

| POLICY AND PROCEDURE | |
|---------------------------------------|---|
| SUBJECT/TITLE: | Policy/ Procedure/ Guideline Formulation, Implementation, & Review |
| SCOPE: | Agency Wide |
| CONTACT PERSON & DIVISION: | Trish Factor, MPH, MCHES, CHEP, Health Commissioner- Administration |
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PURPOSE

The purpose of this policy is to ensure that the Galion City Health Department has ready access to well-developed, uniform, and understandable policies. Policymaking is the primary method by which the Board of Health exercises its statutory authority and broad powers. Therefore, the Board shall adopt uniform written policies to guide the actions of those to whom it delegates authority.

POLICY

By law, the state of Ohio is divided into health districts. There are two components in the organizational structure of the Health District: a Board of Health and a professional leadership team. The Board of Health sets overarching policy for the Galion City Health Department through the creation revision and adoption of policies. The Board of Health establishes policies aligned with the Health District mission and strategic plan as well as applicable federal, state, and local laws. These Policies are referred to as Board Policies.

Policies set forth broad guidelines of control, management, and operation and, while policies can contain procedures, they may not include the details of management. Such details may be developed separately by the professional leadership team as administrative procedures or directives that are within the framework of Board Policies and subject to Board approval.

The professional leadership team is the procedure making body of the Health District tasked with developing and implementing rules, procedures and standard operating guidelines for the administration of the District's operations that meet the Board's policies.

The Galion City Health Department Health Board policies shall be:

1. Presented in a common format.
2. Formally approved by the Board of Health.
3. Maintained electronically and accessible to all employees.
4. Linked to any procedures required for implementing the policy.
5. Kept current within the framework of an organized system of change control.
6. Reviewed as determined upon origination of the policy, unless changes in laws or Health Department business needs require a different review/revision schedule.

Board approved policies may be clearly distinguished from the related administrative procedures by use of a resolution format, or adopted by Board motion. Individual procedures that apply to the operations of individual departments may not conflict with Board approved policy.

BACKGROUND

Polices/ procedures/ guidelines have not been standardized. This document is intended to standardize the practice and format of polices/ procedures/ guidelines.

GLOSSARY OF TERMS

Policy- broad guidelines established for effectively operating the Health District which enhances the District's mission, promotes operational efficiencies, reduces institutional risk, or helps ensure coordinated compliance with applicable laws and regulations. Policy requires the Board of Health's approval.

Procedure- is the methods or steps for carrying out a policy in accordance with its letter and spirit. Procedures are specific rather than general, utilizing mandatory language to translate the basic policy into action by designating how, by whom, where, and when certain actions are to be carried out or limited. Procedures may be contained in a policy or developed by the professional staff to put policy into practice. Procedures require the Health Commissioner's approval.

Standard Operating Guideline (guideline)- Established procedure utilizing permissive language by which one is guided in carrying out a given operation or in a given situation. Guidelines require the Health Commissioner's approval.

Regulations- which stem from federal and state stature, law or rule are issued by agencies to guide, mandate, or limit Health District operations. Regulations may identify procedures, but most often describes directives or mandates that the Board shall adopt and enforce.

Review- means the policy, procedure, or guideline was reviewed by the correct authority and confirmed that the content was found to be current. Reviews require the proper authoritative signature.

Revision- means the policy, procedure, or guideline has undergone substantial content changes requiring an authoritative signature.

Edits- are style, format, grammar changes, and/or correction of an error. Edits do not require authoritative approval but are required to follow the retention schedule for changes.

PROCEDURES & STANDARD OPERATING GUIDELINES

I. POLICY PROCEDURE AND GUIDELINE DEVELOPMENT:

The following represents a general overview of policy, procedure, and standard operating guideline development and implementation:

1. The policy, procedure, or guideline Initiator may identify an issue and develop it into a proposal to amend, rescind, or develop a new policy, procedure or guideline.
2. The policy, procedure, or guideline Initiator will submit the policy proposal for review and endorsement of their Director and the Health Commissioner.
3. If the policy, procedure, or guideline is endorsed, a draft is created following the format outlined in Section (II) of this Policy.
 - a. If the draft is a policy it is presented to the Board of Health for review and input. After review and input, the policy is formally approved, amended, or disapproved.
 - b. If the draft is a procedure or guideline it is signed by the Health Commissioner or in the case of medical standing orders the Medical Director.
4. Once the policy, procedure, or guideline is approved and signed, an electronic copy shall be maintained.
5. Health Department staff will maintain electronic copies of the original and amended policies, procedures, or guidelines for the appropriate retention schedule on a common drive.

6. The Health Department staff also notifies management when particular policies, procedures, or guidelines are scheduled for review or revision and is available to work with management during any phase of the development process, including, if applicable, implementation of a training schedule for staff.
7. As identified in the particular policy, procedure, or guideline the responsible office will monitor compliance and facilitate remedies for noncompliance as directed by the policy, procedure, or guideline.
8. The Administrative staff is responsible for evaluating policies, procedures, and guidelines in relation to the District's programs and operations. The Administrative staff also must alert the Board to changing circumstances such as new issues, legislation, or court decisions that make existing policies obsolete.
9. New and updated policies, procedures, and guidelines shall be communicated to all employees through staff meetings or the Department email and/or network.

