

Protocol and Guideline Policy

Reviewed Date		Number	GEN0104
Revised Date	May 28, 2025	Approved Date	April 23, 2003

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 SMDHU protocols and guidelines. Agency protocols and guidelines are applicable to more than one program across departments, whereas department protocols and/or guidelines are applicable to one or more program(s) within a specific Department. Guidelines and protocols may also be established at the program level. These documents serve to ensure employees and students provide a level of service delivery that is consistent with agency, department, and/or program expectations.

Legislative Authority

Health Protection and Promotion Act (1990)
Ontario Public Health Standards (2021, or as current)
Regulated Health Professions Act (1991)

Policy Definitions and Interpretation

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. Guidelines are approved by the Lead Program Manager.

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 the development and revision of a specific protocol or guideline.

Policy

It is the responsibility of department vice presidents and/or their designate(s) to ensure the development, orientation and implementation of protocols and guidelines. Protocols and guidelines will be provided to employees and students to support practice in the implementation of the health unit mandate, utilizing the SMDHU Protocol & Guideline Form GEN0104 (F1). Where protocols and guidelines exist, it is a requirement that they are utilized by employees and/or students in their practice as authorized by the vice president and/or their designate.

Procedures

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. 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 protocols and guidelines are developed based on current knowledge and reflective of best practice.
3. The SMDHU Protocol & Guideline Form GEN0104 (F1) is utilized.
4. Draft protocols or guidelines are distributed to all relevant Program Managers for review and feedback within an identified timeframe.
5. Protocols or guidelines are then forwarded to the leadership designate for review and feedback within two weeks of receipt, or as otherwise negotiated.

The *Leadership Designate* is responsible for ensuring that:
Agency protocols or guidelines are within the scope of practice of their specified profession.

Program Managers are responsible for ensuring that:

1. Feedback related to the draft protocols or guidelines is submitted to the lead Program Manager within the specified timeframe.
2. Any required resources and/or equipment are made available for their respective program, as specified as a requirement within the protocol and/or guideline.
3. 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 Vice President approval.

Protocol and Guideline Approval:

The *Lead Program Manager* is responsible for:

1. Finalizing and obtaining approval of the protocol or guideline through the forwarding of the protocol and/or guideline to the applicable department Vice President(s) for review.
2. Forwarding the protocol or guideline and SMDHU Protocol & Guideline Approval Form GEN0104 (F2) to the leadership designate(s).
3. Notifying 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.

Protocols only:

1. The finalized protocol is forwarded to the Medical Officer of Health (MOH) or designate by the lead Program Manager 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 Vice President for final review and approval.
5. The Vice President 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 back to the Lead Program Manager. The original is retained in the applicable department.

Protocol and Guideline Revisions:

1. Protocols and guidelines are reviewed and revised as needed, or every two years at minimum.
2. Staff, Program 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.
3. 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.
4. 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.
5. 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.
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 department by the Administrative Coordinator.

Orientation to Protocols and Guidelines

1. The Program Manager or their designate will introduce and orient staff to all new and revised protocols and guidelines that apply to their staff's responsibilities as identified in the Agency Orientation checklist.
2. Continued 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. Review of protocols and guidelines is highly recommended on an as-needed basis, and every two years at minimum.
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 Department Administrative Coordinator.
5. The Department 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, department, and/or program protocols and guidelines.

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

Documentation

The staff member utilizing an agency protocol or guideline must document their actions in accordance with agency, department and/or program policies, and as required by professional practice 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 respective department maintains the original signed version.
2. When a guideline is updated and approved, the Administrative Coordinator of the applicable department maintains the original electronic copy 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 Department Administrative Coordinator

1. Ensures that the protocol or guideline is posted to the department intranet.
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.

Related Policies

GEN 0102 Definitions

GEN 0103 Guidebooks

GEN 0105 Directives/Standing Orders

Nursing and Nutrition 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

Revised May 28, 2025