Patient Care Policies Agenda 7/15/26

*** Indicates policy is pending Medical Executive Committee's approval 7/16/2026**

Title	Area	Summary of Changes	Revised?
Policy for Latent Tuberculosis Treatment	Ambulatory Care	No Comment Provided	Revised
Clinical Psychology Privilege	Hospital & Health Centers	No Comment Provided	New
Community Health Privileges	Hospital & Health Centers	No Comment Provided	Unchanged
Developmental Pediatric Privileges	Hospital & Health Centers	No Comment Provided	New
Endocrinology Privileges	Hospital & Health Centers	No Comment Provided	New
General Surgery Privileges	Hospital & Health Centers	No Comment Provided	New
Licensed Mental Health Provider Privilege	Hospital & Health Centers	No Comment Provided	New
Moonlighting Privilege	Hospital & Health Centers	No Comment Provided	New
Neonatology Privilege	Hospital & Health Centers	No Comment Provided	New
Neurosurgery Privilege	Hospital & Health Centers	No Comment Provided	New
Nurse Practitioner Privilege	Hospital & Health Centers	No Comment Provided	New
OB-GYN Privilege	Hospital & Health Centers	No Comment Provided	New
Pain Medicine Privilege	Hospital & Health Centers	Changed name from to Pain Medicine Privilege from Internal Medicine: Pain Medicine Packet. Standardize naming convention	Revised
Pediatric Cardiology Privilege	Hospital & Health Centers	Renamed	New
Pediatric Privileges	Hospital & Health Centers	No Comment Provided	New
Physician Assistant Privilege	Hospital & Health Centers	No Comment Provided	New
Podiatry Privilege	Hospital & Health Centers	No Comment Provided	New
Pre-Licensed Mental Health Provider Privilege	Hospital & Health Centers	No Comment Provided	New
Pulmonology Privileges	Hospital & Health Centers	No Comment Provided	New

Title	Area	Summary of Changes	Revised?
Sleep Medicine Privilege	Hospital & Health Centers	No Comment Provided	New
Urology Privileges	Hospital & Health Centers	No Comment Provided	New
Guidelines for Pain Management Techniques*	Nursing	No Comment Provided	Unchanged
Policy for Blood and Blood Components, Transfusion*	Nursing	Changed EMR to EHR and defined EMR. Changed "physician" to "provider" Updated section N. for transfusion reactions: "In the event of a transfusion reaction, stop transfusion. Change IV set and keep vein open with a new bag of 0.9% normal saline. Notify Transfusion Service/Blood Bank and provider. Perform clerical check. Order for a transfusion reaction evaluation work up. Complete the Transfusion Reaction Evaluation form."	Revised
Policy for Pain Management	Nursing	Necessary additional changes to address non-pharmacological interventions and definition of "timely manner". Approved by Chiefs' in lieu of MEC to allow continued approval workflow for immediate presentation for JCC.	Revised
Policy for Pressure Injuries and Wounds: Prevention and Care	Nursing	Please review and start approvals, high priority. Thank you.	Revised
Policy for Administration of Oxytocin for Induction/Augmentation*	Perinatal	Removed Alaris Pump attachment	Revised
Policy for Neonatal Prostaglandin Drip*	Perinatal	Updated references, modified purpose statement	Revised
Policy for Developmentally Appropriate Oral Feedings For Infants	Perinatal	No Comment Provided	New
Diagnostic Imaging Medication Box*	Pharmacy	No Comment Provided	Unchanged
Policy for Diagnostic Imaging Medication Box*	Pharmacy	Removed approvals section	Revised
Policy for Emergency Medication Supply – Location & Quantity*	Pharmacy	Added Campus Response Medication Kit locations (ED and pharmacy night locker)	Revised

Title	Area	Summary of Changes	Revised?
Policy for Inventory Activities and Reconciliation Reports of Controlled Substances	Pharmacy	1) Minor semantic changes from "Control Level" to "Schedule controlled substances" 2) Formatting changes 3) Removal of Approvals section	Revised
Policy for Processing & Delivery of Outpatient Medications and Floor Stock Orders to Off-Site Locations*	Pharmacy	Changed courier name from "Am-Tran" to "DCS" and updated description of the process. Removed old Am-Tran delivery form related link/stub. Stub was retired.	Revised
Policy for Infant Nasal Bubble Continuous Positive Airway Pressure*	Respiratory	The term “nasal bubble CPAP” is added in the Policy Statement to reflect the complete and proper terminology for the device. References updated.	Revised
Policy for Pediatric High Flow or High Velocity Therapy*	Respiratory	High Velocity Therapy (HVT) is added to reflect the updated clinical practices. References updated.	Revised

Status **Pending** PolicyStat ID **19969501**

Origination	02/2023
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2026
Next Review	3 years after approval
Owner	Kelley Taylor: Ambulatory Care Clin Supv
Area	Ambulatory Care
Applicability	CCRMC, Health Centers & Detention

Policy for Latent Tuberculosis Treatment

POLICY STATEMENT:

To outline nursing staff responsibilities and protocols when reviewing LTBI therapy and the monitoring and follow-up of patients completing LTBI treatment ~~with Rifampin (RIF), and Rifabutin (RBT), Isoniazid (INH)+Rifapentine, Isoniazid+Rifampin (3HR) or Isoniazid alone (9H/6H)~~.

GUIDELINES:

~~A. Any positive tuberculin skin test (TST) or IGRA test can be evaluated by the LTBI nurse with a tuberculosis risk assessment and follow-up with a primary care provider to assess the need for LTBI treatment (See VII.2).~~

~~B. Patients who are started on treatment for LTBI are to be referred to the LTBI nurse and monitored monthly to screen for adverse drug reactions and assess for medication adherence.~~

~~C. The following patients should be reported to the public health department and referred to Chest Clinic for initial evaluation. A CMR (available on iSite) should be completed and faxed to CCPH (925-313-6465). Once active TB has been excluded, LTBI treatment and monitoring can be referred to the LTBI nurse.~~

~~1. Any child under the age of 5 years (up to 5th birthday).~~

~~2. Immigrants with a B notification TB waiver (with an abnormal CXR)~~

~~D. Symptoms consistent with TB (i.e. cough, fever, weight loss, night sweats etc) should have an urgent CXR PA/LAT ordered. If the patient has a cough, instruct the patient to wear a mask.~~

~~E. Abnormal CXR with any of the following notes in the official report:~~

~~1. Upper lung zone infiltrate;~~

~~2. Cavitary infiltrate;~~

~~3. Upper lung zone fibronodular lesions;~~

~~4. Pleural effusion in the absence of another diagnosis (e.g. malignancy);~~

~~5. Hilar or mediastinal adenopathy, in the absence of another diagnosis (e.g.sarcoidosis);~~

~~6. Any other radiographic finding considered suspicious by the Radiologist for TB, including "old granulomatous disease"~~

~~F. Consult with the ordering provider, case management team officer of the day, or on-call TB consultant for any symptoms consistent with TB or abnormal CXR reports that are not otherwise read as "negative"~~

A. Any positive tuberculin skin test (TST) should then have an IGRA (QuantiFERON-TB) ordered.

B. Any positive IGRA test should then have a chest x-ray ordered and be screened for symptoms to rule out active TB.

C. Patients with a positive IGRA and negative chest x-ray are referred to the LTBI Clinic.

D. Symptoms consistent with TB (i.e. cough, fever, weight loss, night sweats, etc.) should have an urgent CXR PA/LAT ordered. If the patient has a cough, instruct the patient to wear a mask.

E. Consult with the ordering provider, case management team, officer of the day, or on-call TB consultant for any symptoms consistent with TB or abnormal CXR reports that are not otherwise read as "negative". Abnormal CXR with any of the following notes in the official report:

1. Upper lung zone infiltrate;
2. Cavitary infiltrate;
3. Upper lung zone fibronodular lesions;
4. Pleural effusion in the absence of another diagnosis (e.g. malignancy);
5. Hilar or mediastinal adenopathy, in the absence of another diagnosis (e.g. sarcoidosis);
6. Any other radiographic finding considered suspicious by the Radiologist for TB, including "old granulomatous disease"

F. Patients who are treated for LTBI await contact by the LTBI nurse before commencing treatment and are monitored monthly to screen for adverse drug reactions and assessment off medication adherence.

G. Any child under the age of 5 years old, in which there is a concern for local exposure (rather than foreign exposure) should be reported to the public health department. A CMR (available on iSite) should be completed and faxed to CCPH (925-313-6465). Once active TB has been excluded, LTBI treatment and monitoring can be referred to the LTBI nurse.

RELATED LINKS:

Procedure for Latent Tuberculosis Treatment

REFERENCES:

A. National Tuberculosis Controllers Association / National Society of Tuberculosis Clinicians "Testing and Treatment of Latent Tuberculosis Infection in the United States: Clinical Recommendations" ~~2021~~2025 (~~https://www.tbcontrollers.org/resources/tb-infection/clinical-recommendations/~~LTBI_Clinical_Guide_Feb2025_FINAL.pdf)

B. Centers for Disease Control and Prevention "Latent Tuberculosis Infection: A Guide for Primary Health Care Providers" June 2020 https://www.cdc.gov/tb/publications/ltbi/pdf/LTBIbooklet508.pdf

C. TB Classification represents a systematic way to assess and diagnose TB, the following classification should be used when determining the patient need for TB treatment:
T0 – No TB exposure, not infected
T1 – TB Exposure, no evidence of infection
T2 – (Reactor, Convertor or Contact) LTBI Infection, no disease
T3 – Active TB (Designate site of disease)
T4 – TB disease, not clinically active (i.e. Abnormal CXR with negative sputum)
T5 – TB Suspect (pending workup or diagnosis)

~~APPROVALS:~~

~~Ambulatory Clinical Practice Committee: 2/2023~~

~~Ambulatory Policy Committee: 5/2023~~

~~Medical Executive Committee: 6/2023~~

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Sarah E. Mcneil	Pending
Ambulatory Policy Committee	Laura R. Colebourn [LC]	06/2026
Ambulatory Clinical Practice Committee	Helena Martey: Director of Ambulatory Nursing	02/2026
	Kelley Taylor: Ambulatory Care Clin Supv	02/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20621400**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Clinical Psychology Privilege

see attachment

Attachments

Clinical Psychology Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Clinical Psychology
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.**

Required Qualifications

Education/Training	Doctorate degree (Ph.D. or Psy.D.) in psychology from an American Psychological Association (APA)- accredited educational institution and at least two years of clinical experience in an organized healthcare setting supervised by a licensed psychologist, one year of which must have been post-doctoral, and completion of an internship accredited by the APA
Certification	Current active certification and license to practice issued by the State Board of Examiners of Psychologists is required for applicants and reapplicants.
Continuing Education	

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documented current competence and provision of care, treatment, or services, including supervision of psychology students/interns/residents for at least 200 patient visits within the past 24 months, or completion of training within the past 24 months. Experience must correlate with the privileges requested. AND Clinical psychologists hired to work in Ambulatory Care/Primary Care/CCHS Health Centers should have a minimum of one year of experience providing integrated behavioral health services in a medical setting.
Clinical Experience (Reappointment)	An adequate volume of experience patient visits, including supervision of psychology students/interns/residents) within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.

Clinical Psychology Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend

(initials)	Diagnose, provide treatment and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through interviews, behavioral assessments, and the administration and interpretation of tests of intellectual abilities, aptitudes, personal characteristics, and other aspects of human behavior relative to the disturbance. Clinical psychologists may provide care to patients in the intensive care setting. They may assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services. Clinical Psychology procedures include but are not limited to: perform psychiatric evaluation; and obtain social and psychological admission history. Intervention procedures include but are not limited to: family assessment/therapy; group therapy; marital or couples therapy; psychological assessment; psychotherapy (evidence-based); personal enhancement; and behavior modification. Assessment procedures include but are not limited to: structured and unstructured interviews; administration and interpretation of standardized screening measures; evaluations; measures of intelligence and achievement; objective and projective personality test; direct observation; functional analysis of behavior and behavioral rating scales; tests of cognitive impairment and higher cortical functioning; physiological measures; analysis of archival data; milieu measures; batteries of techniques consisting of one or more of the above; and assessment and integration of psychological components of medical conditions/illnesses.	(initials)

Clinical Psychology Special/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
(initials)	**Neuropsychological Testing** *Initial Appointment:* The equivalent of two (full-time) years of experience and specialized training, at least one of which is at the post-doctoral level in the study and practice of clinical neuropsychology or related neurosciences. These two years include supervision by a neuropsychologist. AND A license to practice psychology and/or clinical neuropsychology or is employed as a neuropsychologist by an exempt agency OR the equivalent in training and experience. AND Documented current experience: Evidence of the performance of at least 50 neuropsychological testing visits or procedures within the past 24 months, or completion of training that included supervision by a neuropsychologist within the past 24 months. *Renewal/Reappointment:* Documented current competence and the performance of at least 50 neuropsychological testing visits within the past 24 months.	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

_____

_____

_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621281**

Origination	10/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	11/2025
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Community Health Privileges

Please see attached file.

Attachments

Community Health Privileges.docx

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Critical Care Medicine
Delineation of Privileges

Name:
Effective From: _____/_____/_____ to _____/_____/_____

Instructions:

1. Check the Request checkbox to each privilege in the Core Privileges or Special Non-Core Privileges section.
2. Sign form and submit with the required documentation.

Required Qualifications

Education/Training	***Pathway A:*** Successful completion of an ACGME or AOA-accredited residency in the relevant medical specialty and successful completion of an accredited fellowship in Critical Care Medicine. ***Pathway B:*** Successful completion of an ACGME or AOA-accredited residency in Family Medicine or Internal Medicine and department-approved experience equivalent to Critical Care fellowship.
Certification	Current certification or Board eligibility in the examination process leading to subspecialty certification in Critical Care Medicine by the ABMS or AOA. ***Or*** Current certification or Board eligibility in the examination process leading to certification in Family Medicine by the American Board of Family Medicine (ABFM), or Internal Medicine by the American Board of Internal Medicine (ABIM) or American Osteopathic Board of Family Physicians (AOBFP), or American Osteopathic Board of Internal Medicine (AOBIM). Maintenance of Certification (MOC) or Osteopathic Ongoing Certification is required.
Continuing Education	Applicant must provide 50 Category I CMEs from the past 24 months. (Waived for applicants who completed training during the past 24 months)
Clinical Experience (Initial)	Applicant must provide a clinical activity/procedure log documentation of provision of care of at least 50 inpatients in the critical care unit, reflective of the scope and complexity of the privileges requested during the past 24 months. (Waived for applicants who completed training during the past 24 months)
Clinical Experience (Reappointment)	Applicant must provide a clinical activity/procedure log documentation of provision of care of an adequate volume of experience 50 patients with acceptable results, reflective of the scope and complexity of the privileges requested during the previous 24 months based on results of ongoing professional practice evaluation and outcomes.
Other Requirements	Current ACLS required. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet. Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name:
Effective From: _____/_____/_____ to _____/_____/_____

Critical Care Core Privileges

Check the appropriate box of each privilege/procedure requested.

Request		Chair Recommends
☐	The practitioner is authorized to admit, evaluate, diagnose, and manage adult patients with multisystem organ dysfunction and life threatening conditions requiring critical care. Responsibilities include the assessment and stabilization of emergent conditions, coordination of patient disposition, performance of approved procedures, and provision of consultative services across acute and intensive care settings. Care will be delivered in accordance with institutional policies, demonstrated competency, and recognized professional standards. **General Critical Care and Emergency Responsibilities** • Admit, evaluate, diagnose, and provide treatment or consultative services for adult patients with multiple organ dysfunction and in need of critical care for life threatening disorders. • Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. • Management of critical illness in pregnancy. • Management of life threatening disorders in intensive care units, including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure. • Performance of history and physical examination. • Ventilator management, including experience with various modes and continuous positive airway pressure therapies. • Preliminary interpretation of imaging studies. • Wound care. **Airway and Respiratory Procedures** • Airway maintenance and intubation, including fiberoptic bronchoscopy and laryngoscopy. • Needle and tube thoracostomy. • Percutaneous cricothyrotomy tube placement.	☐

Name:
Effective From: _____/_____/_____ to _____/_____/_____

	Vascular Access and Circulatory Procedures • Arterial puncture and cannulation. • Insertion of central venous and arterial catheters. • Insertion of hemodialysis catheters. • Cardiopulmonary resuscitation. • Cardioversion and defibrillation. • Pericardiocentesis. **Diagnostic and Image Guided Procedures** • Image guided procedures (Point of Care Ultrasound). • Lumbar puncture. • Paracentesis. • Thoracentesis. **Conscious Sedation with Ketamine and Propofol**	

Special Non-Core Privileges

Non-core privileges are requested individually, in addition to requesting core privileges. To request these privileges, the specific threshold criteria must be met.

Check the appropriate box of each privilege/procedure requested.

Request		Chair Recommends
☐	Fluoroscopy	☐
	Criteria: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	

Focused Professional Practice Evaluation (FPPE) Requirements

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly preformed in the department. FPPE/proctoring must be representative of the provider's scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested "non-core" privileges.
4. If the provider does in and outpatient work, he/she needs to be proctored in both.

