**POLICY**: Name/Subject

# Program Area: xxx

# Section: xxx

# Reference Number: ORG.1510.PL.002

# Approved by: xxx

Date: Issued yyyy/mmm/dd

##  Revised yyyy/mmm/dd

*Delete if not required*

*Patients/Clients/Residents (choose the appropriate one) and/or Families were engaged in the development of this policy.*

# PURPOSE:

xxx

# BOARD POLICY REFERENCE:

xxx

# POLICY:

xxx

# **DEFINITIONS:** *(optional)*

xxx

# **IMPORTANT POINTS TO CONSIDER:** *(optional)*

xxx

# **PROCEDURE:** *(optional)*

xxx

# **EQUIPMENT/SUPPLIES:** *(optional)*

xxx

# SUPPORTING DOCUMENTS: *(optional)*

xxx

# **REFERENCES:** *(optional)*

xxx