| **(NAME) HEALTH DEPARTMENT** |
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| **POLICY TITLE:**  | **PROGRAM AREA:**  |
| **PURPOSE STATEMENT:** (Type the “why.”) |
| **SCOPE (PERSONS AFFECTED / RESPONSIBLE):** (Type “who” is responsible for “what.”) |
| **PUBLIC HEALTH ESSENTIAL SERVICE:**  |
| **DEFINITIONS:** (Type clarification/standardization of terms, as appropriate.) |
| **POLICY:** (Type “what” shall be done.) |
| **REFERENCES:** (Type a list of other policies, plans, manuals or guidelines that may be relevant to this policy.) |
| **LEGAL AUTHORITY:** (Type the legal basis for the policy, e.g., statute, rule, ordinance, as appropriate.) |
| **RELATED PROCEDURE(S):** (Type a list of procedures that may be relevant to this policy.) |
| **Prepared by:**  |
| **Approved by**:  |
|  |  |  |
| Health Director Date |  | Program Director Date |
|  |  |  |
| Medical Director Date |  | Program Manager/Supervisor Date |
| **Original Effective Date:**  | **Review Periodicity:** |
|  |
| **Date reviewed/updated:** | **Changes made:** | **Reviewed by:** |
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| **PROCEDURE TITLE:**  | **PROGRAM AREA:** |
| **PURPOSE STATEMENT:** (Type the “why.”) |
| **SCOPE (PERSONS AFFECTED / RESPONSIBLE):** (Type “who” is responsible for “what.”) |
| **LIST OF SUPPLIES/EQUIPMENT:** |
| **STEPS INVOLVED IN ACTIVITY:** (Type outline/specific steps of “what” shall be done.) |
| **REFERENCES:** (Type a list of plans, manuals or guidelines that may be relevant to this procedure.) |
| **LEGAL AUTHORITY:** (Type the legal basis for the policy, e.g., statute, rule, ordinance, as appropriate.) |
| **RELATED POLICY(IES):** (Type a list of policies that may be relevant to this procedure.) |
| **Prepared by:**  |
| **Approved by**:  |
|  |  |  |
| Health Director Date |  | Program Director Date |
|  |  |  |
| Medical Director Date |  | Program Manager/Supervisor Date |
| **Original Effective Date:**  | **Review Periodicity:** |
|  |
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