmative Action/EEO

PURPOSE

The Equal Employment Opportunity and Affirmative Action Policies of Creighton University are designed to comply with federal and state equal opportunity and affirmative action-related laws. The purpose of these policies is to insure that all qualified individuals under consideration for jobs, promotions, pay raises, training programs, and so on, receive equal consideration, regardless of race, color, national origin, gender, religion, disability, and age. Compliance with these laws also results in employment-related decisions and actions that conform to the University's credo and support its mission.

POLICY

In accordance with the applicable federal laws and regulations, the employment policies and practices of Creighton University are administered without unlawful regard to race, color, religion, national origin, sex, age, disability, marital status, or veteran status. The University will promote Equal Employment Opportunity through a positive and continuing Equal Employment Opportunity Program.

This Equal Employment Opportunity Program will have as its firm objective equal opportunity in recruitment, hiring, rates of pay, promotion, training, termination, benefit plans, and all other forms of compensation and conditions and privileges of employment for all employees and applicants for employment.

The program is designed to provide Equal Employment Opportunity in an atmosphere of nondiscrimination with respect to all persons.

The University has an Affirmative Action Program. The objective of the Affirmative Action Program is to enhance employment opportunities for persons belonging to groups that historically have suffered discrimination. These groups include women, minorities, disabled persons, disabled veterans, and Vietnam era veterans. Creighton University's Affirmative Action Program is implemented through its Affirmative Action Plan. The Plan is a written document which identifies those areas in which the University is deficient in its employment of minority groups and women. The Plan sets goals and timetables for the correction of identified deficiencies.

The Plan contains action-oriented procedures to which the University will devote every good faith effort to achieve prompt and full employment of minorities and women in all segments of the University's work force where identified deficiencies exist. The Plan also promotes the full utilization of disabled persons, disabled veterans, and Vietnam era veterans.
The ultimate responsibility for Equal Employment Opportunity and Affirmative Action at the University lies with the President of the University. All Vice Presidents are responsible for Equal Employment Opportunity compliance and Affirmative Action within their divisions. Oversight responsibility for the implementation and administration of the Equal Employment Opportunity and Affirmative Action Policy is the responsibility of the Affirmative Action Director.

Successful meeting of goals and objectives will be attained through the full cooperation, support, and good-faith efforts of all Vice Presidents, Deans, Directors, Department Chairs, Supervisors, and all other personnel responsible for hiring and promotions.

This policy does not mandate the use of quotas. The University subscribes to hiring the most qualified person in all cases. However, if individuals are similarly qualified, protected class status as defined in the Affirmative Action Plan will be a plus factor in the selection decision where protected class members are underrepresented.

**SCOPE**

This policy applies to all full-time and part-time employees of Creighton University, applicants for employment, and employees of contractors to the University.

**DEFINITIONS**

*Equal Employment Opportunity* is defined as the administration of all terms and conditions of employment without regard to age, color, disability, national origin, race, religion, or sex.

*Affirmative Action Program* is the generic name referring to the entire institutional affirmative action effort, of which the written Affirmative Action Plan is one part.

*Affirmative Action Plan* is Creighton University's written plan conforming to Executive Order 11246 (federal mandate) in which the University analyzes specific problems, and identifies areas in which members of protected groups are underutilized.
In those areas, the University must set specific goals and timetables to eliminate underutilization. The Affirmative Action Plan is compiled annually by the University's Affirmative Action Director.

PROCEDURES

The implementation of equal employment opportunity takes place on a day-by-day basis as supervisors and others in positions of authority at Creighton University make employment-related decisions. These decisions include, but are not limited to: how, where, and for how long recruitment will take place; which applicant to hire; how much employees should be paid and what pay increases they might receive; who will be promoted; who will be eligible for advanced training opportunities and development; who will receive benefits and the form those benefits will take; and who will be terminated.

All of the employment-related decisions described in the paragraph above and other similar decisions must be made on the basis of who is best qualified or who best merits the action under contemplation. In practical terms, what this means is that employment-related decisions should always be made on the basis of predicted or actual job performance, and not based upon personal non-job related qualities or characteristics of the individual, such as his or her sex, the color of his or her skin, age, disabilities, and so on.

ADMINISTRATION

Equal Employment Opportunity is the responsibility of every University employee involved in employment-related decision processes, regardless of job, position, or rank.

Coordination of the University's civil rights effort and updating and dissemination of the University's Affirmative Action Plan is the responsibility of the Affirmative Action Director. Staff members are encouraged to direct inquiries or complaints regarding civil rights policy to the Affirmative Action Director.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time, especially in order to comply with changes in federal and state law.
PURPOSE

The Equal Employment Opportunity and Affirmative Action Policies of Creighton University are designed to comply with federal and state equal opportunity and affirmative action-related laws. The purpose of these policies is to insure that all qualified individuals under consideration for jobs, promotions, pay raises, training programs, and so on, receive equal consideration, regardless of race, color, national origin, gender, religion, disability, and age. Compliance with these laws also results in employment-related decisions and actions that conform to the University's credo and further its mission.

POLICY

Creighton University, in accordance with Section 503 of the Rehabilitation Act of 1973, as reiterated in the Americans with Disabilities Act of 1990, is committed to maintaining an Affirmative Action Program to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level. Such action shall apply to all employment practices including, but not limited to, hiring, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training.

Disabled individuals who wish to participate in the Section 503 Affirmative Action Program shall be invited to voluntarily identify themselves. The invitation to identify will make it clear that identification is voluntary and that all disclosed information shall be kept confidential.

Employment records will be reviewed to identify qualified individuals with a disability who are available for promotion and an effort will be made to fully utilize present and potential skills of individuals with disabilities. The University shall make reasonable accommodations to individuals with disabilities unless such accommodation imposes undue hardship on the University.

Whatever information the University receives concerning an individual's disabilities will be kept confidential except that a) supervisors and advisors may be informed regarding restrictions on the work or duties of individuals with disabilities and may also be informed regarding accommodations; b) first aid and safety personnel may be informed to the extent appropriate, if the physical or mental impairment might require unique or emergency treatment; and c) government officials investigating compliance with the act shall be informed.
SCOPE

This policy applies to all full-time and part-time employees of Creighton University, applicants for employment, and employees of contractors to the University.

DEFINITIONS

For purposes of this policy, "Individual with a Disability" means any person who 1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, 2) has a record of such impairment, or 3) is regarded as having such an impairment.

For purposes of this policy, an individual with a disability is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

PROCEDURES

The implementation of equal employment opportunity takes place on a day-by-day basis as supervisors and others in positions of authority at Creighton University make employment-related decisions. These decisions include, but are not limited to: how, where, and for how long recruitment will take place; which applicant to hire; how much employees should be paid and what pay increases they might receive; who will be promoted; who will be eligible for advanced training opportunities and development; who will receive benefits and the form those benefits will take; and who will be terminated.

All of the employment-related decisions described in the paragraph above and other similar decisions must be made on the basis of who is best qualified or who best merits the action under contemplation. In practical terms, what this means is that employment-related decisions should always be made on the basis of predicted or actual job performance, and not based upon personal non-job related qualities or characteristics of the individual, such as his or her gender, the color of his or her skin, age, disabilities, and so on.
ADMINISTRATION

Equal Employment Opportunity is the responsibility of every University employee involved in employment-related decision processes, regardless of job, position, or rank.

Coordination of the University's civil rights effort and updating and transmission of the University's Affirmative Action Plan is the responsibility of the Affirmative Action Director. Staff members are encouraged to direct inquiries or complaints regarding civil rights policy to the Affirmative Action Director.

Questions about hiring, promotion, evaluation, compensation, and other human resource related issues that have implications for equal employment can also be directed to the University's Human Resources Department and the Director of Human Resources.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time, especially to comply with changes in federal and state law.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Harassment and Discrimination

PURPOSE

The purpose of this policy is:

a. To uphold the University’s credo and mission in preserving the fundamental dignity and rights of all individuals involved in campus activities;

b. To reaffirm, review, refine, disseminate and enforce the University’s policies on non-harassment and non-discrimination in employment and academic environments;

c. To establish effective mechanisms for investigating complaints in a manner that reasonably protects the confidentiality of individuals involved in situations of alleged harassment and/or discrimination;

d. To ensure the provision of equal employment and educational opportunities to faculty, employees, students and applicants for such opportunities without regard to race, color, religion, sex, marital status, national origin, age, handicap or disability, citizenship, sexual orientation, maternity and lactation status, status as a Vietnam-era, special disabled or other veteran who served on active duty during a war, campaign or exhibition for which a campaign badge has been authorized in accordance with applicable federal law, and any other groups protected by federal, state or local statutes;

e. To ensure the application of non-harassment and non-discrimination to all areas of employment, including, but not limited to, hiring, placement, promotions, benefits, terminations, layoffs, recalls, transfers, leaves of absence, compensation and training;

f. To protect all those involved who report or provide information related to harassment and/or discrimination from retaliation of any kind;

g. To set forth guidance for preventing harassment and/or discrimination; and

h. To take timely corrective action when harassment and/or discrimination is alleged to have occurred.

POLICY

It is the policy of the University to provide equal employment and educational opportunities to faculty, employees, students and applicants for such opportunities without regard to race, color, religion, sex, national origin, age, handicap or disability, marital status, citizenship, sexual orientation, maternity and lactation status, status as a Vietnam-era, special, disabled, or other veteran who served on active duty during a war, campaign, or exhibition for which a campaign badge has been authorized in accordance with applicable federal law. In addition, it is the policy of the University to comply with applicable state statutes and local ordinances governing nondiscrimination in employment and educational activities.
This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, benefits, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

In accord with its history, mission and credo, Creighton University believes that each individual should be treated with respect and dignity and that any form of harassment and/or discrimination is a violation of human dignity. The University condemns harassment and discrimination and maintains a “zero-tolerance” for harassment and/or discrimination. The University will do its best to prevent and promptly correct instances of harassment or discrimination.

All members of the University community including, but not limited to, faculty, employees and students, are to comply with this policy. A member of the University’s community who believes himself or herself to be victim of harassment and/or discrimination, or any individual who has witnessed or has knowledge of instances of such conduct is encouraged to report the information to the University to enable it to investigate and to take corrective action where appropriate. Creighton University encourages members of the University community to report harassment before it becomes severe or pervasive. Creighton University will use its best efforts to stop harassment and discrimination before such incidents rise to the level of a violation of federal law.

Conduct between consenting persons is not considered sexual harassment under this policy, so long as the conduct does not enhance or jeopardize the job opportunities or standing of any faculty member, employee, or the academic opportunities of any students. Personal relationships may be of concern and may warrant action on the part of the University where they jeopardize co-worker or supervisory job performance, or otherwise create a conflict of interest or the appearance of favoritism. Faculty and employees should also refer to the University Policy on “Student Relationships with Employees” that strongly discourages such relationships.

SCOPE/ELIGIBILITY

This policy applies to all faculty, employees, and students of the University community. When a complaint involves the actions of a student, the student discipline procedures in the Student Handbook will be followed. If a complaint involves the actions of a faculty member or a staff employee, the procedure outlined in this policy will be followed.

This policy also applies to all incidents of alleged harassment and/or discrimination, including those which occur off campus or outside of normal work, class or business hours, where the alleged incident involves a member of the University community and a supervisor, co-worker, faculty member student or non-University employee.
Vendors, independent contractors, and other outside parties who conduct business with the University will be expected to comply with this policy as well, as specified by the terms of any contract between the University and such third party.

DEFINITIONS

- **Harassment or Discrimination.** Discriminatory treatment on the basis of race, color, sex, religion, sexual orientation, national origin, age, handicap or disability, marital status, citizenship, maternity or lactation status, status as a Vietnam-era, special, disabled, or other veteran who served on active duty during a war, campaign, or exhibition for which a campaign badge has been authorized in accordance with applicable federal law, or protected activity under the anti-discrimination statutes or discriminatory treatment as may be described by state statute, local ordinances or the University’s policies. The conduct must be so objectively offensive as to alter the conditions of the victim’s employment or educational experience. That is, the harassment must have culminated in a tangible employment or academic action or was sufficiently severe or pervasive to create a hostile work or educational environment. Examples of harassment include, but are not limited to, intimidation and humiliation as expressed by communications, threats, acts of violence, hatred, abuse of authority, or ill-will that assault an individual’s self-worth. Harassment of a non-sexual nature can include slurs, comments, rumors, jokes, innuendoes, cartoons, pranks and other verbal or physical conduct, frequent, derogatory remarks about women even if the remarks are not sexual in nature and any other conduct or behavior deemed inappropriate by Creighton University.

- **Sexual Harassment.** Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment where: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

- **Hostile Environment.** Harassment that is sufficiently pervasive as to alter the conditions of employment or the educational environment and create an abusive environment in which to work or study. The person alleging a hostile environment must show a pattern or practice of harassment against him or her; a single incident or isolated incidents generally will not be sufficient. In determining whether a reasonable person in the individual’s circumstances would find the work or educational environment to be hostile, the totality of the circumstances must be considered.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Harassment and Discrimination

PROcedures

a. Composition of the Committee:

The Harassment and Discrimination Committee is a committee appointed by the President, as specified in the Introduction to the Guide to Policies. Members will be chosen by the President of the University, and may be relieved from further service on the Committee at any time, by notice from the President. The President will also appoint the Committee Chair. If a member is not dismissed sooner, members will serve three year terms at staggered intervals. Before any member of the Committee may participate in an investigation or a hearing, he or she must undergo training with the Office of the General Counsel on the legal principles of harassment and discrimination and on the proper way to conduct investigations.

b. General:

i. For the purpose of obtaining information about the process involved in harassment and/or discrimination cases, any individual may consult with the Chair of the Committee on Harassment and Discrimination.

ii. The University encourages any member of the University community who feels he or she has been subjected to harassment or discrimination to use the complaint procedure outlined in this policy. However, this procedure does not in any way deprive an employee of the right to file a complaint with outside enforcement agencies, such as the Equal Employment Opportunity Commission (EEOC) or the Nebraska Equal Employment Opportunity Commission (NEOC). The time frame for filing charges of unlawful harassment with the EEOC or the NEOC varies depending on the law and whether a complainant is filing under state or federal laws. For claims under the Nebraska Fair Employment Practices Act, the time frame for filing is 300 days. For claims under the Age Discrimination in Employment Act or Nebraska’s Equal Pay Act, the time frame for filing is 4 years. The deadline for filing runs from the last date of unlawful harassment or discrimination, not from the date that the complaint is resolved under the University’s procedures set out in this Policy. If a complainant has additional questions, he or she may contact the Nebraska Equal opportunity Commission. The contact information is:

Downtown Education Center/State Office Building
1313 Farnam Street, 3rd Floor
Omaha, NE 68102-1836
Telephone: (402) 595-2028
Toll Free Number: 1-800-382-7820
iii. If a person pursues his or her rights to file a complaint under this procedure, such individual will not be permitted to file a complaint alleging the same incident with another grievance committee within the University system.

c. **Informal:**

In the event of an allegation of harassment and/or discrimination, the person(s) alleging such harassment and/or discrimination may approach any one of the following people to seek to effect an informal resolution to a situation:

i. The Director of Affirmative Action
ii. The Director of Human Resources
iii. The Employee Relations Administrator
iv. The person’s supervisor or the supervisor’s supervisor
v. The Assistant/Associate Vice President for Student Services (when a complaint involves a student)

If the individual who was approached is unable to effect an informal resolution to the situation, he or she will so advise the person alleging harassment and/or discrimination and will refer the matter to the Chair of the Committee on Harassment and Discrimination for formal proceedings.

In no case may a person or group of persons exercise more than one informal option. After an attempt at informal resolution, the case may either be dropped by the person or persons bringing the complaint, be considered resolved by the person or persons bringing the complaint, or move to the formal stage.

d. **Formal:**

In all cases of an allegation of harassment and/or discrimination, the person(s) making such allegation shall have the right to bypass the informal process and to proceed to a formal process conducted by the Committee on Harassment and Discrimination. In the event that an informal resolution of the allegation of harassment and/or discrimination is not resolved to the satisfaction of the person(s) making the allegation, the person(s) alleging such harassment and/or discrimination may submit to the Chair of the Committee on Harassment and Discrimination a written petition for a formal hearing.
The written petition shall set forth in reasonably sufficient detail the nature of the complaint and the available evidence or sources of evidence.

The Committee shall have the right to decline to hold a formal hearing in those cases which the Committee believes to be *prima facie* without merit but only after reviewing sufficient facts to support its decision. However, in all other instances, the Committee will conduct a detailed fact-finding investigation as necessary for the particular case and it will begin its investigation promptly, using the procedure outlined below.

The Committee shall provide general information about the allegations to the person(s) accused.

The Committee shall call upon witnesses as it deems appropriate for conducting its investigation as outlined below.

Upon receipt of a complaint, the Committee shall first determine whether a detailed fact-finding investigation is necessary, and if it is, it will undertake a prompt, thorough, and impartial investigation at the direction of the Office of the General Counsel to protect the investigatory file to the maximum extent possible under the attorney-client privilege.

The investigator will ensure that statements of the complainant, alleged offender, and all witnesses are documented thoroughly and that the investigation is conducted in a thorough, objective manner and is considerate of the rights and emotions of all of the parties involved. The investigator will objectively gather and consider relevant facts.

The investigation should be private and confidential to the greatest extent possible. However, no member of the University’s staff or faculty, or any student is promised strict or absolute confidentiality. The investigator will submit a written, confidential summary of findings, including a recommendation for action to the Office of the General Counsel, and to the appropriate University authority who will make a decision on the action, if any, to be taken.

The appropriate authority in matters involving complaints made against students is the Vice President of Student Services. The appropriate authority in matters involving complaints made against members of faculty or staff will be the Vice President of the division in which the alleged harasser is employed.
ix. The appropriate authority, in conjunction with the Office of the General Counsel should decide on an appropriate course of conduct with respect to the alleged offender, if the investigation reveals that an individual has engaged in harassing or discriminatory behavior with respect to another individual or individuals. The University will take immediate and appropriate corrective action when it determines that harassment or discrimination has occurred. In all cases of formal allegations of harassment and/or discrimination, the decisions and recommendations of the Committee shall be provided to the person(s) making the allegations, to the person(s) accused in the allegations, to the appropriate Vice President within the University and to the Director of Affirmative Action.

x. The alleged victim or the accused may appeal the decision made by the appropriate authority listed above in instances where he or she is dissatisfied with the decision. An appeal must be filed by the person who wishes to appeal, within 10 working days after receiving the written decision. The appeal should be filed with the Office of the President, and shall set forth the grounds for the appeal. The President shall only recommend a change in the decision made by the appropriate authority if the decision is arbitrary or capricious, or if the decision is clearly unsubstantiated by the evidence. The President shall issue a final determination within 30 working days of receipt of the appeal. The President’s decision shall be considered final.

PROHIBITION AGAINST RETALIATION

The University expressly prohibits any form of retaliatory action against any employee for filing a bona fide complaint under this Policy or for assisting in a complaint investigation. However, if after investigating any complaint of harassment or unlawful discrimination, the University determines that the complaint is frivolous, or was not made in good faith or that an employee has provided false information regarding the complaint, disciplinary action may be taken against the individual who filed the complaint or who gave the false information.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
To ensure employees refrain from engaging in any activities that place them in conflict of interest between their official activities and any other interest or obligation. The University attempts to avoid favoritism, the appearance of favoritism and conflicts of interest in employment decisions.

**SCOPE**

This policy applies to all full-time, part-time and temporary faculty, employees and student employees. In addition, this policy applies to non-employees who provide services on a contractual or volunteer basis.

**DEFINITIONS**

**Relative**: Spouse, parent, grandparent, daughter, son, sister, brother, niece, nephew and all the preceding relatives who are in-laws, foster or step-relatives. In addition, a non-relative living in the same household as the employee is subject to the provisions of this policy.

**Supervision**: The authority to recommend or approve hiring, termination, appointment, transfer, promotion, salary adjustment, termination or prepare and approve employee performance evaluations.

**POLICY**

No person shall be hired, appointed, transferred or promoted to, accepted as a volunteer, or otherwise employed in any position if, as a result, in the position, he/she would provide immediate supervision to or receive immediate supervision from a relative.

**PROCEDURES**

1. Caution will be exercised in personnel management decisions to ensure an employee is not placed into a reporting relationship with a relative as defined by this policy.

2. A supervisor who becomes related to an employee in the direct line of authority of the supervisor shall notify the department head within 10 working days after the supervisor and employee become related.
3. Upon receiving notification from a supervisor of a relationship, the department head will contact the Director of Human Resources. The Director of Human Resources will consult with the department head and the applicable area Vice President to determine the appropriate action to be taken.

4. Exceptions to this policy must have the prior written approval of the University President in coordination with the applicable area Vice President.

**ADMINISTRATION AND INTERPRETATION:** Questions regarding this policy should be directed to the Director of Human Resources.

**AMENDMENTS OR TERMINATION OF THIS POLICY:** Creighton University reserves the right to modify, amend, or terminate this policy at any time.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Relationships Between Employees and Students

PURPOSE

This policy explicitly states the University's position on personal relationships between students and employees of the University. Communication of this policy to all employees can clarify expectations about proper employee conduct and aid in preventing allegations of sexual harassment.

POLICY

By selecting and utilizing the educational programs of Creighton University, students and their parents have demonstrated confidence in the University. In their personal dealings with students, University employees are representatives of the University and are expected to exemplify its Christian and educational values. It is incumbent upon all those who are in positions of authority over students not to abuse, or seem to abuse, the power with which they are entrusted.

Personal relationships between employees and students may have the effect of undermining the atmosphere of trust and mutual respect upon which the educational process depends. Particularly troublesome are romantic relationships. Even when both parties have consented to such a relationship, it is the employee who holds a position of special responsibility within the University. It is the employee, therefore, who will be held accountable for unprofessional behavior.

Employees should be aware that a romantic relationship with a student may render them liable for disciplinary action if the relationship creates, reasonably has the potential to create, or reasonably appears to create a conflict between the employee's personal interests and the employee's obligations to the University or its students.

Because graduate student teaching fellows, tutors, and undergraduate teaching assistants may be less accustomed than other employees to thinking of themselves as possessing professional responsibilities, they should be particularly sensitive and exercise special care in their relationships with students whom they instruct or evaluate.

SCOPE

This policy applies to all University employees.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Relationships Between Employees and Students

PROCEDURES

It is the responsibility of individual supervisors to communicate this policy to their employees. In addition, supervisors may need to counsel individual employees whose behavior points to a lack of awareness of this policy. If an employee persists in behaving inappropriately toward a student or students, appropriate disciplinary action, as outlined in the University's progressive discipline policy, may be administered by the supervisor.

It is important that supervisors realize they may be held legally responsible for the behavior of employees under their supervision, should a sexual harassment or other legal proceeding ensue from an employee's behavior.

ADMINISTRATION AND INTERPRETATIONS

For guidance in interpreting and administering this policy, supervisors may contact the Human Resources Department of the University, the University's Director of Human Resources, or the University's Affirmative Action Director.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
PURPOSE

This policy was written to insure that University employees' rights to privacy, related to information contained in personnel records, are preserved. At the same time, this policy acknowledges that under certain circumstances, supervisors and others with legitimate reasons may have access to information contained in personnel files. The policy also protects contributors to personnel files who were promised that information provided by them would remain confidential.

POLICY

Access to personnel files follows from principles of fair information practice designed to protect an individual's right to privacy and right to know, while meeting the legitimate needs of the University, government, and society. The University therefore limits access to personnel files. Also, it assures an employee the "right to know" by providing the employee with access to his or her own file to review and inspect the records except material that was solicited, submitted, and received under an explicit or implicit grant of confidentiality.

SCOPE

Access to personnel records, including faculty files, is the same for all who are employed by the University.

DEFINITIONS

For purposes of this policy, personnel files or personnel records are defined as those files or records containing employment-related information about University employees in any of several sites, including the Human Resources Department, and individual academic or administrative departments and offices.

PROCEDURES

A. The individual employee has access to his or her file, is to know what use is made of its contents, and has the right to challenge inaccuracies. Permission to view the contents of the file should be granted by the relevant supervisor or administrator. The supervisor or administrator should not, however, give the file to the employee but go through it with him or her.

B. Only information germane to the position, or job of the subject, should be kept in an employee's file.
C. Performance evaluations should be kept in the individual faculty or staff files and may be challenged by the employee. If the supervisor has used adverse confidential information from others in arriving at the evaluation, he or she should give the subject a chance to reply without revealing the source. If the supervisor considers the reply convincing, the original confidant will be informed and the adverse information destroyed. If the reply is not adequate, the adverse information will be kept in the subject's file with the source unidentified.

D. On legitimate request, Human Resources or any appropriate office is authorized to release directory information (name, address, phone, dates of employment, and occupation.)

E. Supervisors in line above have access to files of those reporting to them directly or indirectly. For example, the President could see all personnel files; the Vice President of Health Sciences could see files of his or her deans, department heads, faculty, and others in Health Sciences; department heads could see files of faculty and staff in their units, and so on. By subpoena, law enforcement agencies could have access. Other access requires consent of the subject of the file.

F. Personal information in University data banks (personally identifiable information), as distinguished from the information in the individual files in the office of the Academic Vice President and in Human Resources, is to be strictly confidential. This is management information to be used for research, payroll, mailings, and the like. Only appropriate administrators and staff who must work with this data should have access.

ADMINISTRATION AND INTERPRETATIONS

Every supervisor is responsible for managing access to personnel records housed in his or her work area. Supervisors should follow the procedures listed above when employees ask for access to their own, or others', personnel files. In addition, supervisors must ensure that employees in their work unit understand and abide by the procedures listed above.

Questions related to the management of access to personnel records should be directed to the Human Resources Department, or the Director of Human Resources. The University's General Counsel can also be of assistance in interpreting this policy.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify or amend this policy at any time.
Policies and Procedures

SECTION: Administration
NO. 2.2.8.

CHAPTER: Human Resources
ISSUED: 1/86
REV. A REV. B

POLICY: Extra Salary Payments for Exempt Employees PAGE 1 OF 2

PURPOSE
The University's policy toward extra salary payments for exempt employees is designed to help regularize, predict, and control the outflow of budgetary funds designated for wage and salary purposes.

POLICY
University salary administration precludes the payment of overtime to exempt employees. However, in exceptional circumstances, regular full-time exempt non-faculty employees may earn salary compensation in addition to regular pay. As an exception to the usual practice, additional pay for extraordinary work may be granted subject to the following conditions:

1. Prior approval of the interested Vice President(s)
2. Final approval of the President

SCOPE
This policy applies to all University employees classified as exempt.

DEFINITIONS
Exempt employees are those who are not required to be paid overtime under the Fair Labor Standards Act because their positions are classified as executive, administrative, professional, or outside sales. In determining whether an individual holds an exempt position, three major factors are considered:

- Job requirements for independent action (called discretionary authority)
- Percentage of time spent performing routine, manual, or clerical work
- Earnings level

PROCEDURES
It is important that exempt employees not be misled or misinformed regarding compensation for "extra" work (consulting, for example, with the University as client.) Whenever supervisors are involved in discussions related to extra work, it is their responsibility to inform the employee that University policy precludes special payment.
In the event that exceptional circumstances arise, requests for special compensation must be approved by the relevant Vice President and the President as stated in the policy itself.

ADMINISTRATION

Questions regarding this policy and questions about employee compensation, in general, can be referred to the University's Human Resources Department and to the University's Director of Human Resources.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time, especially in order to comply with changes in federal wage laws.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources


POLICY: Weather or Emergency Related Absence

PURPOSE

The purpose of this policy is to outline procedures to be used in the event of the University closing or curtailing operations due to severe weather or other emergency situations.

POLICY

The decision to close or delay opening of the University due to severe weather or other emergency situations rests with the President. Independent decisions may not be made at the college, school, or department level.

1. Closing/Delayed Opening. During severe weather (e.g., winter storms), the decision to close or delay opening the University will be made as early as possible, but not later than 6:00 a.m. The Public Relations Department will relay applicable information to the local news media. Creighton employees are advised to listen to newscasts on mornings when severe weather conditions may force the closing or delayed opening of the University. Creighton’s clinical employees will check the University Weather Hotline, (402) 280-5800, to determine if the clinics are closing or delaying their opening.

2. Curtailing Operations. If severe weather or an emergency situation develops during the work day and creates conditions that warrant early closing of the University, Public Safety or the President’s Office will notify the Vice Presidents of the decision, who will then notify employees within their respective areas of responsibility. Creighton’s clinical employees will be notified by the respective supervisors if the clinics are going to close early with the rest of the University.

3. Weather Hot Line. Employees can access the Creighton University Weather Hot Line (280-5800) to determine the status of University operations. The recording will indicate whether the University is operating under normal conditions, closed, a delayed start or curtailment of operations.

4. Employee Responsibilities. In the event of severe weather or other emergency situations when the University remains open, all employees are expected to make every reasonable effort to maintain their regular work schedules, but are advised to avoid undue risks in traveling. Except for emergency personnel (see paragraph 6), employees who may be concerned about safety in traveling to and from work may use their own judgment whether to stay home or leave work early after consulting with their supervisors. However, they will be expected to charge the time off to vacation, accumulated holiday hours or leave without pay. Sick time may not be used for this purpose.

5. Excused Time. If the decision is made to close, delay opening or curtail operations, employees will charge the time off (hours not worked) to “excused time.” They will not be required to make up the lost time. However, if the employee would have otherwise been absent due to a regularly scheduled day off or the use of sick and/or vacation time, excused time will not be used.
6. **Emergency Personnel.** Some departments have employees who are required to report or remain at work regardless of severe weather or other emergency situations (e.g., Public Safety, Facilities Management, Health Sciences, etc.) Department heads will identify those employees whose presence during periods of closure is absolutely necessary. Employees who are required to work during a weather or other emergency-related closing, will be managed as follows:

<table>
<thead>
<tr>
<th>If the Employee is:</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
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<tbody>
<tr>
<td>Paid on a monthly basis</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Paid on an hourly (bi-weekly basis)</td>
<td>X</td>
<td>X</td>
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</table>

**Option 1:** If workloads permit, the employee may receive equivalent time off with pay equal to the number of hours actually worked up to the amount of hours the University was actually closed. The equivalent time off must be taken no later than the end of the last pay period of the current fiscal year.

**Option 2:** The employee may be paid for the hours actually worked during the period the University was closed AND record excused time on his/her timesheet for an identical number of hours within the same pay period. However, only the actual hours worked will be included when calculating overtime pay.

**Note:** Managers shall determine which option will be used.

7. **Creighton Medical Clinics.** During periods when the University is closed due to inclement weather, Creighton Medical Clinics maintain adequate staffing to provide patient care services. Therefore, information specific to the status of the Creighton Medical Clinics will be provided via the University’s official weather hotline, (402) 280-5800. The procedures outlined in paragraph 6 above also apply to Creighton Medical Clinic employees.

**SCOPE**

This policy applies to all benefit eligible University employees.

**ADMINISTRATION AND INTERPRETATIONS**

Questions regarding this policy should be directed to the University’s Human Resources Department.

**AMENDMENTS OR TERMINATION OF THIS POLICY**

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
PURPOSE

It is the policy of Creighton University to provide fair and uniform treatment for employees whose jobs are eliminated due to a reduction in force.

SCOPE

This policy applies to all full-time and regular part-time administrative and staff employees; but, specifically excluded from eligibility under this policy are employees who are in their initial 90-day employment orientation period and temporary employees. Faculty are not eligible for the provisions of this policy. They are governed by provisions in their individual contracts. This policy does not apply to employees hired with grant funds. Grant-funded positions end when the particular grant funds are exhausted. Temporary employees are not eligible for this policy. Further, this policy applies only to permanent lay-offs.

POLICY

A. Any employee affected by the reduction in workforce shall receive oral and written notification from his/her supervisor or department head a minimum of fourteen calendar days prior to the elimination of his/her position. The employee will be paid for the work days that occur during the notice period. The "date of termination" means the last day of the fourteen calendar day notice period for all purposes under this policy. Severance pay will begin following the fourteen calendar day notice.

B. Severance pay shall be defined as a lump sum payment to a laid-off employee utilizing the following criteria and rules:

1. Employed twenty-four months or less: Severance pay equal to two week's pay based on the employee's regular pay rate as of the last day worked.

2. Employed twenty-five months or more: Severance pay equal to one week's pay for each full year of service to the University up to a maximum of 3 months (12 weeks). Severance amount will be based on the employee's regular pay rate as of the last day worked.

3. Any unused floating holidays earned prior to the date of termination will be paid.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Reduction in Force

4. Any unused vacation time earned, not to exceed a total of two year's accrual, prior to the date of termination will be paid.

5. No additional benefit entitlements, i.e., life insurance, disability insurance, retirement plan contribution and University match, vacation, sick leave, holidays, etc., will accrue beyond the date of termination and will also not accrue with respect to the severance amount.

6. A laid-off employee has the option to remain covered by the University's major medical plan in which he/she was participating for three months from the date of termination at the same rate and contribution ratio in effect for current employees. Family coverage can be included if the employee carried such coverage prior to lay-off. At the end of the three-month period, the employee may continue medical coverage for eighteen more months, if he/she pays the total monthly premium according to federal regulations (COBRA).

7. Termination and conversion provisions for other benefit plans shall take effect following the date of termination. Tuition remission benefits currently being used by the employees or an eligible family member, however, shall continue to the end of the semester in which the date of termination occurs.

8. An employee who is scheduled for lay-off, but accepts employment in another position within the University system prior to the expiration of the fourteen calendar day notice, shall not be eligible for any severance pay or severance benefits nor will there be any loss of sick time or other fringe benefits earned prior to the lay-off notification.

9. Any laid off employee who is hired by the University after the payment of severance pay and severance benefits shall be covered by the "Bridge of Service" policy as found in the Staff Handbook.

PROCEDURE

A. When a reduction in force is necessary, the following procedure shall be used:
1. The respective Vice President whose area of responsibility is to be affected shall approach the President with a request for a reduction in workforce. He/she shall present to the President all pertinent information relevant to a proposed reduction in workforce including the projected number of affected employee(s) and/or departments and what cost saving measures have been implemented prior to this proposed reduction including, but not limited to, reductions in non-essential, non-salary expenses.

2. The President shall approve, reject, or modify, at his discretion, the Vice President's recommendation for a reduction in force.

3. Following the President's recommendations and approval, the Vice President will notify the Director of Human Resources and the appropriate Dean and Department Heads and Program or Area Supervisors in charge of the affected college, department, program or area of the proposed reductions.

4. The following order will be considered in determining the order of employee reduction in force to the extent reasonably possible based on the particular circumstances and on the University's needs:
   a. Reduction of temporary employee(s).
   b. Reduction of employee(s) who are in their initial 90-day employment orientation period.
   c. Employees with documented performance and absenteeism problems (within previous twelve months), and below average position specific numeric ratings.
   d. Reduction of regular part-time employee(s).
   e. Reduction of regular full-time employee(s).

5. The following criteria will also be considered in implementing the employee reduction in force order set forth in subparagraph 4 above:
   a. Length of service.
   b. The staffing needs of the affected college, department, program, or area.
   c. The multiple position skills recently or currently being performed by the employee(s).
   d. The knowledge, skills, and abilities of the employee(s).
### Policies and Procedures

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<tr>
<td>Reduction in Force</td>
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- e. The performance appraisals of the employee(s).
- f. In the event two or more employees demonstrate similar qualifications and abilities for performing the work, the order of lay-off will be determined by length of service.

6. The Director of Human Resources and the appropriate Dean and Department Head and Program or Area Supervisor in charge of the affected college, department, program, or area will provide in writing to the relevant Vice President the positions determined for elimination, the employee(s) affected, and the dates the positions will be eliminated. At this time, the Director of Human Resources will provide placement opportunities within the University system to the appropriate supervisors.

7. The Director of Human Resources will counsel the appropriate supervisor(s), prior to notification of affected employees, as to the procedures and general benefits applicable to the employee(s) receiving notification of lay-off.

8. When an employee's position is eliminated, he or she will receive private, confidential oral and written notification from the immediate supervisor or department head a minimum of fourteen calendar days prior to the elimination of the position. The notice shall include the reason for the elimination of the position, the date the position will be eliminated, and a copy of this policy. This letter is not to be sent or delivered to the employee without a prior face-to-face meeting between the employee and the supervisor to the extent circumstances reasonably permit.

The notification letter may be used by the employee to elucidate to a prospective employer that the lay-off is in no part due to poor performance by the employee, but is based on separate financial considerations of the University. It is recommended that the supervisor provide the employee with a performance evaluation letter in addition to the notification letter.

9. Following oral and written notification, the employee must contact the Human Resources Department to discuss the details of the severance package, continuation of benefits, and other administrative issues related to termination of employment.
The option of seeking other employment within the University system will also be presented to the employee at this meeting with the Human Resources Department.

10. A reduction in force which triggers the application of this policy may occur if the reduction affects only one employee. For any reduction in force affecting three or less employees, the respective Vice President whose area of responsibility is to be affected, shall have the sole authority to determine the applicability of this policy. Once the Vice President determines that this policy applies, the remaining procedural provisions contained in Article IV shall apply.

