

Attachment 1
Policy Format

NORTH CAROLINA LOCAL HEALTH DEPARTMENT ACCREDITATION BOARD
Policy Manual Section Name

Policy Name

Manual:	<u>Applicable Signatures/Title</u>
Section:	Administrator:
Distributed to/Date:	Board Chair:
	NCIPH Director:
	Effective Date:
	Supercedes:

Policy: (*“what” shall be done*)

Purpose: (*states the “why”*)

(Use the following sections as applicable and in the order provided.)

- **Definitions:** (*clarifies/standardizes terms and defines abbreviations*)
- **Applicable Law, Rules and References:** (*legal authority, if any and other sources used for development of policy such as best practice; ACOG; CDC guidelines*)
- **Responsible Person(s):** (*“who” does it*)

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

Reference Plans and Policies: (*other policies/procedures with similar content or affected by content*)

Footer: (*include current path and file name on left and page number on right*)