



## Policy & Procedure Development, Implementation, and Maintenance

Original Effective Date:

April 28, 2016

Review / Revision Date:

July 26, 2018

Board of Health Resolution:

Pending Codification

**Maintenance Steward:** Director of Health Promotion &  
Policy Integration

**History:** ☐ New ☒ Revised ☐ Archived

**Organizational Scope:**

- ☒ Full Agency ☐ Administration ☐ Community & Environmental Health ☐ Health Services  
☐ Health Promotion/Policy Integration

**Frequency of Review:**

- ☐ Annually ☒ Biennially ☐ 5 Years ☐ As Needed ☐ Other:

**Location:**

*S-Drive:* S: → Common → Policies, Plans & Procedures

*Website:* [www.lucascountyhealth.com/employee-login/](http://www.lucascountyhealth.com/employee-login/)

*Hardcopy:* Policies & Procedures Manual, HR Office

*Archived Version(s):* Policy 2016.04.067; 2017.06.082

### Requisite Signatures

<input checked="" type="checkbox"/>	<u>Donna Worthington</u>	<u>7.26.18</u>
	Board of Health President	Date
<input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>07-26-18</u>
	Health Commissioner	Date
<input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>7-26-2018</u>
	Director of Environmental Health & Community Services	Date
<input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>7/26/18</u>
	Director of Health Promotion & Policy Integration	Date
<input checked="" type="checkbox"/>	<u>Kelly Burkhalden-Allen</u>	<u>7-26-18</u>
	Director of Nursing & Health Services	Date
<input checked="" type="checkbox"/>	<u>Barry Gordon</u>	<u>7-26-18</u>
	Human Resources Administrator	Date



## Policy & Procedure Development, Implementation, and Maintenance

### I. Policy

All Toledo-Lucas County Health Department policies and standard operating procedures (SOPs) shall be presented in a common format. Policies shall be formally approved by the Board of Health; SOPs shall be approved by the appropriate division director(s). Electronic copies will be accessible to all employees and Board of Health (BOH) members and will be maintained, reviewed, and revised according to the framework outlined in this policy.

### II. Scope

This policy applies to all employees of the Toledo-Lucas County Health Department.

### III. Purpose

The purpose of this policy is to provide the Toledo-Lucas County Health Department with a systematic process for developing, implementing, and maintaining all other policies and procedures for the organization. It was developed in accordance with the national standards and measures set forth by the Public Health Accreditation Board.

### IV. Background

A. This policy supports the criteria established by the Public Health Accreditation Board:

1. **Measure 8.2.4:** Policies that provide an environment in which employees are supported in their jobs
2. **Measure 11.1.1:** Policy and procedure manual or individual policies; review of policies and procedures; methods for staff access to policies
3. **Measure 11.1.3:** Confidentiality policies
4. **Measure 11.1.4:** Policy or procedure for the development of interventions and materials that address areas of health inequity
5. **Measure 11.1.5:** Human resource (HR) policies and procedures; staff access to human resource policies and procedures

B. Provisions referring to collective bargaining agreements shall always refer to the most current agreement. Should a conflict arise between this policy and a collective bargaining agreement, the provisions of the most current collective bargaining agreement shall be used.

### V. Policy and Procedure Development

#### A. Policy & Procedure Sections

## **1. Structure and Format:**

- a. The document author shall follow the structure and format established in this policy when writing or revising agency policies and procedures. This includes ensuring the most up-to-date template has been used when creating or updating any policy or procedure.
- b. Up-to-date templates can be found on the Employee Login section of the Health Department's Website and on the shared S-Drive.
  - i. [www.lucascountyhealth.com/employee-login/](http://www.lucascountyhealth.com/employee-login/)
  - ii. S: → Common → Policies & Procedures → Policy & Procedure Templates

## **2. Policy Statement**

- a. The policy section defines the operational policy to be implemented. This section should be concise and clearly written.

## **3. Scope**

- a. The scope defines the division(s), program(s), or group(s) of staff to which each policy or SOP applies.

## **4. Purpose**

- a. The purpose concisely defines the reason and/or need for each policy or SOP.

## **5. Background**

- a. The background summary will include relevant information that is considered necessary to understand the scope and/or purpose of each policy or SOP. This section may include references to statutes, regulations, executive orders, or other relevant authorities governing each policy or SOP.
- b. This section is **optional** and may be removed if there are no necessary references or other explanatory background information.

## **6. Provision Sections**

- a. Policy provision sections will outline the criteria necessary to uphold or comply with a policy position or other regulatory requirement.
- b. All standard operating procedure (SOP) provisions will outline the steps necessary to complete a specific program or administrative process, its related tasks, and appropriate follow-through.