PLACEMENT OPPORTUNITIES

If qualified for the job, a laid-off employee who interviews for a position through the job posting process of Human Resources will be given initial consideration over other responders, assuming that such employee has the knowledge, skill and abilities to perform the job, whether or not other responders are more qualified. This priority consideration shall be given to the laid-off employee for a period of time not to exceed 180 days from the date of termination as an exception to the posting policy.

The determination of whether a laid-off employee is "qualified" for the job will be made by the hiring supervisor for the position sought. If the laid-off employee is not hired for a position for which he/she appears to be reasonably qualified, the hiring supervisor must document in writing his/her reasons for determining that the employee is not qualified.

This revised section ("Placement Opportunities") shall not apply to any laid-off employees listed in paragraph number 4, sub-parts a-d of the section entitled "Procedure," or to any laid-off employees who have not completed three consecutive years of employment based on the first date of hire by the time of the proposed reduction effective date.

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy does not constitute a contract between Creighton University and its employees. The University may modify, amend, or revoke this policy at any time for any reason without prior notice. Any modifications, amendments, or revocation shall be prospective in nature only and shall not affect employees already notified of the reduction in force. Further, any modifications to this policy will be presented to the Fringe Benefits Committee and Staff Advisory Council before being implemented.
If a lay-off of any employee, based upon the procedures included in this policy would, in the sole determination of the University, place the University in non-compliance with any federal, state, or local law, regulation, ordinance or order of the court, the University may vary its actions from the procedures specified herein as is necessary to comply with such laws, regulations, ordinances, or court order.

ADMINISTRATION, INTERPRETATIONS, AND EXCEPTIONS

Human Resources will coordinate and monitor all reduction in force activities under this policy. The Vice President for Administration and Finance, who has direct supervisory authority over the Human Resources Department, shall have ultimate responsibility for implementation of the Reduction in Force Policy.

Requests for interpretation and/or exceptions should be forwarded to the Director of Human Resources. Exceptions to this policy must be approved by the department head, the Director of Human Resources, the appropriate Dean, the appropriate Vice President, and the President.
INSTITUTIONS INVOLVED
Creighton University
Area High Schools:
   Brownell-Talbot High School  Mount Michael High School
   Creighton Preparatory School ($1,000 discount)  Roncalli High School
   Daniel J. Gross High School  Saint Albert Catholic Schools
   Duchesne Academy ($1,000 discount)  Skutt High School
   Mercy High School (20% reduction)

ELIGIBLE STUDENTS
Creighton University

   Dependent children of full-time faculty and staff with three years of service* to the University may apply for up to 25% reduction at the above named schools.

High Schools

   High school faculty and designated administrators, and their dependent children, and spouses.

AMOUNT OF TUITION REDUCTION
By Creighton University

   Eligible high school faculty, designated administrators and the spouses and dependent children of eligible high school faculty and designated administrators will receive tuition reduction of up to 25% of base tuition in undergraduate programs in the College of Arts and Sciences, the College of Business Administration, the School of Nursing, and University College.

By High Schools

   Dependent children of eligible University employees will receive a tuition reduction of up to 25% of the base tuition from the high schools.
NOTIFICATION OF ELIGIBLE STUDENTS

By Creighton University
   Each year by May 1st the Plan Coordinator will notify the various high school principals with the names of persons eligible for up to 25% tuition reduction from the high school.

By High School
   Prior to the start of each semester the high school principals will notify the Plan Coordinator of the names eligible for up to 25% tuition reduction from the University.

REPORTING AND EVALUATION

Each year by May 1st the Plan Coordinator will render a total activity report to all schools involved. From time to time the schools may want to have a meeting to evaluate the whole program and suggest possible adjustments for consideration.

PLAN COORDINATOR

The Plan Coordinator will be appointed by the University Vice President for Administration and Finance. Interested University personnel may contact the University Business Office for assistance or information regarding this policy. Contact the University Business Office for an application form.

CONTINUATION OF POLICY

The University reserves the right to terminate or modify this policy at any time. The high schools may terminate participation in this program at any time. This policy shall not vest in any person any contractual or legal right to demand any tuition reduction (or compensation in lieu of tuition reduction) from any person or entity described or mentioned herein.

ALTERNATE REMISSION BENEFIT

In cases where the amount of awards are not equitable for a given year, the University will work with the individual high schools to increase the award levels in an attempt to equalize the benefits received by each institution. All alternate remission dollars must be used by June 30 of the following year or be forfeited.

* To be eligible for the High School Reciprocal Reduction Program, a faculty or staff member must have three years’ full-time employment prior to September 1st of the high school academic year for which the benefit is sought.
I. PURPOSE:

The purpose of this policy is to outline policies and procedures for utilizing Creighton University’s tuition remission benefit.

II. SCOPE:

Specific eligibility for and administration of tuition remission benefits are shown in the table on page 2 of this policy. Please note: All service (employment) requirements for eligibility are “benefit-eligible” service. Participation in the tuition remission program may begin with the first semester or summer session following completion of the service requirement.

III. POLICY:

A. Students must first be accepted through the established procedures within their chosen college or school. Acceptance as a student does not guarantee remission of tuition nor does eligibility for tuition remission guarantee admission as a student. In addition, participation in the tuition remission program does not ensure the award of a degree.

B. Applications for tuition remission must be received in the Human Resources Department not later than the applicable semester’s/summer session’s first official day of class as determined by the University’s Registrar. Applications received after this date will not be processed. Note: Placing the tuition remission application in the mail (inter-campus or the U.S. Postal Service) does not constitute being received within the Human Resources Department. If you have concerns regarding the timely receipt of the application, it should be hand carried to the Human Resources Department.

C. An administrative fee is assessed each semester or summer session for each participant in the tuition remission program.

D. To remain eligible for tuition remission, the student must remain in good academic standing as determined by his/her academic Dean. A student who fails to maintain the required academic standing becomes ineligible for continued participation in the tuition remission program. This ineligibility will continue for whatever period is needed to bring his/her academic record back into compliance. During that period, the student is responsible for all costs of his/her education.

E. Use of the tuition remission benefit applies only to the following schools, colleges and University programs:

- Arts and Sciences
- Business Administration
- University College
- Nursing (BSN only)
- Graduate School (see Note)
- Summer Sessions

Note: Graduate School tuition remission is available for active employees only. The value of Graduate School tuition remitted may be considered taxable income to the employee in accordance with Internal Revenue Service (IRS) regulations.
F. The tuition remission program is administered according to the following table. **Note:** Bolded areas within the table apply only to employees with an initial employment date or re-employment date prior to October 1, 2004:

<table>
<thead>
<tr>
<th>If the participant in the tuition remission program is a:</th>
<th>then the waiting period is:</th>
<th>and the tuition remission benefit is:</th>
<th>Your total maximum credit hour limit is:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-time employee</strong></td>
<td>No waiting period</td>
<td>100%</td>
<td>None (see Note 1)</td>
</tr>
<tr>
<td></td>
<td>6 months of consecutive full-time employment</td>
<td>None (see Note 1)</td>
<td></td>
</tr>
<tr>
<td><strong>Part-time employee</strong></td>
<td>5 years part-time service</td>
<td>33 1/3%</td>
<td>None (see Note 2)</td>
</tr>
<tr>
<td><strong>Retired full-time employee</strong></td>
<td>No waiting period</td>
<td>100%</td>
<td>None (see Note 1)</td>
</tr>
<tr>
<td><strong>Spouse/dependent child of a full-time employee</strong></td>
<td>3 years of equivalent full-time service</td>
<td>100%</td>
<td>136 undergraduate credit hours (see Note 4)</td>
</tr>
<tr>
<td></td>
<td>3 years consecutive full-time service</td>
<td>50%</td>
<td>136 undergraduate credit hours (see Note 4)</td>
</tr>
<tr>
<td></td>
<td>4 years consecutive full-time service</td>
<td>75%</td>
<td>136 undergraduate credit hours (see Note 4)</td>
</tr>
<tr>
<td></td>
<td>5 years consecutive full-time service</td>
<td>100%</td>
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<tr>
<td><strong>Spouse/dependent child of a part-time employee</strong></td>
<td>5 years part-time service</td>
<td>33 1/3%</td>
<td>136 undergraduate credit hours (see Note 4)</td>
</tr>
<tr>
<td><strong>Spouse/dependent child of a retired full-time/part-time employee</strong></td>
<td>No waiting period</td>
<td>100% / 33 1/3%</td>
<td>136 undergraduate credit hours (see Note 4)</td>
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<td><strong>Spouse/dependent child of a totally disabled full-time/part-time employee</strong></td>
<td>10 years service (see Note 3)</td>
<td>100% / 33 1/3%</td>
<td>136 undergraduate credit hours (see Note 4)</td>
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<td><strong>Spouse/dependent child of a deceased full-time/part-time employee</strong></td>
<td>10 years (see Note 3)</td>
<td>100% / 33 1/3%</td>
<td>136 undergraduate credit hours (see Note 4)</td>
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Note 1: Participation is limited to the monetary value of two courses per semester or combined Summer Sessions.

Note 2: Participation is limited to the monetary value of one course per semester or combined Summer Sessions.

Note 3: The disabling condition or death must have occurred while the individual was actively employed by the University.

Note 4: Tuition expenses beyond 136 undergraduate credit hours will be at the student’s own expense. This 136 undergraduate credit hour limit includes all courses completed or attempted where the University’s tuition remission budget has paid for the course(s) (e.g., withdrawals past the official “drop/add” date and course(s) re-taken due to failure, incomplete, etc.) as well as courses completed or attempted as part of the FACHEX and Tuition Exchange programs.
The following are not included in the tuition remission program: Independent Study Program offered through University College; Accelerated Nursing Program; Advanced Placement courses taken by current high school students; and Travel Courses.

Within the description of tuition remission benefits available for a dependent child, “dependent” refers to the employee’s child, step-child or adopted child, under age 24 (Note: employees with an initial employment date or re-employment date prior to October 1, 2004, may receive tuition remission for his/her dependent child under age 25) who has never been married, and who is qualified to receive a “qualified tuition reduction” under the IRS Code. The University may request evidence of such qualification.

A “retiree” is defined as an employee who has reached age 60 with a minimum of ten years’ benefit-eligible service.

Upon a dependent child’s initial participation in the tuition remission program, and annually thereafter, he or she is required to apply for federal financial aid (excluding loans) with the University's Student Financial Aid Office. Outside grants and scholarship awards will be applied to tuition first, unless otherwise directed by the funding source. The tuition remission benefit will then be applied to the tuition balance as part of the total financial aid package.

An employee may attend courses during work hours with the approval of his or her immediate supervisor. Lost work time resulting from class attendance must be made up.

The University’s Registrar Office administers the Faculty and Staff Children’s Exchange (FACHEX) and Tuition Exchange Programs. A dependent child eligible for 100% tuition remission may apply for participation in these programs. An annual participation fee is assessed for each dependent child receiving a Tuition Exchange Scholarship. This fee is collected by the Registrar’s Office.

Registration and fees for participants in the tuition remission program are the same as for other students. Any financial charges that the employee or their spouse/dependent child has incurred from previous terms must be paid in accordance with established Business Office procedures prior to any usage of tuition remission for the upcoming term. Tuition remission will not be granted retroactively.

IV. PROCEDURES:

Applying for tuition remission is a procedure separate from admission to the University. The application form for tuition remission may be obtained from the Human Resources Department or at www.creighton.edu/HR/.

AMENDMENTS OR TERMINATION OF THIS POLICY:

Creighton University reserves the right to modify, amend or terminate this policy at any time.
The University has Vicarious Professional Liability Insurance to cover its own legal liability for hospital and medical malpractice. The insurance also covers all students and employees of the University while acting within their duties as students and employees. Licensed employees (doctors of medicine and dentistry, registered pharmacists and registered nurses) are covered by separate policies.

The above policy statement on malpractice insurance is made upon the advice and counsel of the University's attorneys and the University's insurance advisors. This statement is not a contract of insurance coverage. Any insurance coverage is subject to the terms and provisions of the policies and contracts of insurance provided.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Family and Medical Leave

PURPOSE

As a Roman Catholic institution in the Jesuit tradition, Creighton University's Family and Medical Leave policy strives to protect the dignity of all persons. In addition, the provisions of University's Family and Medical Leave policy conform to the requirements of the Family and Medical Leave Act of 1993.

POLICY

Types of Leave

An eligible employee is entitled to a total of 12 workweeks of leave during any 12-month period for one or more of the following circumstances:

1. **Birth** -- The birth of a daughter or son of the employee and care for such child during the first 12 months after childbirth. This leave may not be taken intermittently and expires at the end of the 12-month period beginning on the date of such birth.

2. **Adoption/Foster Care** -- The placement of a son or a daughter with the employee for adoption or foster care. This leave may not be taken intermittently and will expire at the end of the 12-month period beginning on the date of such adoption or foster care placement.

3. **Family Illness** -- The care for a son, daughter, spouse, or parent of the employee who has a serious health condition. This leave may be taken intermittently when medically necessary and requires completion of a medical certification form.

4. **Employee Illness** -- A serious health condition that renders the employee unable to perform the functions of his/her position. This leave may be taken intermittently when medically necessary and requires completion of a medical certification form.

Relationship to Paid Leave

An eligible employee is entitled to a total of 12 weeks of leave, including any accrued paid leave the employee may have. The University may require the employee to use accrued vacation or sick leave for a part of the 12-week period of FMLA, as determined by specific circumstances. However, the employee may elect to preserve up to one year's accrual of his/her vacation leave, which may be taken in addition to any leave under this policy, at any time during the year in accordance with the University's standard vacation policy.
# Policies and Procedures

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## SCOPE/ELIGIBILITY

This policy applies to all University employees who have at least 12 months of service and have worked at least 1,040 hours during the 12 months preceding the start of the leave.

## DEFINITIONS

**Family and/or Medical Leave of Absence** -- An approved absence available to eligible employees for up to 12 weeks of unpaid leave in a 12-month period under qualifying circumstances that are critical to the life of a family.

**Serious Health Condition** -- An illness, injury, impairment, or physical or mental condition that involves either inpatient care or continuing treatment by a health care provider. This policy is not intended to cover short-term conditions for which treatment and recovery are very brief. Examples of serious health conditions include, but are not limited to, heart attacks, heart conditions requiring heart bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, injuries caused by a serious accident on or off the job, pregnancy, severe morning sickness, the need for prenatal care, childbirth, and recovery from childbirth.

**Spouse** -- A husband or wife as defined or recognized in accordance with the laws of the state where the employee resides, including common law marriage in states where it is recognized.

**Parent** -- A biological parent or an individual who stands or stood “in loco parentis” to an employee when the employee was a child. A person qualified as a parent of the employee under the concept of “in loco parentis” includes one who had day-to-day responsibilities to care for and financially support the employee when the employee was a child. The term "parent" does not include in-laws.

**Son or Daughter** -- A biological, adopted, or foster child, a step-child, a legal ward, or a child of a person standing “in loco parentis,” who is either under age 18, or 18 or older and incapable of self-care due to mental or physical disability.

**Reduced Leave Schedule** -- A leave schedule that reduces the usual number of hours per workweek or hours per workday of an employee. The smallest increment of such leave shall coincide with the shortest period of time that is used by the University's Payroll Department to account for the employee's absence.
**Policies and Procedures**

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**Intermittent Leave** -- A leave taken in separate periods of time due to a single illness or injury, rather than for one continuous period of time. The total amount of intermittent leave may not exceed the equivalent of 12 workweeks.

**Any 12-Month Period** -- As used in this policy the phrase “any 12-month period” shall mean a "rolling" twelve-month period measured backward from the date an employee uses any leave under the provisions of this policy.

**PROCEDURES**

**Leave Requests, Notices, and Reporting Requirements**

1. **Request** -- All employees requesting leave must complete a "Request for Family and/or Medical Leave Form," and submit it to the Human Resources Department. If no such request is submitted, the University can act upon notification from any source to commence Family Medical Leave paperwork. The Director of Human Resources or his/her designee must approve all requests.

2. **Notice** -- In any case in which the necessity for leave is foreseeable (based on an expected birth, adoption placement, foster care placement, or planned medical care for a serious health condition of the employee or a family member), the employee shall provide the University at least 30 days notice, before the date the leave is to begin. If 30 days notice is not practical due to a lack of knowledge of approximately when leave will begin, a change of circumstances, or a medical emergency, notice must be given as soon as possible.

3. **Duties of the Employee** -- When planning intermittent medical treatment, the employee must consult with his/her supervisor in order to establish a written work schedule which best fits the needs of both the employee and the University. In addition, the employee shall make a reasonable effort to schedule the treatment and leave so as not to unduly disrupt the operations of the department. This schedule will be subject to approval of the employee's health care provider.

4. **Reports during Leave** -- The University reserves the right to require a recertification of medical condition while an employee is on leave. In addition, the University reserves the right to require an employee to provide the University with a written notice of intent to return to work and the date such commencement of work is expected to occur.
Medical Certification

1. When medical leave is requested for the serious health condition of an employee or the family member of an employee, a certification from a health care provider is required. The certificate must be completed and returned to Human Resources within 15 calendar days of the initial request. If an employee does not produce the certificate within 15 calendar days of the request for leave, and there are no extenuating circumstances, medical leave may be delayed or denied.

2. The University may require, at the expense of the University, that the employee obtain the opinion of a second health care provider, who is mutually agreed upon by the employee and the University, concerning any information certified. If the second opinion differs from the opinion in the original certification, the University may require, at the University's expense, the employee to obtain the opinion of a third health care provider, who is mutually agreed upon by the employee and the University. The opinion of the third health care provider shall be considered to be final and shall be binding on the University and the employee.

Job Protection

1. Any eligible employee who takes leave under this policy shall be entitled on return from such leave: (a) to be restored by the University to the position of employment held by the employee when the leave commenced; or (b) to be restored to an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment.

2. Taking of leave shall not result in the loss of any employment benefits accrued prior to the date on which the leave commenced.

3. Nothing in this section shall be construed to entitle any restored employee to: (a) the accrual of any seniority or employment benefits during any period of leave; or (b) any right, benefits, or position of employment other than rights, benefits, or positions of employment to which the employee would have been entitled had the employee not taken the leave.
Maintenance of Health Benefits

1. If the employee participates in the University's health plan, the University shall continue its share of the contribution to the employee's health plan premium during the entire period of leave under this policy. The employee must continue to pay his/her share of the health plan premium. The employee's failure to pay his/her share of the health plan premium will result in a lapse in coverage. The University will provide the employee 15 calendar days written notice that the health coverage will lapse.

2. If the employee does not return to work (or returns for less than 30 calendar days after the approved, unpaid leave of absence) for reasons other than serious health conditions (or some other reason beyond the employee's control), the employee will reimburse the University for the cost of any payments made by the University to maintain the employee's health plan coverage.

3. The University will require that a claim that an employee is unable to return to work at the end of the leave because of the continuation, reoccurrence, or onset of a serious health condition be supported by: (a) a certification issued by a health care provider of the eligible employee; or (b) a certification issued by the health care provider of the son, daughter, spouse, or parent of the employee, in the case of an employee unable to return to work because of the condition of a family member. The University will not attempt to recover the cost of any payments or contributions made by the University while the employee was on leave if the proper certification is provided. However, if an employee is unable to return to work at the end of the leave, such employee will be treated as no longer employed for all purposes, including all benefits.

Other Benefits

1. During any unpaid leave under this policy, no vacation or sick leave will accrue. Benefits other than health insurance benefits will be suspended during the unpaid leave of absence, unless the employee makes arrangements to continue certain benefit plans. The employee is advised to provide for the retention of his/her group insurance coverage such as life insurance and disability, by arranging with the Human Resources office to pay the premiums during the period of the unpaid leave of absence.
Tenure-Track Faculty

Tenure-track faculty on probationary status may request to have their tenure clock stopped while on leave pursuant to this policy. Such a request should be directed to the faculty member's Dean.

Both Spouses Employed by Creighton

Spouses who are both employed by the University and both meet the definition of "eligible employee" are entitled to a combined total of 12 weeks of leave (rather than 12 weeks each) for the birth, placement for adoption or foster care of a child, or to care for the employee's parents with a serious health condition. Spouses who are both employed by the University and both meet the definition of "eligible employee" are entitled to a total of 12 weeks of leave each for the other types of leave available under this policy.

ADMINISTRATION AND INTERPRETATIONS

Department heads, deans, or immediate supervisors are responsible for the initial processing of the Request Form and Medical Certification Form and for coordination with Human Resources.

The Director of Human Resources is responsible for administration of this policy and for assuring that a person requesting leave has met the eligibility requirements and understands the policy provisions. All requests for family and medical leave must be reviewed and approved by the Director of Human Resources (or his/her designee) prior to commencement of the leave.

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy supersedes any previous written or unwritten University policy/procedure pertaining to the Family and Medical Leave Act. Creighton University reserves the right to modify, amend, or terminate this policy at any time, especially to comply with changes in state or federal law related to the provisions of family and medical leave.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Drug and Alcohol Use

PURPOSE

The University's policy on drug and alcohol use is designed to satisfy the requirements of the Drug-Free Schools and Communities Act. Consistent with its mission, the University is also concerned about the medical problems of alcoholism and drug abuse, especially when they affect an employee's attendance and performance on the job. Alcoholism and drug dependence are treatable illnesses, and as such, employees whose job performance is adversely affected by such illnesses should seek diagnosis and treatment.

POLICY

A. Standards of Conduct / Disciplinary Sanctions

Creighton University standards of conduct prohibit the unlawful possession, use, or distribution of illicit drugs and/or alcohol by students and employees on University property or as part of any of the University’s activities. “Illicit drug use” means the use of illegal drugs and the abuse of other drugs and alcohol, including anabolic steroids. State and federal laws, and any applicable city ordinances, pertaining to the possession and use of illicit drugs and alcoholic beverages shall be observed by all University students and employees. By way of illustration, this means that it is a violation of University policy for students or employees to unlawfully purchase, manufacture, possess, consume, use, sell or otherwise distribute such items on campus or during University activities.

Employee violations of the standards of conduct stated in the above paragraph shall result in disciplinary sanctions as stated in the Handbook for Faculty or Staff Handbook, as the case may be, and/or as stated below, which may include, but are not limited to:

--Warning;
--Disciplinary probation;
--Suspension;
--Termination of employment;
--Referral to an appropriate drug/alcohol treatment program; and/or;
--Any other action considered necessary or appropriate by University officials, including referral to law enforcement officials for prosecution.
B. Health Risks

Numerous health risks have been identified with substance abuse (use of illicit drugs and abuse of alcohol). Some of those health risks are discussed in APPENDIX A.

C. Treatment for Drug and/or Alcohol Problems

Different health insurance plans offer different levels of coverage for counseling and treatment of drug and alcohol problems. Refer to the description of your plan for specific levels of coverage for these services.

D. Legal Prohibitions and Sanctions

1. State Prohibitions (Section References are to Nebraska State Statutes)

   a. Except as authorized by the Uniform Controlled Substances Act, it is unlawful to knowingly or intentionally manufacture, distribute, deliver, or dispense a controlled substance, or possess with intent to manufacture, distribute, deliver, or dispense a controlled substance. Sec. 28-416(1).

   b. Depending on the controlled substance involved and its quantity, violation of paragraph (1) with respect to a scheduled controlled substance can be a Class II, Class III, or Class IV felony, except as provided in paragraphs (3) and (4) below. Sec. 28-416(2).

   c. Any person who violates paragraph (1) with respect to cocaine or any mixture or substance containing a detectable amount of cocaine in a quantity of:

      1. 7 or more ounces is guilty of a Class IC felony; or

      2. At least 1 ounce but less than 7 ounces is guilty of a Class ID felony. Sec. 28-416(4).

   d. Any person who violates paragraph (1) with respect to base cocaine (crack) or any mixture or substance containing a detectable amount of base cocaine in a quantity of:
1. 28 grams or more is guilty of a Class IC felony; or

2. At least 10 grams but less than 28 grams is guilty of a Class ID felony. Sec 28-416(5).

e. Any person knowingly or intentionally possessing a controlled substance (other than marijuana), unless obtained directly from or by prescription or order from a practitioner while acting in the course of his/her practice, or except as otherwise authorized by the Controlled Substances Act, is guilty of a Class IV felony. Sec. 28-416(3).

f. Any person knowingly or intentionally possessing marijuana weighing more than 1 ounce but not more than 1 pound is guilty of a Class IIIA misdemeanor. Sec. 28-416(6).

g. Any person knowingly or intentionally possessing marijuana weighing more than 1 pound is guilty of a Class IV felony. Sec. 28-416(7).

h. Any person knowingly or intentionally possessing marijuana weighing 1 ounce or less is:

1. For the first offense, guilty of an infraction, receives a citation, may be fined $100 and may be assigned to attend a drug abuse course of instruction.

2. For the second offense, guilty of a Class IV misdemeanor, receives a citation, and may be fined $200 and imprisoned not to exceed 5 days.

3. For the third and all subsequent offenses, guilty of a Class IIIA misdemeanor, receives a citation, and may be fined $300, and imprisoned not to exceed 7 days. Sec. 28-416(8).

i. Any person who is under the influence of any controlled substance, for a purpose other than the treatment of a sickness or injury as prescribed or administered by a person duly authorized by law to treat sick and injured human beings, is guilty of a Class III misdemeanor. Sec. 28-417.
**Policies and Procedures**

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**POLICY: Drug and Alcohol Use**

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j. It is a Class IV felony to knowingly or intentionally: (a) acquire or attempt to acquire a controlled substance by theft, misrepresentation, fraud, forgery, deception or subterfuge; (b) possess a false or forged prescription for a controlled substance; or (c) communicate information to a practitioner in an effort to unlawfully procure a controlled substance or a prescription for a controlled substance. Sec. 28-418.

k. No person may sell, give away, dispose of, exchange, or deliver, or permit the sale, gift, or procuring of any alcoholic liquors, to or for any person under the age of 21. Sec. 53-180. This is a Class I misdemeanor. Sec. 53-180.05.

l. No one under the age of 21 may obtain, or attempt to obtain, alcoholic liquor by misrepresentation of age, or by any other method, in any place where alcoholic liquor is sold. Sec. 53-180.05.

m. No one under the age of 21 may sell of dispense or have in his or her possession or physical control any alcoholic liquor in any tavern or in any other place including public streets, alleys, roads, highways, or inside any vehicle. Sec. 43-180.02. This is a Class III misdemeanor. The offender may also be required to work on streets, parks, or other public property for up to 10 days. Sec. 53-180.05.

n. Any person who knowingly manufactures, creates, or alters any form of identification for the purpose of sale or delivery of such form of identification to a person under the age of 21 is guilty of a Class I misdemeanor. Sec. 53-180.05.

2. Sanctions Under State Law

- **Class I Misdemeanor:** Maximum - Not more than 1 year imprisonment, or $1,000 fine, or both.
- **Class III Misdemeanor:** Maximum - 3 months imprisonment, or $500 fine, or both.
- **Class IIIA Misdemeanor:** Maximum - 7 days imprisonment, or $500 fine, or both.
- **Class IV Misdemeanor:** Maximum - $500 fine; Minimum - $100 fine.
3. Federal Prohibitions and Sanctions

A variety of federal statutes also prohibit the unlawful possession or distribution of illicit drugs. The federal prohibitions and sanctions are discussed in APPENDIX B.

SCOPE

This policy applies to all University employees and employees of contractors to the University, to all students, and to campus visitors, as well.

In addition, any employee who accepts or performs University employment which involves direct engagement in work under any federal grant or federal procurement contract,* is hereby notified that, as a condition of employment in such grant or on such contract, he or she must abide by the terms of this policy. In addition, any such employee must notify the University’s Human Resources Director of any criminal drug statute conviction, for a violation occurring in a grant or contract workplace, no later than five days after such conviction. Upon receipt of such notice, the University will, where required by the Act:

1) take appropriate personnel action against the employee, which may include actions up to and including termination; or,
2) require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by federal, state, or local health, law enforcement or other appropriate agency.

* a contract awarded to the University by any federal agency for the procurement of any property or services of a value of $25,000 or more, or, a grant made to the University by any federal agency. Employees found to be in violation of this policy will be subject to any consideration for rehabilitation and/or disciplinary action, including possible termination of employment.

DEFINITIONS

Illicit drug use: means the use of illegal drugs and the abuse of other drugs and alcohol, including anabolic steroids.

ADMINISTRATION AND INTERPRETATIONS

Questions related to Creighton University’s policy on drug and alcohol use can be directed to the Department of Human Resources and its Director.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time, especially to comply with changes in the Drug-Free Schools and Communities Act. Nothing in this policy should be construed as a contract between Creighton University and its employees.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Control of Infectious Diseases

PURPOSE

Creighton University's policy for the control of infectious diseases is aimed at underscoring the overall purpose of the University in producing graduates with the knowledge and skills to help them function as civilized, cultured women and men in society. The control of infectious disease helps to improve and preserve a society's quality of life. Therefore, as an educational institution, Creighton University will provide education to all members of the University community to prevent the transmission of infectious diseases. Creighton University will also provide for specific actions to control infectious disease in a manner that maintains the dignity and the safety of the individual.

To ensure that decisions implementing this policy reflect current understanding of infectious disease control, certain pertinent concepts and guidelines are included with this policy statement. These concepts and guidelines must be understood to apply this policy.

POLICY

A. Education

To ensure that information on methods of preventing the spread of infectious disease is available to all members of the Creighton community, the following mechanisms will be instituted:

1. *Informational sessions* will be required for all Creighton students and employees working in areas where isolation techniques and techniques for handling blood and other specimens must be employed.

2. Information on maintaining *adequate immunization* for vaccine-preventable disease will be communicated to all Creighton students, their parents, and Creighton employees.

3. *Methods of preventing non-vaccine preventable disease* will be provided to all Creighton community members through communication mechanisms such as newsletters, the university newspapers, seminars, etc.

4. Student Health and Counseling Center personnel will be provided to plan an *infectious disease control program for the campus* and to teach infectious disease concepts to students and employees such as resident hall directors, peer educators, and freshman seminar group leaders.
5. Professionals from the health science departments will be enlisted to teach infectious disease control to Creighton employees.

6. These educational efforts will be coordinated and facilitated by the Educational Subcommittee of the Healthy Lifestyles Committee with the support of the University.

B. Actions

To provide an environment for its faculty, staff, and students which minimizes the risk of acquiring or transmitting infectious disease, the following policies are adopted:

1. Creighton University reserves the right to require specific immunization status of employees and students who participate in University sponsored activities. Standard immunizations as recommended by the Centers for Disease Control will be required of all new employees and matriculating students. Additional specific immunizations will be required of Health Sciences workers and students as deemed appropriate by the Student Health Center and the deans of the respective Health Science schools.

2. Creighton University reserves the right to exclude from certain activities those members of the community (employees or students) identified with an infectious disease where transmission to others is a potential hazard.

3. Creighton University will refer, as appropriate, to providers of health care service for remedial action any person affiliated with the University, who has an inadequate or lapsed immunization status or who has been identified as exhibiting evidence of an infectious disease. Notification from a private physician, University clinic, or Student Health Service that the person no longer is a hazard to others will be required prior to return to assigned duties.

4. Creighton University will counsel, as appropriate, persons with infectious disease or those exposed to a known infectious disease, to adhere to established standards of behavior in order to minimize the risk of transmission of disease to others.

Exclusions, referrals, and counseling will be the responsibility of each school and/or department, and may require the cooperation and participation of one or more appropriate offices of the University.
Such activity will be conducted in as discreet and confidential manner as is possible without sacrificing effectiveness. The privacy and confidentiality tenets as prescribed by Federal Law will be maintained.

5. Creighton University may modify, when appropriate, general University housing regulations to accommodate appropriate living arrangements for persons afflicted with an infectious disease or their roommates.

6. Creighton University will limit the use of hypodermic needles, scalpel blades, and other sharp instruments which are used on humans to those who observe public health recommendations for their use and disposal. These current recommendations will be published and distributed annually to all units of the University by the Healthy Lifestyles Committee.

7. Creighton University will request persons afflicted with an infectious disease to disclose their medical condition to other members of the community with whom they have had or are to have contact which could pose a risk of transmission of disease.

8. Creighton University will publish these policies in official University handbooks for students, staff, and faculty.

9. Creighton University will direct all inquiries about an infectious disease situation at the University to the Public Relations Director.

10. Creighton University will provide for the annual review of these policies by health professionals on the Healthy Lifestyles Committee.

Through these policies, the University endeavors to protect members of its community from unreasonable risk of acquiring or transmitting infectious disease. However, the University does not nor cannot insure or guarantee that such a situation will not occur in its environment. Obviously, the transmission of infectious disease can result from individual conduct over which the University has no control.

References


Xavier University, Cincinnati, Ohio. *Policy and procedures statement for communicable diseases*.

C. **Understanding infectious diseases**

1. A *variety of infectious diseases* exist. Some, like chicken pox, spread very easily. Others, even very serious ones like Hansen’s disease, spread with great difficulty. Some, like rabies, can be very severe. Others, like the common cold, are often very mild.

2. Some infectious diseases, like the acquired immunodeficiency syndrome (AIDS, caused by the human immunodeficiency virus or HIV), generate much concern. Others, like rubella, generate much less concern. Even though concern among the general public for some diseases may be small, health risks to the Creighton community may be large.

3. *Control of an infectious disease can be conceptualized as involving any of three factors:* a microorganism, a person susceptible to disease caused by that microorganism, and a means of transmitting the microorganisms to the person.

4. *Examples of microorganisms* causing diseases include *Salmonella typhi* (the cause of typhoid fever), *mycobacterium tuberculosis* (the cause of tuberculosis), polio viruses (the causes of poliomyelitis), the variola virus (the cause of smallpox). An example of control of an infectious disease by *control of a microorganism* is the elimination of smallpox by the eradication of variola virus. This is the *only* case in which humanity has controlled an infectious disease by eliminating the virus that causes it. Most viruses are too widespread and too persistent for such a strategy to succeed.
5. Examples of persons susceptible to a disease include persons with no history of poliomyelitis and no immunization against poliomyelitis (who would be susceptible to poliomyelitis). An example of the control of an infectious disease by control of the population of persons susceptible to that disease is the near-elimination of poliomyelitis from the United States. Vaccine against polio viruses was used to immunize a large number of persons. These persons were no longer susceptible to poliomyelitis. Widespread immunization has so reduced the population of susceptible persons that poliomyelitis has been nearly eliminated. Vaccines can be valuable, but sometimes are not used and for some infectious diseases are unavailable.

6. Examples of means of transmission of disease include swallowing of a sufficient quantity of *S. typhi* by a nonimmune person to produce typhoid fever and inhalation of a sufficient quantity of *M. tuberculosis* by a nonimmune person to produce tuberculosis. An example of the control of an infectious disease by control of the means of transmission is the prevention of typhoid fever by rules of sanitary food preparation that exclude feces, which are the body material that transmits *S. typhi*, from food that is being prepared. To control an infectious disease by controlling its means of transmission, rules of prevention must deal specifically with the particular means of transmission. Rules of sanitary food preparation may, in general, be laudable. However, they would not prevent airborne transmission of tuberculosis.

7. Creighton University may encounter certain appropriate opportunities to prevent certain infectious diseases. A decision to act to prevent an infectious disease requires knowledge of three general characteristics of the disease:

a. What *microorganism* causes the disease?
b. How can *susceptible individuals* be identified?
c. How is the microorganism transmitted to a susceptible individual?

A decision also requires knowledge of three characteristics of individuals who may be affected by the disease:

d. Will the individual be in *proximity* to the microorganism?
e. Is the individual *susceptible* to the microorganism?
f. Will the individual *engage in the particular type of activity* through which the microorganism is transmitted?
8. *An example of an opportunity to prevent an infectious disease is the prevention of hepatitis B in dental students.* Knowledge about hepatitis B in general includes:

a. Hepatitis B virus causes it.
b. Tests on the blood of individuals can identify an absence of antibodies to the virus, which indicates susceptibility. Alternatively, epidemiological studies provide good indication of the likelihood of hepatitis B susceptibility in populations such as dental students.
c. Hepatitis B is transmitted in a variety of ways. An important one is from blood and saliva of an infected dental patient through an inadvertent puncture wound of the hand of a dental student to that student.

Knowledge about hepatitis B and a typical dental student includes:

d. Epidemiological studies suggest that dental students at Creighton are likely to encounter patients carrying the hepatitis B virus.
e. Epidemiological studies suggest that most Creighton dental students would be susceptible to the hepatitis B virus.
f. Clinical work required of Creighton dental students is likely to result in wound transmission of hepatitis B virus.

This knowledge might lead to any of a number of approaches. Perhaps blood tests might be performed on Creighton dental students at various stages to confirm epidemiological studies suggesting susceptibility. Perhaps students, as a condition of matriculation, might be required to submit results of a blood test demonstrating immunity to hepatitis B virus or to be immunized against hepatitis B virus.

