

Policy Authority, Distribution and Change

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Introduction

The Board shall govern and oversee the activities and affairs of SMDHU and shall superintend, provide or ensure the provision of health programs and services to the persons who reside in the Catchment Area, the prevention of the spread of disease and the promotion and protection of the health of the people in Ontario and perform the functions required under the *Health Protection and Promotion Act* and applicable laws.

Executive Committee is responsible for providing direction and leadership in the development of programs and services and for the effective management of human and fiscal resources. Vice Presidents are responsible for the strategic leadership, management and overall performance of their respective areas. Policies, procedures, guidelines and protocols are created at the governance, agency, service and program level to provide a framework for decision making that is consistent across the agency.

Purpose

1. To establish the authority for defining and modifying policies, procedures, protocols and guidelines.
2. To inform Simcoe Muskoka District Health Unit Board of Health members, employees, students, and volunteers of the authority for establishing policies, procedures, protocols and guidelines at each level of the organization and of the processes for the development, approval, distribution and change of these statements.

Legislative Authority

Health Protection and Promotion Act R.S.O. 1990.

Policy Definitions and Interpretation

Policy: A course or principle of action adopted or proposed by a government, party, business, or individual; the written or unwritten aims, objectives, targets, strategy tactics, and plans that guide the actions of a government or an organization. .

Procedure: A detailed, comprehensive account of what will be or was and how.

Protocol: The formal plan or set of procedures to be followed in implementing a plan, such as the sequence of steps in a research design, or the reduction and elimination of a health hazard.

Guideline: A formal statement about a recommended defined policy, function, or activity. There may be sanctions against those who violate the guidelines, but generally guidelines are more loosely structured than codes of conduct. Guidelines for the purpose of SMDHU

serve to ensure employees and students provide a level of service delivery that is consistent with agency expectations.

Standard: An established and accepted basis for comparison, a technical specification, results or findings from a recognized study.

Policy

The policies of the agency are in keeping with the overall direction of the Board of Health as reflected within its bylaw and its policies.

The Medical Officer of Health through the Executive Committee is responsible for establishing policies and procedures that provide support and further direction in the development of programs and services and the effective management of human and financial resources congruent with professional standards, labour relations requirements, relevant legislation (including the Health Protection and Promotion Act), prescribed regulations and the Ontario Public Health Standards. Changes to these policies and procedures must be approved by Executive Committee.

Vice Presidents are responsible for establishing policies, procedures, protocols and guidelines to complement agency level policies and further support the management, direction, planning, delivery, monitoring and evaluation of the programs and services provided within their respective departments .

The Medical Officer of Health, as the Chief Executive Officer of the health unit, has the authority, with the support of Executive Committee; to make exceptions to agency approved Policies and Procedures on a case by case basis.

Policies, procedures, protocols and guidelines established will be accessible to all staff. Employees are responsible for understanding and acting in accordance with these policies, procedures, protocols and guidelines.

Board, agency and department level policies, procedures, protocols and guidelines are not to be construed as invalidating a Collective Agreement. Where discrepancies exist, the provisions of a Collective Agreement shall take precedence for staff bound by that Agreement.

Health unit management is responsible for administering these policies, procedures, protocols and guidelines in a consistent and impartial manner.

Human Resources are responsible for the coordination of board and agency level policy and procedures development, review, distribution and document management. Administrative Coordinators are responsible for this process at the department level.

Policies, procedures, protocols and guidelines issued under the authority of Executive Committee and Vice Presidents are reviewed at least every 5 years and updated as required. Records of review and revision along with archival copies of policy and procedures are maintained in accordance with the approved records retention policy.

Procedures

A. Policy Development or Revision (See also Appendix A)

1. Identification of the need for a new policy or a revision to an existing policy can be generated by anyone in the organization from staff through to Board of Health. The

request is forwarded through the management structure to the appropriate department Vice President.