Name:
Effective From: _____/_____/_____ to _____/_____/_____

5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Practitioner's Signature: _____ **Date: _____**

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Name:
Effective From: _____/_____/_____ to _____/_____/_____

Privilege	**Condition/Modification/Explanation**

Notes:
_____
_____
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622565**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Developmental Pediatric Privileges

see attachments

Attachments

Developmental Pediatrics Privileges

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Developmental Pediatrics
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s).** Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Pediatrics, followed by a fellowship in Developmental - Behavioral Pediatrics.
Certification	Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the Board) leading to certification by the Sub-Board of Developmental-Behavioral Pediatrics administered by the American Board of Pediatrics. Board certification in General Pediatrics is required prior to Sub-Board Certification.
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documentation of required current experience: Documentation of developmental/behavioral pediatric services for at least 200 patients, reflective of the scope of privileges requested or successful completion of fellowship within the past 24 months. Please provide clinical activity log.
Clinical Experience (Reappointment)	Documentation of developmental/behavioral pediatric services for at least 200 patients, reflective of the scope of privileges requested based on Ongoing Professional Performance Evaluation (OPPE) and outcomes within the past 24 months.

Developmental Pediatrics Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	**Developmental Pediatrics Core Privileges** Evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as it pertains to developmental difficulties and problematic behaviors. **Developmental-Behavioral Pediatrics** • Performance of history and physical exam • Assessment of behavioral adjustment and temperament • Behavioral screening and surveillance techniques • Developmental screening and surveillance techniques • Interviewing and assessment of family history and functioning • Neurodevelopmental assessment • Psychiatric interviewing and diagnosis • Patient management skills, including but not limited to the following: – Anticipatory guidance – Behavioral treatment methods – Developmental interventions – Individual and family counseling – Psychopharmacotherapy	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

_____
_____
_____
_____
_____
_____

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center

Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
_____
_____
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622426**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Endocrinology Privileges

see attachment

Attachments

Endocrinology Privileges.pdf

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Endocrinology
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Pathway A: Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty and successful completion of an accredited fellowship in Endocrinology. **OR** Pathway B: Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in Internal Medicine and Department approved appropriate experience.
Certification	Pathway A: Documentation of current subspecialty certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in Endocrinology by the relevant American Board of Medical Specialties or the American Osteopathic Board. **OR** Pathway B: Documentation of Board Certification or Board Eligibility in Internal Medicine (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Internal Medicine (ABIM), or American Osteopathic Board of Internal Medicine (AOBIM)
Continuing Education	Education sufficient to maintain license and certification in accordance with professional license and certification boards

Initial Applicants	Documented current experience: Inpatient/outpatient care of least 200 patients with endocrine disorders, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency, or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.
Renewal	Documented competence and 200 patient encounters with endocrine disorders with acceptable

results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Endocrinology, Diabetes, and Metabolism Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Includes management of disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems. May provide care to patients in the intensive care setting. Assess, perform history and physical and consult to determine disposition of patients with emergent conditions regarding emergency and consultative call services in the emergency department, in patient or intensive care setting. Interpret laboratory studies, hormone assays, performance and interpretation of stimulation and suppression tests, performance of fine needle aspiration of thyroid with ultrasound guidance	☐

Administration of Sedation and Analgesia Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
☐	❑ **Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL ❑ **Ketamine** (test required every 2 years) ❑ **Propofol** (test required every 2 years) *Initial Request*: Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department approved extra training and experience. **AND** Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. *Renewal/Reappointment*: Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622270**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

General Surgery Privileges

see attachment

Attachments

General Surgery Privileges

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

General Surgery
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in general surgery.
Certification	Documentation of current Board certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.
Continuing Education	Education sufficient to maintain license and certification in accordance with professional license and certification boards.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Minimum 100 general surgery procedures, reflective of the scope of privileges requested, within the past 24 months, or documented successful completion of an ACGME– or AOA– accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.
Renewal	Current documented competence and an adequate volume of experience 100 surgical patients) with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

General Surgery Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	*Initial request:* Admit, evaluate, diagnose, consult, perform history and physical, and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the following: alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology; trauma (in emergency) and the vascular system. May provide care to patients in the intensive care setting, as well as any other appropriate location in the Hospital or Health centers. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills, as determined by the department chair. • Abdominoperineal resection • Anorectal surgery (fistula, rectal lesion, hemorrhoidectomy, including stapled hemorrhoidectomy, incision/drainage and debridement of perirectal abscess) • Appendectomy • Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy. • Colon surgery for benign or malignant disease, including colotomy, colostomy • Correction of intestinal obstruction • Drainage of intra-abdominal, deep ischio-rectal abscess • Endocrine surgery (thyroidectomy and neck dissection, parathyroidectomy) • Endoscopy (anoscopy, proctosigmoidoscopy - rigid with biopsy, with polypectomy/tumor excision, colonoscopy with polypectomy, esophagogastroduodenoscopy (EGD) with or without biopsy/PEG placement, intraoperative) • Enterostomy (feeding or decompression) • Excision of pilonidal cyst/marsupialization • Exploration and repair of traumatic soft tissue, musculo-facial injury • Exploration laparotomy for traumatic injury • Gastric operations for cancer (radical, partial, or total gastrectomy) • Gastroduodenal surgery • Incision and drainage of abscesses and cysts • Incision and drainage of pelvic abscess • Initial evaluation and management of the neuro trauma patient • IV access procedures, central venous catheter, and ports • Laparoscopic procedures (diagnostic, appendectomy, cholecystectomy, lysis of adhesions) – Laparotomy for diagnostic or exploratory purposes, or for management of intra-abdominal sepsis or trauma • Liver biopsy (intra operative), liver resection • Lower extremity amputations including: above knee, and below knee; trans metatarsal, and digits • Management of burns • Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage	☐

	• Management of multiple trauma • Management of soft-tissue tumors, inflammation and infection • Management of trauma patients in ICU setting • Operations of gallbladder, biliary tract, bile ducts, and hepatic ducts, excluding biliary tract reconstruction • Peritoneal drainage procedures for relief of ascites • Pyloromyotomy • Radical regional lymph node dissections • Repair of perforated viscus (gastric, small intestine, large intestine) • Scalene node biopsy • Selective vagotomy • Skin grafts (partial thickness, simple) • Small bowel surgery for benign or malignant disease, incision, excision, resection, and enterostomy of small intestine • Splenectomy (trauma, staging, therapeutic) • Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, and orchiectomy in association with hernia repair • Surgical treatment of penetrating or crush injuries where soft tissue, musculo-skeletal or organ trauma has occurred • Thoracentesis • Tracheostomy • Tube thoracostomy • Vein ligation and stripping •	

To obtain non-core privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	**Non-Core Privileges** Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
☐	*Initial request:* To be eligible to apply for a special procedure/technique listed below, the applicant must meet the qualifications for General Surgery Core Privileges **and** document successful completion of an approved/recognized course, or acceptable supervised training in a residency or fellowship that included hands-on training under the supervision of a qualified preceptor for the privilege requested below, and provide documentation of competence in performing at least the minimum required for that procedure within the past 24 months, and meet any additionally listed criteria. *Renewal/Reappointment:* To be eligible for reappointment, the applicant must be able to document that they have maintained competence by showing evidence that they have successfully performed at least the minimum required for that procedure within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.	☐
☐	**Advanced Laparoscopic Procedures:** Such as colectomy, splenectomy, Adrenalectomy, Nephrectomy, Nissen, Fundoplication, Inguinal Hernia Repair, etc. ***Requirement***: Minimum of 3 (three) procedures during the past 24 months.	☐
☐	**Administration of Sedation and Analgesia:**	☐

	Conscious Sedation (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL **Ketamine** (test required every 2 years) **Propofol** (test required every 2 years) *Initial request:* Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience. **AND** Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. *Renewal/Reappointment:* Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	
☐	**Fluoroscopy** Privilege to operate and/or supervise operation of fluoroscopy equipment. ***Requirement***: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
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Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621406**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Licensed Mental Health Provider Privilege

see attachment

Attachments

Licensed Mental Health Provider Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Licensed Mental Health ProviderPrivileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/attestations/certificate(s). Experience can be from direct patient care, clinical supervision or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.**

Required Qualifications

LCSW (Licensed Clinical Social Worker)

Education/Training	Possession of a Masters degree from a college or university accredited by the Commission on Accreditation of the Council on Social Work Education, with major in psychology, social work, counseling, or a closely related field. Once registered with the Board of Behavioral Sciences, minimum (2) years or 3,200 hours of qualifying supervised hours providing mental health services, to include passing of Licensing and Law & Ethics Exams. 36 hours of continuing education (CE) for the first license renewal cycle (two years) and for each subsequent renewal cycle of two years, 36 hours of CE plus 6 hours of Law & Ethics are required
Certification	A valid license issued by the State of California, Board of Behavioral Sciences, as an LCSW

OR

LMFT (Licensed Marriage and Family Therapist)

Education/Training	Possession of a Masters Degree from an accredited college or university with a major in marriage and family therapy, mental health counseling or closely related field. Once registered with the Board of Behavioral Sciences, minimum (2) years or 3,000 hours of qualifying supervised hours, to include passing of Licensing and Law & Ethics Exams. 36 hours of continuing education (CE) for the first license renewal cycle (two years) and for each subsequent renewal cycle of two years, 36 hours of CE plus 6 hours of Law & Ethics are required
Certification	A valid license issued by the State of California, Board of Behavioral Sciences, as an LMFT

OR

LPCC (Licensed Professional Clinical Counselor)

Education/Training	Possessions of a Masters Degree from an accredited college or university with a major in Professional Clinical Counseling, mental health counseling or closely related field. Once registered with the Board of Behavioral Sciences, minimum (2) years or 3,000 hours of qualifying supervised hours, to include passing of Licensing and Law & Ethics Exams. 36 hours of continuing education (CE) for the first license renewal cycle (two years) and for each subsequent renewal cycle of two years, 36 hours of CE plus 6 hours of Law & Ethics are required
Certification	A valid license issued by the State of California, Board of Behavioral Sciences as an LPCC

For the core privilege requested, you must demonstrate the following:

Clinical Experience (Initial	Documented current competence and provision of care, treatment, or services, including 200 patient visits within the past 24 months, or completion of training within the past 24 months. Experience must correlate with the privileges requested. AND Clinicians hired to work in Ambulatory Care/Primary Care/CCHS/Public Health Centers should have a minimum of one year of experience providing integrated behavioral health services in a medical setting.
Clinical Experience (Reappointment)	An adequate volume of experience 200 patient visits, which can include hours of supervision to social work/marriage and family associates/interns, within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.

Clinical Behavioral Health Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	Assess, diagnose, provide treatment, prevention and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through clinical interviews, behavioral assessments, and standardized measures. Clinical providers may provide care to patients in the intensive care setting. They may assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services. Behavioral Health procedures include but are not limited to: perform mental health assessment; obtain social and psychological admission history; support discharge planning and coordination. Intervention procedures include but are not limited to: family assessment/therapy; group therapy; marital or couples therapy; psychological assessment; psychotherapy (evidence-based); personal enhancement; substance use prevention, including harm reduction and behavior modification; suicidal and homicidal assessment, safety planning and crisis de-escalation. Assessment procedures include but are not limited to: structured and unstructured interviews; administration and interpretation of standardized screening measures; evaluations; direct observation; functional analysis of behavior and behavioral rating scales; tests of cognitive impairment and higher cortical functioning; physiological	(initials)

	measures.	

Behavioral Health/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of direct practice hours required (as provider, as supervising of clinicians). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
		(initials)
(initials)	**EMDR/CBT/DBT/Family Systems**	
(Initials)	**Supervisor/Manager Classification** **Initial**: Four (4) years of full-time post-licensure experience, or its equivalent, providing mental health services to the seriously and persistently mentally ill, two (2) years of which must have included administrative responsibility for mental health programs/services and/or the clinical supervision of associate and/or licensed clinicians. 15 hours supervisory specific training (1 time) and 6 hours supervisory specific CEUs each renewal period of two years. **Reappointment**: Annual Ongoing Professional Performance Evaluation as Supervisor/Manager/Chief 6 hours supervisory specific CEUs each renewal period.	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
_____
_____
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621359**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Moonlighting Privilege

see attachment

Attachments

Resident Moonlighting Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Resident Moonlighting
Ambulatory Medicine
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA) and active Residency **in Contra Costa Health Family Residency program**
Certification	Documentation of current certification or board eligibility (with achievement of certification within 3 years) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians.
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 200 adult medicine patient visits during the past 24 months. If requesting pediatric privileges, at least 100 pediatric patients. Please provide clinical activity/procedure log. Experience must correlate to requested privileges As well ass Successful completion of 24 months of residency training and confirmation of good standing by the Residency Program Director or Designee.
Renewal	No renewal provisions, must apply for privileges in the desired department upon graduation from residency

Diagnostic Imaging Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to

		recommend
(initials)	**E**valuate, diagnose, treat, and provide consultation to all patients 18 years old and above, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate psychiatric disorders, dependence or addiction to alcohol or other drugs, and medical management of chronic pain. Assess, stabilize, consult, and determine disposition of patients with emergent conditions. Procedures include, but are not limited to: performance of history and physical; arthrocentesis and joint injections; cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, tumors, and nodules and superficial foreign body; facilitate medical groups; fluorescein exam; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; pap smears; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration.	(initials)
(initials)	**Pediatric Core Privileges** Evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth through 21 years old. This includes routine uncomplicated newborn care in the hospital (i.e. L&D, nursery, postpartum, etc.), assessment of physical, emotional, and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. Procedures include but are not limited to: performance of history and physical; bladder catheterization, cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, nodules, and superficial foreign body; facilitate medical groups; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration.	(initials)

Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)	**Nexplanon Insertion & Removal** *Initial Request:* Completion of the Nexplanon training program. Please submit Training Certification. *Reappointment/Renewal:* none - MSO has on file.	(initials)
(initials)	**Low-risk obstetrics (prenatal and postpartum)**	(initials)

	Evaluate, diagnose, and treat low-risk patients who are pregnant, intend to become pregnant, or are recently post-pregnancy. Management of patients with obesity with BMI </=60; chronic Hypertension with BP < 150/100 **WITHOUT** medication; GDM on diet or orals with A1c < 6.5; AMA; history of pre-eclampsia in one previous pregnancy at >/= 37 weeks; history of cesarean section; substance abuse with or without buprenorphine therapy; cholestasis of pregnancy; size vs. date discrepancies with EFW > 10%; UTI; anemia with hemoglobin > 8; vaginitis. Procedures include but are not limited to: third-trimester POCUS (please request below) *Initial Request:* training during family medicine residency of at least 2 months of obstetrics, including prenatal/postpartum care and POCUS.	
(initials)	**Basic First and Second Trimester POCUS** for dating, location, and viability of pregnancy. *Initial request*: 30 ultrasounds in the past 24 months.	(initials)
(initials)	**Third trimester OB ultrasound** for placental location, viability, presentation, amniotic fluid assessment ☐ **Requested** Initial Criteria: Training in Residency or an Ultrasound course and 20 cases.	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center

Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
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_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622113**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Neonatology Privilege

see attachment

Attachments

Neonatology Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Pediatric Neonatology
Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency or fellowship in neonatal/perinatal medicine or neonatology.
Certification	Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in neonatal/perinatal medicine by the American Board of Pediatrics or in neonatology by the American Osteopathic Board of Pediatrics.
Continuing Education	As per California license and section-specific requirements below.
Trainings	NRP or APLS/PALS

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 100 neonatal patient visits during the past 24 months or successful completion of an ACGME-or AOA-accredited clinical residency or fellowship within the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges OR Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.
Renewal	Provision of care, reflective of the scope of privileges requested, for at least 100 pediatric neonatal patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges. OR Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.

Neonatology Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	***Requested**:* Admit, evaluate, diagnose, treat, and provide consultation in person or via tele-medicine for sick newborns presenting with any life-threatening problems or conditions, such as breathing disorders, infections, and birth defects. Coordinate care and medically manage newborns born prematurely, critically ill, or in need of surgery. Provide consultation to mothers with high-risk pregnancies. May provide care to patients in the perinatal unit, including Level II nursery. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. **Neonatology** • Attendance at delivery of high-risk newborns • Cardiac life support, including emergent cardioversion • Conscious sedation (e.g. versed, morphine, fentanyl) • Endotracheal intubation, including administration of RSI medications • Exchange transfusion • Insertion and management of central lines • Insertion and management of chest tubes • Lumbar puncture • Neonatal resuscitation • Nutritional support • Paracentesis, thoracentesis, pericardiocentesis • Performance of history and physical exam • Peripheral arterial artery catheterization • Postoperative care of newborns • Preliminary ECG (EKG) interpretation • Suprapubic bladder tap • Umbilical catheterization • Ventilator care of infants beyond emerging stabilization • This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.	(initials)
(initials)		(initials)

Pediatric Cardiology-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)		(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

_____

_____

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_____

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

_____

_____

_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621379**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Neurosurgery Privilege

see attachment

Attachments

Neurosurgery Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Neurosurgery
Privileges

Name:u (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—a successful completion of accredited surgical residency and neurosurgery residency or fellowship.
Certification	Documentation of current certification **in neurosurgery** from one of the following: • American Board of Neurological Surgery (ABNS) • American Osteopathic Board of Neurological Surgery (AOBNS)
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 50 neuro-surgery encounters during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges OR Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.
Renewal	Provision of care, reflective of the scope of privileges requested, for at least 50 neurosurgery procedures during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges. OR Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.