9. At this University, and elsewhere, there has been much scholarly investigation in infectious diseases. Decisions about measures to control infectious diseases must reflect up-to-date medical knowledge. In general, such decisions can be assisted by considering the advice of organizations like the Centers for Disease Control, Nebraska public health authorities, and the American College Health Association. Health sciences professionals of the University are ready to assist in the interpretation of such advice.
10. The “Statement of Goals and Common Objectives in the Health Sciences” affirms: “With respect to the worth and dignity of the person whose health is the ultimate object of all Health Sciences activity: The members of the Creighton Health Sciences community recognize that the good of the person takes priority over all other goals...” Decisions to control infectious diseases may at times exclude an individual from certain activities. In general, decisions to exclude must reflect a concatenation of three factors: (1) harboring of a microorganism by the individual; (2) the presence of susceptible persons; and (3) a means of transmission of the microorganism from the individual to the susceptible persons in the course of the activities. In general, such decisions must be made on a case-by-case basis, reflecting the advice of national and state public health authorities.

References


Xavier University, Cincinnati, Ohio. *Policy and procedures statement for communicable diseases.*

D. Immunization policy for Creighton students

All Creighton University students, full-time and part-time, are required to be properly immunized for rubeola (measles) beginning April of 1990, and all full-time students are required to be properly immunized against rubella (German measles) and mumps prior to registration for classes beginning with the Autumn semester, August, 1988. Immunization forms must be signed by a physician or school nurse. Those persons submitting incomplete or incorrect immunization information will be notified and their registration will be held until they have complied. A nominal fee for administration of an immunization will be placed on the tuition bills of those students who have not complied with the immunization requirement prior to registration.
According to the recommendations of the Immunization Practices Advisory Committee (ACIP) of the Centers for Disease Control immunity to rubeola (measles), rubella (German measles), and mumps is defined as follows:

**Rubeola (measles)** - Two doses of measles vaccine is required for all students born after 1956.

1. Measles vaccine administered after 1967 and given after one year of age (specify month and year);
   AND
   Measles vaccine administered after 1979 (specify month and year);
   OR
2. Born before 1957, therefore considered immune;
   OR
3. Physician diagnosed measles with M.D. certified data including month and year;
   OR

**Rubella (German measles)**

1. Rubella vaccine administered after 1967 and given after one year of age (specify month and year);
2. Born before 1957, therefore considered immune.
4. History of disease is not accepted.

**Mumps**

1. Born before 1957, therefore considered immune;
   OR
2. Mumps vaccine administered after 1967 and given after one year of age (specify month and year);
   OR
3. Physician diagnosed mumps with M.D. certified data including month and year;
   OR

Also required. (Presently registration will not be held for noncompliance except for international students and health science students - Dental, Medical, Nursing, and Allied Health)
1. Tuberculin Skin Test (PPD) with date (month and year) including test results is required. If the PPD is positive, a chest x-ray with date (month and year) including test results is required. If the student had BCG, a negative PPD or chest x-ray is required with date (month and year) including test results.

2. Tetanus booster or Tetanus-diphtheria which includes month and year. Tetanus or Tetanus-diphtheria must have been given within the past ten years.

3. Essential for appropriate preventive care:
   Polio: completion of primary series with:
   OPV (oral Sabin) - total of 3 doses
   OR
   IPV (injected Salk) - total of 4 doses

Note: if not completed in the past, primary polio immunization is essential before travel to an area endemic or epidemic for polio.

Required for Health Science students (Dental, Medical, and Nursing). The cost of the vaccination will be added to tuition. Recommended for Pharmacy and Allied Health students.

1. Hepatitis B vaccine
   OR

E. Creighton University general guidelines for responding to the AIDS situation

Preface: People with HIV infection may be healthy, but have evidence of the infection because of the presence of an antibody to the virus in their blood; others have a condition meeting the criteria of the surveillance definition of AIDS itself, or one of the lesser symptomatic manifestations of infection. Current knowledge indicates that students or employees with any form of HIV infection do not pose a health risk to other students or employees in an academic setting (Centers for Disease Control, 1987). HIV is transmitted by intimate sexual contact or by exposure to contaminated blood. Although HIV can be found in many body secretions of those who are infected, its presence is correlated with disease transmission only through blood, semen, and female genital secretions. There has been no confirmed case of transmission of HIV by any household, school, or other casual contact (Friedland & Klein, 1987).
The Public Health Service states that there is no risk created by living in the same place as an infected person; being coughed or sneezed upon by an infected person; casual kissing; or swimming in a pool with an infected person (American College Health Association [ACHA], 1988, at B).

GUIDELINES (Recommended by the American College Health Association)

1. Consideration of the existence of any form of HIV infection will not be a part of the initial admission decision for those applying to attend the institution (ACHA, 1988, at C.4) or for those seeking employment at the institution.

2. Creighton University will not undertake programs of screening newly admitted or current students for antibody to HIV; neither will mandatory screening of employees be implemented. The University will not attempt to identify those in high-risk groups and require screening only of them (ACHA, 1988, at C.9a).

3. Creighton University students who have HIV infection, whether they are symptomatic or not, will be allowed regular classroom attendance in an unrestricted manner so long as they are physically and mentally able to attend classes (ACHA, 1988, at C.5).

4. Creighton University supports the American College Health Association (ACHA) statement that there is no justification, medical or otherwise, for restricting the access of students or employees with HIV infection to student unions, theaters, restaurants, cafeterias, snack bars, gymnasiums, swimming pools, recreational facilities, or other common areas (ACHA, 1988, at C.6).

5. Creighton University is in agreement with the American College Health Association’s statement that there is no medical necessity for institutions to advise students living in a dormitory of the presence in the dormitory of other students who have HIV infection (ACHA, 1988, at C.10e).

Decisions about residential housing of students with HIV infection will be made on a case-by-case basis. The best currently available medical information does not indicate any risk to those sharing residence with infected individuals, there may, however, be in some circumstances reasonable concern for the health of those with immune deficiencies (of any origin) who might be exposed to certain contagious diseases (e.g., measles or chicken pox) in a close living situation (ACHA, 1988, at C.7).
6. Creighton University will educate the University community on the AIDS situation through workshops, seminars, and the availability of literature. Creighton University will make available the latest information from the Public Health Service concerning measures to prevent the transmission of the AIDS virus as far as they reflect the moral and ethical standards of the University.

7. Creighton University will adopt safety guidelines for the handling of blood and body fluids of all persons (ACHA, 1988, at C.11). Laboratory courses requiring exposure to blood, such as finger pricks for blood typing or examination, will use disposable equipment and no lancets or other blood-letting devices will be reused or shared (ACHA, 1988, at C.11.c). No student, except those involved in health care professions within a health care course, will be required to obtain or process the blood of others. All contaminated surfaces will be cleaned with a household bleach freshly diluted 1:10 in water as recommended by the Public Health Service (ACHA, 1988, at C.11.a).

8. Creighton University will adopt safety guidelines as proposed by the Public Health Service for handling of blood and body fluids of all persons for students involved in health care professions within a health course (in a clinical laboratory setting). (ACHA, 1988, at C.11.b.1).

9. In accordance with the recommendations of the American College Health Association, Creighton University:
   a. will not ask current students or employees to respond to questions concerning the existence of HIV infection (ACHA, 1988, at C.8a);
   b. will encourage new students through the University Health Form and new employees to respond to questions about the existence of HIV infection. This information, like any other medical information, will be handled in a strictly confidential manner (ACHA, 1988, at C.8.a).

10. The handling of confidential medical information about people with HIV infection will follow the general standards included in the American College Health Association’s Recommended Standards and Practices for a College Health Program, Fourth edition, 1984 (ACHA, 1988, at C.10.a):
In general, no specific or detailed information concerning complaints or diagnosis will be provided to faculty, administrators, or even parents, without the expressed written permission of the patient in each case. The position with respect to health records is supported by amendment to the Family Education Rights and Privacy Act of 1974.

11. Creighton University’s health policy will encourage regular medical follow-up for those who have HIV infection (ACHA, 1988, at C.8.b).

12. Those who are known to be immunologically compromised will be excused from institutional requirements for certain vaccinations, notably measles and rubella vaccines (ACHA, 1988, at C.8.d).

13. Creighton University’s Health Service will:

   a. remain familiar with sources of testing for antibody to HIV and be able to refer students or employees requesting such testing (ACHA, 1988, at C.9.b);

   b. use disposable, one-user needles and other equipment whenever such equipment punctures the skin or mucous membranes of patients (ACHA, 1988, at C.11.b.2); and

   c. will observe health reporting requirements for AIDS (ACHA, 1988, at C.10.f).

References

Bradley University. *General guidelines for responding to the AIDS situation.*


For infection control and epidemiology purposes, all employees are screened for selected infectious diseases and must participate in required education programs upon employment and annually.

**Pre-Employment**

1) Past history of Varicella or documentation of positive titer. If unknown, Varicella titer is done.

2) Past history of Mumps or documentation of adequate immunization or positive titer.

3) Past history of Rubella or documentation of adequate immunization or positive titer. If unknown, Rubella titer is done. If negative, vaccination is required unless contraindicated.

4) Rubeola
   a) If born before 1957, past history of Rubeola or documentation of adequate immunization or positive titer.
   b) If born 1957 or later, documentation of adequate immunization. Must have had two immunizations after 12 months or positive titer. If unknown, rubeola titer is done. If negative, vaccination is required unless medically contra-indicated.

5) PPD -- If history of past positive skin test, then chest x-ray is done. May omit if skin test was previously positive and chest x-ray was negative at that time.

6) Hepatitis B -- Documentation of complete Hepatitis B vaccine series if identified versus having occupational exposure to bloodborne pathogens. If no history, vaccination is offered. Hepatitis B surface antigen testing is done if vaccination completed within last two years and no antibody done. If vaccination is refused, waiver must be signed.

7) Bloodborne pathogen training as required by OSHA.

8) Infection control education is required by Joint commission for those employees in medical clinics or other areas determined by Human Resources.

**Annual**

PPD testing for all
PURPOSE

Creighton University's smoking policy was designed to conform to federal and state guidelines for smoking in the work place. The policy acknowledges public concern over the health risks associated with the inhalation of secondary smoke, and protects University employees, students, and others from undue exposure to cigarette smoke.

POLICY

Smoking is prohibited in all indoor areas and in all vehicles owned by Creighton University. Employees who choose to smoke must do so during allotted rest/lunch periods in appropriately designated areas.

SCOPE

This policy applies to all employees of Creighton University.

PROCEDURES

New employees shall be notified of the University's smoking policy during orientation and training periods. It is the responsibility of supervisors to enforce this policy. Employees may inform guests of the University about this policy and ask for their compliance.

ADMINISTRATION

Questions regarding this policy can be directed to the Director of Human Resources.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
PURPOSE

This policy applies to all University-sponsored events at which alcohol is served. It also includes faculty or staff sponsored University-related social events on or off campus at which alcohol is served. Both types of events shall be referred to as “University Events” in this policy. This policy applies to all University events, whether students are present or not.

POLICY

1. For all University events at which alcohol is served, the host of the event (either Creighton or a faculty or staff member, as the case may be), must make available nonalcoholic beverages in addition to the alcoholic beverages. Creighton desires to encourage the responsible use of alcohol at all such events and making alternative beverages available supports this goal.

2. For all University events at which alcohol is served, the person or persons serving the alcohol are required to make identification checks of any person who may be underage to prevent any underage drinking. Diligent checking of identification is Creighton’s only means of ensuring compliance with state law.

3. The University strongly encourages all of its employees to use alcohol responsibly at all times, but particularly at University events because of the damage which may be done to Creighton’s reputation, and the poor example it sets for other employees and for students. Creighton desires to achieve a community where moderation, safety, and individual accountability for those who choose to drink are the norm.

SCOPE

This policy applies to all University employees.

PROCEDURES

The Vice President for Student Services and the Vice President for Administration shall jointly supervise the implementation of this policy. It is their responsibility to ensure that bartenders serving alcohol at University-sponsored events be required to demand identification from all persons who possibly could be underage.
It is the responsibility of individual supervisors to communicate this policy to their employees. In addition, supervisors may have to counsel employees whose behavior indicates a lack of awareness of this policy. If any employee of the University does not adhere to this policy because of irresponsible drinking or, if such a person acts as a host of an event and fails to demand identification of all persons who may possibly be underage, discipline action outlined in the Progressive Discipline Policy may be administered by the employee’s supervisor according to his/her discretion.

ADMINISTRATION AND INTERPRETATIONS

For guidance in administering and interpreting this policy, supervisors may contact the University’s Human Resources Department. Student policies on alcohol may be found in the University’s Student Handbook. For guidance in administering and interpreting policies pertaining to students within the Student Handbook, contact the Vice President for Student Services.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
**Policies and Procedures**

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**POLICY:** Absenteeism and Tardiness

**PURPOSE**

Creighton University expects all employees to assume responsibility for their attendance and promptness. The University also recognizes that a reasonable amount of absence due to illness and/or emergency situations is beyond the control of the employee. This policy does not apply to situations involving a pre-approved absence.

**POLICY/PROCEDURES**

1. It is the responsibility of each employee to notify his or her immediate supervisor as soon as possible if he/she will be late or absent from work for any reason. The employee will notify the supervisor daily if the absence continues, unless a formal leave of absence is granted.

2. The employee must indicate the reason for his/her absence and its probable duration.

3. Excessive absenteeism/tardiness may result in disciplinary action, up to and including termination. The definition of "excessive" rests with department supervisory personnel in collaboration with Human Resources based upon the operational requirements of the work unit. Excessive absenteeism/tardiness will be determined on a case-by-case basis considering such factors as the frequency, cause and patterns of absenteeism/tardiness regardless of the employee's accumulated sick and/or vacation hours.

4. An employee who is absent for three consecutive days without contacting his/her supervisor will be considered to have voluntarily terminated his/her employment at Creighton University.

5. The University reserves the right to request a certificate from an employee's health care provider during or following the illness of an employee.

6. Each supervisor is responsible for keeping accurate records of an employee's attendance. This includes the accurate preparation and submission of time reports to Payroll.

**SCOPE/ELIGIBILITY**

This policy applies to all University employees except faculty.
PURPOSE

Creighton University strives to offer a harmonious and orderly work environment that promotes respect among employees and supports efforts to achieve the highest level of professionalism. All employees are expected to adhere to established standards of conduct and performance.

SCOPE/ELIGIBILITY

This policy applies to all employees in Levels A through M.

POLICY

The University expects employees to follow standards of conduct that will protect the interests and safety of all students, patients, visitors and employees. Conduct that is offensive and discredits the University interferes with business operations. Employees are expected to satisfactorily complete duties in a business-like manner and assume responsibility for performance and conduct.

Guidelines for supervisors regarding acceptable employee behavior:

- Employee performance expectations should be clearly set forth in the Position Information Questionnaire (PIQ) and annual performance evaluation. When performance problems occur, the preferred disciplinary approach will focus on solving the problems through a process of corrective counseling, if possible and practical.
- The corrective counseling process will center on communicating an expectation of change and improvement while also informing the employee of the consequences for non-improvement.
- Corrective counseling will focus on identification of areas in which employee’s performance needs improvement.
- In administering this policy, application of the corrective action will be properly documented and applied consistently, objectively and fairly.

Guidelines for employees regarding acceptable behavior:

- Employees should strive to perform all duties as set out in the PIQ and annual performance evaluation, maintain a record of excellence and adhere to the University’s policy regarding performance and conduct.
- Cooperate on two-way communication with supervisors regarding performance and conduct issues.
- Seek clarification from supervisors to prevent performance or conduct issues in situations where rules or standards may be unclear to the employee.
When corrective counseling fails or its use is deemed not appropriate by the University, it is important that supervisors follow the formal disciplinary steps described below.

Except as set out in Procedure 7, supervisors may not implement any disciplinary steps of this policy without first consulting with the Employee Relations Administrator. Extenuating circumstances may require a supervisor to take immediate action to maintain a safe environment.

Each situation will be addressed on an individual basis and may include consultation with the applicable Vice President and/or the Office of the General Counsel at the discretion of the Employee Relations Administrator.

**PROCEDURES**

1. It is the duty and responsibility of every employee to be aware of and abide by existing policies and procedures. Supervisors are encouraged to assist employees in obtaining copies of polices and procedures through websites such as: [www.creighton.edu/President/PresOfc/GuideToPolicies/Guide](http://www.creighton.edu/President/PresOfc/GuideToPolicies/Guide) or contact a Human Resources representative. In addition, a copy of the “Guide to Policies of Creighton University” is available for viewing at each University library location.

2. Every employee is responsible for the satisfactory performance of assigned duties, as stated in the Position Information Questionnaire (PIQ). A copy of the PIQ may be obtained from the employee’s supervisor.

3. Employees are encouraged to request additional job-related training when needed. Likewise, supervisors are encouraged to make time available for employees to attend appropriate learning opportunities.

4. Creighton University supports progressive discipline as a method of addressing employee issues such as unsatisfactory work performance or misconduct. The University has adopted the following guidelines for use by supervisors in most situations. Nothing stated in this policy or elsewhere is intended to create a contract of employment, or to modify the status of persons who are otherwise “at will” employees.

   a. The corrective counseling process will include warnings coordinated through the Employee Relations Administrator prior to presentation to the employee to explain the unacceptable behavior/performance. The University reserves the right to accelerate actions based upon the severity of the circumstances. The following steps are to be used as a guideline:

      1. A verbal warning is used when the supervisor verbally counsels an employee. A written record of the discussion, acknowledging receipt by the employee's signature, noting the date, event and specific corrective action will be prepared by the supervisor. It will also be noted on the original document that a copy will be placed in the employee’s official personnel file in the Human Resources Department.
2. A formal written warning is used for behavior or violations a supervisor considers serious or as a follow-up when a verbal warning has not helped to remedy/improve the unacceptable performance and/or conduct. A written warning, acknowledging receipt by the employee’s signature, noting the date, event and specific corrective action will be prepared by the supervisor. It will also be noted on the original document that a copy will be placed in the employee’s official personnel file in the Human Resources Department.

3. The University may require the employee to participate in a Performance Improvement Plan (PIP) not to exceed 90 days. Within the PIP, the employee must demonstrate a willingness and ability to meet and maintain established work performance and/or conduct requirements. At the end of the PIP, the employee will either be returned to regular employment status or terminated. If, at any time during the PIP, the employee does not demonstrate significant and consistent improvement, the employee may be terminated before the conclusion of the PIP at the discretion of the University.

4. In addition, in those cases where appropriate, a suspension of employment up to three days, with or without pay, may be implemented by the University for the purpose of conducting an investigation. Following an investigation, an employee will be informed of the results of the investigation and of the next actions to be taken up to and including termination.

5. An employee may utilize any of the following options available to assist in resolving any performance or conduct issue:

   a. An employee may submit a written response to any performance and/or conduct action within three business days of the action taken. A written response should be submitted to the supervisor and to the Employee Relations Administrator for placement in the employee’s official file.

   b. An employee may contact the Employee Relations Administrator to confidentially discuss the situation or to request a meeting with the supervisor or the supervisor’s supervisor if deemed appropriate or helpful for resolution by the Employee Relations Administrator.
6. Supervisors may be required to take immediate action to maintain a safe environment and will not be required to undertake any further implementation of the Employee Performance and Conduct Policy and/or will not be required to contact the Employee Relations Administrator. In the event of serious misconduct by an employee, employment may be suspended, with or without pay, or the employee may be or immediately terminated.

Examples of serious offenses include, but are not limited to:

- Fighting
- Insubordination
- Timesheet violations
- Falsifying University records
- Sleeping on duty
- Dishonesty
- Stealing
- Breach of confidentiality
- Failing to comply with licensing or certification requirements
- Misuse of University credit card
- Reporting to work/working while under the influence or possession of intoxicants
- Job abandonment
- Possession of a weapon

7. Creighton University reserves the right to administer appropriate disciplinary action for all forms of inappropriate performance and/or conduct. No list of rules can include all instances of conduct resulting in disciplinary action. Sound judgment and common sense prevail.

**ADMINISTRATION AND INTERPRETATION:** Questions regarding this policy should be directed to the Human Resources Department.

**AMENDMENTS OR TERMINATION OF THIS POLICY:** Creighton University reserves the right to modify, amend, or terminate this policy at any time.
Policies and Procedures

SECTION: Administration

CHAPTER: Human Resources

POLICY: Pre-Employment Background Investigations

PURPOSE

The purpose of this policy is to provide the University with an additional tool for identifying candidates who will contribute to the health, safety and well being of our students, patients, visitors, faculty and staff, as well as the overall University environment. In addition, it will further assure compliance with state and federal laws.

SCOPE

This policy applies to all full- and part-time staff positions. All newly hired staff employees (external candidates) and current employees applying for a new position (internal candidates) will be subject to a background investigation. It should not be assumed that a thorough investigation was completed when a staff employee was originally hired or that information revealed in a previous background investigation has not changed. In addition, if adverse information is reported for a current Creighton staff employee (internal candidate) it may adversely impact his/her current employment.

POLICY

Background investigations will be conducted, via a contractual arrangement with an outside vendor once an official offer of employment has been extended. The actual commencement of employment will be contingent upon the results of the screening process.

Confidentiality: The handling of all records and subject information will be strictly confidential and revealed only to those required to have access. Any breach of confidentiality will be considered serious and appropriate disciplinary action will be taken.

The Human Resources Department will determine the investigations to be conducted based upon duties and responsibilities, autonomy levels, and amount of supervision provided the position. Investigations will include, but not be limited to, a combination of the following screenings:

- County Criminal Record Search (Required)
- Social Security Number Search (Required)
- Alias Name Search (Required)
- Found Protection Orders (Required)
- Found Wants and Warrants (Required)
- Residential History Search (Required)
- Office of the Inspector General (OIG) Cumulative Sanction Report (Required for all employees involved in Health Care.)
- Federal Criminal Record Search
- Credit Report
- Driving Record
- Education and/or License Verification
- Employment or Personal Reference Check
- Sex Offender Registry
PROCEDURES

During the candidate interview process, the hiring supervisor will:

♦ Secure a completed Background Investigation Acknowledgement and Authorization form, (a sample copy of this form is attached to this policy). Each interviewed candidate must complete and sign Section I of the Background Investigation Acknowledgement and Authorization form.

♦ Provide each candidate with a copy of the Background Investigation Acknowledgement and Authorization form, which describes the requested investigation(s).

When an offer of employment has been extended to a candidate, the hiring supervisor will:

♦ Verbally obtain the information to complete Section II of the Background Investigation Acknowledgement and Authorization form.

♦ Forward the completed Background Investigation Acknowledgement and Authorization form to the appropriate Human Resources representative for processing.

Employment will be conditional upon receipt of results.

Outcome of Background Investigation:

If the results indicate suitability for employment, a Human Resource representative will notify the hiring supervisor that the candidate may be contacted to coordinate a start date.

If the results indicate any adverse information:

A conviction for a felony or misdemeanor, by itself, does not disqualify a candidate from employment. Consideration will be given to:

- the number of convictions;
- the nature, seriousness and date(s) of occurrence of the violation(s);
- rehabilitation;
- relevance of crime committed in relation to position;
- state or federal requirements related to the position; and
- other evidence demonstrating an ability to perform the job competently and free from posing a threat to the health and safety of others.

The Employment/Recruitment staff and the Director of Human Resources will review the results of the background investigation in relation to the position under consideration. All known factors regarding the candidate will be considered. If the decision requires additional review, the Director of Human Resources will consult with the area Vice President and the General Counsel’s Office (if necessary).
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A) If a favorable decision is made to continue with the hiring process, a Human Resource representative will notify the hiring supervisor to proceed. The results of a background check will only be shared with a hiring supervisor if the Director of Human Resources determines it is necessary.

B) If it is determined that the applicant is ineligible for the position, the Human Resources Department will notify the hiring supervisor that the hiring decision is "on hold" pending notification of the candidate regarding the results.

The Notification Process:

A Human Resources representative will notify the candidate via an Adverse Letter of Notification, informing him/her of the results of the background check (a sample copy of this letter is attached to this policy). According to the Fair Credit Reporting Act, the Human Resources Department will provide a copy of the report only if employment is denied based on the results of the background investigation. The Adverse Letter of Notification will also include instructions for contesting this information in accord with the procedures of the vendor.

The Human Resources Department will provide the candidate with:

- A copy of the Background Check
- A copy of Your Rights Under the Fair Credit Reporting Act
- A copy of the name and telephone number of the vendor

Disputing the Background Check report:

A) A candidate is allowed seven business days from the date on the Adverse Letter of Notification, to contact a Human Resources representative to discuss what information in the report caused ineligibility for hire.

AND

B) **The candidate must contact the vendor directly within seven business days from the date on the Adverse Letter of Notification.** (Failure to complete steps A and B will result in automatic disqualification from the hiring process.)

C) The vendor is required to investigate the disputed information within ten business days from the date on the complaint.

Until a final decision is made, the individual will not be allowed to begin employment and the position will not be filled by another candidate.
Once the reinvestigation of disputed information has been completed:

The ultimate determination regarding the candidate’s suitability for employment will be made by the applicable Vice President, in consultation with the Director of Human Resources, and based upon final background investigation results.

It will be at the discretion of the applicable Vice President and the Human Resources Director to determine if any background check results will be disseminated to the hiring supervisor.

**Note:** The outside vendor conducting the background investigation is not responsible for the decision to hire or not hire. Once a final decision is made, a Human Resources representative will notify the candidate.

Any identified misrepresentation, falsification, or material omission of information from the employment application/resume discovered during the selection process or after hire, may exclude the candidate (external or internal) from consideration for the position, or result in withdrawal of an offer of employment, or immediate termination.

Creighton University reserves the right to conduct a background investigation when an employee is charged with any crime that reflects on his/her suitability for continued employment. Background investigations may also be initiated as a result of an internal administrative investigation.

**ADMINISTRATION AND INTERPRETATIONS**

Questions about this policy can be directed to the Director of Human Resources. In addition, the General Counsel’s Office and Compliance Officer for the Health Sciences Schools may also be a helpful resource.

**AMENDMENTS OR TERMINATION OF THIS POLICY**

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
**** DRAFT ****

Background Investigation Acknowledgement and Authorization

In connection with my application for employment, I understand that a background investigation will be conducted which will include, but may not be limited to, a combination of the following screenings:

- County Criminal Record Search (Required)
- Alias Name Search (Required)
- Found Wants and Warrants (Required)
- Found Protection Orders (Required)
- Residential History Search (Required)
- Social Security Number Search (Required)
- Federal Criminal Record Search (Required)
- Credit Report
- Driving Record
- Education and/or License Verification
- Employment or Personal Reference Check
- Sex Offender Registry

Office of the Inspector General (OIG) Cumulative Sanction Report (Required for all employees involved in Health Care)

My signature below indicates I have received a copy of this form and I authorize Creighton University to conduct the required background investigation used in connection with consideration of my application for employment. I release Creighton University and its partners, officers, directors, agents, employees, affiliates, and its agent Vendor from any and all liability for any damages which may arise from or relate to any consumer report and/or investigative consumer report and/or other background investigation requested, obtained or used by Creighton University with my application for employment. **Special note to internal candidates (current employees): The result of this investigation may adversely impact your current employment with the University.**

Section I (Candidate): (Please Print)

Name:

Last
First
Middle

Other Names Used:

Current Address:

Street
City
State
Zip Code

Prior Address:

Street
City
State
Zip Code

I understand that if adverse information is revealed, I will be notified in writing by the Human Resources Department. I will have seven business days, from the date on the written notice, to contact the Human Resources Department to discuss the adverse information. I further understand that I must also notify Vendor to contest the results of the background check within seven business days from the date of the written notice to me. Failure to complete any part of this process in described time frames will automatically result in disqualification from the hiring process.

Signature:_________________________ Date:_________________________

Section II (Final Candidate): (To be completed by Hiring Supervisor)

Date of Birth (Month, Day, Year) Gender Social Security Number

Driver’s License Number and State of Issuance (Only if position requires driving record check)
Adverse Letter Sample

**** DRAFT ****

Name
Address
City, State, Zip

Dear :

As authorized in the employment application process, Creighton University contracted with ___Vendor____ to complete a pre-employment background investigation. The purpose of this letter is to inform you that there is information in the results of the report which, if accurate, would prevent us from offering you employment at this time. A copy of the report is enclosed.

If, after reviewing the report, you believe the information in the report is inaccurate and/or you want to know what information in the report made you ineligible for hire, please contact me directly within seven business days from the date of this letter at (402)280-xxxx. If you do not respond, it will be assumed that you no longer wish to pursue employment with Creighton University.

Also enclosed is a description of your rights under the Fair Credit Reporting Act (F.C.R.A.). It is important to note that although _____Vendor__________ is not responsible for the decision to hire or not hire, according to the law, you have the right to dispute any information in this report directly with the Vendor. You are responsible for providing notification to _____Vendor__________ if the information reported to Creighton University is believed to be inaccurate or incomplete within seven business days from the date on this notice. _____Vendor_________ is then required to re-verify the information within ten business days from the date on your complaint. If the information is found to be inaccurate, incomplete, or cannot be verified; _____Vendor________ will promptly modify the report and notify Creighton’s Human Resources representatives.

To contact _____Vendor________, you may write or call:  

_____Vendor____  
P.O. Box 1234  
Omaha, NE  00000  
(402) 000-0000

Sincerely,

HR Representative
Human Resources Department
Creighton University

Enclosure:  Background Report
### Purpose

To define procedures for requesting new construction or renovation/remodeling projects.

### Policy

Requests for all facility work shall be forwarded to the University Plant Office. If an outside Architect/Engineer is required for a project they shall be retained by the University Plant Office. No design, construction, or repair for Creighton University shall be initiated by anyone other than University Plant personnel.

### Procedure

1. Forward a written request to the University Plant Office. Provide as much information as possible. Plant personnel may require a meeting or on-site visit.

2. A Project Endorsement Form with a preliminary estimate will be prepared by the University Plant Office. The Project Endorsement Form will be provided to the requesting department for use in obtaining approval.

3. When an approved Endorsement Form is received by the Plant, the work will be scheduled in coordination with the requestor.
### PURPOSE

The purpose of an Energy Conservation Program is to establish recognition and understanding of energy saving policies and techniques used by the University on a day-to-day basis.

The objectives of this Energy Conservation Program are to:
- Establish guidelines for the proper management of our energy resources: domestic water, steam, chilled water and electricity.
- Control the waste of natural resources.
- Maintain the most comfortable and safest environmental conditions in University buildings at the lowest cost.
- Provide education to faculty, staff, and students in the day-to-day practice of energy conservation.

### POLICY

The following are temperature set points for different space needs:

<table>
<thead>
<tr>
<th>Space</th>
<th>SUMMER</th>
<th>WINTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Space:</td>
<td>74°F</td>
<td>70°F</td>
</tr>
<tr>
<td>Classrooms:</td>
<td>74°F</td>
<td>68°F</td>
</tr>
<tr>
<td>Living Quarters</td>
<td>74°F</td>
<td>70°F</td>
</tr>
<tr>
<td>Laboratories</td>
<td>74°F</td>
<td>68°F</td>
</tr>
</tbody>
</table>

Exceptions:

Facilities Management is aware that there are areas in some of the buildings that require special consideration with regard to heating, air conditioning, humidification and dehumidification. These needs will be addressed on a case-by-case basis. Further, in the event of humidity control during the summer, it may be more economical to lower cooling temperatures in lieu of using a heat source to warm the dry air up to the temperature set point.

To request an exception, complete the Temperature Change Request Form and send it to the Superintendent of Operations, Facilities Management, for review. The review will be completed in ten (10) working days and a response will be provided to the individual submitting the request.
Policies and Procedures

SECTION: Administration

CHAPTER: Facilities

POLICY: Energy Conservation

SCOPE

METHODS OF ENERGY CONSERVATION

Energy conservation is the responsibility of all employees of the University.

Practices to be implemented by faculty, staff, and students:

- Turn off all lighting in unoccupied areas (even for brief periods).
- Turn off office machines and computers when leaving an office unoccupied for more than an hour.
- Do not prop open doors leading to the outside of buildings. Open doors and windows in the winter can cause freeze-ups in radiators near windows and result in broken water pipes.
- Building occupants are encouraged to participate in Energy Siesta.
- Do not open windows during the heating season. Note: Open windows and doors send erroneous information to the thermostats causing excess energy use.
- Electric space heaters use a lot of electricity as well as being a fire hazard. If an area is cold, notify Facilities Management of the intent to buy a space heater so efforts to identify and correct the problem can be exhausted. Only Facilities Management approved and issued space heaters are to be used.
- All University departments are required to submit a yearly occupancy schedule for their area.
- Report any obvious malfunctions or abuses of energy on the campus to Facilities Management.

Practices to be implemented by Facilities Management:

- Manage the day-to-day operations of the University’s buildings and grounds.
- Maintain and repair all University HVAC equipment.
- Maintain a close watch on the development of new technologies industry-wide to help the campus achieve the best possible results. Promote and participate in conservation programs developed and coordinated by the Energy Awareness Committee.
- Comply with procedures for the purchase and installation of lab equipment that meets reasonable energy usage requirement. The Purchasing Department will review requests for new appliances with Facilities Management identifying the impact of the purchase on the building or space environments.
### Policies and Procedures

<table>
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<td>CHAPTER: Facilities</td>
<td>ISSUED:</td>
<td>REV. A</td>
</tr>
<tr>
<td>POLICY: Energy Conservation</td>
<td>5/8/81</td>
<td>7/18/94</td>
</tr>
</tbody>
</table>

- Promote and celebrate Earth Day annually through activities by the Energy Awareness Committee and other groups.
- Comply with code and regulations which dictate methods and means of energy conservation.
- Develop and implement load shedding opportunities to shut down equipment to reduce peak demand of energy.
- Encourage use of renewable energy consumption such as solar power and wind power.
- Design all new buildings and space remodel projects with products and systems that minimize energy consumption. Examples include, use of motion detectors for light switches and use of window covering as an insulator or a means of passive solar heat gain.
- Encourage substantial reduction of heating temperatures and cooling temperatures during times when the University is closed for business. Individuals who work outside of the normal office hours may be subjected to uncomfortable temperatures as a result of the reduction.
- Maintain the appropriate space temperature for all building areas.
- Accomplish preventive maintenance designed to insure that all University energy consuming equipment operates efficiently and within its capability.
- Operate a computerized energy management system to insure the most economical use of heating and cooling equipment while also maintaining reasonable environmental conditions.
Temperature Change Request Form

Name: _______________________________ Phone: _______________________________

Department: __________________________ E-mail: _______________________________

Room #: ______________________________

Temperature Set Points:

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office space</td>
<td>74°</td>
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<td>70°</td>
</tr>
<tr>
<td>Laboratories</td>
<td>74°</td>
<td>68°</td>
</tr>
</tbody>
</table>

Please complete all information.

1. The temperature requested other than listed above: _____________.

2. Is this due to a medical condition? Yes _____   No ______
   If yes, please provide a letter from your physician.

3. If this request is due to special equipment needs (lab, computer, etc.) or any other reason unrelated to a medical condition, please provide a clear and concise explanation of the need in the space below. Include any available manufacturer’s literature or other supporting documents with your submission.

This request must be approved by your department chair and either your Dean or Vice President.

________________________________________________________________________

Dept. Chair                        Date

________________________________________________________________________

Dean/Vice President             Date

Forward to Facilities Management with all documentation. Failure to obtain the appropriate signatures or submit a complete application will delay the review.
Policies and Procedures

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires systems administrators of systems that store, access, transmit, manipulate, input, or output Protected Health Information conduct a regular, accurate, and thorough assessment of the risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI. An assessment must be conducted before a new system goes into production or as material changes are made to existing systems.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Systems Administrators are responsible for adhering to this policy.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.
### Policies and Procedures

<table>
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<tr>
<th>POLICY:</th>
<th>PAGE 2 OF 2</th>
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<td>Risk Analysis Policy</td>
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**AMENDMENT/Termination of This Policy**

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

**References to Applicable Policies**


**Exceptions**

None

**Violations/Enforcement**

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to [infosec@creighton.edu](mailto:infosec@creighton.edu).

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University (CU).

POLICY

Creighton University must conduct a risk analysis and implement security measures and safeguards for each system to reduce risks and vulnerabilities to a reasonable and appropriate level. Creighton University must also regularly evaluate these measures and safeguards to ensure their effectiveness.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Security Measures and Safeguards
Processes or procedures conducted to reduce risk.

RESPONSIBILITIES

Systems Administrators are responsible for adhering to this policy by managing the risk management process.
**Policies and Procedures**

**SECTION:** Administration  
**CHAP.** Information Technology  
**POLICY:** Risk Management Policy  

Information Security Officer has the responsibility to ensure that appropriate risk analysis covering at a minimal all ePHI are performed at a frequency of at least once a year. Approve risk mitigation plans, risk prioritization, and the elimination or minimization of risks. Facilitate timely actions, decisions and remediation activities.

**ADMINISTRATION AND INTERPRETATIONS**

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

**AMENDMENT/TERMINATION OF THIS POLICY**

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

**REFERENCES TO APPLICABLE POLICIES**


**EXCEPTIONS**

None

**VIOLATIONS/ENFORCEMENT**

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.


Policies and Procedures

SECTION: Administration  NO. 2.4.3.

CHAPTER: Information Technology  ISSUED: 4/7/06  REV. A  REV. B

POLICY: Sanction Policy  PAGE 1 OF 3

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information.

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University (CU).

POLICY

Creighton University will appropriately discipline employees and other workforce members for any violation of security policy or procedure to a degree appropriate for the gravity of the violation. These sanctions include, but are not limited to, re-training, verbal and written warnings and other disciplinary action in accordance with University procedures.

