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| **Title:**click to type title | **Version #:** click to insert version # |
| **Pre-Approved for IMT:** click to type IMT section  **Approved:** click to type IMT title  **Signature**: | **Approval Date:** click to type date |
| ***This document is intended to provide guidance to staff/professional staff during COVID-19*** | |

1. **PURPOSE**

To clarify expectations during COVID-19, related to *[insert topic of this document]*.

1. **GUIDELINES (e.g. background, definitions, procedure, etc.)**

*[Insert the guidelines and any other relevant content related to this document e.g. approved recommendations/proposed changes submitted in briefing note to IMT]*.

1. **RELATED POLICIES, PRACTICES AND/OR LEGISLATIONS**

*[Insert any existing policies, practices, directives. legislation, etc. that influence, govern or are associated with these guidelines]*.

1. **REFERENCES**

*[Insert relevant references that support these guidelines e.g. legislation]*.