- c. All policy and SOP provisions should be grouped under relevant section titles at the Roman numeral bullet level.

## 7. Glossary

- a. The glossary section will be included as necessary to define relevant terms or important concepts not otherwise fully explained in the Policy Statement, Scope, Purpose, or Provision sections.
- b. The glossary is intended to help reduce or avoid lengthy definitions within the body of the policy or procedure.
- c. This section is **optional** and may be removed if there are no terms or concepts defined.

## 8. Maintenance

- a. The maintenance section outlines the frequency and conditions under which each policy or procedure will be reviewed.
  - i. The frequency of review will be indicated when the policy or SOP is initially written.
  - ii. Additional review criteria outside of the standard review period (e.g., 1-5 years) may trigger a review of the policy or procedure to ensure the policy, process, or content aligns with new or updated legislation, court decisions, industry best practices, or other defined criteria.
- b. This section also communicates how changes are to be documented and which changes will require a policy or procedure to be re-approved by its signatories.
  - i. The *Revision* sub-section serves as boilerplate language for all policies and procedures and does not need to be modified unless changes to the language of that section are made in this policy.
  - ii. All changes will be recorded on the **Record of Change**.

## B. Development Process

- 1. The document author shall make a reasonable and/or appropriate effort to consult relevant and/or affected stakeholders during the development of each policy or procedure.
- 2. The named *Maintenance Steward* shall be responsible for maintaining electronic copies of original and modified versions of written policies and procedures throughout the maintenance schedule for each policy or procedure for which they serve as the steward.
  - a. Additionally, the Director of Health Promotion and Policy Integration may require, at his/her discretion, a central file storage of all policy and procedure draft documents be maintained by a designated staff member.

## VI. Initial Review & Approval

- A. The proposed policy or procedure draft shall be submitted for review, comments, and approval to the following parties:

1. **For Policies**

- a. Lucas County Prosecutor's Office
- b. Health Commissioner
- c. All Division Directors & Supervisors
- d. Union Stewards

2. **For Standard Operating Procedures**

- a. Appropriate Division Director(s) & Supervisors
- b. Union Stewards
- c. Some SOPs may also require the approval of the Health Commissioner and other relevant parties depending their subject, content, and scope.

### B. Union Procedures

1. In accordance with **Article 33, Section 1** of the *Local 7 AFSCME Ohio Council 8* collective bargaining agreement (1/1/18 - 12/31/19), and **Article XXIV, Section 5** of the *Ohio Nurses Association (ONA)* collective bargaining agreement (12/31/17 - 12/31/20):
  - a. Union stewards must be provided all new or revised draft policies and procedures for review and comments at least two (2) weeks prior to their submission to the Board of Health for approval.
  - b. Once approved by the Board of Health, policies must be posted prominently on all bulletin boards for a period of thirty (30) consecutive work days before becoming effective for bargaining-unit employees.
  - c. Bargaining-unit employees are to receive a copy of all policies and procedures no later than ten (10) work days before they become effective.

### C. Board of Health Procedures

1. Once a policy has been approved by all necessary and appropriate parties, it will be presented to the Board of Health for approval.
2. Draft policies must be submitted to all board members at least ten (10) calendar days prior to a regularly scheduled Board of Health meeting (i.e., the Monday of the week preceding a regularly scheduled BOH meeting week).
  - a. Regularly scheduled BOH meetings are held on the 4<sup>th</sup> Thursday of every month unless otherwise stipulated.

#### **D. Requisite Signatures**

1. Every policy or procedure requires documentation of approval through signatures on the Signature/Cover page.
2. Only necessary signature lines should be included for each policy or procedure.
3. **Policy Signatures**
  - a. At a minimum, all policies must be signed by the Board of Health President and the Health Commissioner after approval by the Board of Health.
  - b. Division Directors shall be included as necessary to ensure department and divisional policies are understood by division leadership and distributed to staff.
4. **Procedure Signatures**
  - a. At a minimum, all standard operating procedures must be signed by the division director under whose authority the SOP will be implemented.
  - b. Depending on the nature, content, and/or scope of an SOP, the Health Commissioner and Board of Health President's signatures may also be required.
    - i. For agency-wide procedures, the Health Commissioner and all Division Directors must sign.
5. **Additional signatories** for policies and procedures should be added sparingly and only when necessary.

#### **E. Resolution / Procedure Number**

1. Every policy approved by the Board of Health will be assigned a resolution number in the following format:
  - a. Four (4) digit year (dot) two (2) digit month (dot) three (3) digit sequential number (e.g., 2017.06.123).
    - i. The sequential number sequence resets on an annual basis.
2. Every standard operating procedure approved by a Division Director shall be assigned a procedure number in the following format:
  - a. Four (4) digit year (dot) two (2) digit month (dot) three (3) digit sequential number (e.g., 2017.06.123).
    - i. Sequential numbers for procedures **do not reset**.

- 1) If a procedure is updated, only the year and month it became effective will be updated to reflect a more recent version. The sequential number will remain the same for continuity purposes. (e.g., SOP 17 was initially approved in January of 2015 and updated in June of 2017. Its procedure number will change from 2015.01.17 → 2017.06.17).

ii. Each Division shall have its own sequential SOP count.

## **VII. Review and Revision**

- A.** When a policy or procedure nears its specific "review by" date, it shall be distributed internally for review to all parties listed in section (VI)(A) above according to its document type (policy or SOP) excepting the Lucas County Prosecutor's Office.
- B.** Reviewers should assess each policy or procedure according to the following criteria:
  1. Are any provisions now obsolete or irrelevant to department operations or mandates?
  2. Has any process described in the policy or procedure changed?
  3. Does the "Review By" time frame or maintenance steward require revision?
  4. Are there any typographical or grammatical errors?
  5. Are there any other considerations, reference updates, or issues?
- C.** If internal consensus determines there are no changes required for a policy or procedure under review:
  - 1. For Policies:**
    - a. The policy will be submitted to the appropriate Board of Health committee for review.
    - b. If the Board committee also determines there are no necessary changes or outstanding questions, the "Review/Revision Date" on the signature page will be updated to the date of the Board committee meeting.
  - 2. For Procedures:**
    - a. The "Review/Revision Date" on the signature page will be updated to the date the procedure review was completed.
  3. Policy reviews that do not result in changes shall still be recorded on the **Record of Change**. A statement to the effect may be used:
    - a. "During review by (individuals/group) on (Date), this (policy/SOP)'s content was found to be accurate, sufficient, and current."

- D. Policies and procedures requiring revision beyond typographical, grammatical, or reference errors shall have a draft version with necessary changes complete the process outlined for new policies and procedures under section (VI) *Initial Review & Approval* above.

## VIII. Staff Notification & Access

- A. New employees shall be provided with access to policies and procedures at the time of hire.
- B. Newly approved policies and procedures are to be communicated to staff through appropriate department or divisional staff meetings and/or through email.
  - 1. Division directors will ensure that relevant and affected staff are made aware of new or revised policies and procedures.
- C. All policies and procedures will be made accessible to both staff and BOH members through the Health Department's Website and on the shared S-Drive.
  - 1. [www.lucascountyhealth.com/employee-login/](http://www.lucascountyhealth.com/employee-login/)
  - 2. S: → Common → Policies, Plans & Procedures

## D. Policy & Procedure Directory

- 1. The Director of Health Promotion & Policy Integration shall arrange for the establishment and maintenance of a *Policy & Procedure Directory* to catalog all policies and SOPs. This directory will include, at a minimum, the following information:
  - a. Personnel responsible for each document's maintenance (Maintenance Steward)
  - b. Effective Date
  - c. Frequency and schedule for Review
  - d. Resolution or Procedure #
  - e. Status

## IX. Maintenance

### A. Review

- 1. The *Policy & Procedure Development, Implementation, and Maintenance Policy* is to be reviewed biennially to ensure compliance with both agency and accreditation standards.

### B. Revision

- 1. All changes made to this policy are to be noted on the **Record of Change**. Substantial changes will require renewed signatures from all applicable parties. This includes changes to the intent, scope, procedures, or policy statement.



2. Changes in style, format, grammar or minor error correction will not require renewed signatures but must be indicated on the Record of Change.

## **X. Glossary**

- A. **Policy**: the formal guidance needed to coordinate and execute activity throughout the organization. Policy statements help focus attention and resources on high priority issues, reduce institutional risk, and align and merge efforts to achieve the organizational vision. Policy provides the operational framework within which the organization functions.
- B. **Standard Operating Procedure**: the operational processes required to implement organizational policy, mandates, statutes, programs and other requirements. SOPs can be formal or informal, specific to a department or applicable across the entire organization. If policy is "what" the institution does operationally, then its procedures are "how" it intends to carry out those operating policy expressions.
- C. **Maintenance Steward**: the agency position responsible for ensuring electronic, hardcopy, and archived versions of a policy or Standard Operating Procedure are updated and maintained appropriately in accordance with each document's maintenance schedule.

**(Required for all policies)**

[illegible]