II. POLICY PROCEDURE AND GUIDELINE FORMAT

A standard format ensures clarity and consistency. Although not all policies, procedures, and guidelines will contain all of the format elements, Health District policies, procedures, and guidelines will be written and maintained following the general format described below:

1. Header or footer information: (mandatory element)

- Logo (mandatory)
- Subject/Title (mandatory)
- Scope (mandatory)
- Contact Person & Division (mandatory)
- Original Date Adopted (mandatory)
- Latest Effective Date (mandatory)
- Review/ Revision Date (mandatory)
- Review Frequency (if applicable)
- Total Number of Pages (mandatory)
- BOH Approval Date (if applicable)

2. Purpose (mandatory element) identify the problem to resolve.

3. Policy: (mandatory element) Description of the actual policy, procedure, or guideline covering topics which include: duties assigned to responsible parties and other parties as necessary; other information specific to a particular subject as needed; and a description of the compliance review process and specific authority to impose penalties or other remedies when noncompliance occurs, if applicable.

4. Background: (optional element) States any pertinent background information for better understanding of the policy/ procedure/ SOG's purpose.

5. Procedures and Standard Operating Guidelines: (optional element) Description of the steps necessary to complete a task.

6. Citations: (optional element) Listing of documentation utilized to compile the policy/ procedure/ SOG's, unless directly stated within the document.

7. Contributors: (mandatory element) Listing of those parties that contributed to the policy/ procedures/ SOG.

8. **Appendices:** (optional element) A listing of other documents referenced in the policy and/ or if there is a list of something that needs to be updated regularly that is easier to update as a stand-alone document than if the whole policy/ procedure/ SOG needed to be revised and resigned.

9. **Reference Forms:** (optional element) These are forms that you may want to reference.

10. **Signatures:** (mandatory element) required for initial approvals and all subsequent reviews and updates.

- a. Board approved policies will be noted as approved in Board of Health meeting minutes and signed by the Health Commissioner as the Board of Health's official designee.

III. RETENTION OF SUPERSEDED HEALTH DEPARTMENT POLICIES, PROCEDURES, AND GUIDELINES

The Responsible Division is accountable for retaining these policies, procedures, and guidelines for at least three (3) years after they are superseded.

IV. CRITERIA FOR DECIDING WHETHER A POLICY IS A BOARD POLICY OR AN ADMINISTRATIVE PROCEDURE

| Policy | Procedure |
|------------------------------------|--|
| Widespread application | Narrow application |
| Changes less frequently | Prone to change |
| Usually expressed in broad terms | Often stated in detail |
| Statements of "what" and/or "why" | Statements of "how," "when" and/or sometimes "who" |
| Answers major operational issue(s) | Statements of "how," "when" and/or sometimes "who" |
| Addresses what is the rule | Addresses how to implement the rule |

- **May not require Board approval:**

These criteria are not binding but each refers to a situation or describes a type of policy that may not require Board approval but may instead be considered as an Administrative or Divisional Procedure that is appropriate for approval by the Health Commissioner.

1. The procedure applies to a specific division, program and function and does not have institution-wide significance.
2. The procedure may relate to a subject with institution-wide application but it is an internal operational procedure intended principally for employees.
3. The procedure may need to be changed quickly and/or on a regular basis because of changing circumstances, such as changes mandated by government regulations (compliance related procedures).
4. The procedure relates to a subject that is technical or requires specialized training or experience to develop and implement (medical, environmental, vital statistics, fiscal).
5. The procedure is a change designed to accommodate an efficient work flow.

- **May require Board approval:**

In deciding whether a particular policy should be approved by or reviewed for information with the Board or a committee of the Board, the Health Commissioner and the professional leadership team should consider the following factors. These criteria are not binding, but each refers to a situation where review and/or approval by the Board or a Board Committee may be appropriate.

1. The policy is required by law to be approved by the governing board (personnel manual, budget, fees, and salaries).

2. The Board approved an earlier version of the policy.
3. The policy relates to the fiduciary duties of board members (Conflicts of Interest of board members, budgets, contracts).
4. The policy relates to a subject that is addressed in the bylaws and/or reserved by the bylaws to the Board (delegation of authority).
5. The policy deals with issues of important reputational significance.
6. If it is important to demonstrate to external or internal constituencies that the Health District has approved the policy at the highest level.
7. The subject of the policy is one that is discussed with the Board on a regular basis (institutional risk management policies).
8. The policy relates to an important governance or oversight function (Policy on Policies).

CITATIONS

N/A

CONTRIBUTORS

The following staff contributed to the authorship of this document:

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APPENDICES

N/A

REFERENCE FORMS

N/A

SIGNATURES

Trish Factor, MPH, MCHES, CHEP
Health Commissioner

_____/_____/_____
Date