



THIS IS TO CERTIFY THAT THE
ARROWHEAD REGIONAL MEDICAL CENTER'S
MEDICAL STAFF
Policy and Procedure #16
Screening and Immunization

HAS BEEN REVIEWED AND UPDATED
AS NEEDED FOR PROPER OPERATION



Chairman, Medical Executive Committee 6/25/2019
Date



Chairman, Board of Supervisors AUG 20 2019
Date

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD
LYNNA MONELL
Clerk of the Board of Supervisors
of the County of San Bernardino
By 

Deputy

The seal is circular with a purple border. It contains the text "BOARD OF SUPERVISORS" at the top and "SAN BERNARDINO COUNTY, CA" at the bottom. In the center, there is a smaller seal with the text "COUNTY OF SAN BERNARDINO" and "1853".

ARROWHEAD REGIONAL MEDICAL CENTER

Medical Staff Policy Manual Summary

2019

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
1				X	Credentials File Content, Order and Retention	
2				X	Medical Staff Proctoring	
3				X	Medical Staff Disaster Clinical Privileges	
4				X	Clinical Observer	
5				X	Medical Staff Peer Review	
6				X	Disruptive Members of the Medical Staff and Advanced Practice Professional Staff	
7				X	Medical Staff and Advanced Practice Professional Staff	
8				X	Medical Staff Professional Practice Evaluation	
9				X	Communication Between the Medical Staff and Hospital Administration	
10				X	Telemedicine Practitioners	
11				X	Delinquency and Suspension Policy	
12				X	Confidentiality of Medical Staff Files and Records	
13					New Privileges, Procedure and Technology	
14				X	Advanced Practice Professional Focused Professional Practice Evaluation (FPPE)	
15				X	Standardized Procedure	
16		X			Screening and Immunization	Now requires proof of TB test and Flu Vaccination on an annual basis.
17				X	Pediatric Hospitalist Criteria	
18				X	Inpatient Admission Bridging orders Written by Emergency Department Practitioners (Physician and	

ARROWHEAD REGIONAL MEDICAL CENTER

Medical Staff Policy Manual Summary

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Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (Major Only)
19				X	Physician Assistant Authorization to Delegate Credentialing On-line	
20				X	Utilization of Scribes	



ARROWHEAD REGIONAL MEDICAL CENTER Medical Staff Policies and Procedures

POLICY NO. 16
Page 1 of 2

SUBJECT: SCREENING AND IMMUNIZATION

POLICY

Arrowhead Regional Medical Center strives to provide a safe and healthy environment for employees, patients, members of the Medical Staff, Advanced Practice Professional Staff, and other visitors to the Medical Center. Therefore, Practitioners applying for initial appointment and annually thereafter will be required to show proof of screening, or an approved alternative in lieu of screening.

Practitioners applying for initial appointment must provide proof of TB Screening and Influenza vaccination to the Medical Staff Office before the credentials file is considered complete and ready for committee review.

Practitioners will receive notification from the Medical Staff Office of annual immunization and screening requirements. Practitioners failing to comply with the annual requirements (Influenza and TB screening, if applicable) shall be referred to the Medical Executive Committee for action, which may include automatic suspension of all privileges.

Screening may be waived with respect to Practitioners who are given limited Emergency Temporary Privileges during a disaster, and those who will not be present in areas operating under the hospital license, such as telemedicine. No waiver of the proof of screening shall be permitted for any practitioner exercising privileges in any area operating under the hospital license.

Screening and Immunization:

- TB Screening: *If you are ppd skin test negative:* Complete a Purified Protein Derivative (PPD) or Quantiferon Gold QFT Test at ARMC Employee Health Services or provide us a copy of your last TB test done within the last 12 months
- *If you have a documented history of a positive PPD or QFT:*, Complete an annual TB questionnaire and must have a chest X-ray on file at ARMC Employee Health Services or a copy of a CXR result from an outside facility, The CXR is repeated if the individual TB questionnaire is positive for signs or symptoms relating to TB Disease.
- Individuals who convert their PPD skin test from negative to positive: Complete a CXR, and have a thorough history taken in order to determine when, where, and how exposed. These individuals may be followed by their own physicians or a designated physician at ARMC.
- Influenza: Proof of Vaccination (October 1st-March 31st of each year), or signed attestation of vaccine, or signed declination. Practitioners who decline the influenza vaccine are required to wear a surgical mask during flu season while at ARMC.

Employee Health Services has additional immunization and screening program requirements that are regulated by hospital policy, regulatory bodies, and state and local departments of health. Practitioners should contact Employee Health Services for screening and/or immunization criteria. Immunizations and screening are provided free of cost via ARMC Employee Health Services.

SUBJECT: SCREENING AND IMMUNIZATON

REFERENCES: Centers for Disease Control and Prevention (CDC)
Advisory Committee on Immunization Practices (ACIP)
Infection Control Policy Manual
Title XXII Section 70723, Occupational Safety and Health Administration
Center for Medicare/Medicaid Services (CMS)
The Joint Commission

DEFINITIONS:
ATTACHMENTS: Employee Health Services Practitioner Health Requirement Form
APPROVAL DATE: 6/19/19 Credentials Committee
6/25/19 Medical Executive Committee
Board of Supervisors

REPLACES:
EFFECTIVE:
REVIEWED: