

## ***Protocol & Guideline Policy***

<b>Reviewed Date</b>		<b>Number</b>	<i>GEN0104</i>
<b>Revised Date</b>	<i>June 8, 2011</i>	<b>Approved Date</b>	<i>April 23, 2003</i>

### ***Introduction***

The Simcoe Muskoka District Health Unit (SMDHU) is required to deliver a variety of Public Health programs and services to the residents of Simcoe County and the District of Muskoka. In order to facilitate the delivery of those programs and services, SMDHU protocols and guidelines are developed to support employees and students of SMDHU in their work with individuals, families, groups, and the community. Protocols and guidelines organize vast amounts of best practice information and lead applicable employees and students through the process of data collection, assessment, decision-making and intervention.

### ***Purpose***

The purpose of this policy is to inform SMDHU Board of Health members, employees, students and volunteers of the process to be used in the development, revision, orientation and implementation of agency protocols and guidelines. Agency protocols and guidelines are applicable to more than one program across services. These documents serve to ensure employees and students provide a level of service delivery that is consistent with agency expectations.

### ***Legislative Authority***

Health Promotion and Protection Act (1990)

Ontario Public Health Standards (2008)

Regulated Health Professions Act (1991)

### ***Policy Definitions and Interpretation***

***Agency Guideline:*** A guideline provides information and interventions that support SMDHU employees by establishing parameters for public health practice. Guidelines provide consistent health promotion and disease prevention messages that are endorsed by the agency. They enable staff in providing current, evidence-based information to the public and provide baseline information that assists with practice and documentation. Employees use their knowledge and judgment to select the most appropriate interventions.

***Agency Protocol (GEN0102):*** “A protocol delineates the course(s) of action to be taken in responding to an identified health problem or health concern for certain groups of clients under specific conditions or circumstances. The protocol standardizes the performance of care or service and ensures constant provision of consistent, quality response based on knowledge of best practice. Protocols are authorized by the Leadership Designate(s) for the profession(s) to whom the protocol applies. This ensures that the prescribed actions fall within the scope of practice for the profession(s) identified. Protocols are approved by the Medical Officer of Health or designate.”

Protocols establish parameters for public health practice, are a risk management safeguard, and support appropriate employees and students in their practice where assessment reveals: (1) an identified health concern is being experienced by the client(s), (2) the health concern presents a high level of risk to the client, and (3) the risk to the client is imminent.

**Client:** An individual, family, group or community who seeks the service of the public health professional.

**Lead Program Manager:** The program manager who initiates and coordinates a specific protocol or guideline development and revision.

### **Policy**

It is the responsibility of directors and/or their designate to ensure the development, orientation and implementation of agency protocols and guidelines. Agency protocols and guidelines will be provided to employees and students to support practice in the implementation of the health unit mandate, utilizing the agency SMDHU Protocol & Guideline Form. Where agency protocols and guidelines exist, it is a requirement that they are utilized by employees and/or students in their practice as authorized by the director and/or their designate.

### **Procedures**

#### **Agency Protocol and Guideline Creation**

Program managers and/or staff identify the need based on the presence of at least one of the following criteria if deemed appropriate and applicable:

- a) a gap in knowledge;
- b) conflicting information from a variety of sources (inconsistent messaging);
- c) new information and/or legislation;
- d) provision of an agency stance or expectation; and
- e) to define scope of practice.

The *Lead Program Manager* is responsible for ensuring that:

1. Agency protocols and guidelines are developed with due consideration of organizational impact and consultation with the appropriate stakeholders (e.g. program managers, leadership designate).
2. Draft agency protocols and guidelines are developed based on current knowledge and reflective of best practice.
3. The SMDHU Agency Protocol & Guideline Form GEN0104 (F1) is utilized.
4. An annual review of protocols occurs.
5. The baseline frequency for review of guidelines is determined.
6. Draft/revised agency protocols or guidelines are distributed to all relevant agency program managers and supervisors for review and feedback within an identified timeframe.
7. Feedback is incorporated into the draft agency protocol or guideline.
8. Agency protocols or guidelines are then forwarded to the leadership designate for review and feedback within an identified timeframe.

The *Leadership Designate* is responsible for ensuring that:

Agency protocols or guidelines are within the scope of practice of their specified profession.

The *Program Manager* is responsible for ensuring that:

1. Feedback related to the draft agency protocols or guidelines is submitted to the Lead Program Manager within the specified timeframe.
2. Any required resources and/or equipment is available that is specified as a requirement within the protocol and/or guideline.
3. Agency protocols and guidelines that staff are expected to apply are identified under the “staff to whom the Protocol or Guideline applies” section of the SMDHU Protocol & Guideline Form GEN0104 (F1) with service director approval.

### **Agency Protocol and Guideline Approval**

The *Lead Program Manager* is responsible for:

#### **Agency Protocols and Guidelines:**

1. Finalizing and obtaining approval of the agency protocol or guideline through the forwarding of the agency protocol and/or guideline to the applicable service director for review.
2. Providing a minimum of 2 weeks advance notice to leadership designate of a pending agency protocol or guideline review.
3. Forwarding the agency protocol or guideline and SMDHU Protocol & Guideline Approval Form GEN0104 (F2) to the leadership designate(s).
4. The Lead Program Manager will notify other relevant program managers when the protocol or guideline has been approved for use.

