



## Policies and Procedures



### Policy A-IC-1

November 15, 2004  
Revised April 26, 2013

**Purpose:** To establish a standard format for Three Rivers District Health Department. The “purpose” section will identify a brief purpose.

**Policy:** This section contains the statement of the policy and will define the department, type and number of the policy as identified by the code in the upper left corner. For example, A = Administrative, IC = Internal Control, and 1 = sequence.

**Procedure:** This section of the policy outlines the procedure, which provides details or guidance. Individual sections are numbered using the following format. The format allows reference to specific provisions of the policy. (example: “In accordance with TRHD Policy A-IC-1, Policies and Procedures, dated October 5, 2004, all policies will take this format.”)

- I. Section one denoted with Roman numerals.
  - A. Subsection one
    1. Element one
      - a. Sub-element one
- II. An appropriate signature block will be placed at the document to allow for the signatures of the District Board of Health Chairperson, the District Director and any other that may be required.
- III. Subsequent pages will contain a header and footer that identifies the policy number right aligned in the header and the page number left aligned in the footer.
- IV. Each policy will be assigned an identifying number, which will contain a letter representing the department, an abbreviation for the type, and a number unique to that sequence. The following table gives the assigned nomenclature for the different areas.

Department	Type	Number
A Administrative	G General	1, 2, 3, 4, 5, etc.
C Clinic	IC Internal Control	

<b>E</b>	Environmental	<b>MP</b>	Medical Procedure	
<b>HP</b>	Health Promotion	<b>HR</b>	Human Resources	
<b>HH</b>	Home Health			
<b>S</b>	Support Services			

V. Policies will be reviewed annually by the management team and changes noted in the Policy Log. If changes are made, the policy will be revised and presented to the District Board of Health for approval.

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**District Director** **Date**

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**Chairperson, Three Rivers District Board of Health** **Date**