In addition, workforce members who knowingly and willfully violate state or federal law for improper use or disclosure of an individual’s information are subject to criminal investigation and prosecution or civil monetary penalties.

Creighton University will investigate any security incidents or violations and mitigate to the extent possible any negative effects that the incident may have had in a timely manner.

Creighton University and its workforce members will not intimidate or retaliate against any workforce member or individual that reports the incident.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.
### Security Incident
A breach that leads to the actual, potential, or appearance of a violation of the confidentiality, integrity, or availability of ePHI.

### Workforce Member
Any Staff, Faculty, Student, or designated 3rd party resource that works with ePHI

### RESPONSIBILITIES

All individuals identified in the scope of this policy are responsible for compliance with any sanction that is applied to them under this policy

Information Security Officer is responsible for reviewing reported security incidents and violations of security policy and levying, based on the gravity of the breach, appropriate sanctions upon the workforce member

### ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

### AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

### REFERENCES TO APPLICABLE POLICIES


### EXCEPTIONS

None
VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University will clearly identify all critical systems that process ePHI. Creighton University will implement security procedures to regularly review the records of information system activity on all such critical systems that process ePHI.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Systems Administrators are responsible for clearly identifying the systems that must be reviewed, the information on these systems that must be reviewed, the types of access reports that are to be generated, the security incident tracking reports that are to be generated to analyze security violations, and the individual(s) responsible for reviewing all logs and reports.

Information Security Officer is responsible for verifying that a review process has been implemented in an effective manner.
ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires the implementation of security safeguards to ensure that all members of the workforce who have access to ePHI, including operations and maintenance employees:

- Need the access they have
- Have the access they need
- Understand the limits of access to ePHI
- Understand how to authenticate themselves to the system or application

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Security Safeguards
Documented processes or procedures designed to reduce risk.
Policies and Procedures

Workforce Member
Any Staff, Faculty, Student, or designated 3rd party resource that works with ePHI

RESPONSIBILITIES

Systems Administrators are responsible for developing and implementing written security safeguards to ensure electronic access to ePHI is properly granted.

Information Security Office is responsible for ensuring all systems that that collect, maintain, use or transmit ePHI have security safeguards implemented to regulate electronic access.

Network users are responsible for adhering to the standards outlined in this policy when using Creighton University’s computers or network.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None
### Policies and Procedures

<table>
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<td>Authorization Policy</td>
<td>4/7/06</td>
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</tbody>
</table>

**VIOLATIONS/ENFORCEMENT**

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
**PURPOSE**

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

**SCOPE**

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

**POLICY**

Creighton University requires the development and implementation of procedures to ensure that the ePHI access of its workforce members is appropriate when granted and continues to be appropriate on an on-going basis. Creighton requires documentation detailing each Workforce member’s current role and responsibilities and the ePHI access required for such role and responsibilities.

**DEFINITIONS**

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

**Workforce Member**
Any Staff, Faculty, Student, or designated 3rd party resource that works with ePHI
RESPONSIBILITIES

Systems Administrators or their designee is required to develop and implement written procedures to adhere to this policy.

Information Security Officer is responsible for periodic verification that such processes or procedures have been implemented for each system that collects, maintains, uses or transmits ePHI.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

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Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

If a workforce member’s employment is terminated or a workforce member leaves the University, the workforce member’s supervisor or manager must immediately notify Human Resources and ensure that all system or application accounts with access to ePHI are terminated.

DEFINITIONS

Workforce Member
Any Staff, Faculty, Student, or designated 3rd party resource that works with ePHI

Supervisor / Manager
Person responsible for directing the work assignments of a workforce member.

RESPONSIBILITIES

Workforce Supervisors / Managers are responsible for ensuring that Human Resources and System/Application Administrators are notified when a workforce member is terminated or leaves the University.

Systems Administrator is responsible for removing, in a timely manner, access for any person who no longer has a need to access such information.
ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Access Authorization Policy

ISSUED: 4/7/06

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

System Administrators who are responsible for systems that collect, maintain, use or transmit ePHI will grant access to system users following a formal request made by the supervisor of the specific user and/or data owner. Access to the system(s) will be limited to specific, defined, documented and approved applications and levels of access rights.

DEFINITIONS

Protected Health Information (PHI)
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Data Owner
The individual responsible for the policy and practice decisions of data.

RESPONSIBILITIES

System Users are responsible for adhering to the standards outlined in this policy when using Creighton University’s Systems that contain e-PHI.

System Administrators are responsible for granting the appropriate access to users requesting access and for requiring authorization from supervisors/data owners before granting access.
Supervisors are responsible for requesting access from the appropriate system administrator for the users that they supervise.

Information Security Officer is responsible for verifying that the established access authorization controls are sufficient for each system and application that maintains ePHI and that the process has been implemented in an effective manner.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration  
CHAPTER: Information Technology  
POLICY: Access Establishment Policy

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires the creation and maintenance of access control related capabilities to ensure that access is limited to approved rights.

A regular review shall be conducted to ensure that access rights for each individual or entity are consistent with established policies and job roles and functions.

Access control related capabilities shall be utilized to ensure that status changes such as termination or change in job role are reflected in rights granted to individuals or entities.

DEFINITIONS

Protected Health Information (PHI)
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Access control related capabilities
Documented manual or technical procedures for determining that access rights granted to individuals with access to ePHI remain relevant and accurate.
## RESPONSIBILITIES

**System Users** are responsible for adhering to the standards outlined in this policy when using Creighton University’s Systems that contain e-PHI.

**System Administrators** are responsible for granting the appropriate access to users requesting access and for requiring authorization from supervisors before granting access. Systems administrators are also responsible for conducting periodic reviews to ensure that access rights for each individual or entity are consistent with established policies and job roles and functions.

**Supervisors** are responsible for requesting access from the appropriate system administrator for the users that they supervise.

**Information Security Officer** is responsible for verifying that access controls are sufficient for each system and application that maintains ePHI and that a review process has been implemented in an effective manner.

## ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

## AMENDMENT/Termination of This Policy

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

## REFERENCES TO APPLICABLE POLICIES


##Exceptions

None
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Access Establishment Policy

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Security Reminder Policy

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University will provide HIPAA training to all individuals who access protected health information. Training will be conducted regularly and will include regular security reminders regarding changes to Creighton security policies, new vulnerabilities and viruses, and new or updated federal regulations.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Information Security Officer is responsible for the development of training material and reminders.

Department Administrators are responsible for ensuring all employees, students, staff, faculty, etc. who have access to protected health information are notified and attend or pass HIPAA training.
### ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

### AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

### REFERENCES TO APPLICABLE POLICIES


### EXCEPTIONS

None

### VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to [infosec@creighton.edu](mailto:infosec@creighton.edu).

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Malicious Software Policy

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires any and all systems that store, access, transmit, manipulate, input, or output Protected Health Information must have a mechanism to isolate PHI from malicious software infection. This includes Creighton owned and non-Creighton owned computers.

DEFINITIONS

Malicious software
Software developed for the purpose of doing harm, examples may include viruses, worms, Trojan horse programs, spyware, any program that adversely consumes a disproportionate amount of bandwidth, etc.

Protected Health Information (PHI)
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Individuals accessing PHI are responsible for adhering to this and other Creighton University policies.
**Policies and Procedures**

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Administrator of systems containing PHI are responsible for notifying the HIPAA Security Officer if malicious software has been identified and is a potential threat to other systems or networks.

Administrator of systems containing PHI are responsible for ensuring that any system that has been infected by malicious software is immediately cleaned and properly secured or isolated from the rest of the network.

**ADMINISTRATION AND INTERPRETATIONS**

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

**AMENDMENT/TERMINATION OF THIS POLICY**

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

**REFERENCES TO APPLICABLE POLICIES**


**EXCEPTIONS**

None

**VIOLATIONS/ENFORCEMENT**

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to [infosec@creighton.edu](mailto:infosec@creighton.edu).

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

To ensure that access to servers, workstations, and other computer systems containing PHI is appropriately secured; Creighton University will configure all critical components that process, store or transmit ePHI to record log-in attempts – both successful and unsuccessful – as well as automatic lock out and reporting after 3 failed attempts.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Log-in Monitoring
The process of logging or recording all successful and unsuccessful log-in attempts in order to monitor or hacking or other inappropriate activity.

Automatic Lock Out
The process of locking an account after a predetermined number of unsuccessful login attempts.
RESPONSIBILITIES

Network users are responsible for understanding and consenting to Creighton University’s use of tools and processes to monitor system activity.

Administrators of systems that maintain PHI are responsible for ensuring the policies statements detailed above are implemented on all systems that store, transmit, or maintain PHI.

ADMINISTRATION AND INTERPRETATIONS
This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY
The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES

EXCEPTIONS
None

VIOLATIONS/ENFORCEMENT
Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

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PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires that passwords created and used to access, transmit, receive, or store PHI are properly safeguarded. Proper safeguards include:

- Passwords used to access, transmit, receive, or store PHI must be of sufficient complexity to ensure that it is not easily guessable.
- All passwords must be changed at least every 90 days.
- User accounts that have system-level privileges should not be the same account used by administrators for every day activities.
- Systems that authenticate must require passwords of users and must block access to accounts if more than three unsuccessful attempts are made.
- Passwords must never be revealed over the phone to ANYONE.
- Passwords must never be revealed in an e-mail message.
- Passwords must never be revealed on questionnaires or security forms.
- User accounts that have system-level privileges must have a unique password from all other accounts held by that user.
- Passwords must not be disclosed to other workforce members or individuals.
- Workforce members must not allow other workforce members or individuals to use their password.
- Passwords must not be written down, posted, or exposed in an insecure manner such as on a notepad or posted on the workstation.
**Policies and Procedures**

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**DEFINITIONS**

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

**System-Level Privileges**
An account that has powers within the computer system, which are significantly greater than those available to the majority of users. Such accounts will include, for example, the system administrator(s) and Network administrator(s) who are responsible for keeping the system available and may need powers to create new user profiles as well as add to or amend the powers and access rights of existing users.

**RESPONSIBILITIES**

**Administrators of systems that maintain PHI** are responsible for ensuring that passwords set by workforce members meet a minimum level of complexity.

**Individuals who access PHI** are responsible for choosing passwords that adhere to the password procedures defined by the system administrator.

**Information Security Officer** is responsible for validating that all systems that collect, maintain, use or transmit ePHI adhere to this policy.

**ADMINISTRATION AND INTERPRETATIONS**

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

**AMENDMENT/TERMINATION OF THIS POLICY**

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.
References to Applicable Policies


Exceptions

None

Violations/Enforcement

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

All incidents, threats, or violations that affect or may affect the confidentiality, integrity, or availability of ePHI must be reported in accordance to the procedures defined in Creighton’s Security Incidents Response Procedures.

DEFINITIONS

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

**Administrators of systems that maintain PHI** are responsible for reporting all known or suspected security incidents in accordance to the Security Incident Response Procedures.

**Individuals who access PHI** are responsible for reporting all known or suspected security incidents in accordance to the Security Incident Response Procedures.
AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
**Policies and Procedures**

**SECTION:** Administration

**CHAPTER:** Information Technology

**POLICY:** Data Backup Policy

**PURPOSE**

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to its response to an emergency or other occurrence that damages systems that contain electronic protected health information (ePHI).


**SCOPE**

The scope of this Policy contains procedures regarding a contingency plan that shall be developed and implemented in the event of an emergency, disaster or other occurrence (i.e. fire, vandalism, system failure and natural disaster) when any system that contains electronic protected health information (ePHI) is affected, including data backup, disaster recovery planning and emergency mode operation plan. This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

**POLICY**

Creighton University requires each system that collects, maintains, uses or transmits ePHI have a documented data backup plan to create, maintain, and recover exact copies of all ePHI.

The Data Backup Plan must require that all media used for backing up ePHI be stored physically in a secure environment, such as a protected, off-site storage facility. If an off-site storage facility or backup service is used, a written contract or agreement must be used to ensure that the vendor will safeguard the ePHI in an appropriate manner. If backup media remains on-site, it must be stored physically in a secure location other than the location of the backed up computer systems.

Data backup procedures detailed in the Data Backup Plan must be tested on a periodic basis to ensure that exact copies of ePHI can be recovered and made available.
DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Network administrators are responsible for adhering to the standards outlined in this policy when administering Creighton University’s computers or network.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Data Backup Policy

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to its response to an emergency or other occurrence that damages systems that contain electronic protected health information (ePHI).

SCOPE

The scope of this policy contains procedures regarding a contingency plan that shall be developed and implemented in the event of an emergency, disaster or other occurrence (i.e. fire, vandalism, system failure and natural disaster) when any system that contains electronic protected health information (ePHI) is affected, including data backup, disaster recovery planning and emergency mode operation plan. This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires each system that collects, maintains, uses or transmits ePHI have a documented disaster recovery plan developed and implemented to ensure recoverability from the loss of data due to an emergency or disaster such as fire, vandalism, terrorism, system failure, or natural disaster.

The Disaster Recovery Plan must include procedures to restore or recover any loss of ePHI due to an emergency or disaster from data backups and the systems needed to make that ePHI available in a timely manner.

The Disaster Recovery Plan must include procedures to log system outages, failures, and data loss to critical systems, and procedures to train the appropriate personnel to implement the disaster recovery plan.

The Disaster Recovery Plan must be documented and easily available to the necessary trained personnel at all time to implement the Disaster Recovery Plan.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.
**Policies and Procedures**

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**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

**Disaster Recovery Plan**
A documented process for recovering from a system outage in an organized and repeatable manner.

**RESPONSIBILITIES**

Network administrators are responsible for the creation, maintenance, and implementation of the disaster recovery plan for each system that collects, maintains, uses or transmits ePHI.

Information Security Officer is responsible for ensuring each system that collects, maintains, uses or transmits ePHI has a documented disaster recovery plan that is tested periodically.

**ADMINISTRATION AND INTERPRETATIONS**

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

**AMENDMENT/TERMINATION OF THIS POLICY**

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

**REFERENCES TO APPLICABLE POLICIES**


**EXCEPTIONS**

None
### Policies and Procedures

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<tr>
<th>POLICY:</th>
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<td>Disaster Recovery Policy</td>
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### VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to its response to an emergency or other occurrence that damages systems that contain electronic protected health information (ePHI).

SCOPE

The scope of this Policy contains procedures regarding a contingency plan that shall be developed and implemented in the event of an emergency, disaster or other occurrence (i.e. fire, vandalism, system failure and natural disaster) when any system that contains electronic protected health information (ePHI) is affected, including data backup, disaster recovery planning and emergency mode operation plan. This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires that an Emergency Mode Operation Plan be developed and implemented to enable continuation of critical business processes and to protect the security of ePHI while operating in emergency mode.

Emergency mode operation procedures detailed in the Emergency Mode Operation Plan must be tested on a periodic basis to ensure that critical business processes can continue in a satisfactory manner while operating in emergency mode.

DEFINITIONS

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.
Emergency Mode of Operation Plan
Procedures to enable continuation of critical business processes for protection of the security of ePHI while operating in an emergency mode.

RESPONSIBILITIES

Network administrators are responsible for the creation, maintenance, and implementation of the disaster recovery plan for each system that collects, maintains, uses or transmits ePHI.

Information Security Officer is responsible for ensuring each system that collects, maintains, uses or transmits ePHI has a documented disaster recovery plan that is tested periodically.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None
VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Testing and Revision Policy

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to its response to an emergency or other occurrence that damages systems that contain electronic protected health information (ePHI).

SCOPE

The scope of this Policy contains procedures regarding a contingency plan that shall be developed and implemented in the event of an emergency, disaster or other occurrence (i.e. fire, vandalism, system failure and natural disaster) when any system that contains electronic protected health information (ePHI) is affected, including data backup, disaster recovery planning and emergency mode operation plan. This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires testing procedures be developed for the data backup, disaster recovery, and emergency mode operations plan. These plans must be tested on a periodic basis to ensure that critical business processes can continue in a satisfactory manner, with or without the availability of the primary delivery method. Revisions to plans described based on changes due to systems design, policy changes (internal or external), or testing results will be documented and submitted.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Data Backup Plan
A documented process for ensuring the security and reliability of data backups.
Testing and Revision Policy

Disaster Recovery Plan
A documented process for recovering from a system outage in an organized and repeatable manner.

Emergency Mode of Operation Plan
Procedures to enable continuation of critical business processes for protection of the security of ePHI while operating in an emergency mode.

RESPONSIBILITIES

Network administrators are responsible for the creation, maintenance, and implementation of the testing and revision plan for each system that collects, maintains, uses or transmits ePHI.

Information Security Officer is responsible for ensuring each system that collects, maintains, uses or transmits ePHI has a documented testing and revision plan.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None
VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Evaluation Policy

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future.

This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University will evaluate the technical and non-technical implementations of its Security Policies and procedures. This evaluation will be completed on an “as needed” basis, but not less than once a year. The purpose of this evaluation will be to determine the effectiveness of the Policies as well as to ensure compliance with state and federal regulations such as HIPAA.

This evaluation will occur annually, as well as when any of the following events occur:

- There is a change to any state or federal regulation that may affect the Security Policies
- There is a new state or federal regulation that may affect the Security Policies
- There has been a significant breach of security or other security incident within Creighton
- Any other time the Security Officer feels there is a need to evaluate the Security Policies

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.
Policies and Procedures

SECTION: Administration

CHPATER: Information Technology

POLICY: Evaluation Policy

Evaluation
An audit of the effectiveness and adherence to Creighton University policies and procedures.

RESPONSIBILITIES

Information Security Office is responsible for determining when an evaluation needs to be conducted and is responsible for overseeing the execution of the evaluation.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires all Business Associate contracts and other arrangements be modified with Addendums or revised for compliance with the HIPAA Security Rule.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Business Associate
An individual or entity that receives protected health information (PHI) from a covered entity, such as a medical practice, so that the business associate may perform services or functions, or assist in the performance of services or functions, on behalf of the covered entity. An employee of the covered entity or a member of the covered entity's own workforce is not considered a business associate but an independent contractor is.

Business Associate Agreement
A written contract, or other arrangement, that documents satisfactory assurances that a business associate will appropriately safeguard the PHI information in order to disclose PHI to the business associate.
RESPONSIBILITIES

Creighton workforce members who enter into agreements with business associates are responsible for ensuring appropriate Business Associate Agreements are used.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
**Policies and Procedures**

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<tr>
<td>CHAPTER: Information Technology</td>
<td>ISSUED: 4/7/06</td>
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**POLICY:** Contingency Operations Policy

**PURPOSE**

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

Specifically HIPAA Security Rule section 164.310(a)(2)(i).

**SCOPE**

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

**POLICY**

Creighton University requires the creation of procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency.

**DEFINITIONS**

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

**RESPONSIBILITIES**

Systems Administrators with physical control of systems that maintain ePHI are responsible for the creation of contingency operations procedures.

Information Security Officer is responsible for determining where contingency operations procedures are necessary and making sure they are maintained.
ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires the development of a Facility Security Plan with the objective of safeguarding facilities and premises that house systems that maintain ePHI, from unauthorized physical access, tampering or theft including the equipment present in all such facilities.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Systems Administrators with physical control of systems that maintain ePHI are responsible for the creation of a facility security plan.

Information Security Officer is responsible for determining where facility security plans are necessary and making sure they are maintained.
**Policies and Procedures**

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<td>CHAPTER: Information Technology</td>
<td>ISSUED:</td>
<td>4/7/06</td>
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<tr>
<td>POLICY: Facility Security Policy</td>
<td>REV. A</td>
<td>REV. B</td>
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**ADMINISTRATION AND INTERPRETATIONS**

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

**AMENDMENT/TERMINATION OF THIS POLICY**

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

**REFERENCES TO APPLICABLE POLICIES**


**EXCEPTIONS**

None

**VIOLATIONS/ENFORCEMENT**

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University will control access to its information assets and systems. Only individuals that have been formally authorized to view or change sensitive information will be granted access to that information.

The fundamental principal of “need to know” will be applied within Creighton University to determine access privileges. Access to ePHI will be granted only if that individual has a legitimate need for the information. Reasonable efforts will be made to limit the amount of information to the minimum necessary needed to accomplish the intended purpose of the use, disclosure, or request.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Systems Administrators are responsible for determining who needs physical access to the systems that maintain, transmit, or process ePHI.

Information Security Officer is responsible for validating the University’s adherence to this policy.
**Policies and Procedures**

**SECTION:** Administration  
**NO.:** 2.4.23.

**CHAPTER:** Information Technology  
**ISSUED:** 4/7/06  
**REV. A**  
**REV. B**

**POLICY:** Access Control Policy  
**PAGE 2 OF 2**

**ADMINISTRATION AND INTERPRETATIONS**

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

**AMENDMENT/TERMINATION OF THIS POLICY**

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

**REFERENCES TO APPLICABLE POLICIES**


**EXCEPTIONS**

None

**VIOLATIONS/ENFORCEMENT**

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to [infosec@creighton.edu](mailto:infosec@creighton.edu).

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
**Policies and Procedures**

**SECTION:** Administration  
**NO.** 2.4.24.

**CHAPTER:** Information Technology  
**ISSUED:** 4/7/06  
**REV. A**  
**REV. B**

**POLICY:** Maintenance Record Policy  
**PAGE 1 OF 2**

**PURPOSE**

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

**SCOPE**

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

**POLICY**

Distributed systems administrators will identify the physical components that are essential to security. These systems administrators must oversee any security-relevant physical modifications. A maintenance record must be created for each modification made to the physical site, facility or building. Such information must be securely stored.

**DEFINITIONS**

**Protected Health Information**  
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**  
Individually identifiable health information transmitted or maintained in electronic form.

**RESPONSIBILITIES**

**Systems Administrators with physical control of systems that maintain ePHI** are responsible for the adherence to this policy.

**Information Security Officer** is responsible for validating the University’s adherence to this policy.
ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this document is to establish and promote the ethical, legal, and secure use of computing and electronic communications for all members of the Creighton University (referred to in the document as either CU or the University) community. This document will be incorporated by reference into the CU Student Handbook, the Handbook for Faculty and the Employee Handbook, and is meant to establish our community policy for FAIR, RESPONSIBLE AND ACCEPTABLE USE OF ELECTRONIC RESOURCES.

Creighton University supports freedom of expression, the diversity of values and perspectives inherent in an academic institution, and the value of privacy for all members of the CU community. For these reasons, among others, the ultimate privacy of messages and files cannot be ensured, and no user should have an expectation of privacy in information communicated or stored on the electronic resources. In addition, system failures may lead to loss of data, so users should not assume that their messages and files are secure.

While CU does not position itself as a censor, it reserves the right to limit access to its networks or to remove material stored or posted on campus computers when applicable CU policies, contractual obligations, or state or federal laws may be violated. Alleged violations will be accorded the same treatment as any other alleged violation of CU policy, contractual obligations, or state or federal laws.

SCOPE

This policy applies to all users of electronic resources owned or managed by Creighton University, including, but not limited to, CU faculty and visiting faculty, staff, students, external persons or organizations and individuals using CU resources to access network services, such as the Internet and Intranet.

POLICY

Introduction

Creighton University (CU) values technology as a means of communicating information and ideas to the CU community and the world. In keeping with Creighton’s commitment to utilize technology in teaching and learning, this policy provides direction in the appropriate use of all forms of electronic resources on campus. This document articulates Creighton University Policy on Fair, Responsible and Acceptable Use of Electronic Resources, provides examples of violations and outlines procedures for reporting, and addressing policy violations.
**General Restrictions and Disclaimers**

While the use of CU electronic resources may be a requirement for coursework and work, access and use may be restricted or revoked in cases of misuse or abuse. CU reserves the right to limit access to its electronic resources when applicable CU policies, state and/or federal laws or contractual obligations may be violated. CU does not, as a rule, monitor the content of materials transported over its network or information posted on CU-owned computers and networks, but reserves the right to do so. Although Creighton University does not typically block access to online content, it reserves the right to do so in the exercise of its reasonable discretion. CU may find it necessary to access and disclose information from computer, network and telephone users’ accounts for a variety of reasons, including but not limited to when it appears necessary to protect the security of the University’s electronic resources, to protect the University from liability, to uphold contractual obligations or other applicable CU policies, to diagnose and correct technical problems, or when it is required or permitted by law. CU provides reasonable security against intrusion and damage to files stored on the central computing facilities, but does not guarantee that its computer systems are secure. No user should have an expectation of privacy in information communicated or stored on the electronic resources. The University may find it necessary to view electronic data and it may be required by law to allow third parties to do so. CU may not be held accountable for unauthorized access by other users, nor can Creighton University guarantee protection against media failure, fire, floods, or other natural or man-made disasters.

**Use of Resources**

All users of Creighton University electronic resources are expected to utilize such resources in a responsible, ethical and legal manner consistent with CU mission and policies. As a user of Creighton University electronic resources, you agree to abide by the guidelines of this Policy on Fair, Responsible and Acceptable Use of Electronic Resources.

**Policies on Fair, Responsible and Acceptable Use**

The following policy statements, in **Bold Italics**, are accompanied by specific examples that highlight types of activities that constitute unfair, irresponsible or unacceptable use of CU electronic resources. Please note that these examples are provided for the purpose of illustrating each policy’s intent and are not intended to be an exhaustive list of all possible scenarios within the policy framework.

*Creighton University electronic resources may not be used to damage, impair, disrupt or in any way damage Creighton University networks, computers, or telephonic equipment or external networks or computers.*

For example, you may not:

1. Use CU electronic resources to breach security of any computer system.
2. Knowingly give passwords or ID's for others to use.
3. Use computer resources to send large amounts of email (e.g., email "spamming") to an internal or external system.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Fair, Responsible, and Acceptable Use Policy for Electronic Resources

4. Send email of any type to someone's address in an effort to disable their email capabilities.
5. Run DNS or DHCP servers that interfere with Creighton’s network.
6. Run a personal network or wireless network that interferes with Creighton’s network.
7. Forge, alter or willfully falsify electronic mail headers, directory information, or other information generated and/or maintained by Creighton University.
8. Use computer resources irresponsibly or in a manner that adversely affects the work of others. This includes intentionally, recklessly or negligently (1) damaging any system by introducing computer "viruses" or "worms," (2) damaging or violating information not belonging to you, or (3) misusing or allowing misuse of computer resources, or (4) tampering with, obstructing, modifying or otherwise damaging or moving/removing electronic equipment.
9. Use Creighton University resources for non-University related activities that unduly increase the network load (e.g., chain mail, network gaming and spamming).

Unauthorized access, reproduction or use of the electronic resources of others is prohibited.

For example, you may not:
1. Access computer accounts or files for which you are not authorized.
2. Make unauthorized copies of copyrighted materials. You should assume all software, graphic images, music, and the like are copyrighted. Copying or downloading copyrighted materials without the authorization of the copyright owner is against the law, and may result in civil and/or criminal penalties.
3. Create or execute any computer programs intended to (a) obscure the true identity of the sender of electronic mail or electronic messages, (b) bypass, subvert, or otherwise render ineffective the security or access control measures on any network or computer system without the permission of the owner, or (c) examine or collect data from the network (e.g., a "network sniffer" program).
4. Use electronic resources to gain unauthorized access to resources or passwords of Creighton University or other institutions, organizations or individuals.
5. Use false or misleading information for the purpose of obtaining access to unauthorized resources.
6. Access, alter, copy, move or remove information, proprietary software or other data files without prior authorization.
7. Use electronic resources to discover another individual's password.
8. Use electronic resources to obtain personal information (e.g. educational records, health or medical records, grades, or other CU files) about individuals without their permission.
9. Use electronic resources to forge an academic document.
10. Use electronic resources to take without authorization another person’s work or to misrepresent one's own work.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Fair, Responsible, and Acceptable Use Policy for Electronic Resources

11. Use electronic communication to collude on examinations, papers, or any other academic work.
12. Use electronic resources to falsify or fabricate research data.
13. Use electronic resources to obtain or release another individual's or entity's proprietary information or trade secrets.
14. Use Creighton University electronic resources for remote activities that are unauthorized at the remote site.
15. Intercept transmitted information intended for another user.
16. Scan computers for open or used ports.
17. Use electronic resources to obtain or gain access to electronic or paperless medical or health related records.

Use of Creighton University electronic resources to interfere with or cause impairment to the activities of other individuals is prohibited.

For example, you may not:
1. Send chain email or information about pyramid schemes.
2. Send large quantities of email to an individual's mailbox (e.g., email "spamming") which has the effect of interfering with or causing impairment to that individual's activities.
3. Change an individual's password in an effort to access his/her account.
4. Communicate or use any password, personal identification number, credit card number or other personal or financial information without the permission of its owner.

Use of Creighton University electronic resources to harass or make threats to specific individuals, or a class of individuals, is prohibited.

For example, you may not:
1. Send unwanted and repeated communication by electronic mail, voicemail or other form of electronic communication.
2. Send communication by electronic mail, voicemail or other forms of electronic harassing or inciting communication which are motivated by bias on grounds of race, ethnicity, religion, gender, or sexual orientation (including, without limitation, any communication that violates the University’s "Statement Against Discrimination or Harassment" or the University’s equal opportunity or affirmative action policies).
3. Use email or newsgroups to threaten, stalk or harass someone.
4. Post, send or view illicit or inappropriate material.
5. Post or send via any form of electronic communication personal or sensitive information about individuals that may harm or defame.
6. Post or distribute via any form of electronic communication "hate speech" regarding a group's or individual’s race, ethnicity, religion, gender, or sexual orientation.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Fair, Responsible, and Acceptable Use Policy for Electronic Resources

Use of CU electronic resources in pursuit of unauthorized commercial activities is prohibited.

For example, you may not:
1. Use computer resources for personal commercial gain, or other commercial purpose without prior written approval by Creighton University.
2. Use computer resources to operate or support a non-University related business.
3. Use computer resources in a manner inconsistent with Creighton University’s contractual obligations to suppliers of those resources or with any published policy of the University.
4. Use your University granted web-space for personal monetary gain (this includes clickable ads and pay-per click banners) without approval by the University.
5. Register domain names to Creighton University network without proper written approval in advance.

Use of CU electronic resources to violate city, state, federal or international laws, rules, regulations, rulings or orders, or to otherwise violate any CU rules or policies is prohibited.

For example, you may not:
1. Place software on university-owned equipment that is not legally obtained; such use must follow license and copyright laws as well as DoIT policies.
2. Pirate software, upload or download music (MP3s, videos, etc) and images in violation of copyright and trademark laws.
3. Effect or receive unauthorized electronic transfer of funds.
4. Disseminate child pornography or other obscene material.
5. Post, send or view illicit or inappropriate material.
6. Violate any laws or participate in the commission or furtherance of any crime or other unlawful or improper purpose.

JayNet Issues

The following are Appropriate Usage Policy items that apply specifically to Creighton University Residence Hall Network (JayNet). These items deal with the disruption of the campus network, in particular, and are therefore not allowed. All JayNet users are expected to abide by all guidelines mentioned herein when using these resources. It is understood that all items listed above will also apply to appropriate JayNet computing use.

- Only computers that have been registered for JayNet through CUOne may be connected to the network.
- JayNet services, equipment, wiring or jacks may not be altered nor extended beyond the location of their intended use.
• JayNet may not be used to provide access to the Internet by anyone not formally affiliated with Creighton University, except by explicit written consent from University officials.
• Creighton University networks are shared resources. Excessive or improper use of network resources which inhibits or interferes with the use of these networks by others is not permitted.
• Users who connect computers to JayNet that are used as servers, or who permit others to use their computers, whether directly or through user accounts, have the additional responsibility to respond to any use of their server that is in violation of this Appropriate Usage Policy. Server administrators and those who permit the use of their computers by others must take steps to prevent occurrence of such violations and report these violations to the JayNet Support Coordinator.
• In no case shall the following types of servers be connected to JayNet: DNS, DHCP, BOOTP, WINS, or any other server that manages network addresses.
• DoIT shall have the sole authority to assign host names and network addresses to computers attached to JayNet. Thus, a user may not manually configure his/her computer to use a host name or network address that is not assigned to them by DoIT.
• DoIT reserves the right to require immediate, temporary disconnection of any computer that is sending disruptive signals to the network as a whole, whether because of a defective cable, Ethernet card, or other hardware or software problem. It will be the student’s responsibility to correct any such problem before the computer can be again connected to JayNet. Noncompliance with this directive will be immediately referred for judicial response.
• DoIT reserves the right to require immediate, temporary disconnection of any computer for the purpose of network hardware, software, or security troubleshooting, and to enforce the Appropriate Usage Policy. Noncompliance with this directive will be referred to the Division of Student Services.

Enforcement of the AUP
DoIT shall have the authority to examine files, passwords, and account information residing on any electronic resources to protect the security of University electronic resources and its users, or as otherwise specified in the policy. Violations of this Appropriate Usage Policy will be adjudicated, as appropriate, by Vice Presidents’ offices, Academic Deans’, or Student Services. Sanctions as a result of violations of these regulations may result in any or all of the following:

• Loss of University computing privileges.
• Disconnection from JayNet.
• University judicial sanctions as prescribed by the student Code of Conduct.
• Monetary reimbursement to the University or other appropriate sources.
• Separation from the University.
• Loss of employment.
• Prosecution under applicable civil or criminal laws.
DEFINITIONS

Electronic Resources
All computer-related equipment, computer systems, software/network applications, interconnecting networks, facsimile machines, voicemail and other telecommunications facilities, as well as all information contained therein (collectively, "electronic resources") owned or managed by CU.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE STANDARDS

None

EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures. The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration
NO. 2.4.26.

CHAPTER: Information Technology
ISSUED: 4/7/06

POLICY: Workstation Security Policy

PURPOSE

The purpose is to implement physical safeguards for all workstations that access electronic protected health information (ePHI) and to restrict access to authorized users.

SCOPE

This policy applies to all Creighton University workforce members including, but not limited to full-time employees, part-time employees, trainees, volunteers, contractors, temporary workers, and anyone else granted access to sensitive information by Creighton University. In addition, this policy applies to all workstations and other computing devices owned or operated by Creighton University and any computing device that connects to Creighton University’s internal network.

POLICY

Creighton University requires reasonable physical safeguards be implemented for all workstations and other electronic devices that access ePHI. Physical safeguards should reasonably prevent the theft of or unauthorized access to electronic devices that access, store, or transmit ePHI. Physical safeguards must be implemented where ever the electronic devices exist.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Physical Safeguards
Electronic or mechanical mechanisms that are used to reasonably prevent the theft or physical access to electronic devices.

Electronic Device
In this policy, electronic devices are workstations, PDAs, laptops, tablet PCs, USB Flash drives, backup media, floppy disks, removable hard drives, or any other device that has the capability to store, access, or transmit ePHI.
Distributed PC Technician
The individual that is responsible for the support of a specific area’s personal computers. Support may be handled by local employees of a department or handled by the Division of Information Technology (DoIT).

RESPONSIBILITIES

Covered entity’s workforce is responsible for following all procedures implemented in relation to this policy.

Distributed PC Technicians are responsible for ensuring the workstations under their realm of responsibility that access ePHI are reasonably protected to prevent the theft of or unauthorized access to electronic devices that access, store, or transmit ePHI.

Information Security Officer is responsible for verifying that reasonable protective measures have been implemented.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TerMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None
VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information.

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University (CU).

POLICY

Creighton University requires that prior to disposal or reuse of hardware or media that contains or previously contained ePHI either the data will be securely overwritten or the device and/or media be physically destroyed and that such steps taken will be documented.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Securely Overwritten
The process of overwriting data with 1 and 0 to render the data irretrievable.

Physically Destroyed
The process of physically destroying electronic media to an extent where data is not longer retrievable.
Reuse of Hardware
The process of reallocating hardware that contains or may have contained ePHI to and individual that does not have
authority to access ePHI.

RESPONSIBILITIES

All individuals identified in the scope of this policy are responsible for compliance with this policy

Systems Administrators are responsible for following this policy when retiring, reallocating, or donating electronic
media.

Information Security Officer is responsible for developing a University wide procedure for the secure disposal of
electronic media.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the
Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not
constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES

HIPAA Final Security Rule, 45 CFR Parts 160, 162, and 164, Department of Health and Human Services,

EXCEPTIONS

None
VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information. This policy intends to

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University (CU).

POLICY

Creighton University requires that a record be maintained to identify movements of ePHI-related hardware and devices. The movement of hardware, electronic media and devices includes the receipt, removal, storage and/or disposal of ePHI systems. Such information will also include the identity of responsible persons associated with the movement.

Movements of mobile hardware, media, or devices does not have to be tracked, but ownership of this equipment must be recorded.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Electronic Device
In this policy, electronic devices are workstations, PDAs, laptops, tablet PCs, USB Flash drives, backup media, floppy disks, removable hard drives, or any other device that has the capability to store, access, or transmit ePHI.
RESPONSIBILITIES

All individuals identified in the scope of this policy are responsible for compliance with this policy.

Systems Administrators are responsible for implementing procedures to track the movement of hardware, media, and devices that contain ePHI.

Information Security Officer is responsible for verifying the adherence of this policy.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
**PURPOSE**

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information.

**SCOPE**

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University (CU).

**POLICY**

Creighton University requires that prior to the movement of any system that contains ePHI an exact, retrievable copy of the data will be created and tested. The backed up data must be stored in a secure location and ensure that the appropriate access controls are implemented to only allow authorized access to all such data.