The *Leadership Designate* will endorse and return the agency protocol or guideline to the Lead Program Manager within 2 weeks of receipt or as otherwise negotiated.

#### **Agency Protocol only:**

1. The finalized protocol is forwarded to the Medical Officer of Health (MOH) or designate for feedback following the completion of all previously identified procedures.
2. This feedback is then forwarded to the Lead Program Manager where it is incorporated into the protocol/guideline.
3. Based on the MOH or designate feedback, if there is a significant change that may impact on scope of practice, the program manager will review the changes to the protocol with the Leadership Designate.
4. Once MOH feedback is incorporated into the protocol, the final version is forwarded to the applicable service director for final review and approval.
5. The service director upon final review will forward the protocol back to the Lead Program Manager.
6. The Lead Program Manager will submit the final protocol along with the SMDHU Protocol & Guideline Approval Form GEN0104 (F2) to the MOH or designate for final approval.
7. The MOH will endorse the protocol within 2 weeks of receipt and return a copy back to the Lead Program Manager. The original is retained in the Office of the MOH.

### **Agency Protocol and Guideline Revisions**

1. Staff, managers and/or leadership designates will identify new information or knowledge that may have an impact on practice to the lead program manager for the protocol or guideline.
2. Where changes in information may have a significant impact on practice (e.g. legislative changes, mortality or morbidity), revisions should be initiated as soon as possible to ensure the application of current information.
3. Criteria when reviewing protocols or guidelines may include but are not limited to:
  - a) literature review;
  - b) review of current references;
  - c) review of agency position; and
  - d) professional roles/responsibilities.
4. If revisions are required, once the draft is developed the procedures for protocol or guideline creation and approval are to be followed.

### **Authorization to Apply Agency Protocols**

1. Use of an agency protocol by staff within a program is enabled by the program manager through program level policy in a program guidebook, manual, policy or procedure.
2. The program manager is responsible for initiating, updating and maintaining a list of staff authorized to use protocols. A copy is retained in the applicable service area with the service administrative coordinator. The administrative coordinator will forward the list of staff authorized to use protocols to the office of the MOH.
3. The list of staff authorized to use protocols is retained in the office of the MOH.

### **Orientation to Agency Protocols and Guidelines**

1. Program manager or designate will introduce and orient staff to all new and revised agency protocols and guidelines that apply to their staff's responsibilities as identified in the Agency Orientation check-list.
2. Annual staff education is a requirement for continued authorization to use protocols.
3. While provision of education is the responsibility of the program manager, there exists a shared responsibility on the part of management and staff to address ongoing educational needs related to implementation of agency protocols and guidelines. An annual review of guidelines is highly recommended.
4. The program manager will ensure that the Protocol Orientation and Use Form GEN0104 (F3) has been read and signed by the staff/student and provided to the Service Area Administrative Coordinator.
5. The Service Area Administrative Coordinator will forward the forms to Human Resources for filing in each individual's personnel file.

### **Employee and Student Responsibilities For Agency Protocol and Guideline Implementation**

1. Review agency protocols and guidelines.

2. Integrate and/or implement appropriate agency protocols and guidelines into their practice.
3. Share responsibility with management to address ongoing educational needs related to implementation of agency protocols and guidelines.

### **Documentation**

The staff member utilizing an agency protocol/guideline must document his or her actions in accordance with agency, service and program policies, and as required through professional standards.

Agency protocol documentation is to include:

1. the assessment or situation that led to the implementation of the protocol,
2. the specific protocol that was implemented,
3. any follow-up evaluation/action required.

A staff member choosing to intervene with a client in a manner different than that outlined in an approved protocol shall clearly document the rationale for that decision and actions taken.

Agency guideline documentation is to include:

1. the assessment or situation that led to the utilization of the guideline,
2. the name of the specific guideline that was referenced,
3. a detailed description of specific intervention/s provided, or if particular portions of the guideline were addressed, identify by section title what section/s of background information and/or intervention/s were covered in entirety in providing service,
4. any follow-up evaluation/action required.

### **Records Management**

1. When a protocol is updated and approved, the Office of the MOH maintains the original signed copy in paper form.
2. When a guideline is updated and approved, the Administrative Coordinator of the applicable service area maintains the original and any subsequent versions
3. Historical versions of protocols and guidelines are to be maintained on file for 20 years following the date of approval. The Lead Program Manager is responsible for overseeing archiving of retired versions of guidelines.

### **Lead Service Area Administrative Coordinator**

1. Ensures that the protocol or guideline is posted to the service area intranet by the Administrative Coordinator.
2. Maintains the master file of all electronic copies of each protocol and guideline based on records management policy and ensures that historical versions are archived and maintained in accordance with agency policy.

### **Executive Assistant to the MOH**

1. Maintains current and archived copies of the original endorsed protocols.
2. Maintains current list of staff authorized to use protocols

***Related Policies***

GEN 0102 Definitions  
GEN 0103 Guidebooks  
GEN 0105 Directives/Standing Orders  
Nursing Documentation Manual (current)

***Related Forms***

SMDHU Agency Protocol & Guideline Form GEN0104 (F1)  
SMDHU Protocol & Guideline Approval Form GEN0104 (F2)  
SMDHU Protocol Orientation and Use Form GEN0104 (F3)

***Final Approval Signature:*** \_\_\_\_\_

Review/Revision History:  
Revised June 8, 2011