COUNTY HEALTH DEPARTMENT

**Policy and Procedure**

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| **Title:**  | **Category/Number:** |
| **Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Current Revision Effective Date: \_\_\_\_\_\_\_\_\_\_****Revision History Date/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Review Date/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Purpose:** *(states the “why”)*

**Policy:** *(“what” shall be done)*

**Definitions:** *(clarifies/standardizes terms as indicated)*

**Responsibilities:** *(states who is responsible for “what”)*

**Procedure:** *(outlines specific steps of “what” shall be done)*

**Legal Authority:** *(references the legal basis for the policy, e.g. statute, rule,*

 *ordinance as indicated)*

**References:** *(list other policies, plans, manuals or guidelines that may be relevant to this*

 *policy)*

**Footer:** *(include file name and path and page number)*

*Note: Components may vary depending on the type and nature of the policy/procedure*