**DEFINITIONS**

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

**RESPONSIBILITIES**

**Systems Administrators** are responsible for following this policy.

**Information Security Officer** is responsible for verifying adherence to this policy.
Policies and Procedures

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ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires each individual that accesses sensitive information, such as ePHI, via computer will be granted some form of unique user identification, such as a login ID.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Systems Administrators are responsible for the creating unique IDs for applications under their control.

Information Security Officer is responsible for validating the University’s adherence to this policy.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.
AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires that access to systems containing ePHI used to provide patient treatment be made available to any caregiver in case of an emergency.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Systems Administrators are responsible for identifying systems that contain ePHI used in the treatment of patients and making this data available during an emergency.

Information Security Officer is responsible for validating the University’s adherence to this policy.
ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration
CHAPTER: Information Technology
POLICY: Automated Logoff Policy

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University requires systems that contain or access ePHI adhere to an Automatic Logoff process after a period of inactivity.

The length of time that a user is allowed to stay logged on while idle will depend on the sensitivity of the information that can be accessed from that computer and the relative security of the environment that the system is located.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Systems Administrators are responsible for identifying systems that contain or access ePHI and implement an automated logoff process commensurate with the sensitivity of the information and physical location of the terminal.
Information Security Officer is responsible for validating the University’s adherence to this policy.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Encryption Standard Policy

PURPOSE

This standard provides the standard practices that must be followed when using encryption technology. Implementation of this standard ensures the consistent application of the guidelines utilized across all areas of the university, thereby benefiting the users and administrative functions.

The ability to require all users to abide by the same standard for using encryption will help to insure that Creighton information is adequately protected, non-repudiation is maintained and that data recovery is available.

SCOPE

This standard applies to all members of the Creighton community including all temporary and contract workers. It applies to all production computer systems used at Creighton, whether in the delivery of internal services to faculty, staff, and students; or to the delivery of services to external customers.

STANDARD

Creighton University strives to provide the highest level of security for all critical data while balancing the challenge of protecting “data at rest” such as that defined in the Access Control standard of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule against the increase in security technology complexity and administrative overhead including performance considerations and usability.

Creighton University will seriously review the viability of securing critical database, file servers as well as ePHI on mobile devices such as laptops and PDAs.

Proven, standard algorithms such as DES, Blowfish, RSA, RC5 and IDEA should be used as the basis for encryption technologies. These algorithms represent the actual cipher used for an approved application.

Symmetric cryptosystem key lengths must be at least 56 bits.

Asymmetric crypto-system keys must be of a length that yields equivalent strength.

The use of proprietary encryption algorithms is not allowed for any purpose, unless reviewed by qualified experts outside of the vendor in question and approved by the Security Officer.

Creighton University will test encryption and decryption capabilities of products and systems to ensure proper functionality.
File Encryption
There were several requirements that the encryption solution had to meet in order to be approved for use within Creighton. These requirements include file level encryption and decryption, secure file delete, integration into the desktop and applications, friendly user interface, key recovery, support for several encryption algorithms and key strengths, with technology based on the industry standards.

E-Mail Encryption
Creighton is currently evaluating secure email solutions. In the meantime email should be viewed as insecure medium therefore confidential information should not be sent via email.

World Wide Web Traffic Encryption
The Secure Sockets Layer (SSL) protocol using 128-bit key lengths has been approved for use to encrypt web traffic.

Remote Access
The University approved method of remote access is based on VPN technology which forces all traffic through an encrypted tunnel. Therefore, all remote access traffic passed between the Creighton network and the end users is fully encrypted.

Password Encryption
Creighton's policies do not allow passwords to be sent across the network in 'clear text' format. Passwords must also not be listed in clear text for the purpose of automating a login sequence. All passwords must be stored and transmitted in an encrypted format by the OS, DBMS, or application.

DEFINITIONS

Cryptography
The art and science of keeping messages secure. In addition to offering confidentiality, cryptography is used to provide authentication, integrity, and non-repudiation.

Clear Text
Non-encrypted data

Non-repudiation
After you do it, you can't say you didn't
# Encryption Standard Policy

**128-bit encryption**
Encryption key that is 128 bits in length

**SSL**
The Secure Sockets Layer (SSL) is a commonly-used protocol for managing the security of a message transmission on the Internet. SSL uses the public-and-private key encryption system, which also includes the use of a digital certificate.

**Digital Certificate**
A digital certificate is an electronic "credit card" that establishes your credentials when doing business or other transactions on the Web. It is issued by a certification authority (CA). It contains your name, a serial number, expiration dates, a copy of the certificate holder's public key (used for encrypting messages and digital signatures), and the digital signature of the certificate-issuing authority so that a recipient can verify that the certificate is real.

## Responsibilities

**Information Security** is responsible for evaluating and approving new encryption technologies and software, as well as reviewing and approving all requests to use cryptographic technology within Creighton. The Information Security Department is also responsible for maintaining and updating this standard as necessary.

**Systems Administrators** are responsible for obtaining and installing server side digital certificates that are used for server authentication in SSL transactions.

**Network Users** are responsible for adhering to the Cryptography Policy and Encryption Standard when handling Confidential Creighton University information.

## References to Applicable Standards


## Exceptions

None
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Encryption Standard Policy

VIOLATIONS/ENFORCEMENT

Any known violations of this standard should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this standard can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University policies.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Audit Controls Policy

PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

Creighton University will identify critical systems that require event auditing capabilities. At a minimal, event auditing capabilities will be enabled on all systems that process, transmit, and/or store ePHI. Events to be audited may include, and are not limited to, logins, logouts, and file accesses, deletions and modifications.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Event Auditing
The process of logging systems transactions to provide evidence of when transactions take place and who performed the transactions.

RESPONSIBILITIES

Systems Administrators are responsible for identifying systems that must be have auditing enabled, implementing such auditing, and review and secure storage of said logs.
Information Security Officer is responsible for validating the University’s adherence to this policy.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Purpose

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

Scope

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

Policy

Creighton University requires that critical ePHI be protected against unauthorized alteration or destruction.

Definitions

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

Responsibilities

Systems Administrators are responsible for identifying critical ePHI and implementing procedures or mechanisms to protect against unauthorized alteration or destruction.

Information Security Officer is responsible for validating the University’s adherence to this policy.
ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERRMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

POLICY

To ensure that all individuals or entities that access ePHI have been appropriately authenticated the following procedures must be implemented:

- Workforce members seeking access to any network, system, or application that contains ePHI must satisfy a user authentication mechanism such as a unique user identification and password, biometric input, or a user identification smart card to verify their authenticity.
- Workforce members seeking access to any network, system, or application must not misrepresent themselves by using another person’s User ID and Password, smart card, or other authentication information.
- Workforce members are not permitted to allow other persons or entities to use their unique User ID and password, smart card, or other authentication information.
- A reasonable effort must be made to verify the authenticity of the receiving person or entity prior to transmitting EPHI.

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.
Workforce Member
Any Staff, Faculty, Student, or designated 3rd party resource that works with ePHI

RESPONSIBILITIES

Network users are responsible for adhering to this policy.

Administrators of systems that maintain PHI are responsible for ensuring the policies statements detailed above are implemented on all systems that store, transmit, or maintain PHI.

Information Security Officer is responsible for verifying that an authentication mechanism on systems that store, transmit, or maintain PHI are functional, appropriate and reasonably mitigate the risk of unauthorized access.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None
**Policies and Procedures**

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**VIOLATIONS/ENFORCEMENT**

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
### PURPOSE

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

### SCOPE

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

### POLICY

Creighton University will maintain integrity controls to ensure the validity of information transmitted over the network infrastructure.

Creighton University will determine the information transmitted over open and other networks for such data integrity is a requirement. This information includes, but is not limited to ePHI.

Creighton University will determine the types of integrity controls to implement to secure ePHI transmitted over open and other networks.

### DEFINITIONS

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

### RESPONSIBILITIES

**Systems Administrators** are responsible for identifying critical ePHI and implementing procedures or mechanisms to adhere to this policy.
Information Security Officer is responsible for validating the University’s adherence to this policy.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
### PURPOSE

The purpose of this policy is to protect the confidentiality and integrity of sensitive information such as electronic protected health information (ePHI) that may be sent or received via email.

### SCOPE

This policy applies to all Creighton University workforce members including, but not limited to full-time employees, part-time employees, trainees, volunteers, contractors, temporary workers, and anyone else granted access to sensitive information by Creighton University. In addition, this policy applies to all workstations and other computing devices owned or operated by Creighton University and any computing device that connects to Creighton University’s internal network.

### STANDARD

Creighton University recognizes that using email without the use of an encryption mechanism is an insecure means of sending and receiving messages. Creighton will evaluate emerging encryption solutions for email and implement them when one is found that is:

- Technically sound
- Reasonable to implement and use by workforce members
- Financially reasonable

Until a workable encryption mechanism is implemented, Creighton University will utilize the following guidelines regarding sending PHI information via email:

- Emails containing sensitive information are permitted only when both the sender and receiver are members of Creighton’s workforce and the e-mail stays within the confines of Creighton’s local network. That is, both email addresses must end with “creighton.edu”. When sending ePHI via email, care should be taken to send only the minimum necessary.
- Emails containing sensitive information may not be sent to any other person outside of Creighton’s network or email address ending in anything other than “creighton.edu”.

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**Policies and Procedures**

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<td>POLICY: Email Security Standard Policy</td>
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</table>
DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Covered entity’s workforce is responsible for following all procedures implemented in relation to this policy.

Information Security Officer is responsible for the creation of procedures required to support this policy and for supporting and ensuring compliance by workforce members.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Email Security Standard Policy

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Network Security Standard Policy

PURPOSE

The purpose of this policy is to protect the confidentiality and integrity of sensitive information such as electronic protected health information (ePHI) that may be sent or received via email.

SCOPE

This policy applies to all Creighton University workforce members including, but not limited to full-time employees, part-time employees, trainees, volunteers, contractors, temporary workers, and anyone else granted access to sensitive information by Creighton University. In addition, this policy applies to all workstations and other computing devices owned or operated by Creighton University and any computing device that connects to Creighton University’s internal network.

STANDARD

The standard for network protocols in Creighton’s infrastructure is TCP/IP.

Creighton University will:

- Use encryption as much as possible to protect data
- Use firewall(s) to secure critical segments
- Deploy Intrusion Detection Systems (IDS) and Intrusion Prevention Systems (IPS) on all critical segments
- Disable all services that are not in use or services that have use of which you are not sure

DEFINITIONS

Protected Health Information
Individually identifiable health information transmitted or maintained in any form.

Electronic Protected Health Information (ePHI)
Individually identifiable health information transmitted or maintained in electronic form.

RESPONSIBILITIES

Information Security Officer is responsible for the creation of procedures required to support this policy and for supporting and ensuring compliance by workforce members.
## Policies and Procedures

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</table>

### ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

### AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

### REFERENCES TO APPLICABLE POLICIES


### EXCEPTIONS

None

### VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
**Policies and Procedures**

**SECTION:** Administration

**CHAPTER:** Information Technology

**POLICY:** Physical Access Control Policy

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**PURPOSE**

The purpose of this policy is to comply with the Health Insurance Portability and Accountability Act (HIPAA) Security Rule’s requirements pertaining to the integrity, confidentiality, and availability of electronic protected health information (ePHI).

**SCOPE**

This policy covers all electronic protected health information (ePHI), which is a person’s identifiable health information. This policy covers all ePHI, which is available currently, or which may be created, used in the future. This policy applies to all faculty, staff, students, residents, postdoctoral fellows, and non-employees (including visiting faculty, courtesy, affiliate, and adjunct faculty, industrial personnel, and others) who collect, maintain, use, or transmit ePHI in connection with activities at Creighton University.

**POLICY**

Creighton University requires access controls to validate all access by members of the workforce to facilities and systems that maintain ePHI. Access controls will be enforced to ensure no access to ePHI in any unauthorized manner.

**DEFINITIONS**

**Protected Health Information**
Individually identifiable health information transmitted or maintained in any form.

**Electronic Protected Health Information (ePHI)**
Individually identifiable health information transmitted or maintained in electronic form.

**Workforce Member**
Any Staff, Faculty, Student, or designated 3rd party resource that works with ePHI

**Access Controls**
Technical or manual procedures to ensure access to ePHI are legitimate.
RESPONSIBILITIES

Systems Administrators with physical control of systems that maintain ePHI are responsible for the creation of facility access controls.

Information Security Officer is responsible for determining where access controls are necessary and making sure they are maintained.

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by Information Security. Questions regarding this policy should be directed to the Information Security Officer.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES


EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any known violations of this policy should be reported to the University's Information Security Officer at 402-280-2386 or via e-mail to infosec@creighton.edu.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Computer-Based Application System Development Policy

PURPOSE

This policy provides guidelines for developing computer-based application systems. The intent of this policy is:

- To increase the likelihood that developed systems will be both effective (meet the needs of present and future users) and efficient (have a reasonable initial cost and reasonable operational, support, and enhancement costs).
- To assist in a clear understanding of, and agreement on, the roles that different departments should play in the development of a system.
- To help users and developers understand and agree on appropriate steps in the development process.

POLICY

1. The project responsibility of an application system resides with the department(s) that will use the system -- even for university-wide systems that Information Technology (IT) develops or operates.

2. Each application system should have a "primary department" (the department that will use the new system the most, or the one that is "responsible for" the data). For successful system development, it is important that the primary department have one or more individuals who will be able to spend sufficient time, over the life of the development process, on project-related work.

3. Where a unit of Information Technology plans to develop a system that will support multiple departments independently, the Vice President of Information Technology or his/her designee will notify all departments affected by the project. Interested departments will be required to volunteer to represent the user community. Information Technology will formally create a planning committee consisting of employees from user departments. The committee will determine the department responsible for the system for accountability purposes. The same process will be used when the University chooses to purchase a system.
4. Each application system should be developed using a structured methodology including the following phases:

   Phase I - Feasibility Analysis
   Phase II - Process Re-engineering/Requirements Definition
   Phase III - Detail Design/Vendor Selection
   Phase IV - Implementation
   Phase V - Post-Implementation Review and Procedures Updating

5. If a department is developing a computer-based application system and does not intend to follow some or all of the procedures, the department head should notify the Vice President of Information Technology of that intent. Information Technology will not ensure support for any application which does not conform to all applicable University information technology standards, particularly with respect to interoperability, accessibility, and communications compatibility.

SCOPE

This policy applies to all departments and covers both purchased vendor packages and systems created by in-house developers (programmers). Following this policy is particularly important if the system being developed is used for financial or management purposes.

PROCEDURES

The specific procedures to follow for each phase of the structured methodology are outlined in "Computer-Based Application System Development Policy and Procedures" maintained by the Vice President for Information Technology.

ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy should be addressed to the Vice President of Information Technology.
**Policies and Procedures**

**SECTION:** Administration  
**NO.:** 2.4.42.

**CHAPTER:** Information Technology  
**ISSUED:** 4/19/04  
**REV. A**  
**REV. B**

**POLICY:** Software Media Control  
**PAGE 1 OF 2**

**PURPOSE**

To protect Creighton University from the inadvertent or deliberate violation of software licensing laws. To allow for better management and distribution of software and prevent redundancy.

**SCOPE**

This policy applies to all Creighton University employees using University-owned computer hardware and software.

**POLICY**

When possible, the University will purchase the academically priced, licensed software version instead of the boxed version. The Division of Information Technology (DoIT) is the custodian of all licensed software media.

**DEFINITIONS**

**Media**
Any means by which software is distributed for installation. Usually, but not limited to CD/DVD.

**Boxed Software**
Individual installation copy of software; product commonly found in retail stores.

**Licensed Software**
Academically-discounted software sold as a single or multi-user license; product cannot be purchased at retail store.

**RESPONSIBILITIES**

All users of Creighton computers are required to practice proper software licensing compliance.

**ADMINISTRATION AND INTERPRETATIONS**

This policy is jointly administered by Purchasing and DoIT. Questions regarding this policy should be addressed to the respective area.

Purchasing will purchase the software from a supplier; the supplier will issue a paper license or certificate to the requesting department. This certificate is the legal proof of purchase. Upon receipt of the certificate, the department will contact DoIT for installation of the software. Installation requests can be placed at pcwork.creighton.edu.
Policies and Procedures

SECTION: Administration

CHAPTER: Information Technology

POLICY: Software Media Control

Should a department request a particular software version for which the University does not have media, the requesting department assumes the cost of the media.

The requesting department is responsible for securing the certificate at the Reinert Alumni Library to use as proof in case of software audit.

DoIT will loan media to distributed support technicians across campus on an as needed basis with proof of license.

AMENDMENT/TERMINATION OF THIS POLICY

The University reserves the right to modify, amend or terminate this policy at any time. This policy does not constitute a contract between the University and its faculty or employees.

REFERENCES TO APPLICABLE POLICIES

University Purchasing Policy 6.3 Departmental Computer Acquisition

EXCEPTIONS

None

VIOLATIONS/ENFORCEMENT

Any violations of this policy should be reported to Purchasing or the Division of Information Technology.

Violations of this policy can result in immediate withdrawal or suspension of system and network privileges, removal of the software and/or disciplinary action in accordance with University procedures.

The University may advise law enforcement agencies when a criminal offense may have been committed.
**Policies and Procedures**

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**PURPOSE**

The purpose of this policy is to establish an official means for University communications.

**POLICY**

The Creighton University assigned email account shall be the official means of communication with all students, faculty, and staff. All community members are responsible for all information sent to them via their University assigned email account. Members who choose to manually forward mail from their University email accounts are responsible for ensuring that all information, including attachments, is transmitted in its entirety to the preferred account.

All faculty, staff, and students are required to maintain an @creighton.edu computer account. This account provides both an online identification key and a University Official Email address. The University sends much of its correspondence solely through email. This includes, but is not limited to, policy announcements, emergency notices, meeting and event notifications, course syllabi and requirements, and correspondence between faculty, staff, and students. Such correspondence is mailed only to the University Official Email address.

Faculty, staff and students are expected to check their email on a frequent and consistent basis in order to stay current with University-related communications. Faculty, staff, and students have the responsibility to recognize that certain communications may be time-critical.

**SCOPE**

This communication strategy applies to all members of the University community -- faculty, staff, and students. Units with employees that have limited access to a computer are asked to post University notices in an easily accessible space.
The President of the University is the Chief Contracting Officer. He will delegate to the Vice President for Administration and Finance and Treasurer, authority to make commitments according to the following norms:

1. An item over the amount of $10,000 will need the approval of the Vice President of the area involved.
2. An item over $25,000 will need the additional approval of the Vice President for Administration and Finance.
3. An item over $50,000 will need the approval of the two Vice Presidents mentioned in #1 and #2, plus the approval of the President.
4. An item over $500,000 will need the approval of the officers mentioned in items #1, #2, and #3, plus the approval of the Board of Directors of Creighton University.

All contractual documents should be forwarded to the Vice President for Administration and Finance for final processing, permanent safekeeping, and periodic reference and review. The staff of this office will have the responsibility for the filing and security of contracts and agreements.
Normally, the University will not acquire or hold real estate for investment purposes. Before acceptance, all gifts of real estate will be subject to environmental and financial reviews. Exceptions to this policy may be authorized by the Investment Committee of the Board of Directors.

Gifts of real estate, therefore, should be sold in a timely manner.

The Investment Committee should be advised of gifts of more than $200,000 and approve all sales for the amount and above.

An annual report on real estate holdings, other than those held for campus development, should be made to the Investment Committee. This report should include date acquired, estimated market value, income, carrying costs, and any other relevant information where appropriate.
Policies and Procedures

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<td>University Gift Transmittal</td>
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PURPOSE

To provide for orderly and prompt transmittal of all gifts received by University departments to the Development Office for the purpose of proper recording and receipting, and to ensure compliance with regulations pertaining to charitable gift transactions as set forth by the Internal Revenue Service and other regulatory agencies.

RESPONSIBILITIES

The Development Office is responsible for collecting, recording, acknowledging, and reporting all gifts made to Creighton University. It is important that all gifts to Creighton be properly recorded and acknowledged by the Development Office. This provides assurance that the gift is allocated according to the donor's wishes, a receipt is sent to the donor, all gifts are recorded and reported as gift income, and gifts accepted are proper, and beneficial. It is imperative that all gifts be reviewed by Development to insure against improper gifts which are contrary to law or the mission of the University, or gifts which may put the University under a financial disadvantage.

DEFINITIONS

Gift - A gift is anything of value given as a donation to the University by an individual or organization. It includes contributions referred to as "grants" by foundations and corporations for which no goods or services are expected.

In-kind Gifts - Gifts of tangible assets such as equipment, furniture, works of art, books, manuscripts, real estate, commercial property, or other similar items which have an educational or artistic value.

GIFT TRANSMITTAL

When a department receives a gift the department should prepare a Gift Transmittal Form. This form should be filled out and signed by the department head and forwarded with the gift to the Development Office. A copy of this form should be retained by the department for its records. This should be done promptly to insure timely acknowledgement, recording, and deposit of the gift.
Policies and Procedures

Cash or its equivalent (negotiable securities, etc.) should never be sent through campus mail, but should be hand-delivered to the Development Office, or it can be picked up if necessary. Any in-kind gifts should be fully described on the transmittal form, including the location of the gift.

After gifts have been recorded by the Development Office, they will be sent to the Business Office and applied for the purpose for which they were designated by the donor. Funds received by a particular department will be credited to that department.

EXCEPTIONS

There should be no exceptions to this policy. However, if special circumstances or questions arise, please contact the Director of Development or the Vice President for University Relations.
Gift Transmittal Form for Creighton University

1. Description of Gift: $_______ _________ (Shares of Stock)
   Other _______________________________________________________

2. Donor Information:
   Name _______________________________________________________
   Address _____________________________________________________
   City                                      State                                 ZIP

3. Gift Information:
   Restricted by Donor ____________________________
   Yes    No
   For What Purpose? _________________________________________
   Account Number ___________________________________________
   Matching Gift Form Enclosed _____________________________

4. Other Information About Donor: _____________________________
   ___________________________________________________________________

5. Special Requests from the Donor: _____________________________
   (Please enclose copies of all correspondence from donor.)

6. Name of Department or School: ________________________________
   Name of Employee Handling Gift: _____________________________ Phone: ____________
   ___________________________ Date of Receipt of Gift

Thank you very much for your cooperation and assistance with this gift. The Development Office will be happy to make arrangements to pick up cash or other negotiable items from you. Please do not send them through campus mail. Please retain a copy of this form for your records.
Policies and Procedures

SECTION: Financial

CHAPTER: General

POLICY: Solicitation of Private Gifts

PURPOSE

To provide for coordinated, professional and effective solicitation of constituents for support of the University, its schools and colleges, organizations, individual departments, centers and institutes.

RESPONSIBILITIES

The Development Office is responsible for the identification, cultivation and solicitation of constituents who may be asked to provide private gifts in support of the University's mission. It is important that the University maximize its fund raising by carefully matching donors' interests with institutional needs. A coordinated program of solicitation assures that donors are asked for support of the University in a timely and sensitive fashion.

The Development Office establishes solicitation strategies to meet the University's fund raising priorities as determined by the President and the Board of Directors. The Development Office works closely with the Deans to develop appropriate fund raising strategies for their constituencies, in keeping with overall University priorities.

While all solicitation of private gifts must be coordinated with the Development Office, all faculty and staff are encouraged to provide the Development Office with information which can assist in identifying, cultivating and soliciting constituents.

DEFINITIONS

Solicitation - Any appeal made by an employee, department, organization, school or college by mail, phone, or in-person for a gift that will be of direct financial benefit to the University.

Gift - A gift is anything of value given as a donation to the University by an individual or organization. It includes contributions referred to as "grants" by foundations and corporations for which no goods or services are expected.

In-kind Gifts - Gifts of tangible assets such as equipment, furniture, works of art, books, manuscripts, real estate, commercial property, or other similar items which have an educational or artistic value.

Constituents - Those entities that may be asked for a gift to support the University including: alumni, non-degrees alumni, parents of current and former students, friends of the University, employees of the University, vendors to the University and local and national corporations and foundations.
**Policies and Procedures**

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<td>Solicitation of Private Gifts</td>
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**EXCEPTIONS**

Grant proposals submitted in response to a corporate or foundation request for proposals are exempt from this policy. If special circumstances or questions arise, please contact the Director of Development or the Vice President for University Relations.
The Nebraska law clearly is to the effect that where funds are collected or dedicated to a particular purpose, then such funds must be used for that purpose. To use such funds for other purposes would be a violation of Creighton's trusteeship in the management of the funds it holds in trust.

More specifically, Creighton's exemption for federal tax purposes is based upon its being an educational institution.

The funds of Creighton cannot and legally should not be diverted to other causes, no matter how worthy they are and even though such causes would be definitely of a worthwhile and charitable variety.

In view of the above, it goes without saying that this opinion means that Creighton is not in a position to rightfully make donations which might be made by business corporations which would be for the good of the City of Omaha or corporations which were working for the betterment of the City of Omaha.
ARTICLE I

The University commits itself to the creation of a chair permanently named in honor of the donor or another person or institution designated by the donor upon accepting contributions specifically designated for such purposes. All endowed chairs are to be funded with a minimum of $1,000,000.

Section 1. The University will make public announcement of an endowed chair when the funds are pledged, if agreeable to the donor. Otherwise, announcement will be made when the chair is inaugurated.

Section 2. An endowed chair may be inaugurated when at least $1,000,000 is received.

Section 3. An endowed chair is inaugurated by the President of the University. The occasion is to be marked by a suitable celebration at the University, honoring both the donor and the first incumbent.

Section 4. The donor may designate the College or other academic unit wherein his/her chair is to be established, and will consult with the administration regarding the most appropriate department(s). Chairs may be assigned to disciplines, but if so, should be defined widely, e.g., "American history," or "physical chemistry" rather than narrowly, e.g., "magnetic materials," or "Chaucerian literature." When the University rather than the donor, designates the discipline and the department(s) wherein a chair is established, the President is free to change this designation whenever the chair falls vacant.

Section 5. The endowed chair is known by its full title, e.g., "The Jack MacAllister Chair of Economics," while its incumbent is always given a shorter title, "MacAllister Professor of Economics."

Section 6. All funds received for endowed chairs are deposited in the Perpetual Endowment, Income Restricted.
ARTICLE II: ADMINISTRATION

Section 1. Each year the income from a chair's endowment may be divided: part being returned to the endowment to accrue against inflation, part being credited to the appropriate Department as full or partial recovery of the incumbent's salary, or being used for other expenses of the chair. The amount of endowment income available for recovery of salary will in each case vary depending upon the rate of income and the professor's salary. Recovery of salary will not necessarily increase Department funds.

Section 2. During the donor's lifetime, the incumbent shall provide him or her with an annual report of service, and copies of all publications.

Section 3. The incumbent of an endowed chair is always to be a member of the teaching and/or research faculty with the rank of professor. Appointment to an endowed chair shall be made by the President of Creighton University.
The Policy of Creighton University is that we will not solicit nor accept from other colleges and universities any information concerning future fees, tuition levels, or salaries. Moreover, we are not to provide such information beyond that which is contained in public reports from our Business Office.

Information concerning current fees may be provided or exchanged. Such information may be requested from the Business or Admissions Offices.

Information concerning current salaries and other aspects of compensation is provided only in circumstances consistent with principles of confidentiality and privacy regarding individual salary levels. Requests for such information should be directed to the relevant Dean or Vice President.
PURPOSE

The Creighton University Policy on Fraud and Embezzlement was written to clarify what constitutes fraud and embezzlement and to give University employees procedures to follow if they encounter what they believe is such unethical and illegal behavior.

POLICY

Any employee or any person contracted to perform work for Creighton University involved in fraud or embezzlement may be subject to a variety of disciplinary actions including, but not limited to, suspension, and termination. The offending employee or contractor may also be subject to criminal prosecution.

SCOPE

This policy applies to all University employees, contractors to, and employees of contractors to the University.

DEFINITIONS

Embezzlement: may be defined as any loss resulting from misappropriation of University assets.

Fraud: may be defined as the intentional misrepresentation or omission of facts for personal gain.

PROCEDURES

If fraud or embezzlement is known or suspected, contact the Director of Internal Audit or the General Counsel. An investigation will be conducted by the Internal Auditor in coordination with other campus officials as deemed appropriate. If the preliminary examination results in sufficient evidence of fraud or embezzlement, the President and appropriate Vice President will be notified. Appropriate actions will be taken by the individual's immediate supervisor in cooperation with the Vice President of the Division and the Director of Human Resources.
Policies and Procedures

SECTION: Financial

CHAPTER: General

POLICY: Fraud and Embezzlement

ADMINISTRATION AND INTERPRETATION

Questions regarding this policy may be addressed to the University's Human Resources Department and the Director of Human Resources. The University's Director of Internal Audit and the General Counsel are also important resources regarding the interpretation and administration of this policy.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
POLICY SUMMARY

This policy applies to Investigator/Support Personnel (as defined in the Policy) involved in externally funded research, educational projects or other activities, who have a significant financial interest that may create a conflict of interest that could be perceived to influence the outcome of the project. A significant financial interest includes, but is not limited to, equity interests in the sponsor that exceeds $10,000, or represents more than a 5% ownership interest, receipt of more than $10,000 from a sponsor that may include payment for speakers fees, consulting fees, honorariums, protocol design, finders fees, referral fees, recruitment bonuses, gifts and intellectual property rights including patents and royalties.

Investigator/Support Personnel involved in a project must indicate on the Proposal Routing Form (“Green Sheet”) whether or not they may have a significant financial interest. Those who have a significant financial interest must complete a Disclosure Form and submit it to the Director of Grants Administration at the time of project submission. This form must also be completed and submitted to the Director of Grants Administration any time an Investigator/Support Personnel obtains a new or additional significant financial interest during the course of a project. In all cases, this information must be updated annually, as determined by the Director of Grants Administration.

The Conflict of Interest Committee (CIRC) will review the disclosure and decide if a conflict of interest exists. The CIRC will prepare a resolution plan to manage, reduce or eliminate any identified conflict of interest before the project can proceed. If the project involves human subjects research, the Institutional Review Board (IRB) may impose additional requirements before granting IRB approval. There is a right to appeal the CIRC’s decision by requesting a reconsideration of their initial decision. Failure to comply with this policy will result in appropriate disciplinary action in accordance with applicable University policies.

PURPOSE

The purpose of this policy is to assure objectivity in research and educational projects funded through Creighton University by external sources including grants, contracts or cooperative agreements (“projects”). These standards ensure there is no reasonable expectation that the design, conduct or reporting of externally funded research and educational projects will be biased by any conflicting interest of an Investigator/Support Personnel or their Family Member. This policy also supports Creighton University’s institutional compliance with the Public Health Service regulations (42 CFR Part 50, Subpart F) and the provisions of the National Science Foundation (Grant Policy Manual § 150).
POLICY

All Investigator/Support Personnel are required to disclose all known Significant Financial Interests of the Investigator/Support Personnel and his/her Family Member:

a. That would reasonably appear to be affected by the project; and

b. In entities whose financial interests would reasonably appear to be affected by the project.

In all cases, actual or potential conflicts of interest will be satisfactorily managed, reduced, or eliminated in accordance with this policy prior to expenditure of any external funding, or they will be disclosed to the external sponsor for action.

SCOPE

This policy applies to all Investigator/Support Personnel who are responsible for the design, conduct, reporting or approval of any externally funded project at Creighton University.

This policy also applies to subgrantees, contractors, or collaborators of Creighton University involved in the project unless individuals provide written assurance to the Director of Grants Administration that they are subject to a similar financial conflict of interest policy.

This policy does not apply to Small Business Innovation Research (SBIR) Program Phase I applications.

DEFINITIONS

Conduct of Research or Educational Project includes, but is not limited to, enrolling human subjects for human subjects research (including obtaining informed consent), making decisions related to eligibility to participate in the research and analyzing data.

Conflict of Interest. A Conflict of Interest exists when it is reasonably determined that a Significant Financial Interest could significantly affect the design, conduct, or reporting of the externally funded project. This includes situations where financial considerations may compromise (or have the appearance of compromising) an Investigator/Support Personnel’s professional judgment in conducting or reporting research, impacting the collection, analysis, and interpretation of data, hiring of staff, procurement of materials, sharing of results, choice of protocol, involvement of human subjects and statistical methods.
Family Member means the Investigator/Support Personnel’s spouse or dependent children.

Investigator/Support Personnel means the Principal Investigator, co-Investigator, and any other person involved in the design, conduct or reporting of a research or educational project.

PHS Awarding Component(s) means the organizational unit(s) of the PHS that funds the research that is subject to 42 CFR Part 50, Subpart F.

Research means a systematic investigation designed to develop or contribute to knowledge, including social sciences and behavioral research. The term encompasses basic and applied research and product development.

Significant Financial Interest means anything of monetary value received, obtained or held directly or indirectly, including but not limited to, salary or other payments for services (e.g., consulting fees or honoraria, protocol design); clinical research incentives (e.g., finders fees, referral fees, recruitment bonuses); equity interests (e.g. stocks, stock options or other ownership interests); gifts; and intellectual property rights (e.g., patents, copyrights and royalties from such rights). The term does not include the following:

(1) salary (including payments from external funders based on percentage of effort), royalties, or other payments or benefits from Creighton University;

(2) income from seminars, lectures, or teaching engagements that are sponsored by government agencies or nonprofit entities;

(3) income from service on advisory committees or review panels for governmental agencies or nonprofit entities;

(4) an equity interest that when aggregated for the Investigator/Support Personnel or his/her Family Member, meets both of the following test;

   (a) does not exceed $10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, and

   (b) does not represent more than a five percent (5%) ownership interest in any single entity;

(5) salary, royalties, gifts, in-kind compensation, or any other payments that when aggregated for the Investigator/Support Personnel or his/her Family Member during the prior 12 months did not exceed $10,000 in value and over the next 12 months, are not expected to exceed $10,000 in value;
(6) payments to Creighton University that are directly related to the reasonable costs incurred in the conduct of the research and educational project as specified in the agreement between the external sponsor and Creighton University. It excludes any bonus or milestone payments that are in excess of reasonable costs incurred; or

(7) interests held directly through funds such as mutual funds, pension funds, or other institutional investment fund in which the Investigator/Support Personnel does not control the selection of investments.

Examples of payments, equity interests and property rights that constitute Significant Financial Interests can be found in Appendix “A” of this policy.

**Small Business Innovation Research (SBIR)** means the extramural research program for small business that is established by the PHS Awarding Components and certain other federal agencies under the Small Business Innovation Development Act, as amended. It also includes the Small Business Technology Transfer (STTR) Program.

**Procedure**

A. **Disclosure of Potential Conflicts of Interest**

The Office of Grants Administration shall provide all Investigator/Support Personnel with a copy of this policy and advise them of their reporting obligations.

1. **Initial Disclosure of Significant Financial Interest.**

   a. **Investigators/Support Personnel on Current Projects.** Investigators/Support Personnel participating in currently funded research or educational projects shall complete and submit a “Disclosure of Financial Relationship for Sponsored Projects” (Disclosure Form), Appendix “B” to the Director of Grants Administration (“Director”). The Disclosure Form shall include significant financial interests obtained during the previous 12 months or that are expected to exceed $10,000 during the next 12 month period.

   b. **New Research or Educational Projects.** All Investigator/Support Personnel shall complete and submit a Disclosure Form to the Director prior to the time the project is submitted to the external sponsor. The Disclosure Form shall include significant financial interests obtained during the previous 12 months or that are expected to exceed $10,000 during the next 12 month period. Grant application(s) will not be approved by Grants Administration until a Disclosure Form for all Investigator/Support Personnel involved in the project has been submitted.
### Externally-Sponsored Projects
#### Financial Conflict of Interest

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c. **Investigator/Support Personnel Added to an Existing Project.** Investigator/Support Personnel added to an existing research or educational project must complete and submit a Disclosure Form to the Director before they can be added to the project. No one shall be added to the project until the Disclosure Form has been reviewed pursuant to this policy.

2. **New or Additional Financial Interests.** If any Investigator/Support Personnel or his/her Family Member obtains a new or additional Significant Financial Interest during the period of the project, the Investigator/Support Personnel must submit an updated Disclosure Form to the Director within 30 days of acquiring the new or additional Significant Financial Interest.

3. **Annual Disclosure.** Investigator/Support Personnel shall annually submit an updated Disclosure Form to the Director on or before the 31st day of January for each project in which they are involved. The annual Disclosure Form shall include significant financial interests obtained during the previous calendar year (January 1 through December 31) or that are expected to exceed $10,000 during the next 12 month period.

