








**THIS IS TO CERTIFY THAT**

**ARROWHEAD REGIONAL MEDICAL CENTER'S**

**Environment of Care Policies**

**HAS BEEN REVIEWED AND UPDATED**

 _____ Department/Service Director, Head or Manager	<b>Jon Hall</b> _____ Date
_____ Department/Service Medical Director (if applicable)	_____ Date
 _____ Ron Tabe	<b>SEP 19 2022</b> _____ Date
_____ Associate Hospital Administrator (if applicable)	_____ Date
 _____ Chief Nursing Officer (if applicable)	<b>9-16-22</b> _____ Date
_____ Chief Medical Officer (if applicable)	_____ Date
 _____ Chief Operating Officer (if applicable)	<b>9/19/22</b> _____ Date
 _____ Hospital Director	<b>9/19/22</b> _____ Date
_____ Chair, Board of Supervisors	_____ Date