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| [Facility Name/Logo] | | **POLICY NAME**  ***TITLE*** | | | |
| **Policy Number** | | | |
| **Section:** |  | | **Origin date:** |  |
| **Owner:** |  | | **Effective Date:** |  |
| **Approved by:** |  | | **Last Revised Date:** |  |
| **Prepared by:** |  | | **Next Review Date:** |  |

1. **Policy description**Brief description and overview. This policy describes the indications, use, methods, and program requirements for…
2. **Rationale/Purpose**Intended goal of the policy and why it is necessary at the organization.
3. **Policy  
   (***Body of the policy. Facilities should personalize this to their facility.)*
4. **Definition of Terms**
5. **Scope**
6. **Policy Details**
7. **Education and Training Requirements**
8. **Audit and feedback**
9. **Documentation**
10. **Responsibilities/ Responsible for content**Unit or department responsible for administering, enforcing, or answering questions related to the policy.
11. **References**Include any applicable references to standards, regulation, and guidelines. If this policy is required for accreditation, include that information. (e.g., OSHA bloodborne pathogen standards)
12. **Related policies**
13. **Approval Signatures**Include staff/ leadership accountability for future revisions.

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| **Department Approval**    **Dr. XXXXXX**  **Title: Medical Director/Department Chair**  **Department:** | **Administrative Approval**    **XXXXXXXXX**  **Title: Director/Manager etc.**  **Department:** |