### B. Review Process

1. **Initial Review by the Director of Grants Administration.** The Director, or his/her designee, will review each Disclosure Form to ensure that it has been properly filled out and signed by the Investigator/Support Personnel to determine the existence of any Significant Financial Interest.

   a. **Director of Grants Administration Determines there is No Significant Financial Interest.** If the Director determines that no Significant Financial Interest exists as outlined in this policy, the Director shall notify the Investigator/Support Personnel in writing and include this correspondence in the project file. In addition, the Director shall notify the external sponsor according to the sponsor’s policies.

   b. **Director of Grants Administration Determines there is a Significant Financial Interest.** If the Director determines that a Significant Financial Interest exists the Disclosure Form shall be referred to the Conflict of Interest Committee (CIRC). The CIRC shall determine in accordance with its written policies, whether any Conflict of Interest exists and if so, how to manage, reduce, or eliminate the Conflict of Interest before expenditure of project funds. If the project involves human subject research, the Director shall give a copy of the Disclosure Form to the Institutional Review Board (IRB). The Director shall notify the Investigator/Support Personnel that the matter has been referred to the CIRC (and IRB, where applicable) for review and that no project funds will be released until a final determination has been made.
2. **Conflict of Interest Review Committee Review Process.** The CIRC shall review (and where necessary investigate) all information contained in the Disclosure Form, in accordance with its written policies to determine the existence of any Conflict of Interest. If the CIRC determines that a Conflict of Interest exists, it shall, pursuant to its written policies, prepare a summary report and a Resolution Plan placing appropriate restrictions to manage, reduce or eliminate the Conflict of Interest. CIRC policies shall specifically address those situations where it is unable to place appropriate restrictions to manage, reduce or eliminate the Conflict of Interest.

3. **Review of Projects Involving Human Subjects Research.**
   
   a. **Presumption Against Participation of an Investigator/Support Personnel with a Significant Financial Interest.** The Significant Financial Interest(s) of an Investigator/Support Personnel involved in human subjects research may present real or perceived risks to the welfare of human subjects and may require additional review. For purposes of this policy it is presumed that an Investigator/Support Personnel may not participate in human subject research while they have a Significant Financial Interest in the project. The CIRC may grant an exception on a case-by-case basis if the Investigator/Support Personnel provides Compelling Circumstances or facts to continue maintaining the Significant Financial Interest and participate in human subjects research. These Compelling Circumstances or facts shall be consistent with the rights and welfare of human subjects. The CIRC shall establish written policies to require disclosure, monitoring and implementation of any other measures when the CIRC determines that Compelling Circumstances exist to allow the Investigator/Support Personnel to participate in human subjects research while retaining a Significant Financial Interest with the sponsor.

   b. **Role of the University’s Institutional Review Board (IRB).** The IRB may accept or decline the determination and resolution of the CIRC. The IRB is ultimately responsible for protecting the rights and welfare of human subjects and, if not satisfied that the CIRC’s final determination will protect the rights and welfare of human subjects, shall independently review the financial interest and either refuse to approve the study or recommend to the CIRC its requirements to manage, reduce or eliminate the Conflict of Interest.

E. **Appeal Rights**

If the Investigator/Support Personnel disagrees with the Resolution Plan, he/she may appeal the determination by submitting a written request to the CIRC for reconsideration along with any supporting materials. The CIRC shall review the request and supporting materials and issue its final determination which shall not be subject to further appeal. The Investigator/Support Personnel shall sign any Resolution Plan required by the CIRC before any funds will be expended under the project(s).
F. Records Retention

The Director of Grants Administration shall retain records of all financial disclosures and all actions taken by Creighton University with respect to each conflicting interest as follows:

- PHS Funded Projects: Three years after the date of submission of the final expenditures report or, where applicable, from other dates specific in 45 CF 74.53 (b) for different situations;

- NSF Funded Projects: Three years beyond the termination or completion of the project, or until the resolution of any NSF action involving those records, whichever is longer;

- All Other Externally Funded Projects: Three years after the termination or completion of the project.

G. Enforcement, Sanctions and Noncompliance

1. Generally. Investigator/Support Personnel are expected to fully comply with this policy. Examples of breaches of this policy include, but are not limited to, failure to submit the Disclosure Form, intentionally filing an incomplete, erroneous, or misleading Disclosure Form, or failing to provide any additional information requested by the Director of Grants Administration or CIRC. Failure to comply with this policy may result in disciplinary action ranging from a public letter of reprimand to dismissal and termination of employment or affiliation with the University. Disciplinary action will be consistent with and subject to Creighton University’s progressive disciplinary policy or applicable sections of the Faculty Handbook.

2. PHS Funded Projects.

a. If an Investigator/Support Personnel’s failure to comply with this policy has biased the design, conduct or reporting of the externally funded project, the Director of Grants Administration shall promptly notify the appropriate federal agency of the corrective action taken or to be taken.

b. If the Department of Health and Human Services determines that a PHS-funded project of clinical research evaluating the safety or effectiveness of a drug, medical device or treatment, was designed, conducted or reported by an Investigator/Support Personnel with a conflicting interest that was not disclosed or managed, Creighton University shall require the Investigator/Support Personnel to disclose the conflicting interest in each public presentation of the results of the research.
H. Other Requirements

1. **PHS Certification.** The appropriate Creighton University official shall certify on each PHS funded proposal that:
   
   - There is a written and enforced administrative process to identify, manage, reduce or eliminate conflicting interests;
   
   - Prior to the expenditure of any funds, a report will be made to the PHS Awarding Component of any Conflict of Interest (but not the nature of the interest or details) found by Creighton University and assure that the interest has been managed, reduced or eliminated. If any conflicting interest is identified subsequent to the initial report, a report will be made and the Conflict of Interest managed, reduced or eliminated at least on an interim basis, within 60 days of that identification; and
   
   - Upon request, make information available to the Department of Health and Human Services regarding all conflicting interests and how those interests have been managed, reduced or eliminated.

2. **PHS Notification.** Prior to the expenditure of any funds, the Director of Grants Administration shall submit a report to the NIH of any conflicting interest (but not the nature of the interest or other details) found by Creighton University and assure that the interest has been managed, reduced or eliminated. If any conflicting interest is identified subsequent to the initial report, a report will be made and the Conflict of Interest managed, reduced or eliminated at least on an interim basis, within 60 days of that identification.

3. **NIH Notification.** Prior to the expenditure of any funds, the Director of Grants Administration shall submit a report to the NIH of any conflicting interest (but not the nature of the interest of other details) found by Creighton University and assure that the interest has been managed, reduced or eliminated. If any conflicting interest is identified subsequent to Creighton University’s initial report, a report will be made and the Conflict of Interest managed, reduced or eliminated, at least on an interim basis, within 60 days of that identification.

4. **NSF Notification.** The Director of Grants Administration shall keep the NSF Office of the General Counsel appropriately informed if Creighton University finds that it is unable to satisfactorily manage a Conflict of Interest under an NSF funded project.
ADMINISTRATION AND INTERPRETATION

Questions regarding this policy may be directed to the Director of Grants Administration or General Counsel at Creighton University.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time. Nothing in this policy should be construed as a contract between Creighton University and its employees.
EXAMPLES OF SIGNIFICANT FINANCIAL INTERESTS

The following are examples of Significant Financial Interests as defined under Policy 3.1.10 that must be reported on the Statement of Significant Financial Interests Form. These examples are neither exclusive or exhaustive of the types of significant financial interests that may be reportable under Policy 3.1.10

- Payments (e.g., stipends, honoraria) from a sponsor, directly or indirectly, for speaking engagements when the Investigator/Support Personnel knows the source of the funding for the speaking fee. In those instances where the speaking fee is received indirectly from the sponsor, other than sponsor funded educational programs subject to ACCME requirements, you should disclose who determines the content, who selects the speakers and other factors that may assist in determining whether or not a conflict of interest exists.

- Income from service on the advisory board or scientific review panel for a for-profit pharmaceutical company that exceeds $10,000 for the previous calendar year or is expected to exceed $10,000 over the next 12 months from the date of completing the Conflict of Interest Form.

- Consulting fees from any sponsor (excluding service on an advisory board or scientific review panel of a government or non-profit company) that exceeds $10,000 for the previous calendar year or is expected to exceed $10,000 over the next 12 months from the date of completing the Conflict of Interest Form.

- A Family Member’s direct ownership of stock in a publicly traded company valued at over $10,000 that may or may not be affected by the project.

- Any payment incentives (money, gifts, other items of value) above and beyond the actual costs of enrollment, conduct of the research and reporting of the results, such as finders fees, recruitment bonuses, enrollment bonus for reaching an accrual goal.

- Payments for protocol or study design that exceed $10,000 in the previous calendar year or that are expected to exceed $10,000 over the next 12 months.

- A right or expectation of obtaining a proprietary interest related to the project or related to any test article or device that will be used in the project, including any proprietary interests that you may assign to any entity, including Creighton University.

- Serving as an officer or director (whether or not paid for such service) with any entity providing funds or other support to the project or in any entity that may be affected (benefited or harmed) by the results of the project (i.e., competitor, customer, collaborator or affiliate of a commercial sponsor).

- Planning to use project funds to purchase items or services from an entity in which you or a Family Member have an interest (stock, stock options, employment, partnership)

- Holding a 10% partnership interest (valued at $5,000) in an entity that may be impacted (detriment or benefit) by the proposed project.
CREIGHTON UNIVERSITY
DISCLOSURE OF FINANCIAL RELATIONSHIP
FOR SPONSORED PROJECTS
Investigator/Support Personnel

Date: __________
Name (Print): ____________________________________

☐ Initial Disclosure  ☐ Update  ☐ Annual Disclosure (CY ____)

☐ Investigator  ☐ Co-Investigator  ☐ Support Personnel

This Form shall be completed by all Investigator/Support Personnel pursuant to University Policy 3.1.10., Externally-Sponsored Project Financial Conflict of Interest Policy.

Section A. Financial Interests/Relationships

Report all financial interests/relationships currently held, or held within the past 12 months (or during the previous calendar year for annual disclosures), unless otherwise stated, indicating the amount of the financial interest/relationship and the entity or organization. This form must be updated with 30 days of acquiring any new or additional financial interests/relationships.

1. Payment for Services. Any and all salaries and other payments for services (e.g., consulting fees; honoraria, study design; management position, independent contractor, service on advisory committees or review panels of for-profit entities, board membership of for-profit entities; seminars, lectures or teaching engagements for for-profit entities), when totaled together exceeded $10,000 during the previous 12 months or are expected to exceed $10,000 over the next 12 months.

☐ Yes  ☐ No

If Yes, note amount with explanation of source:
________________________________________________________________________________________________
________________________________________________________________________________________________

2. Equity (Ownership) Interests. Any and all equity interests or ownership interests (e.g., stock, stock options, partner) in entities related to the research activity that when totaled together exceed $10,000 in value or represent more than 5% equity/ownership interest. EXCLUDES INTERESTS IN DIVERSIFIED MUTUAL FUNDS.

☐ Yes  ☐ No

If Yes, note amount with explanation of source:
________________________________________________________________________________________________

3. Other Financial Interests or Relationships. Any and all loans, payments, gifts, in-kind contributions or similar financial interests or relationships with research related entities.

☐ Yes  ☐ No

If Yes, note amount with explanation of source:
________________________________________________________________________________________________
4. **Incentives.** If involved in any research activity will you receive any money, gift or anything of monetary value above and beyond the actual costs of enrollment, conduct of the research, and reporting on the results, including, but not limited to, finders fees, referral fees, recruitment bonuses, an enrollment bonus for reaching an accrual goal or similar types of payments.

   - Yes
   - No

If Yes, note amount with explanation of source:

________________________________________________________________________________________________
________________________________________________________________________________________________

5. **Other.** Any other interests or relationships (including volunteer services) that might constitute a conflict of interest or an appearance of conflict of interest in connection with the research project.

   - Yes
   - No

If Yes, note amount with explanation of source:

________________________________________________________________________________________________
________________________________________________________________________________________________

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**Section B. Declaration**

- I, my spouse and/or my dependents **have** a significant financial interest with an entity (or its affiliate) that is providing funds or other support for any research and/or education project, or that may be affected by the research and/or education project as noted in Section A above.

- I, my spouse and/or my dependents **do not have** a significant financial interest with an entity (or its affiliate) that is providing funds or other support for any research and/or education project, or that may be affected by the research and/or education project.

**Section C. Attestation**

I affirm that I:

- Have read the University Policy 3.1.10, Externally Sponsored Project Financial Conflict of Interest Policy and agree to abide by its terms.

- Will update this Disclosure Form on an annual basis or as any new reportable significant financial interest arises.

- Will comply with any resolution plan proposed by the CIRC (and/or IRB, if the project involves human subjects) to manage, reduce or eliminate any actual or potential financial conflict of interest before conducting any research or educational activity where a conflict of interest has been identified by the CIRC.

Signed: ___________________________ Dated: ___________________________

(Original Signature only – a “per” signature is not acceptable)

*Submit the completed and signed form to the Director of Grants Administration*
I. PURPOSE

The purpose of this policy is to protect the best interests of Creighton University when entering into any transactions by ensuring that such transactions will not be adversely affected by the conflicting interests of those the University employees responsible for the transaction.

II. POLICY

It is the policy of the University that all employees must carry out their responsibilities to the University in the best interests of the University.

Further, all employees must disclose to the University any potential conflicting interests.

III. DEFINITIONS

A. Conflicting Interest: A potential or actual conflict of interest exists when commitments and obligations to the University are likely to be compromised by a person’s other interests or commitments, especially financial. This includes:

1. An existing or potential financial interest which may affect or appear to affect the individual’s independent judgment while performing his/her duties for the University.

2. An existing or potential non-financial interest which may affect or appear to affect the individual’s independent judgment while performing his/her duties for the University.

3. Receiving or the possibility of receiving a material, financial or other benefit from knowledge of confidential or proprietary University information.

B. Employee: Includes full and part time employees, staff and faculty.

C. In addition, a conflict may occur if situations 1-3 above exist concerning a member of the immediate family of the employee (spouse, child, parent, or parent-in-law).

IV. PROCEDURE

A. University employees must carry out their duties and responsibilities to the University in a manner which is both loyal to the best interests of the University and avoids the appearance or actual presence of a conflict of interest.
Policies and Procedures

SECTION: Financial

CHAPTER: General

POLICY: Conflict of Interest Policy for All Employees

B. Where an employee reasonably believes that a conflict of interest may exist or appear to exist, the employee must promptly and fully disclose the conflict to his/her next higher administrator in the employee's supervisory line who is at least at the level of departmental director or chair, refrain from participation in the matter until the question is resolved, and follow any directions given by the University concerning the matter.

C. An administrator who receives a disclosure shall:

1. Review the conflict or potential conflict with the employee;

2. Determine whether the administrator's supervisor should review the gathered information on the conflict or potential conflict;

3. Recommend and initiate actions to manage, reduce, or eliminate the conflict; and

4. Report annually to his/her Vice President how any significant conflicts of interest have been resolved.

D. Where a supervisor is asked to address a potential conflict of interest, any such potential conflict which cannot be reasonably resolved or eliminated shall be reviewed with the assistance of the General Counsel.

E. Where the potential conflict of interest affects a proposed or ongoing research project which has an external sponsor, such conflict of interest must be disclosed and addressed pursuant to the University’s Financial Conflict of Interest Policy Pertaining to Externally-Sponsored Projects, which is a separate and independent conflict of interest policy requiring separate compliance.

F. Violations of this policy may lead to disciplinary action including written warning, suspension or termination.
I. PURPOSE

The purpose of this policy is to protect the best interests of Creighton University when entering into any transactions by ensuring that such transactions will not be adversely affected by conflicting interests of those University employees responsible for the transaction.

II. POLICY

It is the policy of the University that all officers and senior administrators must carry out their responsibilities to the University in the best interests of the University. Further, officers and senior administrators should, when acting on behalf of the University, act at all times in a manner which avoids even the appearance of a conflict of interest unless and until disclosure of the conflict is made in accord with Article IV.B.

All officers and senior administrators must disclose to the University, at least on an annual basis, any actual or potential conflicting interests.

III. DEFINITIONS

A. Conflicting Interest: A potential or actual conflict of interest exists when commitments and obligations to the University are likely to be compromised by a person’s other interests or commitments, especially financial. This includes:

1. An existing or potential ownership or investment interest in an entity with which the University has a transaction or arrangement.

2. An existing or potential compensation arrangement with any entity or individual with which or with whom the University has a transaction or arrangement.

3. An existing or potential ownership interest, investment interest or compensation arrangement with an entity or individual with which or with whom the University is negotiating a transaction or arrangement.

4. Holding a position which involves a management function (director, officer, trustee, partner, or manager) for another entity or individual with which or with whom the University is negotiating a transaction or arrangement or has an existing transaction or arrangement.
Policies and Procedures

SECTION: Financial

CHAPTER: General

POLICY: Conflict of Interest Policy for Officers and Senior Administrators

5. A non-financial interest which impairs or appears to impair the individual's judgment when performing University responsibilities.

An ownership or investment interest may be through equity, debt, or other means. Compensation includes any direct or indirect payment in cash or in kind, including gifts or favors that are substantial in nature (more than $100) or forgiveness of debt.

In addition, a conflict may occur if situations 1-5 above exist concerning a member of the immediate family of the officer or senior administrator (spouse, child, parent, or parent-in-law).

B. Officers: President, Vice Presidents, Secretary and Treasurer.

C. Senior Administrators: As set forth on Exhibit A which shall be updated annually and kept on file in the President's Office.

IV. PROCEDURE

A. University officers and senior administrators must carry out their duties and responsibilities to the University in a manner which is both loyal to the best interests of the University and avoids the appearance or actual presence of a conflict of interest unless and until disclosure of the conflict is made in accord with Article IV.B

B. Where an officer or senior administrator reasonably believes that a conflict of interest may exist or appear to exist, the officer or senior administrator must promptly and fully disclose the conflict, refrain from participation in the matter until the question is resolved, and follow any directions given by the University concerning the matter.

1. All officers (other than the President), and all senior administrators who normally report directly to the President must report potential conflicting interests to the President.

2. The President must report potential conflicting interests to the Chair of the University’s Board of Directors.

3. A senior administrator must report potential conflicting interests to the Vice President of his/her division.
### Policies and Procedures

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**POLICY: Conflict of Interest Policy for Officers and Senior Administrators**

**C.** Officers and senior administrators are required to make annual disclosures to the University of any potential or actual conflicting interests as defined in Section III of this Policy. Annual disclosures are required to be made as of July 1 of each fiscal year and filed by July 15 of each year. Officers and senior administrators are responsible for providing notification to the administrative level as set out above of any instances of conflict of interest occurring in the interim period between annual reports.

**D.** The President, Vice President, or Board Chair to whom conflicts are to be reported as set forth above in IV. B., shall be required to review the annual disclosures of each officer, senior administrator, and the President, as the case may be. Each shall determine whether a conflict exists and, if so, what action should be taken by the University to manage, reduce, or eliminate the conflict. The President, Vice President, or Board Chair may determine that disclosure of the conflict itself eliminates the need for further action other than monitoring. Not all conflicts of interest are impermissible. It is important for the University to determine that the conflict does not compromise the officer's or senior administrator's primary obligation to the University. Each person to whom conflicts are reported is encouraged to consult with University General Counsel in making his/her determination in less than clear cases.

**E.** Violations of this policy may lead to disciplinary action including written warning, suspension or termination.
INTRODUCTION

Educational activities of universities are commonly carried out through departments. Circumstances may exist in which the departmental organizational structure is not the optimal mode of organizing university activity for the conduct of research, the provision of professional services, or the support of interdisciplinary teaching. When such research, service, or teaching activities acquire a scale and scope beyond that of existing academic units, the University may establish non-departmental organizational units. The term "institute" will be applied to such units. This document is University policy on such institutes.

INTENT OF THIS POLICY

This policy is intended to accomplish the following: (1) to establish guidelines for creating new institutes at Creighton; (2) to establish guidelines for periodic review of the effectiveness of institutes, with mechanisms for recognizing and rewarding exemplary efforts, as well as for terminating institutes that have outlived their appropriate functions; (3) to establish administrative procedures and reporting procedures for institutes; and (4) to establish a framework which will regulate Creighton's support of institutes.

DEFINITION

An institute is an academic unit that involves faculty members, other scholars and students in research, service or interdisciplinary instruction. The institute's activities may be supported by additional personnel. The institute will usually have interests and activities which cross departmental or school boundaries, but may be a unit within a department when it is of a size or scope that exceeds the requirements of a normal department.

AUTHORITY

Institutes shall be established by the President. Administration of institutes is delegated by the President to the appropriate Academic Vice President, and may be further delegated. No institute may be established until review as herein prescribed has been completed, nor may an institute be continued without periodic review. The Vice President concerned shall report to the President all major reorganizations affecting institutes.
# Policies and Procedures

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## ADMINISTRATION

The chief officer of an institute, the Director, is appointed by the appropriate Vice President. Rules governing the establishment, approval, funding, operation, and review of the institutes; appointment and review of directors; personnel matters; and all policies and procedures relating to institutes, shall be issued by the President after consultation as outlined in the Administrative Procedures section.

## PURPOSE

Institutes are established to contribute to the mission and goals of the University and, in particular, should provide a significant opportunity to advance the scholarly, scientific, artistic, professional, or technological aspects of important fields. They must provide students with added research, clinical instruction, or other learning opportunities, facilities, and assistance. They should strengthen interdisciplinary programs of research, teaching, and service conducted by the faculty, explore opportunities lying outside traditional departments, or expand an operation beyond the scope or scale of existing departments.

## SCOPE

An institute will usually be interdisciplinary in scope, involving the faculty and students of two or more departments. An institute may, however, be established if the scope and objectives of its research, service, or instruction exceed those of a normal, fully staffed and balanced department, or if special opportunities to create or strengthen collaborative activities exist. An institute is expected to provide opportunities for the participation of students in its activities.

## FUNDING

The activities of an institute may be funded by internal budgetary allocations, by extramural funds sought for that purpose, or both.

## APPOINTMENTS IN INSTITUTES

Participants in an institute may have their principle University appointment in the institute or in other academic units of the University. An institute may not, however, recommend or confer the titles Assistant or Associate Professor or Professor, although persons holding such title by virtue of other University appointments may be compensated by the institute for that portion of their effort devoted to the institute.
Other specific titles, annual review procedures, and promotion standards or institute personnel shall be designated and used uniformly in institutes throughout the University.

**ADMINISTRATIVE PROCEDURES**

**DEFINITION AND PURPOSES**

1. An institute is an academic unit of the University established to carry out the mission and goals of the University in accord with these policies. An institute may not have sole jurisdiction over courses and curricula and cannot offer courses for credit toward a degree without co-sponsorship by a department. An institute may not separately admit graduate or undergraduate students, nor may it function independently of other schools or colleges as a degree-granting unit of the University. However, an institute may perform other academic functions ordinarily carried on by departments, e.g., organize research conferences and meetings, advise on curricula, help professors provide guidance for students, and manage interdisciplinary instruction.

2. An institute shall be identified as an institute only when it has been approved as such by the President. It is important to distinguish between formally established institutes and research projects of a less formal character. In the solicitation of extramural funds for a research project that has not been proposed, reviewed, and approved for institute status, care should be taken not to use terminology nor to make representations which suggest that the project is in fact a University-approved institute or is about to become one.

**LINES OF RESPONSIBILITY**

3. An institute shall be headed by a Director who is administratively responsible to the appropriate Academic Vice President or, by his delegation, to an academic officer such as a dean of a school or college. The extent to which the institute is interdisciplinary and has activities which cross school lines shall influence the delegation of reporting authority.

**ADMINISTRATION, BUDGETARY SUPPORT, PERSONNEL**

4. Usual University budgetary process and procedures will apply to institutes, just as they do to departments and schools or colleges.
PROCEDURE TO ESTABLISH AN INSTITUTE

5. Certain procedures must be followed to establish a new institute. The primary function of these procedures is three-fold: (1) to ensure that a full measure of consultation with all concerned elements of the University has occurred, (2) to ensure that the proposal has merit, and (3) to ensure that the proposal does not conflict with the mission and goals of the University.

Written proposals requesting the establishment of a new institute may originate with any element of the University.

The proposal shall contain at least the following:

a. A description of the purpose of the institute and the knowledge, service, and/or instruction that the institute may be expected to contribute;

b. A description of the extent to which the proposed institute would duplicate the work of other institutes and departments of the University;

c. A description of similar organizations at other universities;

d. Names of faculty members who are interested in participating in the institute's activities;

e. A statement about anticipated effects of the proposed institute on the teaching programs of the participating faculty members' departments;

f. Projections of numbers of faculty members and students, research appointees, and other personnel;

g. Budget estimates for the first year of operation and projections for following years;

h. Sources of funding, relationships between the members of the institute and the funding source, and any restrictions imposed by these sources;

i. A statement about immediate space needs and realistic projections of future space needs;

j. A statement of other needs such as capital equipment and library resources.
Policies and Procedures

SECTION: Academic Concerns

CHAPTER: General

POLICY: Institutes Policy

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6. Such proposals shall be submitted through the appropriate dean or deans to the appropriate Academic Vice President, who will organize an ad hoc review of administrative aspects of the proposal. This review will include the comments and recommendations of the involved deans. At his discretion, the Vice President may find it effective to consult with other sectors within the institution. This review shall be assembled from these various sources by the Vice President and forwarded by him with his own recommendation to the President. The review shall pay particular attention to the following matters:

a. That space and University resources sufficient to meet the projected needs of the institute can be reasonably expected to exist;

b. That the source and solicitation of funding has been considered within the context of the University's overall interests;

c. That the purposes to be served are consistent with the mission, goals, needs, and priorities of the University and do not inappropriately duplicate existing programs;

d. That assurances exist that no donor or grantor shall have control over a program or project beyond that implied by mutually agreed-upon requirements for financial accountability and reporting;

e. That no conditions are attached to any gift, grant, or contract that would in any way jeopardize the University's commitment to the principles of academic freedom, nondiscrimination, and the free dissemination of research results;

f. That all appointments are made in accord with established University procedures.

At this same time the Vice President shall also organize a review of the academic aspects of the proposal. For this purpose he shall gather an ad hoc group knowledgeable in the general areas related to the proposed institute. This ad hoc group shall prepare a written report to the Vice President paying particular attention to the following matters:

a. That the proposed institute is an academically worthy one, consistent with the mission of the University, and expected to be in a potentially competitive position; and

b. That the proposed institute conforms to the Purposes as outlined herein.

It is also important that the larger University community be aware of the proposed creation of such new institutes. Therefore, at a timely point in the review of request for new institutes, the Vice President shall formally inform the following bodies that the creation of a new unit is under study:
1) The other Vice Presidents;
2) The Council of Deans;
3) The Academic Council.

The proposal, the administrative review, the ad hoc review by experts, and other information that may be gathered form the basis for the recommendations of the Vice President to the President.

**PROCEDURES FOR APPOINTING A DIRECTOR**

7. The Director of an institute is appointed by the Vice President after consultation with the members or prospective members of the institute, appropriate faculty members, and the administrative officer(s) to whom the Director will report, and where appropriate, on the recommendation and with the concurrence of the appropriate dean or deans.

**PROCEDURE FOR REVIEW OF INSTITUTES**

8. The Vice President shall conduct a review of each institute at intervals of five years or less. In conducting this review, the Vice President shall seek the advice of an ad hoc committee of persons familiar with the academic areas within which the institute works, and of the administrative officer to whom it reports.

A major basis for reviewing institutes shall be examination of documents routinely prepared by the institute in the course of its usual activities, such as final reports to sponsors and/or annual documents submitted to the University as part of the budget process. Normally, review of such documents shall precede other more demanding information-gathering activities, if the latter are, in the judgments of the reviewers, needed at all. The first review of an existing institute shall be sufficiently extensive so that the resulting review reports conform roughly to the requirements specified for pre-establishment review of a new institute. At the discretion of the reviewing committee, subsequent reviews may be less extensive. Each review shall make a recommendation about the institute's establishment or continuance; it may also suggest changes.

The review committee shall transmit its report and recommendations to the Vice President, with copies to the Director of the institute and to the administrative officer to whom the institute reports. Each of the latter may, if they wish, transmit written comments on the review and recommendation to the Vice President. If, in the Vice President's judgment, circumstances warrant discontinuance of the institute, such discontinuance is referred to the President for final action.
When a decision is made to discontinue an institute, sufficient time should be provided to insure an orderly termination or transfer of contractual obligations and other programs. Discontinuance of an institute shall take place through phased reductions in program activities and in such University support as may exist, over a period not normally to exceed one year from the date of decision by the President to discontinue.

The effectiveness of each Director shall likewise be reviewed at intervals of five years or less, preferably at the time the institute is being reviewed, following the same procedure as for the institute review. If the institute is to be continued, the decision whether to continue the appointment of the Director is made by the Vice President.

REPORTS

Annually, each institute shall submit a report to the officer to whom it is responsible, with copies for the Vice President. This report shall include:

a. Information deemed relevant to the evaluation of an institute's effectiveness, including research, service and/or teaching accomplishments and projection of plans;

b. Number of faculty members engaged in the institute's program or its supervision;

c. Numbers and FTE's of professional, technical, administrative, and clerical personnel employed;

d. List of publications by the institute's staff;

e. Sources and amounts (on an annual basis) of support funds;

f. Expenditures;

g. Description and amount of space currently occupied;

h. Numbers of students at all levels involved in the institute's work, and descriptions of their participation.
PURPOSE

The purpose of this policy is to describe the principles that will ensure the quality of distance education programs at Creighton University.

POLICY

The following seven sections address the four major educational components and the three support issues related to offering distance education programs at Creighton University. The educational component sections are:

- Learning Goals
- Assessment
- Educational Environment
- Quality Review

The enabling support sections are:

- Faculty Development and Support
- Technology Support
- Student Support Systems and Services

Before schools and colleges begin to develop distance education programs or courses they must consult with the Division of Information Technology to determine the feasibility of the proposed distance education project.

SCOPE

This policy applies to all courses with a technological component that substitutes for substantial* classroom contact hours to facilitate student learning when the faculty and students are separated by physical distance. These include courses within approved distance education programs of study, courses within approved traditional programs of study, and hybrid courses within these programs of study.

Learning goals

1. Learning goals for any distance education program must be defined and promulgated.
2. Learning objectives for each course must be defined and made available to the student in the course syllabus.
B. Assessment

All distance education programs and courses must have assessment plans that are congruent with the program and course learning goals. Schools, colleges, and departments should follow the Higher Learning Commission’s “Best Practices in Distance Education” or other national standards as a guide in developing assessment procedures.

Assessment information must be reviewed annually to determine if the program/course is achieving its stated goals. Attention should be paid to the differences in outcomes between courses and programs taught in the traditional, face-to-face format and those taught in a distance-learning format. The assessment information should be used to refine the program/course to better achieve the stated goals.

Assessment strategies should be employed as integral parts of the learning experience, thereby enabling schools and colleges, faculty, and students to assess their progress, to identify areas for review, and to revise strategies for meeting these goals.

Assessment strategies should be appropriate for the teaching-learning interaction (i.e. face-to-face or distance).

Distance students should be provided periodic opportunities throughout the semester and accessible methods for providing feedback on the teaching and technology strategies.

The Office of Academic Excellence and Assessment will provide consultation and support to schools and colleges as each develops and implements assessment procedures.

Educational Environment

The course content should be sequenced and structured to enable students to achieve the goals articulated in the learning outcomes. Specific instructional activities should provide students with experiences to develop the necessary skills, abilities, and knowledge to meet the goals and objectives of the course.

2. The selection and use of instructional media and tools should be based upon their ability to support the learning goals and objectives of the program.

3. When courses are offered from/by a single unit (e.g. college, school, academic department), a standard template should be used by that entity. Templates will include integration of a CU logo, navigational schemes, and page layouts that exemplify best practices.

4. Distance education courses must be tested to determine functionality from a user’s perspective prior to delivery.
5. Prior to admission, the college/school must inform the prospective student of the educational environment, including:
   The required access to technologies that are used in the program;
   The technical competence required of students in the program, as well as independent learning expectations, and the potential challenges of learning in the program’s technology-based learning environment;
   The average program costs, as well as payment and refund policies;
   The program objectives and the time frame needed to complete the program;
   The curricular design and time frame of each course, and the learning objectives of each course;
   Library and other learning services available to support their learning, as well as how to access them;
   All other appropriate support services available to them from the University (see Section G below);
   Arrangements for interaction with the faculty and fellow students;
   The estimated time for program completion.

6. Effective learning environments should involve meaningful interactions between the student and instructor, with the instructional materials and, when appropriate among the students.

7. An opportunity for social interactions among students should be provided for students enrolled in a distance education program.

Quality Review

1. Each school or college that currently offers distance education courses or programs will certify its review process by providing evidence of:
   a. A written review process in place;
      Implementation of that process.

2. There will be one office, the Office of the Academic Vice-President, within the institution designated as the repository to receive annual reports to attest to the certification of the review process and to serve as the point of contact with the Higher Learning Commission. Other national and regional professional accreditation bodies will access reports from units being accredited through the units’ administrative reporting channels.
E. Faculty Development and Support

1. The University will provide support for instructional design and development of distance education programs and courses that include appropriate services for faculty in the creation and preparation of instructional materials for delivery via distance education.

   Prior to developing distance education courses or programs instructors must be educated about research-based distance education best practices, including teaching, learning, technology and assessment practices and the incorporation of these practices into courses.

   Faculty may avail themselves of various faculty development resources internal and external to Creighton University to obtain the needed preparation for delivery of distance education. These resources will be approved by each Dean who may consult with the Office of Academic Excellence and Assessment.

   Any additional time, stipend, materials (hardware, software), etc. needed to develop, deliver, and assess distance education programs/courses must be negotiated between the instructor and the appropriate administrator. These negotiations must take into consideration the University policy on Intellectual Property addendum.

Technology Support

1. The University has the responsibility to provide the technology infrastructure support needed to deliver distance education.

   2. Before schools and colleges begin to develop distance education programs or courses they must consult with the Division of Information Technology to determine the feasibility of the proposed distance education project.

   3. Decisions involving the adoption of technologies will be the result of collaborative efforts among the academic units and their faculties, the Division of Information Technology and other entities involved in the delivery of distance education.

   4. Technology support services will be in place to ensure the effective use of technologies in distance education programming for students, instructors, and staff.

   Contingency strategies will be planned by the academic unit and the Division of Information Technology that will enable a quick recovery from technology-related interruptions.

Student Support Systems and Services

1. Prior to admission to the program of study, the college/school will ascertain that the prospective student is qualified to be admitted to the program.
2. Distance education students will be charged a student fee (normally equivalent to the University Fee.) The amount and distribution of the fee will be determined by the Vice President for Administration and Finance after consultation with the school/college requiring the services and programs and with the departments whose services and programs will be needed by the distance education students enrolled in the program of study.

3. All distance education students will have access to the support services designated by their program fee structure. These services will be described in the Bulletin of the academic unit. Such services and programs include, but are not limited to:
   a. Accurate and timely information about the program, policies, and requirements;
   b. Academic advising and monitoring of student academic progress;
   c. Access to appropriate financial aid, including information about policies, available scholarships and other forms of aid, and about the processes of applying for such aid;
   d. Career services;
   e. Library resources appropriate to the program;
   f. Bookstore services;
   g. On-going technical support appropriate to the program;
   h. Access to grievance procedures;
   i. Access to faculty and other distance students to facilitate learning and to develop a sense of community.

4. Regular feedback mechanisms should be designed and implemented to assess the success and failures of the various student support systems created for the distance education system.

5. Each school or college offering a distance education program is responsible for providing an integrated point of contact (web-based and/or phone-based) for its distance education students.

*Refer to the appropriate Dean to define the term substantial.

NOTE – The principles in this policy were adapted from an article by Lawrence C. Ragan, Good Teaching is Good Teaching: An Emerging Set of Guiding Principles and Practices for the Design and Development of Distance Education, in Cause/Effect, Vol. 22 No. 1, 1999.
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Faculty with non-tenure track appointments are subject to the same review as those in tenure tracks.
Policies and Procedures

SECTION: Academic Concerns

CHAPTER: Faculty

POLICY: Research Misconduct

PURPOSE

The purpose of this policy is to establish procedures to thoroughly, timely, objectively, and fairly evaluate, investigate and respond to allegations of research misconduct to protect the health and safety of the public and promote the integrity of biomedical or behavioral research, research training or activities related to that research or research training conducted at Creighton University and to protect federal funds and equipment, as appropriate.

POLICY

Creighton University fosters a research environment that promotes the responsible conduct of research, research training, and activities related to that research or research training. Creighton University shall promptly respond to all allegations or evidence of possible research misconduct according to this policy and shall report, as required by law, any investigation and finding of research misconduct by any faculty, staff, student, or agent of Creighton University.

SCOPE

This Policy applies to faculty, staff, students, and agents of Creighton University engaged in research, research training or activities related to research or research training, regardless of the funding source.

This policy applies to allegations of research misconduct in research, research training or activities related thereto, and research misconduct involving applications or proposals for funding of research, research training or activities related thereto. It also applies to any research proposed, performed, reviewed, or reported, or any research record generated from that research, regardless of whether an application or proposal for funding resulted in a grant, contract, cooperative agreement, or other form of support.

DEFINITIONS

“Complainant” means any a person who in good faith makes an allegation of research misconduct.

“Preponderance of the evidence” means proof by information that, compared with opposing information, leads to the conclusion that the fact at issue is more probably true than not.

“Research” means a systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) relating broadly to public health by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to biological causes, functions or effects, diseases, treatments, or related matters to be studied.
“Research record” means the record of data or results that embody the facts resulting from scientific inquiry, including, but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided by the Respondent during the course of the research misconduct proceeding.