Diagnostic Imaging Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	**Core Privileges in Neurosurgery** The practitioner is authorized to admit, evaluate, diagnose, treat (pre-, intra-, and postoperative), and manage patients across the lifespan who present with disorders of the central and peripheral nervous systems and their supportive or vascular structures. This includes but is not limited to, performance and interpretation of diagnostic tests, consultation, and invasive procedures that are taught in accredited neurosurgical training programs, such as: • Peripheral nerve surgery • Spinal procedures (laminectomy, fusion, instrumentation) • Cranial surgery (including tumor resection, management of hydrocephalus, aneurysms, AVMs) • Frameless stereotactic procedures, tracheostomy, VP shunt placement, lumbar puncture, and central vascular access	(initials)
(initials)		(initials)

Diagnostic Imaging Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)		(initials)
(initials)		(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

_____

_____

_____

_____

_____

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
_____
_____
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621368**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Nurse Practitioner Privilege

see attachment

Attachments

Nurse Practitioner Privileges

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Nurse Practitioner
Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.**

Required Qualifications

Education/Training	Successful completion of an Accredited NP program and possession of a master's degree in nursing, a master's degree in a clinical field related to nursing, or a Graduate degree in nursing from an accredited college or university program.
Certification	Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board (ANCC) AND Current Basic Life Support (BLS) certification is recommended. AND Qualifications for prescriptive authority in accordance with State and federal law. AND NP103 is required for all NPs hired after 2024 and recommended for all other NPs once eligible to apply.
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Provision of care, reflective of the scope of privileges requested, for at least 200 Adult medicine patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges OR Successful completion of NP Program within the past 24 months with plan for FPPE including supervision and mentoring until clinical proficiency attained.
Clinical Experience (Reappointment)	Provision of care reflective of the scope of privileges requested, for at least 200 adult medicine visits in the past 24 months. Documented competence based on results of ongoing professional practice evaluations.
Pediatric Experience (initial and reappointment)	Provision of care, reflective of the scope of privileges requested, for at least 100 pediatric patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must

correlate to requested privileges.

NP Ambulatory Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(Core Privileges initials) If Core Privilege Criteria not met, must complete Onboarding FPPE	**Adult Medicine Core Privileges** Evaluate, diagnose, treat, and provide consultation to all patients 18 year and above, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate psychiatric disorders, dependence or addiction to alcohol or other drugs, and medical management of chronic pain. Assess, stabilize, consult, and determine disposition of patients with emergent conditions. Procedures include, but are not limited to: performance of history and physical; arthrocentesis and joint injections; cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, tumors, and nodules and superficial foreign body; facilitate medical groups; fluorescein exam; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; pap smears; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration; toenail trephination and removal; venipuncture.	(Core Privileges initials) If Core Privilege Criteria not met, must complete Onboarding FPPE
(Core Privileges initials) If Core Privilege Criteria not met, must complete Onboarding FPPE	**Pediatric Core Privileges** Evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth through 21 years old. This includes routine uncomplicated newborn care in the hospital (i.e. nursery, postpartum, etc.), assessment of physical, emotional, and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. Procedures include but are not limited to: performance of history and physical; bladder catheterization, cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, nodules, and superficial foreign body; facilitate medical groups; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration; toenail trephination and removal; venipuncture.	(Core Privileges initials)

NP Special/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
(initials)	**Nexplanon Insertion & Removal** *Initial Request:* Completion of the Nexplanon training program. Please submit Training Certification. *Reappointment/Renewal:* none - MSO has on file.	(initials)
(initials)	**EMB and/or Insertion of IUD** *Initial Request:* Training in EMB and IUD Insertion OR completion of a hands-on training under the supervision of a qualified preceptor. AND 4 successful EMB/IUD insertions within the past 24 months. *Renewal/Reappointment:* 2 successful EMB/IUD insertions in the past 24 months.	(initials)
(initials)	**Paracentesis** *Initial Request:* Training in paracentesis OR completion of a hands-on training in paracentesis under the supervision of a qualified preceptor. AND 2 paracentesis procedures in the past 24 months. *Renewal/Reappointment*: 1 paracentesis procedure in the past 24 months.	(initials)
(initials)	**Early pregnancy management: manual uterine aspiration (MUA) and treatment with methotrexate** *Initial Request*: Training through a FPPE process AND 6 MUAs in the past 24 months. *Renewal/Reappointment:* 6 MUAs in the past 24 months. **Specialty Department Chair/Head reviewed (name):** _____	(initials)
(initials)	**Acupuncture** *Initial Request:* 200 Hours CME OR 10 years of experience. AND 10 cases in the past 24 months. *Renewal/Reappointment:* 10 cases in the past 24 months. **Specialty Department Chair/Head reviewed (name):** _____	(initials)
	Tatto Removal *Criteria for Initial Request*: Completion of a hands on training in tattoo removal including minimum of 10 tattoo removal procedures (Documented Evidence of Training and clinical log required). *Criteria for Renewal of Privileges*: Demonstrated current competence and evidence of the performance of at least 5 tattoo removal procedures in the past 24 months (Clinical log required) OR Department approved in-service course in tattoo removal in the past 24 months	

(initials)	**HIV/AIDS care** *Initial Request and Renewal/Reappointment:* requirements of AB 2168 (see attached) must be met. **Specialty Department Chair/Head reviewed (name):** _____	(initials)
(initials)	**Care of Newborn with Complications in the Level 2 Nursery** *Routine care of well newborns does not require this privilege.* Including but not limited to the admission and care of the late preterm infant 34 – 36 weeks gestation without significant complications, low birth weight, transient hypoglycemia, sepsis risk factors, mild respiratory issues with need for no or minimal respiratory support, in utero drug exposure not requiring medical management, mild to moderate hyperbilirubinemia, and congenital issues without significant clinical impact. This includes attendance at deliveries with mild to moderate risk factors if NRP certification is current. *Initial Request: Completion of* training in the past 24 months that included at least 1 month in the Nursery. OR 10 encounters with this level of care in the past 24 months. *Renewal/Reappointment:* 10 inpatient encounters in the past 24 months. **Specialty Department Chair/Head reviewed (name):** _____	(initials)
(initials)	**Low-risk obstetrics (prenatal and postpartum)** **Applies to both inpatient and outpatient settings** Evaluate, diagnose, and treat low-risk patients who are pregnant, intend to become pregnant, or are recently post-pregnancy. Management of patients with obesity with BMI </=60; chronic Hypertension with BP < 150/100 **WITHOUT** medication; GDM on diet or orals with A1c < 6.5; AMA; history of pre-eclampsia in one previous pregnancy at >/= 37 weeks; history of cesarean section; substance abuse with or without buprenorphine therapy; cholestasis of pregnancy; size vs. date discrepancies with EFW > 10%; UTI; anemia with hemoglobin > 8; vaginitis. Inpatient encounter attending MD/DO co-signature if required by Medical Staff Bylaws Procedures include but are not limited to: POCUS (please request below). *Initial Request:* training during of at least 2 months of obstetrics, including prenatal/postpartum care and POCUS. OR 50 prenatal/postpartum visits in the past 24 months. *Renewal/Reappointment:* 50 prenatal/postpartum visits in the past 24 months. AND 8 Units AAFP/ACOG CME in prenatal care in the past 24 months.	(initials)
(initials)	**Specialty Medicine**. Specialty: _____ *This privilege will be recommended with completion of FPPE and agreement of the Division Head (initials) and Supervising provider _____ (initials). *Initial Request:* Completed training plan as documented per specialty, kept on file in the MSO. *Renewal/Reappointment:* 16 CEU in Specialty Medicine and documented competence of 100 patient visits reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome. **Specialty Department Chair/Head reviewed (name):** _____	(initials)
(initials)	**Medication Assisted Treatment of all ages:** for substance use disorders in harm reduction model. For NPs with Core Privileges in Pediatrics who will be	(initials)

	covering Choosing Change and prescribing buprenorphine to adults. *Initial Request:* Completion of SAMHSA training with certificate of completion. OR Orientation and training with experienced provider in equivalent of 4 Choosing Change Groups. *Renewal/Reappointment: 10* MAT visits within 24 months. OR 4 CEU within the previous 24 months.	
(initials)	**Reproductive health:** for prevention and evaluation of sexual health problems related to diagnosis and treatment of genital conditions, sexually transmitted infections, breast problems, vaginitis, and family planning. For NPs with Pediatric Core Privileges who care for adults in Sexual and Women's Health Clinics. *Initial Request:* At least 20 patient visits in the past 24 months. OR 10 proctored cases. *Renewal/Reappointment:* 10 visits in the past 24 months.	(initials)
(initials)	**Adolescent Health** Admit, evaluate, diagnosis, treat, and provide consultation to patients through the adolescent period (12 years of age to 25 years of age) treating acute and chronic disease, including complicated illnesses, addressing and supporting substance use treatment needs, addressing sexual health needs, assessing concerns in their physical, emotional, and social health as stabilize and determine the disposition of patients with emergent conditions, addressing sexual health needs. This non-core privilege includes the procedures listed above under core privileges, and such other procedures that are extension of the same techniques and skills. **Initial application:** To be eligible to apply for the Adolescent Health non-core privilege, the applicant must meet the following criteria: Successful completion of an ACGME– or AOA–accredited residency in pediatrics, which includes training within adolescent health. AND evidence of evaluation and treatment of at least 200 adolescent patients encounters in the past 24 months. ***Renewal:*** To be eligible to apply for the Adolescent Health non-core privilege, the applicant must meet the following criteria: Evidence of evaluation and treatment of at least 100 adolescent patients in the past 24 months.	(initials)
(initials)	**All focused and limited POCUS (Point of Care Ultrasound)** *Initial Request:* Successful completion of an accredited POCUS training OR 15 hours of Point of Care Ultrasound CME. AND 6 hours of hands-on POCUS relevant to privileges being requested. *Renewal/Reappointment*: 20 ultrasounds in the past 24 months.	(initials)

(initials)	**Basic First and Second Trimester POCUS for dating, location, and viability of pregnancy.** *Initial Request*: 30 ultrasounds in the past 24 months. *Renewal/Reappointment*: 20 ultrasounds in the past 24 months.	(initials)
(initials)	**Third trimester OB POCUS for placental location, viability, presentation, amniotic fluid assessment** *Initial Request:* 20 ultrasounds in the past 24 months. *Renewal/Reappointment*: 8 ultrasounds in the past 24 months.	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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_____

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL FPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related

documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
_____
_____
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621417**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

OB-GYN Privilege

see attachment

Attachments

OB-GYN General Privileges

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Obstetrics and Gynecology
Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s)**. Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

OB/GYN ("L3")

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in OB/GYN.
Certification	Documentation of current Board Certification or Board Eligibility in OB/GYN (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Obstetrics and Gynecology (ABOG), or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

OR

FM (mostly "L1" does outpatient care; "L2" does inpatient surgical Obstetrics)

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in Family Medicine. AND OB fellowship OR department-approved experience equivalent to OB fellowship OR department-approved training plan to get fellowship-equivalent experience.
Certification	Documentation of Board Certification or Board Eligibility in Family Medicine (with achievement of certification within 3 years) by the American Board of Family Medicine (ABFM), or American Osteopathic Board of Family Physicians (AOBFP).

AND

Continuing Education	As per California license and section-specific requirements.
Clinical Experience (Initial and reappointment)	Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months. OR **For EACH core privilege you request below, you must provide documentation of the following clinical activities/procedures in the past 24 months, reflective of the scope of privileges requested:** --Ambulatory advanced obstetrics: at least 1**00 perinatal visits.** --Inpatient obstetrics: at least **50 deliveries, including at least 10 c-sections.** --Gynecology call for L3 locums: **at least 10 c-sections.**

--Ambulatory gynecology: 100 clinic visits.
--Surgical/inpatient gynecology: **30 gynecological surgical procedures including at least 6 major abdominal cases (e.g.: hysterectomy).**

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to	Dept Chair: initial to recommend
Separate packet	**Family Medicine privileges:** please complete the DFAM packet	
(initials)	**Ambulatory advanced obstetrics** Evaluate, diagnose, treat, and provide consultation to patients who are pregnant, may become pregnant, or postpartum. Providers are expected to treat diseases that are complicating factors in pregnancy, provide general primary care, and address medical/surgical conditions that are incidental to pregnancy. Conditions include, but are not limited to (as outlined by the Ob/Gyn Dept and updated on SharePoint): cHTN on meds, controlled; GDM/DM II on insulin, controlled; h/o 3 or more SABs < 13 weeks; h/o >2 known/presumed low transverse c-sections; h/o c-section <34 weeks or with known or presumed incision of the upper uterine segment, including classical cesarean, T and J shaped hysterotomy; h/o myomectomy or cornual ectopic resection; pregnancy loss > 13 weeks; cervical insufficiency, h/o preterm delivery < 37 weeks; di/di twins; +RPR; cholestasis of pregnancy; HBsAg+; BMI > 50; h/o PreE in multiple pregnancies or <37wks EGA; hypothyroidism; shortened cervix < 2.5 cm; IUGR/FGR; persistent placenta previa; anemia Hb < 8; fibroids >4cm or uterine anomalies; in vitro fertilization, frozen embryo transfer; AMA >=40 at delivery; more complicated conditions with MFM consultation (see MFM section). Procedures include but are not limited to: interpretation of fetal heart rate monitoring; medical and procedural management of spontaneous abortion/undesired pregnancy; postpartum care including treatment of breastfeeding complications and postpartum depression; work-up and treatment of ectopic pregnancy and gestational trophoblastic disease; wound management including incision and drainage.	(initials)
(initials)	**Inpatient Surgical Obstetrics (for L2s and L3s)** Evaluate, admit, diagnose, and treat inpatients who are antepartum, intrapartum, or postpartum. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions. Provide consultative call services to the hospital and clinics. Conditions include but are not limited to preeclampsia with severe features, third-trimester bleeding, IUGR/FGR, premature labor/PPROM, fetal demise, and placental abnormalities. Procedures include, but are not limited to: performance of history and physical exam; cesarean section and cesarean section with tubal sterilization; diagnostic and therapeutic dilation and curettage; external version of fetal malpresentation; amniotomy, placement of internal fetal (FSE), insertion of intrauterine pressure catheter, amnioinfusion; immediate care of the newborn including resuscitation and initial admission orders; induction and augmentation of labor; interpretation of fetal heart rate monitoring; intrapartum pudendal and paracervical blocks; manual removal of placenta; operative vaginal delivery, including the use of obstetric vacuum extractor and/or forceps; performance of multifetal deliveries; repair of all perineal, vaginal, and cervical lacerations; postpartum tubal sterilization; ultrasound including fetal position, number, placental location, biometry and cervical length; surgical assisting; vaginal birth, including vaginal birth after cesarean section.	(initials)
(initials)	**Gynecology call—<u>required for L3 locums</u>** Evaluate, diagnose, treat, and provide consultation necessary to treat patients presenting to the Emergency Department and/or outlying clinics with disorders of the female reproductive system, genitourinary system, and breasts. Conditions include but are not limited to: vaginal bleeding, ectopic pregnancy, possible ovarian torsion, surgical complications, contraception, pelvic pain, ovarian cysts, urinary incontinence, and pelvic infections. Procedures include but are not limited to cesarean hysterectomy and incidental bladder repair during a c-section; diagnostic laparoscopy, incision and drainage of pelvic	(initials)

	abscesses; laparoscopy and laparotomy for adnexal surgery, including ovarian cystectomy, oophorectomy, and ablation or excision of endometriosis; limited gynecologic ultrasound and saline sono-hysterogram; placement of catheter for hysterosalpingogram; vulvectomy, simple; surgical assisting.	
(initials)	**Ambulatory Gynecology:** Evaluate, diagnose, treat, and provide consultation necessary to treat patients presenting with disorders of the female reproductive system, genitourinary system, and breasts. Provide incidental general primary care for women. Conditions include, but are not limited to: abnormal uterine bleeding, infertility, contraception, endometriosis, chronic pelvic pain, ovarian cysts, urinary incontinence, pelvic infections, and cervical cancer screening/diagnosis. Procedures include, but are not limited to: Colposcopy, biopsies, including LEEPs and cones, and endocervical curettage; performance of history and physical exam; inpatient surgical assisting; diagnostic/therapeutic dilation and curettage (procedural abortion); endometrial biopsy; hymenectomy, placement of Word catheter; marsupialization of a Bartholin's gland cyst; placement and removal of IUD, removal/drainage of vulvar and vaginal cysts; vulvar biopsy.	(initials)
(initials)	**Inpatient and Surgical Gynecology:** Evaluate, diagnose, admit, treat, and provide pre-, intra-, and postoperative care necessary to treat injuries and disorders of the female reproductive system, the genitourinary system, and non-surgical disorders of the breasts. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions. Provide consultative call services in the hospital and clinics. Procedures include, but are not limited to: abdominal hysterectomy and myomectomy; cesarean hysterectomy and incidental bladder repair during cesarean section; colposcopy procedures including LEEPS and Cones; cystoscopy as part of a gynecological procedure ; diagnostic laparoscopy, laparoscopic salpingectomy, and salpingostomy; diagnostic hysteroscopy; endometrial ablation; incidental appendectomy; incidental bladder repair; incidental umbilical hernia repair; incision and drainage of pelvic abscesses; laparoscopic hysterectomy, myomectomy and laparoscopic-assisted vaginal hysterectomy; laparoscopy and laparotomy for adnexal surgery, including ovarian cystectomy, oophorectomy, and ablation or excision of endometriosis; limited gynecologic ultrasound and saline sono-hystogram; placement of catheter for hysterosalpingogram; operation for treatment of urinary stress incontinence with vaginal approach, retropubic urethral suspension, and sling procedure; operative hysteroscopy including excision of polyps, leiomyomas, and metroplasty; uterosacral vaginal vault fixation, paravaginal repair; uterovaginal, vesicovaginal, rectovaginal, and other fistula repair; vaginal hysterectomy; vulvectomy, simple.	(initials)

OB/GYN Special/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Dept Chair: initial to recommend
(initials)	**Nexplanon Insertion & Removal – <u>required for everyone who works on L&D/postpartum</u>** *Initial Request:* Completion of the Nexplanon training program. Please submit Training Certification. *Reappointment/Renewal:* none - MSO has on file.	(initials)
(initials)	**Cervical cerclage** *Initial Request:* Residency training.	(initials)

	AND 1 cerclage within the past 24 months. *Renewal/Reappointment:* 1 cerclage in the past 24 months.	
(initials)	**For L1s and L2s: Second-trimester abortion** *Initial Request:* Residency training OR hands-on training after. AND 1 second trimester abortion within the past 24 months. *Renewal/Reappointment:* 1 second trimester abortion in the past 24 months	(initials)
(initials)	**For L1s and L2s: LEEP**	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please talk to your department head and Chair of the Credentials Committee.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL FPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

_____
_____
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622070**

Origination	10/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2026
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Pain Medicine Privilege

Please see attached file.

