A. **EFFECTIVE DATE:**  
List the date this policy is effective.

B. **PURPOSE:**  
To Why should this policy exist?

C. **POLICY:**  
Describe the desired standard, e.g. :

1. [FOR ADMINISTRATIVE POLICIES] “All {type of} employees {with what?} will {what is the standard}?.” or

2. [FOR CLINICAL POLICIES] “All {type of} patients {with what?} will {what is the standard}?.”

3. [FOR OTHER POLICIES] “All ______ will {what is the standard}?.”

D. **SCOPE:**  
Describe all area(s) of the organization to which this policy will apply.

E. **PROCEDURES, GUIDELINES AND PROTOCOLS:**  
Identify STAKEHOLDER(s) by Department or position title will develop appropriate procedures, guidelines and/or protocols as necessary to implement this policy. [Provide a link to the procedure, guideline, and/or protocol.]

F. **REFERENCES:**  
List any regulations, references, evidence, or other documents which support the need for this policy – If none, write “None.”

G. **RELATED POLICIES:**  
List any other UConn/UConn Health policies that are related to this policy or that address the same or similar subject matter – If none, write “None.”

H. **SEARCH WORDS:**  
List here any terms that could be used to search for this document

I. **ENFORCEMENT:**  
Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, or other applicable University Policies.

J. **APPROVED BY:**

1. ________________________________[UConn Health Chief Executive Officer] Date

2. ________________________________Policy Committee Co-Chair Date

3. ________________________________Policy Committee Co-Chair Date

K. **REVISION HISTORY:**

1. Effective: [mm/dd/yyyy]

2. Reviewed without changes: [mm/dd/yyyy]

3. Revised: [mm/dd/yyyy]

[END OF POLICY]