"Research Misconduct" means fabrication, falsification, or plagiarism (as those terms are defined below) in proposing, performing, or reviewing research or in reporting research results. It does not include honest error or differences of opinion.

"Fabrication" is making up data or results and recording or reporting them.

"Falsification" is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

"Plagiarism" is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

“Respondent” means the person against whom an allegation of research misconduct is made, and is the subject of a research misconduct proceeding.

**PROCEDURES**

A. General Institutional Responsibilities

1. **Phases of a Research Misconduct Proceeding.** Creighton University shall take the following steps in response to an allegation of research misconduct:

   a. **Allegation of Research Misconduct.** A report, either written or oral, of possible research misconduct.

   b. **Institutional Inquiry.** A preliminary information-gathering and fact finding process to assess whether the allegation has substance to warrant an investigation.

   c. **Notices.** Notices are sent to Respondent, Complainants, the Dean, the Vice President of the involved area, and to any applicable Federal Agency of any decision to initiate an investigation of research misconduct.

   d. **Institutional Investigation.** The formal development of a factual record, and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct, which may include a recommendation for corrective action or other appropriate actions.

   e. **Federal Agency Notice.** Notice sent to any applicable Federal Agency who funds or has oversight of the research activity involved in the research misconduct proceedings of Institutional Investigation findings and actions related to the research misconduct proceeding.
2. **Confidentiality.**
   
a. **Identity of Participants in Research Misconduct Proceedings.** Disclosure of the identity of respondents, complainants and witnesses involved in research misconduct proceedings is limited to those who need to know, to the extent possible consistent with a thorough, competent, objective and fair research misconduct proceeding, and as allowed or required by law.

b. **Records and Evidence.** Except as otherwise required by law, confidentiality shall be maintained of all records and evidence from which research subjects might be identified. Disclosure of such information is limited to those who have a need to know to carry out a research misconduct proceeding.

3. **Safeguards.** The rights, privacy, positions and reputations of all parties involved in the research misconduct proceedings shall be protected. No one shall retaliate against any complainant, witness or committee member who, in good faith, participates in a research misconduct proceeding.
   
a. All reasonable and practical efforts shall be taken to restore the position and reputation of respondents where there is no finding of research misconduct.

b. All reasonable and practical efforts shall be taken to restore the position and reputation of any complainant, witness, or committee member and to counter potential or actual retaliation against these individuals.

c. Disciplinary action will be taken, in accordance with University policy, against anyone who fails to act in good faith in either bringing an allegation of research misconduct, cooperating during the research misconduct proceedings (i.e. providing evidence) or serving as a member of either the Ad Hoc Inquiry or Ad Hoc Investigatory Committee. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceeding.

4. **Mandatory Notice to Federal Agency during Initial Report/Inquiry or Investigation.**

   At any time during a research misconduct proceeding, Creighton shall immediately notify the relevant federal agency if it has reason to believe that:
Policies and Procedures

SECTION: Academic Concerns

CHAPTER: Faculty

POLICY: Research Misconduct

NO. 4.2.2.

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a. Research activities should be suspended;
b. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
c. Federal agency resources or interests are threatened;
d. Federal action is required to protect the interests of those involved in the research misconduct proceeding;
e. The research community or public should be informed;
f. There is reasonable indication of possible violations of civil or criminal law; or
g. That the research misconduct proceedings may be made public prematurely so that the appropriate federal agency can take appropriate steps to safeguard evidence and protect the rights of those involved.

In such an instance, the Dean(s) of the School/College conducting the research misconduct proceeding shall notify the Research Compliance Officer who shall notify the appropriate federal agencies.

5. Notice to Non-Federally Funded Entities

At any time during the research misconduct proceeding, the entity funding the activity shall be notified as required by the funding agreement. The Dean(s) of the School/College conducting the research misconduct proceeding shall notify the Research Compliance Officer who shall notify the funding entities.

B. Allegation of Research Misconduct Stage

1. Receipt of an Allegation of Research Misconduct. A good faith report of possible research misconduct may be made, either verbally or in writing, to any University official, including, but not limited to the reporting individual’s supervisor, Administrator, Dean or Vice President, the Research Compliance Officer (280-2360) or the Research Compliance Hotline (280-3200). A report of possible research misconduct is not in good faith if it is made with knowing or reckless disregard for information that would negate the allegation. The report of possible research misconduct shall be documented (if not already documented by the complainant) and immediately sent to the Dean(s) of the School/College under which the research is conducted and the Research Compliance Officer. If there is more than one school/college involved in the allegation of research misconduct, then the Deans of those schools/colleges shall be jointly responsible for determining if an inquiry is warranted, setting the inquiry date and appointing members to the Ad Hoc Inquiry Committee, and where necessary, the Ad Hoc Investigation Committee.
2. **Review of Allegation by Dean(s).** The Dean(s) shall review the allegation of research misconduct to determine whether or not an inquiry is warranted. An inquiry is warranted if the allegation falls within the definition of research misconduct under the “Definitions” Section of this policy and it is sufficiently credible and specific so that potential evidence of research misconduct may be identified.

3. **Setting the Date of Institutional Inquiry and Appointment Ad Hoc Committees.** If the Dean(s) determine that an inquiry is warranted pursuant to paragraph 2 above, a date(s) for the institutional inquiry shall be scheduled. The Dean(s) shall then appoint an Ad Hoc Inquiry Committee to conduct an initial review of the evidence to determine whether to conduct an investigation. If necessary, the Dean(s) shall also appoint an Ad Hoc Investigation Committee. The Dean(s) shall make every effort to appoint persons with appropriate knowledge and expertise to the Ad Hoc Committees and shall ensure that anyone appointed to either Ad Hoc Committee does not have unresolved personal, professional or financial conflicts of interest with the complainant(s), respondent(s) or witnesses. The Ad Hoc Committees shall be composed of such persons whom the Dean(s) may choose to designate to serve, provided, however, that at least two (2) members shall be from outside the affected Department/Division. It is desirable that an appropriate Associate/Assistant Dean and two tenured faculty members of the school/college involved be appointed to the Ad Hoc Committee, but this is not a formal requirement. Members of the Ad Hoc Investigation Committee may include some or all of the members from the Ad Hoc Inquiry Committee, as well as other members as may be appointed by the Dean(s). Individuals from the department of the complainant(s) or respondent(s) should not participate in either Ad Hoc Committee. The Dean(s) shall designate one of the Ad Hoc Committee members to act as Chair for each Ad Hoc Committee. The Ad Hoc Committees may rely upon consultants with expertise or knowledge in the area of research under inquiry and/or investigation.

4. **Notice to Respondent(s) of Allegation.** The Dean(s) shall notify the presumed respondent(s), in writing, of the allegation of research misconduct prior to the start of the institutional inquiry. A copy of the notice shall be sent to the respondent’s departmental chairperson, administrator, or supervisor and the Vice President(s) of the respondent’s area.

5. **Custody of Research Records.** On or before the date on which the respondent(s) is notified, the Dean(s) shall take all reasonable and practical steps to obtain custody of all known research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and hold them in a secure manner to be available for the research misconduct proceedings. Where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.
### Ensuring Cooperation during the Research Misconduct Proceeding.

Faculty, staff, students and agents, including complainant(s), respondent(s) and witnesses, shall cooperate in the research misconduct proceedings, including, but not limited to, being present as requested during the research misconduct proceeding, and providing relevant and truthful information and research records and evidence.

### Institutional Inquiry Stage.

1. **Review by Ad Hoc Inquiry Committee.** The Ad Hoc Committee shall conduct an initial review of the evidence to determine whether to conduct an investigation. A full review of the evidence related to the allegation is not required at this stage. The inquiry must be completed within 60 calendar days (including the opportunity for respondent’s review and comment, section 1.d. below) of its initiation, unless circumstances warrant a longer period, in which case the inquiry record must include documentation of the reasons for exceeding the 60-day period.

   a. **Custody of Research Records.** The Dean(s) shall turn over custody of all research records and evidence collected during the Allegation stage to the Ad Hoc Inquiry Committee. The Ad Hoc Inquiry Committee shall take custody, inventory and secure those items and any additional research records or evidence discovered during the course of the inquiry, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

   b. **Respondent(s)’ Access to Research Records.** Prior to and during the inquiry stage, the respondent(s) shall have the right to receive copies of or reasonable supervised access to, the research records.

2. **Criteria Warranting an Investigation.** An investigation is warranted if there is:

   - A reasonable basis for concluding that the allegation falls within the definition of research misconduct under this policy and involves research, research training, or activities related to that research or research training, and

   - Preliminary information-gathering and fact-finding from the inquiry indicates that the allegation may have substance.

3. **Inquiry Report.**
a. **Draft Report.** The Ad Hoc Inquiry Committee shall prepare a written draft report which shall include the following information:

- The name and position of the respondent(s);
- A description of the allegations of research misconduct;
- The funding support, including, for example, grant numbers, grant applications, contracts, and publications listing such support;
- The basis for recommending that the alleged actions warrant an investigation; and

b. **Opportunity Comment.** The Ad Hoc Inquiry Committee shall provide a copy of the written inquiry report to the respondent(s) for review and comment. The respondent shall have ten (10) days from receipt of the report to submit any written comments.

c. **Final Report.** The final report shall include any written comments received from the respondent(s) within the time period set forth in paragraph b above.

4. **Notice of Final Inquiry Results.**

a. **Notice to Respondent(s).** The Ad Hoc Inquiry Committee shall give written notice to the respondent(s) of whether the inquiry found that an investigation is warranted. The notice shall include a copy of the final inquiry report along with a copy of this policy. In those cases where PHS funding is involved, the notice shall also include either a copy of, or reference to 42 CFR Part 93.

b. **Notice to Complainant(s).** The Ad Hoc Inquiry Committee may notify the complainant(s) of whether the inquiry found that an investigation is warranted. The notice may include relevant portions of the inquiry report for comment by the complainant(s).

c. **Notice to Institutional Officials.** The Ad Hoc Inquiry Committee shall promptly provide a copy of the final inquiry report to the Dean(s) who appointed the Ad Hoc Inquiry Committee, their Vice President(s) and the Research Compliance Officer. Names of complainants, witnesses and research subjects shall be redacted to maintain confidentiality.
5. **Finding that Investigation is Warranted.** The Research Compliance Office shall notify any applicable federal agency funding the affected research of the decision to begin an investigation, within thirty (30) days from the date of the final inquiry report of the Ad Hoc Inquiry Committee finding that an investigation is warranted. The notice shall include a written finding by the Ad Hoc Inquiry Committee Chair and a copy of the final inquiry report, including any comments by the respondent(s) or complainant(s). Upon request, Creighton shall provide the federal agency with a copy of this policy; the research records and evidence reviewed, transcripts or recordings of any interviews, copies of all relevant documents, and the charges for the investigation to consider. The federal agency shall be notified of any special circumstances that may exist.

6. **Finding that an Investigation is not Warranted.** The Ad Hoc Committee shall sufficiently document their decision not to investigate the allegation of research misconduct and shall submit all records of the allegation and inquiry stages to the Research Compliance Officer to maintain in accordance with Section G below.

D. **Institutional Investigation Stage**

**Appointment of Ad Hoc Investigative Committee.** If not already appointed, the Dean(s) shall, no later than 5 days after the issuance of the final inquiry report, appoint an Ad Hoc Investigational Committee. Such appointment shall be in accordance with the appointment requirements set forth in paragraph B.3 above.

**Scheduling the Investigation and Required Notices.**

**Time Period for Initiating and Completing the Investigation.** The Ad Hoc Investigative Committee shall begin the investigation no later than 30 days after the final inquiry report of the Ad Hoc Inquiry Committee finding that an investigation is warranted. The Ad Hoc Investigative Committee shall complete all aspects of the investigation within 120 days from the date of initiating the investigation, which includes conducting the investigation, preparing the report of findings, providing the draft report to, and obtaining comments from, the respondent(s), and sending the final report to any applicable federal agency. If federal funding is involved and the Ad Hoc Investigative Committee determines that the investigation and related activities will not be complete within the 120 day period, it shall notify the Research Compliance Officer (no later than 85 days after the start of the investigation) who shall immediately submit a written request to the applicable federal agency requesting an extension. The Research Compliance Officer shall notify the Ad Hoc Investigative Committee of the federal agency’s response.
Notice of Investigation to Respondent(s). The Ad Hoc Investigative Committee shall send written notice to the respondent(s) of the allegations to be investigated prior to the beginning of the investigation. The respondent(s) shall also be given prompt notice of any new allegations of research misconduct that arise during the investigation that will be investigated, which were not addressed during the inquiry or included within the initial notice of investigation.

3. Investigation by the Ad Hoc Investigative Committee. The Ad Hoc Investigative Committee shall fairly and impartially conduct a thorough review of all research records and evidence and diligently pursue all relevant significant issues and leads (including evidence of additional instances of possible research misconduct) in determining whether there was research misconduct.

a. Custody of Research Records. The Ad Hoc Inquiry Committee shall turn over custody of all research records and evidence in its possession to the Ad Hoc Investigative Committee prior to the start of the investigation. The Ad Hoc Investigative Committee shall take custody, inventory and secure those items and during the course of the investigation any additional research records or evidence that become known or relevant to the investigation, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

b. Respondent’s Right to Legal Counsel and to Access Research Records.

1) Respondent(s) shall have the right to have their legal counsel present during their testimony before the Ad Hoc Investigative Committee. Legal counsel shall not have the right to cross-examine witnesses nor to address the Ad Hoc Committee.

2) Prior to and during the investigation stage, the respondent(s) has the right to receive copies of or be given reasonable supervised access to the research records.

c. Interviews. The Ad Hoc Investigative Committee shall interview each respondent, complainant and any other available persons who have been identified as having relevant information, including persons identified by the respondent(s). Interviews shall be recorded or transcribed, with a copy provided to the interviewee for correction. The recording or transcript shall be included in the record of the investigation and be considered a part of the investigative record.
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**Contact with Dean(s) and Research Compliance Officer.** The Ad Hoc Investigative Committee shall keep the Dean(s) of the affected School/College and Research Compliance Officer apprised of any developments during the course of the investigation which disclose facts that may affect current or potential agency funding for the respondent(s) or that the funding agency needs to know to ensure appropriate use of federal funds and to otherwise protect the public interest. The Research Compliance Officer shall then notify the funding agency, as may be required by law.

**4. Criteria for Finding of Research Misconduct.** To support a finding of research misconduct, the Ad Hoc Investigative Committee must find by a preponderance of the evidence that:

- There was a significant departure from accepted practices of the relevant research community; and
- The misconduct was committed intentionally, or knowingly, or recklessly; and
- The allegation was proven by a preponderance of the evidence.

**a. Destruction, Absence of, or Respondent(s)’ Failure to Provide Research Records.** The destruction, absence of, or respondent’s failure to provide research records adequately documenting the questioned research is evidence of research misconduct where it is established by a preponderance of the evidence that the respondent(s) intentionally, knowingly, or recklessly had research records and destroyed them, had the opportunity to maintain the records but did not do so or maintained the records and failed to produce them in a timely manner and that the respondent(s)’ conduct constitutes a significant departure from accepted practices of the relevant research community.

**b. Respondent(s)’ Burden of Proof.** Respondent(s) have the burden of proving, by a preponderance of the evidence any and all affirmative defenses or mitigating factors. The Ad Hoc Investigative Committee shall give due consideration to admissible, credible evidence of honest error or difference of opinion presented by the respondent(s).

**5. Investigation Report.**

**a. Draft Report.** The Ad Hoc Investigative Committee shall prepare a written draft investigation report which shall include the following information:

- Allegations. A description of the nature of the allegations of research misconduct.
- Funding. Describe the source of funding, including, for example, any grant numbers, grant applications, contracts, and publications listing funding support.
Institutional Charge. Describe the specific allegations of research misconduct considered during the investigation.

Policies and Procedures. If not already included in the inquiry report, include a copy of this policy.

Research records and evidence. Identity and summary of research records and evidence reviewed, as well as records and evidence taken into custody, but not reviewed.

Statement of Findings. Provide a finding of whether research misconduct did or did not occur for each separate allegation of research misconduct considered during the investigation. For each finding of research misconduct:

- identify whether it was falsification, fabrication, or plagiarism;
- identify whether it was intentional, knowing, or in reckless disregard;
- summarize the facts and analysis which support the conclusion;
- consider the merits of any reasonable explanation by the respondent(s);
- identify the specific funding support;
- identify whether any publications need correction or retraction;
- identify the person(s) responsible for the misconduct;
- any other corrective action recommended.

List any other funding support or known applications or proposals for support that the respondent(s) have pending with any federal agency or private sponsor.

b. Opportunity for Comment.

1) **Respondent(s).** The respondent(s) shall be given a copy of the draft investigation report, along with a copy of (or supervised access to), the records and evidence on which the report is based. The respondent(s) shall have 30 days from date of receipt of the report to submit any comments to the Ad Hoc Investigative Committee.

2) **Complainant(s).** The complainant(s) may be given a copy of the draft investigation report or relevant portions of that report. The complainant(s) shall have 30 days from the date of receipt of the report to submit any comments to the Ad Hoc Investigative Committee.
c. **Final Report.** The Ad Hoc Investigative Committee shall issue its final report which shall contain all of the information outlined in paragraph 5.a above, any written comments received from the respondent(s) and/or complainant(s) within the time period set forth in paragraph 5.b above and the Ad Hoc Investigative Committee’s consideration of and response to any comments received from the respondent(s) or complainant(s). A copy of the final report shall be given to the respondent(s), complainant(s) and the Research Compliance Officer, redacting identities of any research subjects. A copy of the final report shall also be given to the respondent(s)’ Vice President and Dean, Administrator or Supervisor, redacting the identity of complainant(s), witnesses and any research subjects.

E. **Institutional Actions**

1. **Finding of Research Misconduct.** If the alleged research misconduct is substantiated by thorough investigation of the Ad Hoc Investigative Committee, the recommendations of the Ad Hoc Investigatory Committee contained in the final report may be implemented and the following actions, if not already recommended by the Ad Hoc Investigatory Committee in its final report, may be taken:

   a. Restitution of funding as appropriate or if required by the agency or contract.

   b. Withdrawal of abstracts and papers emanating from the questioned research, and notification of editors of journals and publications which published previous abstracts and papers concerning the research, if the Ad Hoc Investigative Committee concludes that substantiated research misconduct makes such abstracts and papers of questionable validity. The Dean is authorized to request/direct such actions if the researcher(s) involved fail(s) to do so within a reasonable time after the Dean directs such actions.

   c. Appropriate action (including interim administrative actions) to terminate or alter the status of respondent(s) whose research misconduct is substantiated, or to impose other sanctions deemed appropriate under the circumstances.

   d. The Dean, the Vice President to whom the Dean reports, and the President of the University shall consider, in consultation with General Counsel, release of information about the research misconduct to the public and/or press, particularly where public funds were used in support of the research affected by the research misconduct.

    **No Findings of Research Misconduct.** If the Ad Hoc Investigative Committee finds that there was no research misconduct, efforts shall be undertaken as and if necessary to restore the position and reputation of the respondent(s).
Cooperation with Federal Agencies. Creighton shall cooperate with any federal agency during its oversight review or administrative hearings or appeals related to any allegation of research misconduct, including, but not limited to providing all research records and evidence in our control, custody or possession, and access to all faculty, staff and students.

F. Notices.

1. Notice to Applicable Funding Agencies of Findings and Actions. The Research Compliance Officer shall be responsible for giving notice to the applicable federal agency funding the research which is the subject of the research misconduct Investigative proceedings once they are complete. The notice shall be sent immediately after the final report is issued and shall include:

   - A copy of the final investigative report and all attachments (redacting identities of research subjects, as applicable);
   - A statement of whether or not research misconduct was found, and if so, who committed the misconduct;
   - Whether Creighton accepts the Ad Hoc Investigative Committee’s findings; and
   - A description of any pending or completed institutional actions taken against the respondent(s).

2. Other Notices to Applicable Funding Agencies. The Research Compliance Officer shall notify the applicable funding agencies, in advance, if it is planned to close a research misconduct proceeding at the inquiry or investigation stage on the basis that the respondent(s) has admitted guilt, the respondent(s) has agreed to settle the case, or for any other reason other than the closing of the case during the inquiry stage on the basis that an investigation is not warranted.


1. Maintenance of Records of Research Misconduct Proceedings. Unless custody has been transferred to the applicable federal agency or the federal agency has advised, in writing, that the information no longer needs to be retained, the following records of research misconduct proceedings shall be maintained for 7 years after completion of the internal research misconduct proceeding or any federal agency proceeding involving the research misconduct, whichever is longer.
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- The records secured for the research inquiry and investigation, except to the extent it is subsequently determined that those records are not relevant to the inquiry or investigation or that the records duplicate other records that are being retained;
- The documentation of the determination of irrelevant or duplicate records;
- The inquiry report and final documents (not drafts) produced in the course of preparing the inquiry report, including the documentation of any decision not to investigate;
- The investigation report and all records (other than drafts of the report) in support of the investigation report, including the recordings or transcriptions of each interview conducted during the investigation stage;

2. **Transfer of Records to Federal Agency.** Upon request of the applicable federal agency, the Research Compliance Officer shall transfer custody, or provide copies of, all institutional records relevant to a research misconduct allegation, including research records and evidence, to the requesting federal agency.

ADMINISTRATION

The Dean(s) of the affected School/College and the Research Compliance Officer are responsible for administering this policy when there is an allegation of research misconduct. The Dean(s) of the affected School/College shall report any final action taken under this policy to the appropriate Administrative Vice President, General Counsel and the Research Compliance Officer.

AMENDMENT/TERMINATION

Creighton University reserves the right to modify, amend, or terminate this policy at any time.
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POLICY: Intellectual Property

PURPOSE

The Intellectual Property Policy is to define the conditions for ownership, legal protection, licensing, and development of any intellectual property conceived or first reduced to practice by any Creighton University associated personnel. Intellectual property exempt from this policy is defined, and the division of any income resulting from the development of intellectual property is defined.

POLICY

A. **Applicability:** The Intellectual Property Policy of Creighton University is applicable to all intellectual property conceived or first reduced to practice, in whole or in part, by any full-time or part-time faculty, staff, students, contractors, commissionees, non-employees participating in research projects (visiting faculty, industry personnel, fellows, etc), or others, with more than incidental use of University resources, including personnel, facilities, equipment, services, supplies, trade secrets, employment time (based on a 40 hour week), or funds paid by the University, whether for reimbursement, direct compensation, or by contract. All personnel shall agree as a condition of employment, or of undertaking investigation and development activities, at Creighton University to the conditions in the Intellectual Property Agreement for Creighton University Personnel (Form OTT-1)(APPENDIX I). This Policy shall be contractually incorporated into the Handbook for Faculty, and Form OTT-1 shall be signed by any nonfaculty individuals who may develop intellectual property. Intellectual property shall come under the provisions of this Policy whenever the developer's duties include research and investigation, and the intellectual property developed arose during the course of such investigation and is relevant to the field of inquiry in which the developer was employed, or when the development involved the use of University resources. This Policy **shall not apply** to intellectual property developed for which no substantial University resources or funds were used, which was developed entirely on the developer's own time, which does not relate to the field of the developer's University employment, which does not result from work performed by the developer for the University.

B. **Third Party Arrangements for Research and Development:** Whenever grants, contracts, consulting arrangements, commissions, or agreements, verbal or written, are made or signed to support research or development or clinical trials with other teaching and research institutions, business, industry, governmental agencies, or other third parties, such agreements shall contain intellectual property clauses conforming to this Policy governing the ownership, licensing, and control of any resulting intellectual property. All such agreements shall use agreed standard clauses or shall be cleared through the Director, Office of Technology Transfer. Any agreements with third parties not in conformance with this policy shall be approved in advance by the University.
Public Law 96-517, the Patent and Trademark Amendments Act of 1980, as amended by Public Law 98-620, gives nonprofit organizations and small businesses the right of first refusal to the title to inventions made during the performance of government grants and contracts, with some limited exceptions. If the University does not diligently pursue protection and/or licensing, the invention shall then be referred to the Federal sponsoring agency, and the developer may then request assignment of title from the Government agency. The government shall be given an irrevocable, nonexclusive, royalty-free license. Under the Copyright Act commissioned works of non-employees are owned by the creator, and not by the commissioning party, unless there is a prior written agreement to the contrary. Thus all agreements, commissions, and contracts, shall have provisions providing for the ownership of all copyrightable materials.

C. **Ownership of Intellectual Property**: The University shall own, or shall be assigned title by the developer, to all intellectual property rights for intellectual property as defined in this Policy, i.e. patents, copyrights, or trademarks, conceived or reduced to practice, in whole or in part, by any personnel directly or indirectly using more than incidentally any University resources, unless specifically exempted by this Policy. Whenever a project is undertaken which may possibly develop intellectual property where ownership and rights may be in question, initial discussion should be held between the developer and the Chair and/or Dean, and an understanding developed and recorded with regard to the intellectual property rights. The developer, or the University, shall each grant the other an irrevocable, nonexclusive, royalty-free, paid up license to the intellectual property for internal, noncommercial use. The owner of the intellectual property shall diligently pursue securing patent, copyright, or trademark protection and licensing for commercial development, but if the owner is not interested in securing protection or developing licensing, or is not diligent in its pursuit, the other party shall have the right to request assignment of ownership to pursue such protection and/or licensing at their own expense. Such assignment shall be granted unless there are reasonable grounds for refusal. Such assignment shall be requested and granted within one year of disclosure, or within nine months of publication or public availability. If the owner pursues protection in the United States the developer may request permission to pursue foreign protection rights separately, and such permission shall be granted if the owner does not diligently pursue such rights. The owner may waive, assign, license, or transfer in the whole, or in part, any of these rights at any time. [Note: Many foreign patents require application prior to publication or public use, although United States law permits one year.] The University agrees that the developer(s) collectively are free to place intellectual property in the public domain, if in the best interest of technology transfer, provided this is not in violation of the terms of any agreements that supported or related to the work.
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POLICY: Intellectual Property

D. **Definition of Intellectual Property:** Intellectual property for the purposes of this Policy, shall be defined as:

1. **Invention(s):** A novel and useful idea relating to a process, a machine, an article of manufacture, a compound, the composition of matter, or an apparatus or improvement thereof made or conceived by the developer. Inventions include new and improved devices, systems, circuits, chemical compounds, mixtures, bioengineered organisms, etc.

2. **Copyrights and Similar Materials:** Copyrights are the protections provided various forms of written, visual, electronic, and artistic expression, including most software (a set of ordered instructions or programs used to control the operations of a computer). [Note: Some software may be patentable.]

   a. **Excluded Items:** The following classes of intellectual property are excluded from the disclosure, ownership, and royalty distribution provisions of this Policy, unless they are works-for-hire, or institutional projects specifically and substantially directly funded by the University, as defined in 4.b.(2) and (3) following. These excluded classes, whether in print, video, or electronic form, are books, articles, computer software, and similar works intended to disseminate the results of academic or scholarly activities, including dissertations, papers, articles, teaching materials, and syllabi. Similarly excluded are popular nonfiction books, novels, poems, musical compositions, art works, and other works of artistic imagination. Copyrights on these excluded classes of intellectual property, unless works-for-hire, or specifically and substantially directly funded by the University, shall vest in the creator with no requirement for disclosure or distribution of royalties to the University. If copyrights of excluded items vest in the University by law, the University shall, on request, assign such copyrights to the creator(s) of such works. It should be noted that in the majority of instances of published material that the publisher requires that ownership of the copyright be assigned to the publisher prior to publication, and an agreement on the split of royalties is then negotiated.

   b. **Directly Funded Projects (Institutional Projects):** It is agreed that for all intellectual property arising from sponsored agreements or other research, or from scholarly projects, specifically and substantially directly supported by University funds, that ownership of copyrights of works resulting from such projects shall vest in or be assigned to the University. Royalty income from such projects shall ordinarily be distributed as in F. following. This section shall not apply unless there is an agreement in place between the investigator and the University regarding such specific and substantial direct support and the ownership of any resulting copyright(s).
c. **Works-for-Hire:** Ownership of works created on projects on which the employee was employed and specifically directed by the University as a part of the employment or contractual agreement to invent or develop such works, i.e. works-for-hire, shall vest in the University, and shall not be subject to royalty proration under this Policy. This is true regardless of whether or not the work is developed in the course of sponsored research, nonsponsored research, or nonresearch activities. Examples are the development of computer software for specific purposes.

3. **Trade Marks:** Trademarks and service marks are distinctive words or graphic symbols identifying the source, product, producer, or distributor of goods or services. Any trademark or service mark that results from activities at or through the University shall be owned by the University.

4. **Trade Secrets:** Any proprietary intellectual property arising out of University work as defined in this Policy that is not patented, copyrighted, or otherwise protected, whether or not it is patentable or copyrightable, shall be owned by the University. Trade secrets are properties which are not generally known or accessible, and which give competitive advantage to the owner. Since trade secrets are essentially not legally protected, and the only protection is restriction of dissemination and signed secrecy agreements, this concept should rarely apply in the University setting.

E. **Disclosure:** All intellectual property developed by any full-time or part-time faculty, staff, students, contractors, commissionees, non-employees participating in research, or others at Creighton University shall be disclosed to the Director, Office of Technology Transfer as soon as the invention or intellectual property is conceived or reduced to practice. The disclosure shall describe the invention or intellectual property and it uses, list the inventors, and describe the circumstances leading to the invention and subsequent activities. Disclosure need not be made on copyrightable items clearly excluded in 4. preceding from the definition of intellectual property. Disclosure shall be made for all potentially patentable inventions, nonexcluded copyrights, trademarks, and other intellectual property developed by individuals subject to this policy, regardless of the source of funding or the use of University resources, in order to clearly determine ownership. Disclosure shall not be made to the sponsor of the research or development until after submission to the Director, Office of Technology Transfer.

The Director shall determine on all disclosures received whether to pursue protection and licensing, or whether to assign ownership to a sponsor or the developer, on request. All developers shall cooperate fully with the Director in supplying and executing all necessary documents for the approved course of action.
F. **Royalty Distribution**: All income received from royalties and/or licensing or sale of any intellectual property not excluded by this Policy, by the University, or by the developer of the intellectual property, regardless of ownership, shall be distributed successively as follows:

1. Directly assignable expenses, outside of the University and/or the developer, for applications for and securing of protection, or for licensing.

2. A 15% technology transfer fee for developments administered by the Office of Technology Transfer.

3. Payments of contractually required amounts to sponsors or other institutions participating in the development of the Intellectual Property.

4. Payment to the developer(s), split according to their degrees of involvement, of 50% of the net return (total minus 1., 2., and 3.).

5. Payment to the University of 25% of the net return (total minus 1., 2., and 3.).

6. Payment to the University School(s), split according to their degrees of involvement, in which the developer(s) is appointed, of 12.5% of the net return (total minus 1., 2., and 3.).

7. Payment to the University Department(s), split according to their degrees of involvement, in which the developer(s) is appointed, of 12.5% of the net return (total minus 1., 2., and 3.).

Note 1: When there is more than one developer, or more than one School or Department, payments shall be prorated based on the contribution of each as agreed between the parties and the Director of the Office of Technology Transfer, and as approved by the President.

Note 2: Funds designated for the University, School, and Department shall be used to support the development of further intellectual properties and research. Funds for the University shall be administered by the President, those for the School by the Dean, and those for the Department by the Chair.

Note 3: In the case of intellectual property developed by a group where the distribution of royalty to individuals would be impractical or inequitable, such as a laboratory project, the developer(s) share shall be allocated by the Dean to a fund for the developing unit.
G. Publication: The policy of the University is openness in research, and the ability of investigators to publish research results. Investigators shall not enter into projects requiring secrecy without the specific permission of the Dean. A project requiring secrecy is defined as one in which the sponsoring or granting documents are not freely publishable, access to security classified information is necessary to carry out the research, or one in which there is a reasonable expectation that any documents generated will be restricted by an outside sponsor from publication for a period in excess of 90 days. Secrecy based on reasonable provisions to protect the rights and privacy of all individuals is acceptable. Provisions from a sponsor requiring submission of publications for review and comment, or for patenting purposes, are acceptable provided there is no reason to expect that the sponsor would attempt to suppress publication or require substantive changes. If confidential information has been made available to the investigator the confidentiality of such information may be protected, and the person furnishing such information may require submission of any manuscript for review and comment and deletion of specific items constituting disclosure of such confidential information within 90 days. It should be noted that in the United States application for a patent must be submitted within one year of publication or public use of the invention, but for many foreign countries patent applications must be submitted prior to publication or public use.

H. Intellectual Property Board: The President shall appoint a Board of nine to twelve voting members, and shall designate a Chair, which shall review and monitor on an ongoing basis the Intellectual Property Policy and the activities of the Office of Technology Transfer, and shall offer advice and consultation to the Director. The Board shall review specific cases and problems encountered. All cases of significant disagreement between the Director of the Office of Technology Transfer and any developer of intellectual property with regard to the applicability of the Intellectual Property Policy, or its application, shall be referred to the Board for consideration. The Board shall recommend an appropriate resolution, which if not acceptable to both parties, shall be referred to the supervising Dean designated by the President, and then through the appropriate University Vice President to the President for resolution.

The Board shall consist of at least one member from each of the Schools and Colleges of the University. In addition, the Vice-President for Administration and Finance, and the Director of the Office of Technology Transfer shall be exofficio members without vote. Appointments to the Board shall be for staggered three year terms.

I. Functions of the Office of Technology Transfer (OTT): The Director, OTT, shall report to the President of Creighton University, who may delegate in writing immediate supervision and ongoing monitoring to an appropriate Dean. The Director of the Office of Technology Transfer shall maintain liaison with, and provide advice and consultation to, faculty and staff to identify intellectual property which is potentially patentable, copyrightable, or registerable as a trademark or service mark, and promote its protection, technology transfer, and licensing. The Director shall represent the University in accepting those developments in which the University has a significant interest, and shall diligently pursue their protection, transfer, and licensing. The University shall pay all necessary fees and costs for protection and licensing of accepted developments. For those developments to which the University does not wish to make a commitment, the Director shall promptly assign such developments, on request, to the developer, sponsor, or other appropriate party.
The Director, OTT, shall provide reasonable amounts of advice, consultation, and assistance to faculty and staff to assist developers in protecting, transferring, and licensing developments which do not come under the Intellectual Property Policy, or which have not been accepted by the University. The developer shall be responsible for all necessary fees and costs for protection, transfer, and licensing of developments not accepted by the University. There shall be no charge for reasonable amounts of advice, consultation, and assistance from OTT.

For accepted developments OTT shall prepare a customized marketing plan and establish an appropriate action plan. The major goals shall include:

1. to transfer technology to the commercial sector for public benefit.
2. to establish sources of unrestricted income to be used for institutional purposes.
3. to encourage industry to support the direct costs of research and training.
4. to generate consulting and science-advisory opportunities for the faculty.
5. to assist in the development of local and regional enterprises.

The Director, OTT, shall advise and recommend to the University Contracting Officer policy and its implementation for the protection and sharing of intellectual property ownership, technology transfer, and licensing for all University grants, contracts, and agreements.

The Director, OTT, shall be responsible for the protection, transfer, and licensing activities associated with all University technologies, shall administer the licenses, and maintain records regarding the receipt and distribution of all royalty, licensing, and other related income. The Director shall make recommendations with regard to all cases of disputed ownership, licensing, or income distribution concerning intellectual property developed by any full-time or part-time faculty, staff, students, contractors, commissionees, non-employees participating in research projects, and others at Creighton University. All unresolved disputes shall be referred to the Intellectual Property Board for consideration and recommendations for resolution. Those issues not satisfactorily resolved shall be referred to the supervising Dean designated by the President, and then through the appropriate University Vice-President to the President, for resolution.
SCOPE

The Intellectual Property Policy applies to all intellectual property (inventions, devices, creations; written, visual, electronic, software, or artistic expressions; trade marks; or trade secrets) conceived or first reduced to practice. Excluded copyrighted materials are specified. It applies to all full-time or part-time faculty, staff, students, contractors, commissionees, or non-employees (visiting faculty, industry personnel, fellows, etc.) participating in research projects at Creighton University, as a condition of employment or research participation.

ELIGIBILITY

All full-time or part-time faculty, staff, students, contractors, commissionees, or non-employees (visiting faculty, industry personnel, fellows, etc.) participating in research projects at Creighton University, are covered immediately and continuously on an ongoing basis, as a condition of employment or participation.

DEFINITIONS

All terms are defined in the Intellectual Property Policy in paragraph D.

ADMINISTRATION AND INTERPRETATION

The Intellectual Property Policy is administered by the Office of Technology Transfer. The Director, Office of Technology Transfer, reports to the President, Creighton University, who may delegate, in writing, immediate supervision and monitoring to an appropriate Dean. All disputes between developers of intellectual property and the Director, Office of Technology Transfer shall be referred to the Intellectual Property Board, appointed by the President, for consideration and a recommended solution. If the recommendation is not mutually acceptable it shall be referred through the Supervising Dean to the appropriate Vice-President and to the President for resolution. Questions regarding the interpretation of the Intellectual Property Policy should be referred to the Director, Office of Technology Transfer, or the University Counsel.