Attachments

Pain Medicine Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Internal Medicine Specialties

Pain Medicine

Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)– accredited residency as listed below.
Certification	***Initial Applicants:*** To be eligible to apply for privileges in Pain Medicine or the applicant must meet the following criteria: Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)– accredited residency in relevant specialty (e.g. internal medicine, family medicine, pediatrics, psychiatry, emergency medicine, surgery, preventive medicine, or obstetrics and gynecology **AND** Documentation of current subspecialty certification or board eligibility leading to subspecialty certification (with achievement of certification within the required time frame set forth by the Board) in Pain Medicine by the American Board of Preventive Medicine, Physical Medicine and Rehabilitation, Fellowship **or** department-approved equivalent training and experience **AND** Documentation of provision of inpatient, outpatient, or consultative services reflective of the scope of privileges requested for 50 patients within the past 24 months, If no clinical long within last 24 months active FPPE will be required with privilege request submission.
Continuing Education	Continuing education in accordance with requirements to maintain certification and licensure in this specialty.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Documentation of Maintenance of Certification (ABMS) or OCC (On-Going Continuous Certification) is required.
Renewal	Maintain Board Certification in primary field of practice and must meet all criteria to maintain eligibility for medical staff membership. **AND** Current documented competence with ongoing OPPE and 50 cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	**Pain Medicine Requested** Evaluate, diagnose, treat, and provide consultation for adult patients with acute or chronic pain conditions in the ambulatory, emergency, inpatient and intensive care setting. Includes performance of history and physical exam. Procedures may include but are not limited to: fluoroscopy and ultrasound Guided Procedures such as nerve Blocks & Radiofrequency Ablations: -Injections: (Cervical, Lumbar, Caudal Steroid, Fibrin and Blood Patch Epidurals, Sacroiliac Joint, etc): (PREMPT, Joint/Bursa Injection , Trigger Point Injections, etc) -Neuromodulation: (Spinal cord stimulator trial/placement, DRG Implantation, Peripheral nerve stimulation) -Sympathetic Blocks/ Palliative Neurolysis: (Stelate Ganglion, Celiac Plexus, Inferior Hypogastric) -Facial/Head Injections (Gasserian Ganglion, Greater/Lesser Occipital Nerve Blocks/RFA)	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

_____

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_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621390**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Pediatric Cardiology Privilege

see attachment

Attachments

Pediatric Cardiology

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Pediatric Cardiology
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in Pediatrics and Fellow Ship or equivalent training in Pediatric Cardiology.
Certification	Documentation of current certification in Pediatric Medicine by the American Board with successful completion of General Pediatric Residency as well as a Fellowship or equivalent training in Pediatric Cardiology at broad-based subspecialty training in pediatric cardiology at an ACGME- or RCPSC-accredited program
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 200 Pediatric Cardiology patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges OR Successful completion of an ACGME—or AOA—accredited pediatric residency with clinical fellowship within the past 24 months.
Renewal	Provision of care, reflective of the scope of privileges requested, for at least 200 pediatric cardiology patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges. OR Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.

Pediatric Cardiology Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	**Pediatric Cardiology – Core Privileges** Admit, evaluate, diagnose, treat, and provide consultation for infants, children, and adolescents with congenital or acquired heart disease. Manage patients presenting with cardiac murmurs, arrhythmias, chest pain, syncope, heart failure, cyanosis, congenital cardiac anomalies, or other suspected cardiovascular disorders. Provide ongoing cardiac care for medically complex patients, including those requiring pharmacologic management, diagnostic imaging, electrophysiologic evaluation, or coordination of surgical/interventional services. Provide consultation to neonatologists, pediatricians, obstetricians, and other specialists regarding fetal, neonatal, and pediatric cardiac conditions. May provide care to patients in inpatient, outpatient, ***Intensive care, and perioperative settings*.** Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair. **CORE PROCEDURE/TREATMENT LIST** This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair. • Performance and interpretation of transthoracic echocardiography • Performance and preliminary interpretation of ECG (EKG) • Performance and interpretation of exercise stress testing (treadmill or bicycle) • Holter, extended rhythm monitoring, and event monitor interpretation • Fetal echocardiography (if trained and requested) • Cardiac life support, including emergent cardioversion and defibrillation	(initials)

	• Initial management and stabilization of pediatric cardiac emergencies • Assessment and management of heart failure in pediatric patients • Pharmacologic management of arrhythmias and congenital heart disease • Pericardiocentesis (emergent) • Temporary transcutaneous pacing • Performance of history and physical exam specific to cardiovascular disease • Pre- and postoperative management of patients undergoing cardiac surgery • Management of children with congenital heart disease in intensive care settings • Coordination of cardiac catheterization and electrophysiologic study referrals (diagnostic and interventional) • Supervision and interpretation of cardiopulmonary exercise testing (if applicable) • Ventilator management in pediatric cardiac patients • Management of congenital and acquired cardiovascular disorders in outpatient and inpatient settings • Participation in multidisciplinary cardiac conferences • Remote/telemedicine cardiac consultation	
(initials)		(initials)

Pediatric Cardiology-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)		(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

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Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622064**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Pediatric Privileges

see attachment

Attachments

Pediatrics Core Privileges

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Pediatrics
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.**

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in pediatrics.
Certification	Current certification, or Board eligibility leading to certification in pediatrics, by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. Board certification must be achieved within 7 years (ABP) or 6 years (AOBP) from graduation from a pediatric residency. ***For inpatient work, a valid NRP, and PALS or APLS(either or) certification is required**
Continuing Education	

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documentation of required current experience: Provision of care, reflective of the scope of privileges requested, for at least 100 newborns (if working in the level II nursery/postpartum/perinatal/newborn clinical), and/or 200 outpatients (if working in the ambulatory setting), within the past 24 months ***or*** successful completion of an ACGME– or AOA–accredited residency within the past 24 months. Please provide a clinical activity/procedure log.
Clinical Experience (Reappointment)	Current documented competence and an adequate volume of experience (100 newborns in level II nursery and/or 200 pediatric outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

Pediatrics Ambulatory Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend

(initials)	**Ambulatory Core Privileges** Evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. Assess, stabilize, and determine the disposition of patients with emergent conditions who present to ambulatory care until EMS arrives. Procedures include but are not limited to: bladder catheterization; incision and drainage of abscesses; local anesthetic techniques; management of burns, superficial and partial thickness; peripheral nerve blocks; placement of anterior nasal hemostatic packing; placement of IV lines; care of simple fractures and dislocations; removal of non-penetrating foreign bodies from the eye, nose, or ear; subcutaneous, intradermal, and intramuscular injections; wound care and suture of uncomplicated lacerations; frenotomy; removal of cerumen; cryotherapy (e.g. removal of warts).	(initials)
(initials)	**Hospital Core Privileges** Admit, evaluate, diagnose, treat and determine disposition of newborn patients (birth to 30 days of age) in the level II nursery, ER, newborn clinic and/or postpartum. This includes providing comprehensive care to critically ill newborns in the level II nursery. When consulted, assess, stabilize, and determine the disposition of patients with emergent conditions in the emergency room and other areas of the hospital from birth to 21 years of age. Procedures include but are not limited to: performance of history and physical; attendance at delivery to assume care of normal and sick newborns; arterial puncture; bladder catheterization, endotracheal intubation, including administration of medication for rapid sequence intubation; management of pain/agitation, e.g. intubated patients, patients with neonatal abstinence syndrome, etc. (administration of opioids, benzodiazepines); incision and drainage of abscesses; local anesthetic techniques; lumbar puncture; performance of a simple skin biopsy or excision; placement of IV lines; placement of intraosseous lines; subcutaneous, intradermal, and intramuscular injections; umbilical artery and vein catheterization; would care and suture of uncomplicated lacerations; frenotomy. Thoracentesis	(initials)

Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
(initials)	**Thoracentesis** *Initial Request*: Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in thoracentesis OR documentation of completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor. AND Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months (please provide a clinical activity/procedure log) OR documentation of completion of relevant training/in-service in the past 24 months. *Renewal/Reappointment:* Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months, or documentation of completion of relevant training/in-service in the past 24 months.	(initials)

(initials)	**Forensic Examination** **Initial Request:** Successful completion of an ACGME- or AOA-accredited residency in pediatrics, which included training, or completion of fellowship training in Child Abuse Pediatrics, OR documented completion of a recognized relevant course or training under the supervision of a qualified provider. Preferred: CCFMTC (California Clinical Forensic Medical Training Center) Training Verification or approved equivalent. AND Documented current competence and evidence of evaluation and treatment of a least 20 sexual abuse cases in the past 24 months (please provide a clinical activity/procedure log) OR documented completion of relevant training/in-service in the past 24 months. **Renewal/Reappointment:** Documented current competence and evidence of attendance at evaluation and treatment of at least 20 sexual abuse cases in the past 24 months OR documented completion of relevant training/in-service in the past 24 months.	(initials)
(initials)	**Insertion and Removal of IUD** *Initial Request:* Successful completion of an ACGME–or AOA– accredited postgraduate training program in Pediatrics, which included training in IUD Insertion. OR Completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions. *Renewal/Reappointment:* Documented experience of at least 5 successful IUD insertions.	(initials)
(initials)	**Implantable Contraception Insertion and Removal (Nexplanon)** *Initial Request and Renewal/Reappointment:* Completion of the Nexplanon training program. Please submit Training Certification.	(initials)
(initials)	**Adolescent Health** Admit, evaluate, diagnosis, treat, and provide consultation to patients through the adolescent period (12 years of age to 25 years of age) treating acute and chronic disease, including complicated illnesses, addressing and supporting substance use treatment needs, addressing sexual health needs, assessing concerns in their physical, emotional, and social health as stabilize and determine the disposition of patients with emergent conditions, addressing sexual health needs. This non-core privilege includes the procedures listed above under core privileges, and such other procedures that are extension of the same techniques and skills. *Initial application:* Successful completion of an ACGME—or AOA—accredited residency in pediatrics, which includes training within adolescent health. AND Evidence of evaluation and treatment of at least 200 adolescent patients encounters in the past 24 months. *Renewal/Reappointment:* Evidence of evaluation and treatment of at least 100 adolescent patients in the past 24 months.	(initials)
(initials)	**Tattoo Removal** ***Criteria for Initial Request:*** Completion of a hands on training in tattoo removal including minimum of 10 tattoo removal procedures (Documented Evidence of Training and clinical log required). ***Criteria for Renewal of Privileges:***	(initials)

	Demonstrated current competence and evidence of the performance of at least 5 tattoo removal procedures in the past 24 months (Clinical log required) OR Department approved in-service course in tattoo removal in the past 24 months	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

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_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621385**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Physician Assistant Privilege

see attached

Attachments

Physcian Assistant Privilege.pdf

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Physician Assistant
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Hold current Certification as a Physician Assistant from the National Commission on Certification of Physician Assistants (Board Certification) and licensed by the Physician Assistant Board of California (License).
Certification	Qualifications for prescriptive authority in accordance with State and federal law; current DEA (Drug Enforcement Agency) certificate.
Clinical Experience	Demonstrated current competence and provision of care, treatment, or services to at least 200 patient encounters in the past 24 months. Experience must correlate to the requested privileges. Upon request, aggregate data/procedure list/case log from primary practice facility for the previous 24-month time period identifying those procedures that mirror, or relate, at least in part, to those being requested. Department Chair or supervising provider recommendations will be obtained from primary practice facility. Current Delineation of Privileges document from facility where majority of patient care is provided. Any complications/poor outcomes should be delineated and accompanied by an explanation.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Documentation of Maintenance of Certification and Licensing.
Renewal	Current documented competence and an adequate volume of experience 200 patient encounters as the provider with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome.

PA: Orthopedic and Plastic Surgery and Gynecology

Core Privileges

All notes for this classification will be routed to supervising physician or designee for co-signature.

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
	Requested Clinical and Procedural Privileges The applicant requests initial privileges to provide comprehensive patient care within the age range and clinical scope of the supervising physician(s). This includes evaluating, diagnosing, treating, and offering consultation for patients in both routine and emergent settings. The requested scope encompasses the ability to assess, stabilize, and determine the disposition of patients presenting with urgent or emergency conditions as part of emergency and consultative call services. The applicant is seeking privileges to perform the following functions an*d will be required to have all patient notes co-signed by attending physician or designee* **Clinical Evaluation and Documentation** • Perform complete histories and physical examinations. • Write or dictate progress notes and discharge summaries, with attending physician co-signature as required. • Counsel and educate patients and families as appropriate. **Minor Procedures and Office-Based Interventions** • Perform cryotherapy for wart removal. • Perform incision and drainage of abscesses. • Apply, remove, and change dressings and bandages. • Provide basic wound care, including debridement of superficial wounds and management of superficial burns. • Manage uncomplicated, minor, closed fractures and uncomplicated dislocations. **Diagnostic and Therapeutic Management** • Order and provide initial interpretation of diagnostic and therapeutic	

	studies, including laboratory tests, medications, hemodynamic monitoring, EMG, electrocardiograms, and radiologic studies (arthrogram, ultrasound, CT, MRI, bone scan), as clinically appropriate. • Implement therapeutic interventions for specific conditions within the established scope of practice. **Procedures Within Scope of Training** • Perform local anesthetic techniques. • Perform simple skin excisions, biopsies, and minor superficial surgical procedures. • Place anterior nasal hemostatic packing. • Remove nonpenetrating foreign bodies from the eye, nose, or ear. • Administer subcutaneous, intradermal, and intramuscular injections. • Suture uncomplicated lacerations.	
	PA: Gynecology	
	Requested Clinical and Procedural Privileges The applicant requests initial privileges to provide comprehensive patient care within the age range and clinical scope of the supervising physician(s). This includes evaluating, diagnosing, treating, and offering consultation for patients in both routine and emergent settings. The requested scope encompasses the ability to assess, stabilize, and determine the disposition of patients presenting with urgent or emergency conditions as part of emergency and consultative call services. The applicant is seeking privileges to perform the following functions: **Core Clinical and Procedural Privileges** The Physician Assistant is authorized to provide comprehensive gynecologic care under the supervision of a qualified physician. Core privileges include: **Patient Assessment & Management** • Perform thorough histories and physical exams on female patients across the lifespan. • Order, interpret, and initiate treatment plans, including laboratory tests, imaging (ultrasound, CT, MRI), and other diagnostic studies.	