2. Requests for creation or revision of department level policies follows the same process as identified in #1 above. If the Vice President determines that the request for policy creation or revision is at the agency or board level, the Vice President summarizes the key issues for review by the Medical Officer of Health
3. The lead Vice President develops a briefing note with rationale for policy creation or revision and proposes specific policy statements and relevant procedures and shares with Executive Committee and also with Human Resources for their feedback at least one week in advance of the Executive Meeting.
4. Executive Committee reviews the recommendation for the policy, defines the scope of consultation required and endorses if and when policy statements are to be shared for consultation.
5. The lead Vice President makes any required revisions to the policy and procedures in accordance with parameters established by Executive Committee and circulates to Executive Committee.
6. When the Executive Committee requires consultation Vice Presidents undertake consultation based on parameters defined by Executive Committee.
7. Vice Presidents summarize feedback from consultation with their staff that they are in agreement with in an email to the Lead Vice President providing clear and specific recommendations for changes to the circulated draft policy and procedure.
8. The lead Vice President takes the feedback under advisement and if deemed appropriate redrafts the policy and brings forward to Executive Committee for approval. If deemed necessary by the lead Vice President, any major feedback issues for discussion are brought to Executive Committee prior to redrafting the policy, followed by Executive approval where Executive authority exists, or for endorsement to bring forward to the Board of Health for approval.
9. The date for implementation of a new or revised policy is determined by Executive Committee along with the process and timelines for communication to staff. Accordingly, Executive will determine which policies require formal employee orientation and confirmation and those that require only employee notification.
10. Where Board of Health approval is required, the Medical Officer of Health in consultation with the Board of Health Chair brings the policy forward for Board of Health approval.

B. Policy Review

1. Human Resources creates a schedule for the review of agency and board level policies and procedures at least every 5 years At the department level, the Vice President, or designate will create a schedule for the review of service level policies at least every 5 years.
2. Request for review and revision are processed in accordance with Procedure A above.

C. Policy Finalization, Posting and Records Management

1. The Executive Assistant forwards approved policies and procedures to Human Resources along with the name of the lead Vice President and copies Executive Committee members to allow for time for orientation and policy acknowledgement where required with their Management team within the following 4 weeks.
2. Following the Executive Assistants announcement to HR and Executive of the new policy, the lead Vice President shall provide the HR Generalist with a summary of the policy changes in order for HR to draft an employee notification e-mail.
3. Human Resources ensure that the policy is finalized, formatted, assigned the appropriate policy number and posted to the Intranet by the Administrative Coordinator Program Foundations and Finance and Human Resources and Infrastructure.
4. The Administrative Coordinator Program Foundations and Finance and Human Resources and Infrastructure is responsible for managing the current and archived records of board and agency policies and procedures.
5. Human Resources will advise all employees though e-mail of the changes incorporated within the revised policy or the rationale and purpose of new policies. Human Resources will note in the e-mail to all employees whether formal staff orientation and acknowledgment is required for the policy. (see appendix A).
6. Once the above steps have been implemented advising employees of the new/revised policy, management will then initiate the coordination of the orientation of their employees to the policy where the policy is one which Executive has determined requires formal employee orientation and confirmation of such orientation.
7. The Administrative Coordinator in each service area is responsible for populating the Employee Acknowledgement Form with the names of the team members (see Appendix C).
8. Management is responsible for providing applicable orientation to new or revised Agency policies for all of their respective employees including new hires. After each employee orientation a copy/update of the Employee Acknowledgement Form will be forwarded to the Administrative Coordinator to ensure an accurate record is kept of all orientated employees in the department. Where an employee has missed the initial orientation session they may be subsequently orientated either by phone or e-mail and in both cases an e-mail from the employee acknowledging confirmation of their orientation to the policy must be attached to the Policy Acknowledgement Form and forwarded to the Administrative Coordinator.
9. The Administrative Coordinators shall ensure the coordination of all staff policy acknowledgment forms and the forwarding of such acknowledgment forms for filing to Human Resources to ensure that Human Resources has an accurate and up to date record of all orientated employees..

D. Service Level Policies

1. The Administrative Coordinator of each department will ensure that the department policy is finalized, formatted, assigned the appropriate policy number and posted to the Intranet in the respective department section.
2. Department Management is responsible for providing applicable orientation of service level policies to their respective employees.

3. The Administrative Coordinator is responsible for managing the current and archived policies and procedures of the respective department.
4. The Administrative Coordinator will advise all department employees through e-mail of the changes incorporated within the revised policy or the rationale and purpose of new policies.

Related Policies

Protocol and Guideline Policy GEN0104

Appendix

[Appendix A - SMDHU Agency Policy and Procedure Development and Approval Process](#)

[Appendix C- Employee Acknowledgement Form](#)

Related Forms

Final Approval Signature: _____

Review/Revision History:

2000-06- 07 Revised

2005-04-01 Reviewed

2006-11-15 Revised

2008-07-28 Revised

2010 – 09 Policy Number Change – previous number B1.010

2010-12-08 Revised

2012-05-09 Revised

2013-06-12 Revised

September 30, 2020 Revised VP and Department