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time. The Intellectual Property Policy constitutes a contract with all University faculty through the current edition of the Handbook for Faculty, and is binding with regard to all development of intellectual property disclosed to the University, undertaken by mutual agreement between the developer and the University, or developed under external contracts in place, up to the effective date of modification, amendment, or termination. Intellectual Policy Agreements for Creighton University Personnel may also be in place, which are subject to modification, amendment, or termination in the same manner as set forth above.
APPENDIX I

Intellectual Policy Agreement for Creighton University Personnel

In consideration of my employment or continued employment by Creighton University, my contractual relationship with Creighton University, the receipt of remuneration from Creighton University, participation in projects administered by Creighton University, access to or use of facilities provided by Creighton University, and/or other valuable considerations, I hereby agree as follows:

1. I shall disclose to Creighton University all potentially patentable inventions conceived or first reduced to practice in whole or in part in the course of my University responsibilities, or with more than incidental use of Creighton University resources. I further agree to assign to Creighton University all of my rights, title, and interests in such potentially patentable inventions, to execute and deliver all documents, and do any and all things necessary and proper on my part to affect such assignment.

2. I shall disclose and assign or confirm in writing to Creighton University all my rights, title, and interests, including any associated copyrights, in and to copyrightable materials created, except as excluded by the Creighton University Intellectual Property Policy:
   a. in the course of any research, grant, or contract, or other agreement entered into by Creighton University, if the terms of the agreement require creation of copyrightable materials, or require some interest in them be conveyed to Creighton University, to the sponsor, or to any other party;
   b. in the course of my employment (that is, as a work-for-hire, or as an institutional work); or
   c. in the course of a project specifically and substantially directly supported by University funds where an agreement is in place between the investigator and the University regarding such support and the ownership of any resulting copyrights.

3. I am now under no consulting or other obligations to any third person, organization or corporation in respect to rights in inventions or copyrightable materials which are, or could reasonably be construed to be, in conflict with this agreement.

NOTE: If you do have an agreement with another employer, or anyone else, that would apply to copyrightable materials or to potentially patentable inventions conceived or first reduced to practice, in whole or in part, with more than incidental use of Creighton University resources, do not sign this form. You must consult with the Dean of your School or College for resolution of any conflicts before using any Creighton University resources, and to develop specific written exceptions to this agreement prior to signing.
**Policies and Procedures**

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4. I shall not enter into any agreement creating copyright or patent obligations in conflict with this agreement. I further agree to be bound by the terms of any grants, contracts, or other agreements entered into by Creighton University in which I am an investigator or participating worker, regarding patent and copyright obligations.

5. This agreement is effective as of the date of signing, or of hire or entering into any covered contractual relationship, and is binding on myself, my estate, heirs, and assigns.

Signed this __________ day of ______________, _______

________________________________________
(Signature)

________________________________________
(Printed or Typed Name)

________________________________________
(Title)    (Department)    (Social Security Number)

NOTE: This agreement does not apply to any invention which is an invention for which no significant Creighton University equipment, supplies, facilities, or trade-secret information were used, and which was developed entirely on the developer's own time, and neither (a) related to Creighton University research, nor results from any work performed by the developer for Creighton University.

Original to Office of Technology Transfer, copy to signer.

Form CU OTT-1

**APPENDIX II**

**Course Materials for Distance Learning: Creation, Use, Ownership, Royalties, Revision and Distribution of Electronic-Based Course Materials**

**Introduction**

The purpose of this appendix is to protect the rights of both the faculty member and the University in the creation and use of distance learning course materials. Since the demand for distance learning appears to be increasing and the continuing creation of electronic-based course materials seems likely, it is important to address the issues raised by the creation, use and distribution of various forms of electronic-based course materials and to clarify the rights and responsibilities of the parties involved.
General Guidelines

• Reporting Authority. It is likely that a faculty member creating distance learning course materials will be doing so in the school/college of his or her primary appointment. If a faculty member develops distance learning course materials for another school or college, responsibility to his/her primary Dean is not waived. This policy describes the obligations of faculty members to report intentions to develop distance learning course materials to his/her primary Dean prior to negotiating with any other entity.

• Initiation of Distance Education Course Materials. As a general rule, faculty members should meet with their Dean (Dean of the school or college where his or her primary appointment resides) or the Dean's designee prior to creating electronically-based course materials for distance learning in order to reach an agreement as to the appropriate category classification. (See more on this below)

• Copyright Ownership. The University Intellectual Property Policy (4.2.3) recognizes that in most instances faculty members own copyright in the scholarly works they create. Faculty members thus normally hold copyright in the electronic-based course materials they create on their own initiative. Creighton University's Intellectual Property Policy recognizes University ownership of copyright in works created under contract as institutional projects or works-for-hire. Any owner of copyright in electronic-based course materials may secure copyright registration; joint owners may, but do not have to, agree to bear responsibility for enforcement of the copyright. Copyright Law controls ownership of works of students. Students own copyright in their works and creators of new works incorporating student materials must obtain their permission. Specific copyright ownership rights are addressed in Categories I-IV below.

• Royalties. Royalties will only be paid for electronic-based course materials for courses delivered to students in classes that are outside the faculty member's scope of employment including electronic-based course materials used in programs marketed or licensed to outside organizations. Absent a contract specifying to the contrary, specific division of royalties is addressed in Category I-IV below. When multiple faculty members create electronic-based course materials for which a royalty is to be paid, the faculty members shall determine by prior written document the division of royalties. Absent a written document of division of royalties, the faculty members shall divide their share equally.

• Contributed Materials. Liabilities result from use of materials copyrighted by others, and use of voice and image files without seeking appropriate permissions. It is the policy of the University that all faculty comply with the law, including copyright and privacy laws; therefore, it is the responsibility of the creator(s) of electronic-based course materials to obtain all permissions and releases necessary to avoid infringing copyright or invading the personal rights of others.
• Protecting the Work. Faculty members will decide registration and enforcement action to protect works they own. Creighton University will determine whether to register the copyright and will determine enforcement action of the works it owns, either solely or jointly.

• Conflict of Commitment. Nothing in the Creighton University Intellectual Property Policy as amended by this Appendix II is intended to interfere with a faculty member’s duties for the University generally set out in Section III C of the Faculty Handbook. Nor is it intended to undermine the authority of the faculty member’s Dean to assign courses and duties to faculty member in his/her discretion. While employed, a faculty member may not engage in any activity which competes with the business of the University.

• Retention of Nonexclusive License. Except in Category I below, the University shall retain a non-exclusive educational license in perpetuity to reproduce and use the electronic-based course materials in teaching University classes. Compensation to the faculty member for use of the course shall be as specified in Categories I-IV below.

• Termination of Agreement. Either the University or the Creator may terminate a License Agreement without cause at any time upon ninety days prior written notice to the other party.

• End of Employment. Each License Agreement shall survive the end of employment for a period of three years unless terminated as described in this policy. However, the License Agreement may be extended beyond that date by mutual agreement of both the University and the Creator.

• Precedence. In the event of a disagreement of interpretation between this Appendix and the Intellectual Property Policy, the Intellectual Property Policy takes precedence.

Definitions:

Copyrightable Creation: Original work that has been fixed in any tangible medium of expression from which it can be perceived, reproduced, or otherwise communicated, either directly or with the aid of a machine or device. A Copyrightable Creation includes such creations as book, journals, musical works, videos, multimedia products, sound recordings, pictorial or graphical works, etc. A copyrightable creation may be the product of a single creator or a group of creators who have collaborated in the creation of the work.

Copyright protects the expression of an idea, not the idea itself. Such expression must be in some retrievable form such as handwriting, type, computer disk, magnetic tape, or other storage medium. Copyright covers the expression in literary, artistic, or musical works, websites, video recordings, sound recordings, photographs, and sculpture. Copyright automatically comes into being when the idea is fixed in a tangible medium of expression, but the protection of copyright cannot be enforced without registration of the copyright.
Policies and Procedures

SECTION: Academic Concerns

CHAPTER: Faculty

POLICY: Intellectual Property

Course: Any class or instructional unit offered by the university. A course may be for-credit or not-for-credit, required or not required for a degree or certificate, and includes classes or instructional units sponsored by the University for professional or personal development. A course does not include multi-media developed by support personnel.

Course Materials: Materials including, but not limited to, lectures, recorded answers to questions, assignments, visual aids, and other materials presented by the course creator and/or instructor including, but not limited to text, images, syllabi, diagrams, graphs, multimedia presentations, videos, exercises for collaboration, simulations, and group projects that are created to illustrate or explain the subject matter.

Creator: Person whose ideas become fixed in a tangible medium. Merely carrying out work that is directed by another does not meet this definition.

Distance Education/Distance Learning (as used in this appendix): Instruction and use of electronic-based course materials where the teacher and the student may be separated geographically, so that face-to-face communication is absent for some or all students taking the course; communication is instead by one or more technological media. This communication consists of live or recorded audio and/or visual presentations, and/or material using the Internet, direct signal or cable transmission by telephone line, fiber-optic line, digital and/or analog or other electronic means, now known or hereinafter created, and utilized to teach any course originating or sponsored by the University.

Electronic-Based Course Materials: Materials, either in print, audio, video or electronic form used in conjunction with a distance learning course.

Scope of Employment: Scope of employment includes the duties or activities attached to the employment position or bearing a reasonable relationship to it. Duties may be listed in a job description or employment contract, or may be assigned by one's supervisor, or may be generally understood expectations of a discipline, field or trade. The duties may be performed during normal business hours and at University facilities, but the time and site of their performance do not necessarily determine ownership of the product of the work.

Specific Categories Assigning Ownership and Royalties

Development of Course Materials in School or College of Faculty Member's Primary Appointment
As a general rule, faculty members should meet with their Dean (Dean of the school or college where his or her primary appointment resides) or the Dean's designee prior to creating electronically-based course materials for distance learning in order to reach an agreement as to the appropriate category classification. Once the category has been determined, a written license agreement shall be executed by the faculty member and the University. The Dean has the responsibility to establish the category. In the event of an unresolvable dispute, appeal may be made to the Intellectual Property Board for final resolution. It is understood that in some circumstances this category classification may change based on a modification in University support for the project. Changes in classification require agreement between the Dean and the faculty member, and a new license agreement will be executed to supersede the one that is in place.
Development of Course Materials Outside of the School or College of Faculty Member's Primary Appointment

In cases where the electronic course materials are being developed for a school or college other than the faculty member's primary appointment, his or her primary Dean must be notified prior to reaching any contractual arrangement. The Dean may approve, may restrict the use of University resources involved in the project, or deny permission for the faculty member to participate.

If approval from the faculty member's primary Dean is secured, the faculty member should meet with the contracting entity, normally a Dean or his or her designee, in order to reach agreement as to the appropriate category classification for the course materials. Once the category has been determined, a written license agreement shall be executed by the faculty member and the University. The contracting Dean has the responsibility to establish the category. In the event of an irresolvable dispute, appeal may be made to the Intellectual Property Board for final resolution. The faculty member has the responsibility to provide his or her primary Dean with a copy of the license agreement. It is understood that in some circumstances this category classification may change based on a modification in University support for the project. Changes in classification require agreement between the Dean and the faculty member, and a new license agreement will be executed to supersede the one that is in place.

Right to Establish Further Guidelines

Individual academic and administrative units may wish to establish further guidelines, consistent with this policy, to clarify the distinction between minimal and substantial for that particular unit.

Category I – Totally Faculty Generated

Description of Individual and University Contribution:
The work resulted from an individual’s efforts with no use of University resources. Additionally the individual developed the work on his/her own time.

Examples:

A faculty member in Sociology works with a publishing company to create a Web-based course. The publishing company provides 700 hours of instructional design and production support and the course is mounted on the company’s server. All of the work is done on the faculty member’s own time, but some of the development is done on weekends using the faculty member’s office computer. Creighton University-licensed development software that is available throughout the department is also used. The course is mounted on a commercial server.

A professor in forensic psychology is approached by the publishing arm of a learned society to create a CD containing 2,000 images of evidence that this professor has photographed in preparing for classes over the years. The professor took the photographs on weekends using his/her own camera and film, but on the department’s copystand. The learned society creates and markets the CD.
Ownership and Compensation
The individual owns the copyright, may receive compensation for work, and retains all distribution rights. This category is substantially similar to "Excluded Items" in Section D.2.a. of the Intellectual Property Policy. Such distribution and compensation rights are governed by the "conflict of commitment" statement in the Faculty Handbook (Section III. C. 1.) and as required by law. A Faculty Member may not engage in any activity which conflicts with his/her full-time commitment to the University and which conflicts or competes with the business of the University in the judgment of the President and his/her Dean.

Category II– Minimal University Resources

Description of Individual and University Contribution:
The work resulted from the individual's efforts including the use of minimal routine resources of the university, including assigned or general-use office equipment and computers, libraries, generally-available information resources, photocopiers, local telephone, office supplies, limited administrative/clerical support or limited use of shared university resources. The majority of the work was completed on the faculty member's own time (outside his/her usual business hours). Use of the university's dedicated laboratories, computer centers, media centers and/or dedicated equipment is considered more than minimal use of University's resources.

Examples:
1. A faculty member works with Digital Inc., a Web course publishing company, to put the course, "Serving an Aging Population," totally on the Web. The University provides funds to purchase time from the Media Television to videotape two hours of lecture to be streamed as part of the course. In addition, the University’s Media Services checks out to the faculty member one of two digital recording workstations for a period of two weeks. Digital Inc. spends over 300 hours recording materials provided by the faculty member and creating the Web course, and mounts the course on their server. The faculty member works on the project almost exclusively on his/her own time.

An adjunct faculty member who teaches Accounting Principles for Non-Profit Agencies for the University volunteers to put half of the course on the Web. The University provides 30 hours of training on WebCT, the Web platform utilized. The University also provides twenty hours of assistance in creating a Power Point Presentation to be used as part of the course. The adjunct faculty member spends 200 hours creating the course on his/her own time. The course is mounted on the University’s server.

Ownership and Compensation
The individual faculty member owns the copyright and has the right to distribute it and receive compensation for any distribution outside the University's course delivery, with permission of the individual's Dean or his/her designee to ensure compliance with the conflict of commitment clause in the Faculty Handbook (Section III. C. 1.). The University retains a non-exclusive royalty-free educational license in perpetuity to use the work as part of a Creighton University Course. The University also retains a non-exclusive royalty-bearing commercial license to market the Course outside the University. If licensed for commercial purposes either by the University or the faculty
member, the University and the faculty member will each receive a percentage of the royalty as negotiated. In case of multiple creators, the creators will share the royalty according to the "Royalties" statement in General Guidelines above. The Intellectual Property Policy Board will resolve disputes regarding compensation. The Intellectual Property Policy Board’s resolution of the dispute will be final.

Category III– Substantial University Resources Are Provided

Description of Individual and University Contribution:
The work resulted from the individual’s efforts with substantial University resources above and beyond those normally provided. Use of any University-paid time or funding, or the use of facilities, equipment, staff assistance, and/or significant administrative support that exceeds minimal use, as described above, including use of dedicated laboratories, dedicated computer centers, and dedicated equipment.

Substantial use of University resources occurs when the creation of the work requires use of University resources beyond those widely available to University personnel and students in support of their academic work within their respective departments, colleges, academic or administrative units.

Substantial use requires extensive unreimbursed use of University resources (equipment, computational facilities, laboratory space, studio space, performance space, financial resources or human resources) that are essential to the creation of intellectual property. Incidental use of University resources does not constitute substantial use, nor does extensive use of resources commonly available to all faculty, students, and staff (such as libraries, office space, electronic mail, local telephone, and office computer equipment) nor does extensive use of a specialized facility for routine tasks.

Examples:

A faculty member volunteers to make his/her department’s "Pharmacokinetics" Course totally available on the Web. The faculty member is provided with a course release in the Spring Semester and paid for a course in the summer to create the product. The faculty member also contributes some of her own time. The University's graphic designers and web developers spend over 100 hours converting course notes to a web-based platform, contributing pedagogical advice to make the web pages effective teaching tools. The course is mounted on the University’s server.

2. The University’s MBA Program decides to offer the degree by taping courses and allowing employees of two corporations to download the courses to view on their own schedules. Three faculty members from the MBA Program will rotate grading and answering questions for each course. A faculty member who teaches Human Resource Management volunteers to offer the first course. During the next year, this faculty member is given a course release each semester and paid for two courses in the summer. The University funds production time in the Media Television for the production of the tapes. Media Services contributes significant hours in digitizing the tapes. The faculty member spends 60 hours over the year of his/her own time designing the course for television delivery. The University mounts the course on its server.
Ownership and Compensation

The individual and the University jointly own the copyright. The University and the Creator each have the right to market the course outside the University, subject to Category III Ownership and Compensation requirements of the Intellectual Property Policy. The University has the right to distribute it and receive compensation. If licensed for commercial purposes either by the University or the faculty member, the University and the faculty member will each receive a percentage of the royalty as negotiated. In case of multiple creators, the creators will share the royalty according to the General Guidelines above.

Category IV – Work Made for Hire – University Assigns Duty to Faculty Member to Create a Work

Description of Individual and University Contribution:
A faculty member of the University was contracted to create a specific product. The University provided all resources for the work. The work was carried out totally within the faculty member’s scope of employment.

Example:
1. The Dean of the School of Nursing assigns a faculty member to a course that will be videotaped and broadcast the next year to sites in five hospitals as part of a new Master’s Program offered by the school. The faculty member is given course releases for the fall and spring semester and is paid a task payment. All of the design and production work is done during working hours. A contract for this work is signed by the faculty member and the University. The faculty member is assigned a .5 FTE research assistant for the academic year. Media Television contributes 250 hours in the design and production of the videotapes.

Ownership and Compensation

The University owns the copyright, has an exclusive educational and commercial ownership and license authority. The faculty member is not entitled to payment of royalty. Since "Work-for-Hire" and "Institutional Projects" require a contract between the faculty member and the University, no license agreement is required.

LICENSE AGREEMENT FOR DISTANCE LEARNING CATEGORY I

This License Agreement (“Agreement”) is made effective as of __________________ by and between __________________, (hereafter referred to as “Creator”), and Creighton University (hereinafter referred to as “University”). This license agreement pertains to the Electronic-based Course Materials in the course entitled _____________________________.

PAGE 17 OF 23
The parties agree as follows:

To be bound by all of the terms in the University’s Intellectual Property Policy (4.2.3.)

The parties further agree as follows:

1. **Policy Category**: The course fits within Category I of the Policy.
2. **Copyright**: The Copyright is owned by the Creator.
3. **Educational License**: (If applicable) The Creator grants /does not grant Creighton University a non-exclusive educational license to use the work as part of a Creighton University course. If the University uses the work in a course not taught by the Creator, then the University will compensate the creator at a rate of _____ % of the tuition paid by each student in that class. The compensation will be paid at the end of each semester or summer session as applicable. With each compensation payment, the University will submit to the Creator a written report that sets forth the calculation of the amount of the compensation payment. In case of multiple creators, the creators will share their percent royalty as follows:

   _____ % to ______________________________

   _____ % to ______________________________

   _____ % to ______________________________

4. **Commercial License**: The Creator has the right to market the course outside the University, subject to Category I Ownership and Compensation requirements of the Intellectual Property Policy. The Creator permits / does not permit the University to market the course outside the University. If permitted, the University and the Creator will share the royalty as follows:

   _____ % of gross tuition to Creator and _____ % to the University. In case of multiple Creators, the Creators will share their percent royalty as follows:

   _____ % to ______________________________

   _____ % to ______________________________

   _____ % to ______________________________

5. **Term of License**. This license continues in force for three (3) years, with automatic one-year extensions unless this agreement is terminated or modified by either party. Faculty member will update the course material at least ____ times per year. The faculty member's name will / will not be used with the course material.

6. **Transfer of Rights**. This Agreement shall be binding on any successors of the parties. Neither party shall have the right to assign its interests in this Agreement to any other party, unless the prior written consent of the other party is obtained.
7. **Entire Agreement.** This Agreement and the applicable Creighton University policies contain the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement supersedes any prior written or oral agreements between the parties.

8. **Amendment.** This Agreement may be modified or amended, if the amendment is made in writing and is signed by both parties.

9. **Severability.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid or enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

10. **Waiver of Contractual Right.** The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

11. **Venue.** The parties herein agree that this contract shall be enforceable in Omaha, Nebraska and if legal action is necessary to enforce it, exclusive venue shall be in Douglas County, Nebraska.

12. **Governing Law.** This contract shall be governed by and construed in accordance with the laws of the State of Nebraska.

Creator: ____________________________________________________________

Date _____________________, 200_

Dean or Assigned Designee: ____________________________________________

Date _____________________, 200_

Vice President for Administration & Finance: ______________________________

Date _____________________, 200_

**LICENSE AGREEMENT FOR DISTANCE LEARNING CATEGORY II**

This License Agreement ("Agreement") is made effective as of ________ by and between _________________________________________________________________________, (hereinafter referred to as "Creator"), and Creighton University (hereinafter referred to as "University").

This license agreement pertains to the Electronic-based Course Materials in the course entitled___________________________.

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The parties agree as follows:

To be bound by all of the terms in the University's Intellectual Property Policy (4.2.3.)

The parties further agree as follows:

1. **Policy Category**: The course fits within Category II of the Policy.
2. **Copyright**: The Copyright is owned by the Creator.
3. **Educational License**: The Creator grants Creighton University a non-exclusive, royalty free educational license to use the work, in perpetuity, as part of a Creighton University course.
4. **Commercial License**: The Creator has the right to market the course outside the University subject to Category II Ownership and Compensation requirements of the Intellectual Property Policy. The Creator permits the University to market the course outside the University. The University and the Creator will share the royalty as follows: ____% to Creator and ____% to the University. In case of multiple Creators, the Creators will share their percent royalty as follows:
   - _____% to ______________________________
   - _____% to ______________________________
   - _____% to ______________________________
5. **Term of License.** This license continues in force for three (3) years, with automatic one-year extensions unless this agreement is terminated or modified by either party. Faculty member will update the course material at least ____ times per year. The faculty member's name will / will not be used with the course material.
6. **Transfer of Rights.** This Agreement shall be binding on any successors of the parties. Neither party shall have the right to assign its interests in this Agreement to any other party, unless the prior written consent of the other party is obtained.
7. **Entire Agreement.** This Agreement and the applicable University policies contain the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement supersedes any prior written or oral agreements between the parties.
8. **Amendment.** This Agreement may be modified or amended, if the amendment is made in writing and is signed by both parties.
9. **Severability.** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid or enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.
10. **Waiver of Contractual Right.** The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.
11. **Venue.** The parties herein agree that this contract shall be enforceable in Omaha, Nebraska, and if legal action is necessary to enforce it, exclusive venue shall be in Douglas County, Nebraska.
12. Governing Law. This contract shall be governed by and construed in accordance with the laws of the State of Nebraska.

Creator: ________________________________________________

Date ____________________, 200_

Dean or Assigned Designee ________________________________________________

Date ____________________, 200_

Vice President for Administration & Finance ________________________________________________

Date ____________________, 200_

LICENSE AGREEMENT FOR DISTANCE LEARNING CATEGORY III

This License Agreement ("Agreement") is made effective as of ________ by and between
________________________________________________________________________________________.

The parties agree as follows:

To be bound by all of the terms in the University's Intellectual Property Policy (4.2.3.)

The parties further agree as follows:
1. Policy Category: The course fits within Category III of the Policy.
2. Copyright: The Copyright is jointly owned by the Creator and the University.
3. Educational License: Creighton University retains its non-exclusive, royalty-free educational license to use the work as part of a University course.
4. Commercial License: The University and the Creator each have the right to market the course outside the University, subject to Category III Ownership and Compensation requirements of the Intellectual Property Policy. If licensed for commercial purposes either by the University or the Creator, the University and the Creator will share the royalty as follows: ____% to Creator and ____% to the University. In case of multiple Creators, the Creators will share their percent royalty as follows:
5. **Term of License.** This license continues in force for three (3) years, with automatic one-year extensions unless this agreement is terminated or modified by either party. Faculty member will update the course material at least ____ times per year. The faculty member's name will / will not be used with the course material.

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## Policies and Procedures

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Creator:  
Date  

Dean or Assigned Designee:  
Date  

Vice President for Administration & Finance:  
Date  


### PURPOSE

Creighton University desires to have a fair and uniform policy regarding employment termination rights of Non-Tenure-Track Faculty in grant-funded positions, in whole or in part.

### POLICY

A. A full-time NTT Faculty member whose position is supported in whole or in part by grant funds or other non-GCF funding sources shall have the following rights with respect to termination of employment for exhaustion of funds:

1. A faculty member who has completed less than five years of employment (based on the academic year) shall be entitled to receive a minimum three months' written notice of termination of employment and a written statement from the appropriate supervisor that the non-reappointment occurred for financial reasons only, i.e., grant funds' exhaustion.

2. A faculty member who has completed five but less than ten years of employment (based on the academic year) shall be entitled to receive a minimum of six months' written notice of termination of employment and a written statement from the appropriate supervisor that the termination occurred for financial reasons only, i.e., grant funds' exhaustion.

3. A faculty member who has completed ten or more complete years of employment (based on the academic year) shall be entitled to receive a minimum of one year's written notice of termination of employment and a written statement from the appropriate supervisor that the non-reappointment occurred for financial reasons only, i.e., grant funds' exhaustion.

4. A NTT Faculty member with years of employment set out in subparagraphs 1-3 above may apply for other positions at Creighton University, including faculty, staff, and administrative positions according to standard University policies and procedures on hiring.

B. Faculty Employment Agreements for NTT Faculty shall reflect the provisions set forth in this policy.
Policies and Procedures

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<td>Termination Rights of Non-Tenure-Track Faculty in Grant-Funded Positions</td>
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**SCOPE**

This policy applies to all full time Non-Tenure-Track Faculty, more particularly described in Article III, Section A(3)(c) of the *Handbook for Faculty*, hereafter, "NTT Faculty." The NTT Faculty are outside the tenure, non-reappointment, dismissal, and termination policies of the University, although subject to the University promotion policies with review by the Committees on Rank and Tenure.

Currently, NTT grant-funded positions end when the particular grant funds are exhausted. Such faculty employment contracts reflect this.

This policy does not apply to staff or administrative employees. Further, this policy does not apply to tenure-track faculty or tenured faculty regardless of whether or not the faculty position is supported entirely by grant funding. Tenured and tenure-track faculty members are within the University's tenure, non-reappointment, dismissal, termination and promotion policies as set forth in the *Handbook for Faculty*. 
PURPOSE

The University's policy on confidentiality of student records exists to comply with the Family Educational Rights and Privacy Act of 1974 in maintaining students' rights to confidentiality of University-held records of their academic careers.

POLICY

In compliance with the "Family Educational Rights and Privacy Act of 1974 As Amended," Creighton maintains the confidentiality of student records. Specific guidelines for implementing the policy under the Act are published for the information of all students and other members of the University community in a separate booklet entitled "Student Records Policy." Copies are available in the office of each Academic Dean and the University Registrar.

SCOPE

This policy applies to all University employees who have access to, or knowledge of the contents of student academic and personal records.

PROCEDURES

Supervisors of employees who work with or have access to student records should be sure that those employees are informed of and understand this policy. Communication of this policy to all new employees should take place during departmental orientation or initial training periods.

Additionally, supervisors in areas where student records are housed should make sure that procedures are developed to ensure the confidentiality and security of those records, should communicate these procedures to employees, and hold them accountable for following the security/confidentiality procedures.

ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to Human Resources, to Academic Deans and their staff, or to the University Registrar.
**Policies and Procedures**

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**AMENDMENTS OR TERMINATION OF THIS POLICY**

Creighton University reserves the right to modify, amend, or terminate this policy at any time, especially to comply with changes in federal law.

**RELATED ISSUES**

The University does not give information about staff members', students', or patients' addresses, telephone numbers, or other confidential information to anyone outside the University; such information is disseminated internally only on a strict "need to know" basis, except for such information published in University directories.
Creighton University, a Jesuit University, is convinced that the hope of humanity is the ability of men and women to seek the truths and values essential to human life. We believe that the deepest purpose of each man and woman is to create, enrich, and share life through love and reverence in the human community. We believe therefore that to enter into a sexual relationship outside the bond of enduring marriage is morally harmful. The University will not provide services through Student Health which could be construed as encouragement or tacit support for any such actions. The University must however recognize the privacy of the individual's conscience, and does not therefore make moral judgment concerning personal lives. We cannot and do not police the domain of private conscience.

Contraceptives for the purpose of birth control are not available to Creighton University students through Student Health.
Policies and Procedures

SECTION: Academic Concerns

CHAPTER: Students

POLICY: Student Exposure to Infectious Disease

PURPOSE

To advise Creighton University's students of the steps that should be taken when the student is exposed to potentially infectious blood or body fluid during their course of study at Creighton.

DEFINITIONS

Exposure is defined as, but not limited to, percutaneous (i.e., through the skin) injury or contact of mucous membranes, skin, or eyes with blood, tissues, or other body fluids. Skin exposure occurs when exposed skin is chapped, abraded, or afflicted with dermatitis (i.e., inflammation of the skin) or the contact is prolonged or involving an extensive area.

Significant exposure to blood or other body fluid is defined as specific eye, mouth or other mucous membrane, nonintact skin or parenteral (i.e., injection, needle stick) contact with blood or other materials known to transmit infectious diseases.

POLICY

1. Education of Students. Each School/Department is responsible for educating students who may be exposed to blood and/or body fluids as part of their course of study, on the universal precautions that should be followed to reduce the risk of exposure to potentially infectious blood and/or body fluids and the contents of this policy.

2. Response to Exposure. In case of suspected exposure to potentially infectious blood or body fluids in the academic or clinical setting, the student should:

   STOP current activity and should seek evaluation and treatment within one hour of exposure.
   CLEANSE any wound with soap and water. Flush eyes with water after any splash exposure.
   REPORT to your supervisor/faculty and the appropriate facility/institutional supervisor.

In the clinical setting, appropriate institutional reporting is necessary so informed consent may be obtained and appropriate diagnostic testing of the source patient and student may be performed. Any diagnostic testing performed on the student and/or source patient should include HIV, Hepatitis B, and Hepatitis C.
3. **Report of Incident.** In all instances of exposure to potentially infectious blood or body fluid, the student should:

   A. **Notify Student Health Services.** Contact Student Health Services (280-2735) within 24-48 hours of the incident.

   B. **Incident Report Form.** Incidents that occur at Creighton clinics should be reported using the University Incident Report Form (HR-24). Incidents occurring at other facilities should be reported using the facility's incident report form and the University HR-24 Form. Fax the completed HR-24 incident report form to Student Health Services (402-280-1859).

4. **Procedure for Initiating Evaluation and Treatment**

   A. **Exposures at Creighton University Medical Center (Saint Joseph Hospital, On-campus Creighton Clinics and their laboratories, and the Dental School).**

      During regular business hours (7:30 a.m. to 4:00 p.m.) students should go directly to Employee Health Services, located in Human Resources, Room 2231 (449-4467). On weekends and holidays (7:00 a.m. to 3:00 p.m.) students should go directly to the Emergency Department. During all evening and night shifts page the House Nursing Supervisor on in-house pager 22-0422.

   B. **Exposures at Other Hospitals/Institutions/Non-Creighton Clinics.**

      Students should be advised to contact the Nursing/House Supervisor or the Health Sciences School Office of Student Affairs and follow their institutional procedures for exposure.

   C. **Exposures at Creighton University Medical Center (Off-campus Clinics and Laboratories).**

      Students should immediately report the incident to their supervisor/faculty. Alternatively, the student may go to Employee Health Services (Creighton University Medical Center - Saint Joseph Hospital), located at Human Resources, Room 2231 (449-4467).
D. Exposures at Other Locations (Non-Hospital; Out of USA).

The sponsoring School at the University shall be responsible for identifying a program contact person to arrange for appropriate medical care and intervention for all non-hospital programs and programs outside the USA such as ILAC in which a University student is participating.

E. Notification of Student Health or Primary Care Provider. In all cases of exposure in the Omaha area, the student should make an appointment with Student Health (402-280-2735) or their Primary Care Provider within 24-48 hours after the exposure. Students outside the Omaha area should contact Student Health Services (402-280-2735) or their Primary Care Provider within 24-48 hours.

F. Student Refusal of Evaluation and Treatment. The student's supervisor/faculty shall advise the student of the risks/benefits of evaluation and diagnostic testing. If the student refuses to seek evaluation and diagnostic testing, the student's refusal of evaluation and diagnostic testing shall be noted on the institutional incident report form and signed by the student.

5. Student Request for Source Testing

In Nebraska when an individual experiences a significant exposure to the blood or body fluid of a patient, the individual has the right to request that the source patient be asked to consent to diagnostic testing for the presence or absence of infectious disease (i.e., HIV, Hepatitis B, Hepatitis C). Students should be advised that any requests must be made to the appropriate institution. Creighton University shall comply with the consent requirements set forth by Nebraska statute, Neb. Rev. Statute 71-514.03 for its outpatients that are the source of the exposure.

6. Payment for Evaluation and Treatment.

Creighton health sciences students are required to have both inpatient and outpatient health insurance which covers accidents and illnesses. All charges for evaluation and treatment shall be submitted to the student's health insurance company for payment. Prescribed initial diagnostic testing and initial prophylactic treatment which is not paid by the student's insurer will be paid for by the School until the source test results are received, but for no longer than five (5) business days. This includes payment for any student co-pays and deductibles incurred during the first five days after initial diagnostic testing and initiation of prophylactic treatment. All other evaluation and treatment services and/or prophylactic treatments ordered are the responsibility of the student or his/her insurer.
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### ADMINISTRATION

This policy shall be administered by the Deans of each School. Questions regarding this policy should be directed to the Dean of the School or his/her designee.

### AMENDMENTS OR TERMINATION OF POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.
Policies and Procedures

SECTION: Academic Concerns

CHAPTER: Students

POLICY: Preventing Transmission of Bloodborne Pathogens from Students to Patients

PURPOSE

To prevent the transmission of bloodborne pathogens from students during the course of their professional training at Creighton University.

POLICY

Creighton University follows public health recommendations of the Centers for Disease Control (CDC) and other public health agencies as part of implementing this policy to prevent transmission of bloodborne pathogens from students to patients.

SCOPE

This policy applies to any student who may perform exposure-prone procedures during the course of their studies at Creighton University.

DEFINITIONS

"Bloodborne pathogens" means, for purposes of this policy, human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

"Exposure-prone procedures" are distinct from invasive procedures. Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the health care worker and if such an injury occurs, the health care worker's blood is likely to contact the patient's body cavity, subcutaneous tissues, and/or mucous membranes.

PROCEDURE

A. Responsibility of Schools/Departments.

Schools/Departments whose students may perform exposure-prone procedures as a part of their course of study shall:

- Educate their students about this policy and about the risk of bloodborne pathogen transmission through exposure-prone procedures; and
- Provide students infected with bloodborne pathogens a contact within the School/Department to request guidance.
B. Responsibility of Students with Bloodborne Pathogens

Students who are infected with bloodborne pathogens and who will perform exposure-prone procedures shall:

- Notify their School/Department contact of their status and seek counsel from an expert review panel before performing any exposure-prone procedures; and

- Not perform any exposure-prone procedures until they have obtained guidance from an expert review panel and been advised under what circumstances, if any, they may perform these procedures.

C. Expert Review Panel

1. Convening an Expert Review Panel. Upon receipt of information that a student with bloodborne pathogens may perform exposure-prone procedures, the Dean of the School shall convene an expert review panel to advise on the precautions and/or limitations, if any, that should be implemented.

2. Composition. The expert review panel shall include experts who represent a balanced perspective and shall include at least one physician with subspecialty training in infectious disease.

3. Confidentiality. Members of the expert review panel shall maintain the confidentiality of any information obtained through the review process.

4. Responsibilities. The expert review panel shall provide advice based on up-to-date public health recommendations, which currently includes the Centers for Disease Control and Prevention, Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures. MMWR Morbidity and Mortality Weekly Report Recommendations and Reports 1991 (July 12); 40(RR08):1-9.

http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm
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### POLICY:
**Preventing Transmission of Bloodborne Pathogens from Students to Patients**

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### AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.
UNIVERSITY STATUTES

See the University Statutes on-line at:
http://www.creighton.edu/President/PresOfc/Statutes/STATUTES_2005.pdf
See the Handbook for Faculty on-line at:
http://www.creighton.edu/President/PresOfc/FacultyHandbook/Faculty_Handbook_2005.pdf
See the *Employee Handbook* on-line at (available in English and Spanish):
http://www.creighton.edu/HR/employee/HBeng_index.html
STUDENT HANDBOOK

See the Student Handbook on-line at:
http://www.creighton.edu/StudentServices/CSI/
# AFFIRMATIVE ACTION PLAN
## 2001 – 2002

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See the Controller’s Office Manual on-line at:
http://www.creighton.edu/Controllers/
See the Graphic Standards Manual on-line at:
http://logo.creighton.edu/
PURCHASING DEPARTMENT MANUAL

See the Purchasing Manual on-line at:
http://www.creighton.edu/Purchasing/
UNIVERSITY’S ORGANIZATIONAL CHART

See the Organizational Chart on-line at:
http://www.creighton.edu/President/PresOfc/CU_organization.html