	• Manage outpatient and inpatient gynecologic conditions, including cervical cancer screening, sexual health screening, contraceptive management, consult appropriately, and participate in patient admission and discharge planning. **Perioperative and Minor GYN Surgical Support** • **Emergency and Acute Gynecologic Care** • Assess and stabilize patients presenting with acute gynecologic complaints (e.g., pelvic pain, bleeding), and initiate appropriate interventions. • Collaborate with supervising physicians for triage, consultation, and patient disposition decisions. **Counseling, Education & Documentation** • Offer patient-centered counseling on reproductive health, contraception, menopause, and preventive care. • Document clinical encounters thoroughly by writing or dictating progress notes and discharge summaries; tasks are co-signed per institutional policy	

Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.	Division/ Dept Chair: initial to recommend
☐	**Joint Injection and Aspiration** *Initial request:* Successful completion of hands-on training in joint injection and aspiration under the supervision of a qualified physician preceptor. **AND** Documented current competence and evidence of the performance of at least five joint injection or aspiration procedures in the past 24 months. Please provide clinical	☐

	activity/procedure log.	
☐	**Surgical Assisting** *Initial request:* Successful completion of hands-on training in surgical assisting under the supervision of a qualified physician preceptor. **AND** Documented current competence and evidence of the performance of at least five surgical assisting cases in the past 24 months. Please provide clinical activity/procedure log.	☐
	Gynecology Office-Based and Minor Surgical Procedures • Insert and remove intrauterine devices (IUDs)(3/24 months) pessaries, and uterine tamponade devices. • Manage minor office procedures including cryotherapy for cervical lesions and simple skin lesion excisions. • Perform Colposcopy-directed biopsy 3 within last 24 months	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
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_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622162**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Podiatry Privilege

see attachment

Attachments

Podiatry Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Podiatry
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of at least a 24-month (PSR-24) podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME).
Certification	Current board certification or board eligibility (leading to board certification within 5 years) in foot surgery by the American Board of Foot and Ankle Surgery (ABFAS) OR current Board certification in the American Board of Podiatric Medicine.
Initial Applicants	Documented current experience: Documentation of at least 50 type I podiatric procedures, reflective of the scope of privileges requested, within the past 24 months, or successful completion of a CPME–accredited podiatric surgery residency within the past 24 months. Please provide clinical activity/procedure log.
Renewal Criteria	Current documented competence and an adequate volume of experience 50 type I podiatric procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.
Continuing Education	As per licensing and certification board to maintain active license and certifications.

Podiatry Core Privileges

Initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
	Evaluate and treat patients in the inpatient and outpatient setting. Skills include but are not limited to performance of history and physical, treatment of patients of all ages with podiatric conditions of the forefoot, midfoot, and non-reconstructive hindfoot. Procedures include but are	

	not limited to excision of skin lesion of the foot and ankle, incision and drainage/wide debridement of soft tissue infection, soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix or skin lesion, removal of superficial foreign body, and treatment of corns and calluses. Tenotomy/capsulotomy, digit, metatarsal and phalangeal joint, treatment of deep-wound infections, osteomyelitis of the foot and ankle.	

Podiatry II
Privileges

Required Qualifications

Education/Training	The applicant must document successful completion of at least a 36-month (PSR-36) podiatric surgical residency accredited by the CPME.
Certification	Current board certification or board eligible leading to certification in foot surgery (and reconstructive rearfoot and ankle surgery) by the ABFAS OR current Board certification by the American Board of Podiatric Medicine.
Initial Applicants	Required documented experience: At least 10 type II podiatric procedures reflective of the scope of privileges requested within the past 24 months, or successful completion of a CPME-accredited podiatric surgery residency within the past 24 months. Please provide clinical activity/procedure log.
Renewal	Current documented competence and an adequate volume of experience (10 type II podiatric procedures), reflective of the scope of privileges requested, with acceptable results within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Continue Medical Education	As per licensing and certification board to maintain active license and certifications.

Podiatric II Core Privileges

If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Performance of history and physical in order to evaluate, diagnose, provide consultation to, and order diagnostic studies for patients of all ages and treat the forefoot, midfoot, rearfoot, reconstructive and non-reconstructive hindfoot, and related structures by medical or surgical means. Includes podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. The core privileges in this specialty include the type I podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same	☐

	techniques and skills. **Type II—Podiatry** • Digital Ex ostectomy • Digital fusions, arthroplasty, hammertoe repair • Digital tendon transfers, lengthening, and repair • Digital/ray amputation • Excision of sesamoids • Excision of soft tissue mass (neuroma, ganglion, and fibroma) • External neurolysis/decompression (including tarsal tunnel) • Hallux valgus repair with or without metatarsal osteotomy (including the first metatarsal cuneiform joint) • Metatarsal exostectomy, resection, osteotomy. • Midtarsal and tarsal exostectomy (including posterior calc spur) • Osteotomies of the midfoot and rearfoot • Open/closed reduction with internal fixation, digital and metatarsal fractures • Open/closed reduction with internal fixation of midfoot and rearfoot fractures • Plantar fasciotomy with or without excision of calc spur • Removal of foreign body • Syndactylization of digits • Tendon lengthening, rupture repair, transfers (nondigital) • Plastic surgery techniques involving midfoot, rearfoot, or ankle • Excision of soft tissue tumor or cyst of ankle • Major tendon surgery of the foot and ankle, such as tendon transpositions, recessions, suspensions, and release • Ankle arthroscopy • Ankle stabilization procedures • Arthrodesis tarsal and ankle joints • Arthroplasty, with or without implants, tarsal and ankle joints (e.g., subtalar joint arthrodesis)	

Fluoroscopy Non-Core Privileges

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
☐	**Fluoroscopy** Privilege to operate and/or supervise operation of fluoroscopy equipment.	☐

	Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

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Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621412**

Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

Pre-Licensed Mental Health Provider Privilege

see attachment

Attachments

Pre-Licensed Mental Health Provider

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Pre-Licensed Mental Health Provider
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s).** Experience can be from direct patient care, clinical supervision or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.

3.

Required Qualifications

Education/Training	Possession of a Master's degree from an accredited college or university with major in psychology, social work, counseling, or a closely related field.
Certification	Registration with the Board of Behavioral Sciences (BBS) of California as a: Associate Social Worker ASW), or Associate Marriage and Family Therapist (AMFT), or Associate Professional Clinical Counselor (APCC)
Continuing Education	3 hours of Law & Ethics training annually to re-register with the BBS

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documented current competence and provision of care, treatment, or services, including attestation of ongoing clinical patient visits within the past 24 months, or completion of training within the past 24 months. Experience must correlate with the privileges requested. AND Clinicians hired to work in Ambulatory Care/Primary Care/CCHS/Public Health Centers should have a minimum of one year of experience providing integrated behavioral health services in a medical setting.
Clinical Experience (Reappointment)	An adequate volume of experience 200 patient visits, within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. An adequate volume of experience 200 patient visits, within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.

Clinical Behavioral Health Core Privileges

Applicant: initial to	**For Core Privileges:** you do not have to engage in all of these interventions, but having the privilege allows you to.	Division/ Dept Chair:

request		initial to recommend
(initials)	Assess, diagnose, provide treatment, prevention and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through clinical interviews, behavioral assessments, and standardized measures. Clinical providers may provide care to patients in the intensive care setting. They may assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services. Behavioral Health procedures include but are not limited to perform mental health assessment; obtain social and psychological admission history; support discharge planning and coordination. Intervention procedures include but are not limited to family assessment/therapy; group therapy; marital or couples therapy; psychological assessment; psychotherapy (evidence-based); personal enhancement; substance use prevention, including harm reduction and behavior modification; suicidal and homicidal assessment, safety planning and crisis de-escalation. Assessment procedures include but are not limited to structured and unstructured interviews; administration and interpretation of standardized screening measures; evaluations; direct observation; functional analysis of behavior and behavioral rating scales; tests of cognitive impairment and higher cortical functioning; physiological measures.	(initials)

Behavioral Health/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
		(initials)
(initials)	**EMDR Certification of course completion** **DBT Confirmation of training completion** **CBT Confirmation of training completion**	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.
One hour of individual supervision per week
Two hours of group supervision every other week minimum
Charts to be proctored by supervisor or licensed designee
(Licensing board requires one hour of supervision for every 10 hours of direct service to meet licensure requirements)

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

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Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622217**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Pulmonology Privileges

see attachment

Attachments

Pulmonology Privileges

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Pulmonology Clinical
Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty and successful completion of an accredited fellowship in Pulmonology.
Certification	Documentation of current subspecialty certification in Pulmonology by the relevant American Board of Medical Specialties or the American Osteopathic Board.
Continuing Education	Education sufficient to maintain license and certification in accordance professional license and certification boards.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Current documented competency in inpatient/outpatient Pulmonary Medicine minimum 200 patients in the inpatient and outpatient settings combined) with appropriate workup and management of pulmonary diseases, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.
Renewal	Current documented competency and an adequate volume of experience (minimum of 200 patients with subspecialty related conditions in the inpatient and outpatient settings combined) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Pulmonology Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Evaluate, diagnose, treat, and provide consultation to adult patients (>/ 18 years old) presenting to ambulatory care, the emergency room, or as inpatient with conditions, disorders, and diseases of the lungs and airways. Performance of history and physical exam. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. Work up and treatment of individuals with acute, chronic, malignant or benign lung conditions. Airway management including endotracheal intubation, tracheostomy care and management. Noninvasive positive pressure ventilation including continuous positive airway pressure (CPAP) and Bilevel Positive Pressure Airway Pressure (BIPAP, thoracentesis, chest tube insertion, examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue, flexible fiber-optic bronchoscopy procedures. Management of pneumothorax (needle insertion and drainage system). Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and oximetry studies including the six-minute walk test and oximetry walking study. Operation of hemodynamic bedside monitoring systems. Use and monitoring of a variety of positive pressure ventilatory modes, including high flow oxygen, ventilators including NIPPV from intubation through wean and extubating. Administration of conscious sedation, DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL.	☐
☐	**NON CORE (simple conscious sedation is included as core)** **Administration of Sedation and Analgesia** ❑ Ketamine ❑ Propofol *Initial Request:* Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience. **AND** Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. *Renewal/Reappointment:* Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

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Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622172**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Sleep Medicine Privilege

see attachment

Attachments

Sleep Medicine Privilege

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Sleep Medicine
Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty and successful completion of an accredited fellowship in Sleep Medicine, or department-approved equivalent training and experience.
Certification	Documentation of current subspecialty certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in Sleep Medicine by the relevant American Board of Medical Specialties or the American Osteopathic Board.
Continuing Education	Required current experience: Has demonstrated competence in Sleep Medicine with appropriate workup and management of sleep related disorders (minimum 200 patients), reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency, or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Maintenance of Certification or Osteopathic Ongoing Certification is required.
Renewal	Current documented competence and an adequate volume of experience (minimum 200 patients with sleep disorders) with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Sleep Medicine Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	*Initial request*: Admit, evaluate, diagnose, and provide consultation and treatment to adult patients (>/ 18 years old) presenting with conditions or disorders of sleep, including sleep-related breathing disorders (such as obstructive sleep apnea), circadian rhythm disorders, insomnia, parasomnias, disorders of excessive sleepiness (e.g., narcolepsy), sleep-related movement disorders, and other conditions pertaining to the sleep-wake cycle. May provide care to patients in the intensive care setting. Performance of history and physical exam, actigraphy, home/ambulatory testing, maintenance of wakefulness testing (MWT), multiple sleep latency testing (MSLT), oximetry, polysomnography (including sleep-stage scoring) - PSG, PSG titration (CPAP/ BIPAP) , sleep log interpretation, oral appliance titration.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

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Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:

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_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20626250**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Urology Privileges

see attachments

Attachments

Urology Privileges

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Urology
Privileges

Name: (Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Urology.
Certification	Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Urology by American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery)
Continuing Education	As per licensing and certification board to maintain active license and certifications.

Initial Applicants	Required current experience: At least 50 urological procedures, reflective of the scope of privileges requested, in the past 24 months, or successful completion of an ACGME– or AOA–accredited residency within the past 24 months. Please provide clinical activity/procedure log.
Renewal	Current documented competence and an adequate volume of experience 50 urological procedures with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Urology Core Privileges

Applicant: initial to request	**For Core Privileges:** you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to adolescents (>14 y/o) and adults presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. May provide care to patients in the ambulatory, hospital and intensive care setting. Complete history and physical, assess, stabilize, and determine the	☐

disposition of patients with emergent conditions regarding emergency and consultative call services.

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures and privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

General urology

- Anterior pelvic exenteration
- Appendectomy as a component of a urologic procedure
- Bowel resection as a component of a urologic procedure
- Closure evisceration
- Continent reservoirs
- Enterostomy as a component of a urologic procedure
- Inguinal herniorrhaphy as related to a urologic operation
- Intestinal conduit
- Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias
- Microscopic surgery (epididymovasostomy and vasovasostomy)
- Open and minimal invasive (endoscopic) stone surgery on kidney, ureter, and bladder
- Percutaneous aspiration or tube insertion
- Performance and evaluation of urodynamic studies
- Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum
- Surgery of the prostate, including transrectal ultrasound-guided and other biopsy techniques, all forms of prostate resection or ablation, and all forms of prostatectomy
- Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury
- Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury
- Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual urethrotomy, sphincter prosthesis, and periurethral injections (e.g., collagen)
- Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension
- Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion
- Surgery upon the kidney, both open and laparoscopic, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, and open renal biopsy
- Surgery upon the penis, including circumcision, penis repair for benign or

	malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, removal of penile prosthesis • Surgery upon the penis, including circumcision, penis repair for benign or malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, removal of penile prosthesis	

Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.	Division/ Dept Chair: initial to recommend
☐	**Administration of Sedation and Analgesia** ❑ **Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL ❑ **Ketamine** (test required every 2 years) ❑ **Propofol** (test required every 2 years) *Initial request:* Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills or department-approved extra training and experience **AND** Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. *Renewal/Reappointment:* Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	☐
☐	**Fluoroscopy** Privilege to operate and/or supervise operation of fluoroscopy equipment. ***Requirement***: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

_____

_____

_____

_____

_____

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **<u>Do Not</u> Recommend the Following Requested Privileges:**

Privilege	**Condition/Modification/Explanation**

Notes:
_____
_____
_____

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20908297**

Origination	03/2004
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2026
Next Review	3 years after approval

Owner	Judy Anne Rivera: Nursing Program Manager
Area	Nursing
Applicability	CCRMC, Health Centers & Detention

Guidelines for Pain Management Techniques

Please see the attached file.

Attachments

Pain Management Techniques 2026.doc.doc

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Sarah E. Mcneil	Pending
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	07/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Judy Anne Rivera: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

PAIN MANAGEMENT TECHNIQUES

GUIDELINE STATEMENT:

To provide the patient with strategies to help patients manage their pain.
A variation of techniques will be made available to the patient in attempt to manage their pain.

GUIDELINES:

A. Possible alternate methods for assisting the patient with pain management may include
   1. **Relaxation and mind-body techniques: guided imagery, deep breathing exercises, muscle relaxation, calming music, meditation, distratction and relaxation-focused activities.**
   2. **Comfort and mobility measures: repositioning, energy conservations, exercise or range-of-motion activities as tolerated, an referral to Physical Therapy or Occupational Therapy when indicated.**
   3. **Sensory and environmental measures: reduction of noise and stimulation, use of the patient's preferred music, television, reading materials, games or any other age-appropriate distraction techniques.**
   4. **Thermal therapies: heat or cold therapy when clinically appropriate and in accordance with hospital heat/cold application procedure. Assess skin integrity, sensation, circulation, cognition and patient's tolerance before and during application. Do not apply directly to the skin; discontinue and notify provider for any worsening pain, skin changes or intolerance.**
   5. **Massage and touch therapies: hand, foot or back massage may be offered when appropriate using hospital approved non-medicated lotion. Avoid massage over areas of skin breakdown, suspected/known thrombosis, acute injury, infection, surgical sites unless approved by the provider, or any other contraindicatied areas**
   6. **Spirituality and reflection: offer access to spiritual care, prayer, journaling, quiet time, family/support persons, or discussion of stress when desired by the patient.**

B. Special Considerations: Patient populations

1.Nonpharmalogical pain-management techniques shall be individualized to the patient's developmental level, cognitive and sensory abilities, mobility, clinical indications, and preferences.

2.Pediatric: Use age-appropriate distraction and relaxation techniques. Involve parents/caregivers when appropriate

3.Older Adults: Ensure glasses, hearing aids, and mobility devices are available; adapt interventions for cognition, fatigue and fall risk

4. Cognitive/Communication/Developmental Disabilities: Use simple instructions, caregiver input, familiar routines, and non-verbal pain indicators, minimize overstimulation

5.Home Care/Family Support: Teach patients and caregivers safe techniques to continue at home

and when to report worsening or uncontrolled pain.
C. Document in cclink.

REFERENCES

A. .

B. Perry, Potter, Ostendorf & Laplante (2022). Clinical Nursing Skills & Techniques (10th edition) "Nonpharmacological Pain Management p 449- 455."

C. TJC 2026 Standard PC.01.02.07, "The hospital assesses and manages the patient's pain."

Status **Pending** PolicyStat ID **20706095**

Origination	08/2017
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2026
Next Review	3 years after approval

Owner	Mary Bautista-Reyes: Hs Education And Training Spec
Area	Nursing
Applicability	CCRMC, Health Centers & Detention
References	TJC 2025

Policy for Blood and Blood Components, Transfusion

POLICY STATEMENT:

This policy provides CCRMC and Health Center healthcare personnel guidelines for the safe transfusion of blood and blood components.

GUIDELINES:

A. A Registered Nurse (RN) or ~~physician~~provider can administer blood and its components (Platelets, cryoprecipitate, fresh frozen plasma, Factor VIII, Albumin, and Immunoglobulin) as ordered by the ~~physician~~provider using standard precautions.

B. A Licensed Vocational Nurses (LVN) may pick up and verify blood/blood products. An LVN may administer RhoGAM® in accordance with the RhoGAM® policy.

C. An infusion pump and Y-Type Blood set with (170-260 microns) filter should be used.

D. Do not transfuse a unit of blood for more than 4 hours.

E. Blood set is discarded/changed after 4 units or after 4 hours of transfusing.

F. Intravenous (IV) medications will not be administered into the same tubing line with blood/ blood components.

G. Blood/blood components will only be stored in Transfusion Service/-Blood Bank refrigerator.

H. Return sealed , unused units to Transfusion Service/-Blood Bank within 30 minutes from time of issue.

I. All platelet bag must be returned to Transfusion Service/-Blood Bank upon completion of transfusion.

J. Consent for transfusion should be documented in the patient's electronic health record (EHR) prior to transfusion except in a medical ~~record (EMR) prior to transfusion except in a medical~~ emergency, excluding Albumin and Immunoglobulin which do not require a consent.

K. A brochure of " A Patient's Guide to Blood Transfusion " will be provided to patient and documented in patient's ~~EMR~~EHR.

L. Autologous blood (self-donated) should be labeled with patient's name, birth date, and date of procedure.

M. In an emergency, uncross-matched or incompatible units of blood will be issued by Transfusion Service/Blood Bank with a (MR117 Release for Uncrossmatched/Incompatible Units) form. It should be completed by the ~~physician~~provider and returned to Transfusion Service/-Blood Bank.

N. ~~In event of a Transfusion Reactions , Transfusion Service / Blood Bank and physician should be notified immediately.~~In the event of a transfusion reaction, stop transfusion. Change IV set and keep vein open with a new bag of 0.9% normal saline. Notify Transfusion Service/Blood Bank and provider. Perform clerical check. Order for a transfusion reaction evaluation work up. Complete the Transfusion Reaction Evaluation form.

RELATED LINKS:

Procedure for Blood and Blood Components, Transfusion
MR68 Release for Uncrossmatched/Incompatible Units
A Patient's Guide to Blood Transfusion - English
MR 68 Transfusion Reaction Evaluation
Policy for Administration of RhoGAM
Policy for Neonatal Blood Transfusion
Procedure for Massive Transfusion Protocol (MTP)

REFERENCES:

A. Smith, S., Duell, D., Martin, B., Gonzalez, L., & Aebersold, M. (2017). Blood transfusions. *In Clinical Nursing Skills: Basic to Advanced Skills* (9th ed., pp. 1097-1103). Pearson.

B. Perry, A., Potter, P., Ostendorf, W., & Laplante, N. (2022). Blood therapy. In *Clinical Nursing Skills & Techniques* (10th ed.,pp. 902 – 920). Elsevier.

C. Vossoughi, S., Paroder, M.. (2021), Administration of blood components. In Cohn, C.S., Delaney, M., Johnson, S.t., & Katz, L.M. (Eds.). *Technical Manual* (21st ed., pp.567 - 586). American Association of Blood Banks.

D. U. S. Food and Drug Administration/Center for Biologics Evaluation and Research. (2022, March). *An acceptable circular of information for the use of human blood and blood components: Guidance for Industry.* www.fda.gov. An Acceptable Circular of Information for the Use of Human Blood and Blood Components | FDAGorshi, L., Hadaway, L., Hagle, M.,

Broadhurst, D., Clare, S., & Kleidon, T.Alexander, M., (2021). Infusion therapy standards of practice, 8th edition. *Journal of Infusion Nursing,* 44(1S):S1-S224.

APPROVALS:

Infection Prevention & Control Committee: 3/21, 2/23

Clinical Practice Committee: 10/25
Patient Care Policy & Evaluation Committee: 9/17, 4/21, 3/23
Medical Executive Committee: 5/21, 3/23,10/24

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Mary Bautista-Reyes: Hs Education And Training Spec	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20907304**

Origination	03/2004
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Effective	Upon Approval
Last Revised	07/2026
Next Review	3 years after approval
Owner	Judy Anne Rivera: Nursing Program Manager
Area	Nursing
Applicability	CCRMC, Health Centers & Detention

Policy for Pain Management

POLICY STATEMENT:

To provide guidelines for the initial assessment, reassessment, and management of the patient's pain

GUIDELINES:

A. All patients seen at Contra Costa Regional Medical Center and Health Centers presenting with pain will be screened, assessed, and reassessed based on their age, medical history, presenting condition and level of understanding. Pain management and its outcome will be documented in the patient's electronic medical record. A sedation scale assessment tool is used as clinically indicated based on the patient's risk level for adverse outcomes related to opioid treatment.

1. Inpatient
   All admitted patients will be assessed by a licensed registered nurse for pain upon admission and ***at least*** every shift thereafter.
2. Emergency Department
   Patients who present to the emergency department with complaints of pain will be screened at triage and as clinically indicated.
3. Ambulatory Care
   Patients who present to the clinic with complaints of pain will be assessed upon initial evaluation.

B. Assessment and management:

1. Assess the patient for pain ***at least*** once every shift or upon initial evaluation and

when clinically indicated.

2. Interventions to treat and manage the patient's pain will be provided, taking into consideration the patient's personal, cultural, and spiritual beliefs regarding pain management.
3. Education will be provided to the patient and the patient's family when treating or managing the patient's pain and upon discharge.
4. Pain reassessment will be performed in a timely manner based on the treatment or management provided to determine its effectiveness in meeting the patient's stated goal. ~~If pain medication is administered, the patient will be reassessed within 60 minutes for oral medications, and 30 minutes for intravenous (IV) medications, or as ordered by the provider.~~
    a. If pain medication is administered, the patient will be reassessed within 60 minutes excluding intravenous (IV) medications which require 30 minutes, or as ordered by the provider.
    b. If non-pharmacologic interventions, pain will be reassessed in a timely manner appropriate to the clinical situation.
    c. ED patients who report pain at triage and receive non-pharmacological pain intervention will have pain reassessed in a timely manner appropriate to the clinical situation, even if patient has not yet been roomed.
        a. For ED patients, non-pharmacological interventions, "timely manner" is defined as:
            - At the next direct nursing contact, or
            - When the patient is placed in an ED treatment room, whichever occurs first.
        b. If the patient's condition changes or pain worsens while awaiting rooming, the triage nurse will reassess the patient and escalate care as clinically indicated.
    d. All non-pharmacologic interventions and reassessments will be documented in the electronic health record (EHR).
5. PRNs and One-Time Administration:
    a. Reassessment for prn and one-time orders will occur within 60 minutes of administration and be documented., excluding (IV) medications which require 30 minutes reassessment or as ordered by the provider.
6. Assessment, reassessment, intervention and outcome will be documented in the patient's electronic medical record.
7. If a patient's stated goal is not met or pain is unrelieved, a provider will be notified.

C. Documentation:

1. Document in ~~ccLInk~~EHR.

RELATED LINKS:

Pain Management Techniques

How to Use a Pain Rating Scale

~~Pain Management Techniques~~
~~How to Use a Pain Rating Scale~~
Procedure for Pain Relief Exercises
~~904D Critical Care Pain Observation Tool~~

904D Critical Care Pain Observation Tool

Policy for Medication Administration and Documentation

REFERENCES:

A. Perry, Potter, and Ostendorf. **Clinical Nursing Skills and Techniques**. 10~~th~~th Edition. "Pain Management."

B. American Association of Critical Care Nurses. (2016). AACN Practice alert: Assessing pain in critically ill adults. Retrieved from Assessing Pain in Critically Ill Adults - AACN

C. Stites, M. (2013). Observational pain scales in critically ill adults. *Critical Care Nurses, 33(*3), 68-79. doi:http://dx.doi.org/10.4037/ccn2013804

D. TJC Standard PC.01.02.07, "The hospital assesses and manages the patient's pain and minimizes the risks associated with treatment."

APPROVALS:

Clinical Practice Committee: 2/2016, 6/2019, 12/2022
~~Patient Care Policy & Evaluation Committee: 3/2016, 7/2019, 1/2023~~
~~Medical Executive Committee: 4/18/16, 8/2019, 1/2023~~
~~Joint Conference Committee: 3/2023~~

Patient Care Policy & Evaluation Committee: 3/2016, 7/2019, 1/2023

Medical Executive Committee: 4/18/16, 8/2019, 1/2023

Joint Conference Committee: 3/2023

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending

Medical Executive Committee	Sarah E. Mcneil [TT]	07/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	07/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Judy Anne Rivera: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **19698446**

Origination	05/2004	Owner	Lina Xiao: Hs Education And Training Spec
Last Approved	N/A		
Effective	Upon Approval	Area	Nursing
Last Revised	06/2026	Applicability	CCRMC, Health Centers & Detention
Next Review	3 years after approval		

Policy for Pressure Injuries and Wounds: Prevention and Care

POLICY STATEMENT:

To provide staff with evidence-based practice guidelines for the skin assessment, prevention of pressure injuries and management of wounds.

GUIDELINES:

A. Patients will be assessed for alteration in skin integrity. The Braden Scale will be used to assess risk level for developing pressure injuries. Interventions are implemented based on the risk factors and type of wound identified.

B. Assessment

1. ~~"4 Eye Skin Assessment" is performed and documented:~~
~~By two RNs who will perform visual head to toe skin assessment at the same time, and document.~~

"4 Eye Skin Assessment" is performed and documented:
By two RNs who will perform visual head to toe skin assessment at the same time, and document.

   a. Every shift for patients with a Braden Score of 18 or less.

   b. On every patient within 8 hours of admission.

c. On transfer to a different unit.

d. If the patient is being discharged to a health care facility.

~~Universal skin care guidelines include a complete skin assessment with documentation and at least every shift.~~

Universal skin care guidelines include a complete skin assessment with documentation and at least every shift.

2. Identify risk factors contributing to pressure injury development.
    a. **Braden Scale Risk Assessment** must be completed and documented on admission and at least every shift**.**
    b. **Immobility/External mechanical Load:** Identify those patients with unavoidable external forces of pressure, generally over a bony prominence. Examples:
        i. CCU or critically ill patient who is immobile due to sedation or intubation.
        ii. OR/Surgery lasting 3 hours or more.
        iii. Paralysis due to trauma or stroke (i.e., paraplegic).
    c. **Susceptibility of the individual/other considerations:**
        i. Previous history or existing pressure injuries.
        ii. Alteration in tissue perfusion (Hypotension, vasoactive medications, edema).
        iii. Any co-morbidities (Diabetes, Anemia, CHF).
        iv. Immunosuppression.
        v. High or low body temperature.
        vi. Dehydration.
        vii. Malnutrition or low body weight.
        viii. BMI <19 or >40
        ix. Presence of a medical device.
3. Complete and document a skin/integumentary assessment upon admission and ~~then~~then every shift.
    a. Integumentary/ skin assessment is documented for every patient.
        i. Skin color
        ii. Skin turgor
        iii. Skin integrity
        iv. Location of break in skin integrity
        v. Presence of transdermal patch
        vi. Presence of medical device

vii. Skin under device is inspected~~.~~

viii. Medical device repositioned and/or secured

ix. If prophylactic dressing applied

x. Prophylactic dressing location

xi. Additional assessments

b. Pay attention to the following hot spots locations:
HOT SPOTS: heels, occiput, toes, sacrum, posterior buttocks, over bony prominences, thoracic spine, scapula, ears, and between knees. Check skin under medical devices (ex: respiratory devices, orthopedic devices, foley catheters, fecal containment devices, surgical drains, central venous and dialysis catheters, sequential compression device sleeves, graduated compression stockings, restraints).

4. Assess wounds.

a. Description

i. ~~wound~~Wound location~~,~~

ii. Type

iii. Size (measure length, width and depth in centimeters) initially and weekly thereafter

iv. Peri-wound skin condition

v. Wound base

vi. Margins

vii. Presence of undermining/ tunneling (measure initially and every week)

viii. Exudate type~~,~~

ix. ~~size (measure length, width and depth in centimeters) initially and weekly thereafter~~

x. ~~presence of undermining/ tunneling (measure initially and every week),~~

xi. ~~color,~~

xii. ~~odor,~~

xiii. ~~exudate and~~

xiv. ~~peri-wound skin condition~~

xv. Drainage amount

xvi. Odor

b. ~~Types of wounds to assess:~~

Types of wounds to assess:

i. Arterial wound

ii. Dehisced/open surgical wound~~.~~

iii. Diabetic/neuropathic wound

iv. Pressure injuries

v. Venous ulcers

vi. Other wounds with treatment ordered~~.~~

vii. New wounds/ altered skin integrity issues are noted, based on assessment~~.~~

~~Altered skin integrity which is patchy or continuous over diffused areas, or with poorly defined edges and uneven depth, may prevent accurate measurement. Photograph if necessary, based on assessment.~~

Altered skin integrity which is patchy or continuous over diffused areas, or with poorly defined edges and uneven depth, may prevent accurate measurement. Photograph if necessary, based on assessment.

C. Notification

1. Call MD to classify or stage wound. In the event of pressure injury staging clarification, contact Wound Care Consult Team. A wound consult is ordered by the physician for treatment orders by the Wound Consult team ~~or for the WOCN to make recommendations for the wound. These recommendations by the WOCN are cosigned by the physician Notify physician for any discrepancies in treatment or need for treatment for wound or alteration in skin integrity~~**.**
2. Notify physician of suspected local or systemic wound infection and collect wound culture if ordered by the physician.
    a. Obtain wound and nasal MRSA culture for patients admitted with draining open wound.
    b. Patients may be placed on contact precautions pending culture results.
3. Report pressure injuries both hospital-acquired and present on admission using SERS Reporting System.
4. Report all Pressure Injuries to Charge Nurse/NPM/MCS upon identification.
5. Follow MD orders regarding skin and wound management.

D. **WOUND DOCUMENTATION**

1. Wound Documentation Tab in ccLink/ Progress Notes and Media for photo is filled out at the time of admission or discovery of Pressure Injury or Wound. Re-assess dressings every shift, and wounds every dressing change.
2. Measure and ~~Photograph~~photograph all pressure injuries on admission, day of discovery and weekly thereafter. See Attachment A.
3. Based on assessment, measure and photograph other wounds upon identification and weekly thereafter. Document in skin/Integumentary assessment Tab every shift. Document non-pressure related wound care treatment in Wound Documentation Tab in CClink every shift.

4. New post-op dressings should be kept on and do not remove unless with MD order.

E. **PREVENTION INTERVENTION**

1. Patients admitted to the hospital will receive general pressure injury prevention interventions following basic skin care guidelines.
    a. **S**kin inspection & Risk assessment
    b. **K**eep pressure off
    c. **I**ncontinence/ moisture skin protection
    d. **N**utrition screening
2. Prevention interventions are provided based upon the total Braden Risk Score AND based upon alterations in any subscale categories. Prevention interventions will be provided following the Braden Risk Assessment Evaluation (Attachment D) and Pressure Injury Prevention Interventions (Attachment C) based on subscales:
    a. Moisture.
    b. Nutrition.
    c. Friction/Shear.
    d. Mobility.
    e. Sensory Perception.
    f. Activity
3. Consider ordering specialty beds (ex: air mattress) for patients with Braden Scale score 18 or below and low mobility scores or multiple pressure injuries on more than one turning surface.
    a. Patients in the Emergency Department with admission orders will receive the inpatient assessment through the process and timeline described in nursing policy and procedure. The presence of pressure ulcers or risk factors will be considered in prioritizing bed selection for ED patients.
    b. Turn/reposition patient regardless of the support surface in use, as necessary.
4. Implement prophylactic dressing and devices (silicone-bordered foam dressings; waffle boots) on patients with Braden Scale score of 18 or below and with low mobility score; on patients with OR time >/= 3 hours or multiple surgeries during the current admission.

F. **WOUNDS/ PRESSURE INJURY CARE MANAGEMENT**

1. Cleanse wounds with each dressing change. Follow physician orders for wound and/ or pressure injury management and treatment. ~~See Attachment E.~~
2. Pain Management
    a. Assess/Re-assess and document the presence of pain and pain relief related to wound/pressure injury or its treatment.
    b. Follow MD orders related to pain management. Consult physician for

adjunct topical pain control measures if needed.

3. Patient Education
    a. Assess patient/caregiver readiness and ability to learn regarding wound care. Involve patient/caregiver.
    b. Assure that patient/caregiver is able to show a return demonstration for pressure injury/wound care and repositioning techniques prior to discharge.
4. Discharge Planning: The interdisciplinary team (physicians; nurses; PT/OT; social worker; and utilization management nurse) will coordinate to ensure appropriate services, equipment and supplies are ordered and available prior to discharge.

RELATED LINKS:

~~1101A: Photographic Documentation of Wounds and Pressure Injuries~~
~~1101B: Protected Health Information Security: Theft of Clinical Photography Camera~~
~~1101C: Pressure Injury Prevention Interventions~~
~~1101D: Braden Risk Assessment Evaluation for Skin Breakdown~~
~~1101E: Recommended Dressings for Pressure Injury and Other Wounds~~Attachment A: Procedure for Photographic Documentation of Wounds and Pressure Injuries
Attachment B: Pressure Injury Prevention Interventions
Attachment C: Braden Scale for Predicting Pressure Sore Risk

REFERENCES:

A. Perry, A~~.G~~., Potter, P~~.A~~, Ostendorf, W., ~~Ostendorf~~and Laplante, ~~W~~N~~.R.~~ (~~Eds.~~2022). *Clinical nursing skills & techniques.* (~~2018). Clinical nursing skills & techniques (9th~~10th ed.). ~~St. Louis:~~ Elsevier.
B. TJC Standard PC.01.02.03, "The hospital assesses and reassesses the patient and his or her condition according to defined time frames."

APPROVALS:

Clinical Practice Committee: 9/2016, 5/2018, 11/2022
Patient Care & Policy Evaluation Committee: 10/2016, 5/2017, 6/2018, 12/2022
Medical Executive Committee: 11/2016, 12/2022
Joint Conference Committee: 3/2023

Approval Signatures

Step Description	Approver	Date

Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	06/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	06/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	05/2026
	Lina Xiao: Hs Education And Training Spec	01/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20353426**

Origination	04/2008
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Effective	Upon Approval
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Next Review	3 years after approval

Owner	Cita Richeson: Nursing Program Manager
Area	Perinatal
Applicability	CCRMC, Health Centers & Detention

Policy for Administration of Oxytocin for Induction/ Augmentation

POLICY STATEMENT:

The principles employed in administering oxytocin for augmentation of labor are the same as those for induction. Oxytocin will be administered in the Labor and Delivery department by labor and delivery Registered Nurses (RN) to intrapartum patients per physician's orders.

GUIDELINES:

Indications for oxytocin inductions include but are not limited to:

A. Postdates pregnancy
B. Preeclampsia
C. Chronic hypertension
D. Gestational Hypertension
E. Diabetes Mellitus
F. Rh Isoimmunization
G. Previous stillbirth
H. Advanced maternal age
I. Current or history of intrauterine fetal demise
J. Intrauterine growth restriction

K. Major fetal anomalies
L. Oligohydramnios or Polyhydramnios
M. Multiple Gestation
N. Cholestasis of pregnancy

Augmentation of labor may be initiated when:

A. The frequency or intensity of contractions are inadequate to result in progressive cervical dilation or descent of the fetus.
B. A diagnosis of protraction or arrest disorder is made
C. Membranes have spontaneously ruptured without ensuing spontaneous labor

RELATED LINKS:

Procedure for Adminstration of Oxytocin for Induction/ Augementation
Attachment A ~~2.68A~~, Bishop Scoring and Determining Adequate UCs with Montevideo Units
Attachment B ~~2.68B~~, Management of Tachysystole
~~Oxytocin Use in the Perinatal Unit Programing the Alaris Pump~~

REFERENCES

A. Simpson, K. R., & Creehan, P. A. (2020). *Awhonn's perinatal nursing*. Lippincott Williams & Wilkins.
B. The Joint Commission (2024). MM. 06.01.01 "The hospital safely administers medications".

APPROVALS:

OB department 6/2019, 09/2022
Clinical Practice Committee: 9/2015, 09/2022
Patient Care Policy and Procedure Committee: 11/2015, 10/2022
Medical Executive Committee: 11/2015, 10/2022
Joint Conference Committee: 3/2023

Attachments

Bishop Scoring System and Montevideo Units (MVU)

Management of Tachysystole

Approval Signatures

Step Description	Approver	Date

Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Cita Richeson: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20800815**

Origination	06/2007
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Last Revised	06/2026
Next Review	3 years after approval

Owner	Cita Richeson: Nursing Program Manager
Area	Perinatal
Applicability	CCRMC, Health Centers & Detention

Policy for Neonatal Prostaglandin Drip

POLICY STATEMENT:

~~Neonates receiving prostaglandin therapy will be safely cared for by Registered Nurse.~~

~~Prostaglandin therapy is used to maintain patency of the ductus arteriosus until transport to a higher acuity Nursery can be arranged.~~

Prostaglandin therapy is used to promote dilation of the ductus arteriosus in infants with congenital heart disease (ie, pulmonary atresia, pulmonary stenosis, tricuspid atresia, tetralogy of fallot, interruption of the aortic arch, coarctation of the aorta, or transposition of the great vessels with or without other defects) dependent on ductal shunting for oxygenation/perfusion.

GUIDELINES:

A. The initial dose depends on the clinical presentation and can range from 0.05 – 0.1 mcg/kg/minute per physician order.

B. Maintenance dose may be as low as 0.01 mcg/kg per minute.

C. Prostaglandin is compatible in D5W, and Normal Saline. Avoid direct contact of undiluted prostaglandin with the plastic wall of volumetric infusion chambers because the drug will interact with the plastic and create a hazy solution. Discard the solution and the volumetric chamber if this happens.

D. Continuous infusion via a large peripheral vein is the preferred route of administration. May also be given via umbilical venous catheter, or umbilical artery catheter (UAC) if positioned near the ductus arteriosus.

E. When given via the UAC, cutaneous vasodilation can occur and may be corrected by repositioning the catheter. The infusion should not be interrupted for ABG's.

RELATED LINKS:

Procedure for Neonatal Prostaglandin Drip

REFERENCES:

A. Geggel, R. L. (2023). *Diagnosis and initial management of cyanotic heart disease in the newborn.* UpToDate. https://www.uptodate.com/contents/diagnosis-and-initial-management-of-cyanotic-heart-disease-in-the-newborn?search=diagnonis+and+ititial+management+of+cyanotic+heart+disease

B. ~~IBM Watson Health. (2020). *Alprostadil - Neonate*. Micromedex Products: . https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/evidencexpert.GetNeofaxDrugMonograph?navitem=neofaxDrugMonographDocRetrieval~~ *Alprostadil - Neonate*. Micromedex (2025)

C. ~~The~~ Joint Commission Standard (~~2024~~2026). MM 01.01.03~~"The hospital safely manages high-alert and hazardous medications"~~. *The hospital safely manages high-alert and hazardous medications.*

APPROVALS:

Pediatrics Department: 08/2023
Pharmacy: 08/2023
Clinical Practice Committee: 11/2016, 10/2023
Patient Care Policy and Evaluation Committee: 12/2016, 10/2023
Medical Executive Committee: 1/2017, 10/2023
Joint Conference Committee: 11/2023

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Cita Richeson: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

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Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Cita Richeson: Nursing Program Manager
Area	Perinatal
Applicability	CCRMC, Health Centers & Detention

Policy for Developmentally Appropriate Oral Feedings for Infants

~~PROCEDURE FOR DEVELOPMENTALLY APPROPRIATE ORAL FEEDINGS FOR INFANTS~~

~~POLICY STATEMENT:~~

POLICY STATEMENT:

Late-preterm infants (LPI), 34-35 weeks gestation, who are hemodynamically stable and no longer requiring continuous positive airway pressure (CPAP) shall be assessed for developmentally appropriate oral feeding readiness using the Neonatal Oromotor Milestones (NOM) scoring system. 36-week infants who have immature feeding behaviors will be considered for NOM.

Nursing staff are responsible for applying this standardized assessment to determine an infant's readiness for oral feeding and to guide feeding modality selection. Infants who do not meet established readiness criteria for safe oral feeding shall receive enteral nutrition via nasogastric tube (NGT).

GUIDELINES:

Principles:

1. Nasogastric tubes support safe learning. They do not delay feeding maturity.

2. Physiologic stability precedes oral feeding.
3. Infant leads feeding readiness and volume.
4. Quality of feeding is more important than quantity.
5. NG tube supplementation is protective not punitive.
6. Feeding skills mature over time.
7. Variability is expected.

Alignment with Baby Friendly

1. Oral feeding attempts may be breast (preferred) or bottle (if parents request after receiving education as per Procedure for Infant Feeding).
2. NGT supplementation is temporary support with a goal of exclusive direct breastfeeding.
3. Respects infant readiness.
4. Avoids forced feeding volume.
5. Prevents feeding-related fatigue that undermines breastfeeding success.
6. Encourages parental cue recognition.
7. Avoids shaming language.
8. Recognizes LPIs as high-risk breastfeeding population.
9. Focus on cue-based assessment not rigid feeding plans.

RELATED LINKS:

~~Procedure for Developmentally Appropriate Oral Feedings for Infants~~Procedure for Developmentally Appropriate Oral Feedings for Infants

REFERENCES:

Infant Driven Feeding for Preterm Infants: Learning Through Experience. Gelfer, P. et al. Newborn and Infant Nursing Reviews 15 (2015) 64-67

AAP LPI

Attachments

2026 Feeding Readiness Algorithm.pdf

Approval Signatures

Step Description	Approver	Date

Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	07/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	06/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	05/2026
	Cita Richeson: Nursing Program Manager	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20646173**

Origination	07/2023
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Effective	Upon Approval
Last Revised	07/2023
Next Review	3 years after approval
Owner	Shideh Ataii: Director Of Pharmacy Svcs
Area	Pharmacy
Applicability	CCRMC, Health Centers & Detention

Diagnostic Imaging Medication Box

Please see the attached file.

RELATED LINKS:

Policy for Diagnostic Imaging Medication Box

Attachments

Diagnostic Imaging Medication Box

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Earliest expiring medication:_____
Earliest expiring supply:_____
Lock #:_____ **RPh:**_____

DIAGNOSTIC IMAGING
MEDICATION BOX

MEDICATION	EXP DATE	MEDICATION	EXP DATE
Dextrose 50% 50ml vial		Epipen Auto-Injector 0.3mg	
Bact. Normal Saline Inj 30ml	1	Ephedrine 50mg/1ml amp	
	2	Diphenhydramine 50mg vial	1
Bact. Water for Inj 30ml			2
Calcium gluconate 10% 10ml			3
Naloxone 0.4mg/1ml vial			4
Flumazenil 0.5mg/5ml	1	Aromatic Ammonia 1 box	
	2	Epinephrine 1mg/ml vial	1
Atropine Sulfate 0.4ml vial	1		2
	2	Albuterol Inhaler #1	
Methylprednisolone sodium succinate 40mg vial			
Methylprednisolone sodium succinate 125mg vial			
NS 500ml IV bag			
Diphenhydramine 50mg caps	1		
	2		
	3		
	4		

SUPPLY	IN STOCK	SUPPLY	IN STOCK
1 x 1" surgical tape roll		3 x Needles- 22G	
1 x emesis basin		3 x Needles- 18 G	
Cotton balls		4 x Tongue blades	
1 x Arm board		5 x 3ml Syringe	
1 x BP#11 surgical blade		IV Starter Kit	
Alcohol pads		4 x Air ways	
		5 x Adhesive bandages	

Last Reviewed: 7/2023

Status **Pending** PolicyStat ID **20646164**

Origination	01/2001	Owner	Shideh Ataii: Director Of Pharmacy Svcs
Last Approved	N/A	Area	Pharmacy
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	05/2026		
Next Review	3 years after approval		

Policy for Diagnostic Imaging Medication Box

POLICY STATEMENT:

The Diagnostic Imaging areas maintain a Medication Box which contains supplies and medications that could potentially be needed urgently to respond to reactions during Diagnostic Imaging procedures.

The Diagnostic Imaging Department and Pharmacy Department determine which medications will be stocked in the Medication Box.

The Pharmacy Department is responsible for the overall integrity and security of medications contained in the Diagnostic Imaging Medication Box. The container will be sealed by Pharmacy. The container will be inspected monthly by Pharmacy.

All technologists must be familiar with the location of the Medication Box. The Box may be opened as needed to replace outdated supplies.

This policy applies to Pharmacy, Diagnostic Imaging Department

RELATED LINKS:

Diagnostic Imaging Medication Box

~~APPROVALS:~~

~~Diagnostic Imaging Leadership: 8/2022~~
~~Patient Care Policy and Evaluation Committee: 9/2022~~
~~Medical Executive Committee: 9/2022~~

~~Joint Conference Committee:~~

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

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Effective	Upon Approval
Last Revised	06/2026
Next Review	3 years after approval

Owner	Shideh Ataii: Director Of Pharmacy Svcs
Area	Pharmacy
Applicability	CCRMC, Health Centers & Detention

Policy for Emergency Medication Supply – Location & Quantity

POLICY STATEMENT:

Emergency medications and supplies, for use in medical emergencies only, shall be immediately available at each patient care unit or service area. Emergency drugs for resuscitation shall be stored in portable containers and sealed by a pharmacist. Emergency medications contained in the crash carts and kits will be provided in the most ready-to-administer form available, in age-specific doses (where applicable, i.e., neonatal and pediatric care areas) and in-patient unit doses when possible. The automated dispensing machines contain additional stock of certain emergency medications in kits (see Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply, Policy for Anaphylaxis/Infusion Reaction Emergency Medication Supply, Policy for Anesthesia and Pediatric Rapid Sequence Intubation (RSI) Kits – Emergency Medication Supply). PCP&E (Patient Care Policy & Evaluation), Code Blue and MEC (Medical Executive Committee), whose members include licensed independent practitioners, nursing and pharmacy staff will determine and approve the contents of the crash carts and auxiliary emergency medication boxes, utilizing current specialty criteria, recommendations, and guidelines.

To coordinate the maintenance of crash carts with Medical staff, Nursing, Central Sterilization, and Pharmacy staff to ensure that crash carts will be in a constant state of readiness and available on all patient care units and service areas at all times and are monitored on a monthly basis.

GUIDELINES:

A. Crash Carts: There are three (3) different types of crash carts in the hospital patient care areas:
    1. Adult crash carts and Anesthesia Airway kits will be available in all areas where adult patients may be seen. (See Policy for Crash Cart, Adult - Medication Tray Contents)
    2. Pediatric crash carts and Rapid Sequence Response kits (RSI) will be available in all areas where pediatric patients may be seen. (See Policy for Crash Cart, Pediatric - Medication Tray Contents)
    3. Neonatal crash carts will be available in all areas where neonates may be seen. (See Policy for

Crash Cart, Neonatal – Medication Content)

B. Malignant Hyperthermia carts will be available in the operating room areas. (See Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply)

    1. Malignant Hyperthermia Kits (chilled 0.9% normal saline and regular insulin) will be stored in several refrigerators located in different automated dispensing machines throughout the hospital noted below (See Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply)

C. Intubation medication kits, the Anesthesia Airway Kits and Pediatric Rapid Sequence Intubation (RSI) kits, are stocked in the automated dispensing machines noted below (See Policy for Emergency Medication Supply – Location & Quantity)

D. Anaphylaxis kit/box stocked and maintained by pharmacy department are stored in the locations noted below (See Policy for Anaphylaxis/Infusion Reaction Emergency Medication Supply)

	CRASH CARTS PAR	MALIGNANT HYPERTHERMIA (MH) CARTS PAR	INTUBATION KIT PAR						
LOCATION	**Adult Cart**	**Pediatric Cart**	**Neonatal Cart**	**MH Cart**	**MH Kit**	**Anesthesia Airway Kit**	**Rapid Sequence Intubation (RSI) Kit**	**Anaphylaxis Kit**	**Campus Response Medication Kit**
2B-OR	1			1	2				
2C-PACU	1				1	1	1		
3A-Radiology special procedures	1					1			
3A-DI CT Scan Room	1	1				2			
3-ECHO Room	1								
3B-ED	2	1			1	4	1		1
3B-ED (Fast Track)	1					4	1		
3C-CSU	1	1				1	1		
3D-CCU	2					2			
3E-IMCU	1				1	2			
4A-MS	1				1	2			
4B-MS	1					1		1	
4B-MS2						1			
4C-PSY	1					1			
4D-PSY	1					1			

	CRASH CARTS PAR	MALIGNANT HYPERTHERMIA (MH) CARTS PAR	INTUBATION KIT PAR						
5A-OR	1		2	1	2				
5A-PN	1		1			2			
5B-NUR			1						
5C-CP/MS	1				1	2			
5D-MS	1					1			
Building I (Infusion Clinic)	1					1		1	
CT Mobile Van	1	1				2	2		
Total	**22**	**4**	**4**	**2**	**9**	**31**	**6**	**2**	~~1~~1

INPATIENT PHARMACY BACK UP SUPPLY									
	CRASH CART BACK UP TRAYS PAR			**MALIGNANT HYPERTHERMIA (MH) BACK UP TRAY PAR**		**INTUBATION KIT PAR**			
SUPPLY OF BACK UP TRAYS/ KITS/BOX (not carts)	**Adult Cart**	**Pediatric Cart**	**Neonatal Cart**	**Medication tray for carts**	**MH Kit**	**Anesth-esia Airway Kit**	**Rapid Sequence Intubation (RSI) Kit**	**Anaphyl-axis Box**	**Campus Response Medication Kit**
Inpatient Pharmacy	6	2	1			6	3		
Inpatient Pharmacy Night locker	2	2	3	1	1	1	1		1
Infusion Pharmacy								1	
Total	**8**	**4**	**4**	**1**	**1**	**7**	**4**	**1**	**1**

STERILE PROCESSING DEPARTMENT (SPD) BACK UP SUPPLY									
	CRASH CARTS PAR			**MALIGNANT HYPERTHERMIA (MH) PAR**		**INTUBATION KIT PAR**			
SUPPLY OF BACK UP	**Adult Cart**	**Pedi Cart**	**Neonatal Cart**	**MH Cart**	**MH Kit**	**Anesthesia Airway Kit**	**Rapid Sequence**	**Anaphyl-axis Box**	**Campus Response**

STERILE PROCESSING DEPARTMENT (SPD) BACK UP SUPPLY									
CARTS							**Intubation (RSI) Kit**		**Medication Kit**
Sterile processing department (backup carts)	**1**	**1**	**1**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

E. There are written policies and procedures establishing the contents of the crash carts, procedures for use, restocking and sealing of the emergency carts after use. (See Nursing Policies No. 204, 205, and 207)

F. Maintaining and inspecting crash carts is a shared responsibility between Nursing, Central Sterilization, and Pharmacy Departments. (See Policy for Crash Cart Medications - Maintenance)

RELATED LINKS:

Policy for Emergency Medication Supply

Policy for Emergency Medication Supply – Location & Quantity

Policy for Crash Cart Medications - Maintenance

Policy for Crash Cart, Adult - Medication Tray Contents

Policy for Crash Cart, Pediatric - Medication Tray Contents

Policy for Crash Cart, Neonatal – Medication Content

Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply

Policy for Anaphylaxis/Infusion Reaction Emergency Medication Supply

Policy for Anesthesia and Pediatric Rapid Sequence Intubation (RSI) Kits – Emergency Medication Supply

Policy for Crash Cart Readiness

Procedure for Crash Cart Exchange Program

REFERENCES:

A. TJC Standard MM 01.01.03, MM.03.01.01, MM.03.01.03, PC.02.01.11

B. Title 22, California; Standards: 1; Elements: 1 Article 263 70263- Pharmaceutical general service.

C. CMS CoP § 482.12(f), 482.23(c), 482.25(a)(b), 482.55

APPROVALS:

Patient Care Policy and Evaluation Committee: 9/2023
Medical Executive Committee:
Joint Conference Committee:

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20650339**

Origination	09/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2026
Next Review	3 years after approval
Owner	Shideh Ataii: Director Of Pharmacy Svcs
Area	Pharmacy
Applicability	CCRMC, Health Centers & Detention

Policy for Inventory Activities and Reconciliation Reports of Controlled Substances

POLICY STATEMENT:

For the pharmacy department to perform periodic inventory activities and prepare inventory reconciliation reports to detect and prevent the loss of federal controlled substances.

GUIDELINES:

A. Every pharmacy and clinic (Note: at CCRMC, we do not have "clinics". By H&S codes, those settings are considered "Health Centers" (HC)) licensed under sections 4180 or 4190 of the Business and Professions Code, shall perform periodic inventory activities, and prepare inventory reconciliation reports to detect and prevent the loss of federal controlled substances.

B. The pharmacist-in-charge of a pharmacy shall review all inventory and inventory reconciliation reports taken and establish and maintain secure methods to prevent losses of federal controlled substances.

C. Inventory Activities means inventory and all other functions sufficient to identify loss of controlled substances. Functions sufficient to identify loss of controlled substances outside of the inventory reconciliation process shall be identified with the policy. This includes, but is not limited to, the following:

1. A physical count or inventory at the following intervals for the specified controlled substances below:
    a. ~~Control Level~~Schedule II to V controlled substances biennially (every 2

years)

b. ~~Control Level~~Schedule II controlled substances every 3 months

c. Four (4) Specific ~~Control Level~~Schedule III to V controlled substances: alprazolam 1mg, alprazolam 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL every 3 months

d. Controlled Substances specified in b. and c. above within 30 days upon change of Pharmacist in Charge (PIC) performed by the new PIC

e. Hospital pharmacies must include inventory of the controlled substances within the pharmacy, within each pharmacy satellite location, and within each drug storage area in the hospital under the pharmacy's control.

f. Hospital pharmacies employing the use of an automated drug delivery system (ADDS) may use other means than a physical count to conduct the inventory.

2. Preparation of an Inventory Reconciliation Report which reviews all acquisitions and dispositions since the last inventory reconciliation report covering that controlled substances and compares the two to determine any variance(s).

    a. ~~All~~The report and all records used to compile each inventory reconciliation report shall be maintained in the pharmacy (or clinic) in a readily retrievable format for 3 years.

    b. Possible causes of overages or shortages shall be identified in writing on the report.

    c. Individual(s) preparing the report shall be identified on the report.

    d. Individuals who performed the physical count shall sign and date the report.

    e. The Pharmacist in Charge (PIC) shall sign and date the report.

    f. ~~The report shall be prepared at the following intervals for the specified controlled substances below:~~

    g. ~~Control Level II substances every 3 months~~

    h. ~~Four (4) Specific Control Level III to V substances: alprazolam 1mg, 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL every 3 months~~

    i. ~~All other Control Level III to V substances (except the four substances listed above) if there is a "reportable loss" no later than 3 months after "discovery" of the reportable loss~~

    j. ~~Control Level II, and four (4) specific Control Level III to V~~The report shall be prepared at the following intervals for the specified controlled substances ~~(alprazolam 1mg, 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL) upon change of Pharmacist in Charge (PIC) performed by the new PIC within 30 days. If possible, the outgoing PIC should also complete an inventory reconciliation report.~~below:

        i. Schedule II controlled substances every 3 months

ii. Four (4) Specific Schedule III to V controlled substances: alprazolam 1mg, alprazolam 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL every 3 months

iii. All other Schedule III to V controlled substances (except the four substances listed above) if there is a "reportable loss" no later than 3 months after "discovery" of the reportable loss

iv. Schedule II, and four (4) specific Schedule III to V controlled substances (alprazolam 1mg, alprazolam 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL) upon change of Pharmacist in Charge (PIC) performed by the new PIC within 30 days. If possible, the outgoing PIC should also complete an inventory reconciliation report.

k. ~~See~~Identified losses and known causes shall be reported to the Board in writing following the time lines outlined in Policy for Reporting Diversion of Controlled Substances

REFERENCES:

A. California Board of Pharmacy California Code of Rules and Regulations: 1715.65

B. Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4008, 4037, 4080, 4081, 4101, 4104, 4105, 4110, 4113, 4180, 4181, 4182, 4186, 4190, 4191, 4192, and 4332, Business and Professions Code and 1261.6, Health and Safety Code.

~~APPROVALS:~~

~~Patient Care Policy and Evaluation Committee: 7/2023~~

~~Medical Executive Committee:~~

~~Joint Conference Committee:~~

Attachments

Inpatient Pharmacy Reconciliation/Balance Sheet for All CII Products Report Template

Outpatient Pharmacy Reconciliation/Balance Sheet for All CII Products Report Template

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of	Pending

	Supervisor	
Medical Executive Committee	Sarah E. Mcneil [SP]	06/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	06/2026
	Shideh Ataii: Director Of Pharmacy Svcs	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20904243**

Origination	08/2006
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Next Review	3 years after approval
Owner	Shideh Ataii: Director Of Pharmacy Svcs
Area	Pharmacy
Applicability	CCRMC, Health Centers & Detention

Policy for Processing & Delivery of Outpatient Medications and Floor Stock Orders to Off-Site Locations

POLICY STATEMENT:

To establish a procedure to ensure timely processing of prescriptions &/or requisitions (L-3's) by Pharmacy for medications going to any alternate location; to establish a routine & standardized delivery schedule; to ensure appropriate storage of all medications during transport & storage; and appropriate documentation and consultation upon patient pick-up of prescriptions.

Outpatient prescriptions and L-3's for medications for any alternate location will be faxed to the Martinez Outpatient Pharmacy @ ~~370-5986~~925-370-5986. There will be a collaboration of the inpatient and outpatient pharmacy staff to ensure the timely and appropriate filling of all medication orders. Medications to be transported from the Martinez campus to outlying clinic locations will be appropriately packaged, transported, and secured while waiting for transport, during transport, and after transport. Medications may be transported by any agent authorized to do so by Pharmacy Administration. Authorized personnel include: Pharmacy staff members, contracted employees, licensed healthcare professional, or any person authorized by Pharmacy Administration. Documentation will be maintained for receipt and patient pick up of medications.

GUIDELINES:

All prescriptions and L-3's coming to Pharmacy for medications to be transported to any alternate location will be processed within 2 working days and delivered on the next scheduled delivery day for that location. All bags or boxes used to transport these medications will be sealed with tape.

Special consideration shall be given when it is necessary to transport hazardous drugs. Package integrity must be maintained to protect the item being transported, the individual transporting the product, and healthcare personnel receiving the product at the final destination. All hazardous medications are to be placed in a zip lock bag before packaging for transport. In addition, chemotherapy medications will have a "Chemotherapy – Dispose of Properly" sticker on them. When the chemotherapeutics are being transported, the dose must be placed in a red transport box and sealed with a pull-tight seal. The outside of the box will have a "Chemotherapy – Dispose of Properly" sticker on it.

Patient-specific medications will be bagged, along with patient consult information sheets; patient's name noted on outside, along with any special storage requirements & the patient consult/pick-up tag(s). Medications requiring refrigeration will have large, stickers placed on the bag(s). All bags going to each clinic are placed in large paper bags.

All orders to be bagged/boxed for delivery by the courier will have the following information noted on the outside of the container:

A. Delivery location.
B. Name of person to receive delivery. If unknown, put "Medication Nurse".
C. Phone # of person to receive delivery, if known.
D. Location within the building to which the item(s) should be delivered.
E. Clearly *and boldly* state if medications need to be refrigerated or frozen.

Medications needing refrigeration will be bagged with an icepack with a disposable temperature indicator. Medications needing to be kept frozen will be placed in an insulated container, with an icepack and a disposable temperature indicator. ~~Am-Tran~~DCS will be contacted immediately to arrange for a special delivery.

A medication delivery tracking ~~document~~shipping label will be automatically generated through the DCS website and a copy must be ~~completely filled out and~~ attached to each and every container to be transported. At the time of delivery, the receiving individual will sign off on the ~~tracking document and the document will be returned to the Outpatient Pharmacy via FAX if the~~ delivery ~~was to any location other than CCRMC~~with the courier. Tracking and receipt of deliveries are recorded and stored on the DCS website.

Once medications arrive at their pick-up locations and are delivered to the appropriate person(s), they will be stored and secured appropriately. Receipt of patient-specific medications is logged on the Medication Log. When medications are picked up by patient/family, the patient consult/pick-up tags are filled out & signed by the patient. The tags are then stuck to the Medication Log.

~~RELATED LINKS:~~

~~AM TRAN Delivery Pick Up Request sheet~~

REFERENCES:

TJC Standard MM.01.01.01, MM.03.01.01, MM.05.01.11
CMS CoP § 482.23(c), 482.25(a)(b), 482.54(a)

~~APPROVALS:~~

~~Patient Care Policy and Evaluation Committee: 3/22~~
~~Medical Executive Committee:~~
~~Joint Conference Committee:~~

Attachments

Medication Log

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20193221**

Origination	08/2014
Last Approved	N/A
Effective	Upon Approval
Last Revised	03/2026
Next Review	2 years after approval

Owner	Michael De Peralta: Respiratory Care Services Mgr
Area	Respiratory
Applicability	CCRMC, Health Centers & Detention

Policy for Infant Nasal Bubble Continuous Positive Airway Pressure

POLICY STATEMENT:

The Respiratory Care Practitioner will deliver nasal bubble continuous positive airway pressure (CPAP) as ordered using hospital-approved equipment. The nasal bubble CPAP may be initiated in the delivery room, NICU, or emergency room. ~~Nasal~~The nasalbubble CPAP will be delivered via alternating between nasal prongs and nasal masks.

RELATED LINKS:

Procedure for Infant Nasal Bubble Continuous Positive Airway Pressure

REFERENCES:

A. ~~Joanned~~ Nicks, ~~RRT~~J. (n.d.).*CPAP, SiPAP, High Flow Nasal Cannula in Infants: Which Should You Choose, When, and Why?* Michigan Society for Respiratory Care. ~~CPAP, SIPAP, HIGH FLOW NASAL CANNULA IN INFANTS~~Retrieved from: ~~WHICH SHOULD YOU CHOOSE, WHEN, AND WHY? [PowerPoint slides]. Retrieved from http://www.michiganrc.org/sites/michiganrc.org/files/u9/Nicks%20-%20CPAP,%20SiPAP,%20High%20Flow%20in%20Infants.pdf~~http://www.michiganrc.org/sites/michiganrc.org/files/u9/Nicks%20-%20CPAP,%20SiPAP,%20High%20Flow%20in%20Infants.pdf

B. ~~University of Texas Medical Branch. (2012). *UTMB RESPIRATORY CARE SERVICES*. Retrieved from http://www.utmb.edu/policies_and_procedures/Non-IHOP/Respiratory/07.03.33%20Senosormedics%20Infant%20Nasal%20CPAP%20System.pdf~~Johns Hopkins All

Children's Hospital. (2023).*Guidelines for Non-Invasive Primary Respiratory Support for Premature Neonates <32 Weeks With Respiratory Distress Syndrome (RDS): Clinical Pathway.* Updated January 11, 2023.

C. National Heart, Lung, and Blood Institute. (n.d.).*CPAP (Continuous Positive Airway Pressure).* U.S. Department of Health and Human Services. ~~(2011). NHLBI.gov.~~ Retrieved from ~~http~~: https://www.nhlbi.nih.gov/health/~~health-topics/topics/~~cpap~~/~~

Approval Signatures

Step Description	Approver	Date
Patient Care Policy & Evaluation Committee	Vijay K. Bhandari	Pending
Medical Director	Initha Elangovan: Exempt Med Stf Physician	04/2026
	Michael De Peralta: Respiratory Care Services Mgr	03/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20193401**

Origination	11/2022	Owner	Michael De Peralta: Respiratory Care Services Mgr
Last Approved	N/A		
Effective	Upon Approval	Area	Respiratory
Last Revised	03/2026	Applicability	CCRMC, Health Centers & Detention
Next Review	2 years after approval		

Policy for Pediatric High Flow or High Velocity Therapy

POLICY STATEMENT:

Pediatric patients who present with the following conditions will be evaluated for High Flow Nasal Cannula (HFNC) or High Velocity Therapy (HVT): Increased Work of Breathing, Refractory Hypoxemia.

GUIDELINES:

To provide safe guidelines for the administration of High Flow Therapy (HFT) or High ~~Flow~~Velocity therapy (HVT) Nasal Cannula ~~(HFNC)~~ in Pediatric Patients. High Flow ~~Oxygen~~or High Velocity Therapy is used to deliver heated and humidified medical gas mixtures at flow rates that can exceed a patient's inspiratory flow rate. High Flow or High Velocity Therapy can provide a volume of gas that exceeds inhalation so that desired inspiratory gas fractions are maintained without the entrainment of room air. With higher flow or higher velocity rates than conventional nasal cannula, HFT or HVT provides additional benefits including:

A. Washout of nasopharyngeal dead space resulting in improved carbon dioxide elimination.
B. Reduced inspiratory resistance and improved inspiratory flow allowing reduced work of breathing.
C. Improved pulmonary compliance due to humidified warmed gases.
D. Reduced metabolic work associated with inspiration of humidified warmed gases.
E. Increased resistance to exhalation contributing to positive alveolar distending pressure and lung recruitment.

F. Reduce the need for intubation.

RELATED LINKS:

Procedure for Pediatric High Flow ~~Oxygen~~or High Velocity Therapy

REFERENCES:

~~A. Fisher and Paykel User Manual, Airvo 2~~

~~B. Franklin D, Babl F, Schlapbach L, Oakley E, Craig S, Neutze J, et al. A randomized trial of high-flow oxygen therapy in infants with bronchiolitis. N Engl J Med. 2018 Mar;378(12):1121–1131~~

~~C. Wing R, James C, Maranda LS, Armsby CC. Use of high flow nasal cannula support in the emergency department reduces the need for intubation in pediatric acute respiratory insufficiency. Pediatric Emerg Care. 2012 Nov;28(11):1117–1123~~

A. Vapotherm. (n.d.). *HVT 2.0 high velocity therapy: User guide*. Vapotherm.

B. Robinson, A., Winer, J. C., & Bettin, K. (2023). *Decreasing inappropriate supplemental oxygen with high-flow nasal cannula for bronchiolitis*. Hospital Pediatrics, 13(4), e87–e91. https://doi.org/10.1542/hpeds.2022-006914

C. Robinson, A., Winer, J. C., & Bettin, K. (2023). *Decreasing inappropriate supplemental oxygen with high-flow nasal cannula for bronchiolitis*. Hospital Pediatrics, 13(4), e87–e91.

Approval Signatures

Step Description	Approver	Date
Patient Care Policy & Evaluation Committee	Vijay K. Bhandari	Pending
Medical Director	Initha Elangovan: Exempt Med Stf Physician	04/2026
	Michael De Peralta: Respiratory Care Services Mgr	03/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document