HARFORD COUNTY HEALTH DEPARTMENT POLICY

Title of Policy: Policy on Policies	
Program Area: All Areas	
Approved By: *Susan Kelly* Susan Kelly, Health Officer	Original Effective Date: 11/15/13 Revised Dates:

1.0 POLICY

Harford County Health Department (HCHD) policies are tools used to guide employees in the performance of their work, enabling them to achieve a desired set of outcomes. HCHD procedures are instructions on what to do and how to do it, in accordance with the policy statements. Policies must undergo a formal development and review process, and require the Health Officer's signature. HCHD policies have the benefits of being applicable Department-wide to all HCHD employees; of being recognized as the official Departmental position on an issue as approved by the Health Officer; and of being easy to understand, concise, user-friendly, and written in plain-English.

2.0 PURPOSE

The purposes of this policy are to set forth a process for policy development, to define what is meant by the term "policy," to establish a format for policies, and to distinguish the differences between a guideline, protocol, or standard and a policy.

3.0 PROCEDURES

3.1 DEFINITIONS

"Guidelines, protocols, and standards" are documents that are plans of action and/or decision making to be used internally by a component of HCHD. These documents may not apply to all HCHD employees, but those employees who are under the authority of the supervisor who authorized the documents, or those who are using the services provided by that unit, e.g., guidelines for completing an application, lab test protocols, accounting standards.

"Policy" means a plan of action and/or decision-making to be used by HCHD employees and management when encountering certain issues or conditions that are of such significance that a desired outcome has been prescribed. A policy may be developed without developing an accompanying procedure.

"Procedure" means a step-by-step process of interactions between designated individuals for the purposes of carrying out an HCHD policy. Procedures are developed when a policy requires clarification or instructions for compliance.

"Responsible Unit" means the component within HCHD that has the lead for facilitating and/or monitoring the actions outlined in a specific policy.

"Non-substantive changes" are policy edits that are not intended to change the meaning of the policy but are necessary for correctness, accuracy, organization, consistency, and

usefulness including changing the software application (MS-Word, Adobe PDF, HTML), the format (margins, indents, bullets, etc.), fonts (New Times Roman, caps, bold), punctuation, spelling, paragraph and outline numbering, pagination, hypertext links, and reference citations.

3.2 GENERAL

    3.2.1   The Health Officer is responsible for the operation of the Department. HCHD policies are established under the authority of the Health Officer to promote the orderly and efficient administration of the Department. HCHD policies are tools for employees and supervisors to use to obtain the Department's desired results.   The Health Officer must approve all policies before they can be instituted and can request revision at any time of policies.

    3.2.2   Unlike laws and regulations, HCHD policies do not require legislative review. Unlike procedures, guidelines, protocols or standards, HCHD policies require the signature of approval of the Health Officer, and may be applicable to any or all HCHD programs, employees, agents, grantees, contractors, etc.

    3.2.3   In recognition of the need for flexibility and accommodation of extenuating circumstances, individuals or HCHD components may request a waiver from a policy.

    3.2.4   HCHD policies are to be user-friendly, written in plain English, and contain only minimum essential technical, medical, legal or scientific terminology.

    3.2.5   The Division Director or an appointed representative of the HCHD unit primarily responsible for the subject of the policy is also responsible for developing the draft document and for submitting it to the Compliance Officer in both paper and electronic format.

3.3 DEVELOPMENT

    3.3.1   When an employee has determined that a new policy is needed, he/she will first prepare and submit a Proposal of Policy Development (POPD) to the applicable Director of the Division for approval. If the Director of the Division is the initiating source, the proposal can be completed and submitted directly to the Compliance Officer. The Compliance Officer will review the POPD for the following criteria:

- Is the subject of the proposed policy one that affects programs or employees of more than one unit?
- Does the policy issue require the authority and approval of the Health Officer in order to be effective?
- Is a formal policy necessary to assure compliance or protect the liability of the Department?

3.3.2 After the Proposal of Policy Development has been approved by the Director of the Division, a preliminary draft copy of the proposed policy will be submitted to the Compliance Officer who will assign a policy number, enter the policy into the index database and the policy status listing, and review the preliminary draft document.

3.3.3 After initial review, the Compliance Officer will recommend changes on a mark-up copy of the draft policy, returning it to the initiating unit for review. The responsible unit representative and the Compliance Officer will work collaboratively to facilitate and expedite policy development. Once agreement has been reached on the content and format of the policy, the Compliance Officer will place the draft document in a policy review folder with the supporting documentation to begin the review and approval process.

3.3.4 The responsible unit will provide the necessary policy research including all relevant hypertext links and reference citations, especially the relevant Annotated Code and COMAR links.

3.3.5 In developing an HCHD policy, consideration should be given to comparable policies in other Maryland agencies (including the Department of Health and Mental Hygiene), other states, or other government units. A search of the Maryland Annotated Code, COMAR, and other internet resources would typically be accomplished during the development stage.

3.3.6 HCHD policies should be consistent with Department of Health and Mental Hygiene (DHMH) policies and when applicable, DHMH policies will be used.

3.3.7 The Compliance Officer will review the policy with the Director of Administration to determine if the policy needs to be approved by legal counsel in case any liability issues might exist or if the policy has a legal impact which requires such review.

3.4 FORMATTING
3.4.1 Policies are to be formatted to optimize the electronic/online versions while also providing convenience and organization to printed versions. A template will be available upon request and located on the HCHD Intranet. (http://hchd-web/policies/) Since converting word-processor documents to a web compatible format currently may result in some distortion, care must be taken to assure the integrity of both views of the policy, so that the content is consistent, if not the exact appearance. It is also possible that online appearance of a document may vary from one computer to the next, depending on the setup and the software used, therefore, formatting standards are intended for the MS-WORD version as follows:

- Use 8 ½" x 11" paper, portrait view, with *Normal* margins (1" margins on top/ bottom, and 1" on left /right margins.

- The first page will include a standard policy header and footer, the latter of which may later be omitted in some electronic versions.

- On subsequent pages, the format for policies will include a standard footer on each page. These may be omitted in electronic versions.

Header: (Initial page only)

HARFORD COUNTY HEALTH DEPARTMENT POLICY

Title of Policy: (30-40 characters)	
Program Area:	
Approved By:	Original Effective Date:
Susan Kelly, Health Officer	Revised Dates:

Footer:

HCHD Policy # (policy number)   **Page__ of __**

    3.4.2   Style Standards:

- Fonts – The standard font will be Times New Roman 12-point-regular, with variations used by the Compliance Officer for emphasis and convenience, as needed.

- Style standards do not apply to addenda and attachments.

- All policies must contain the following sections:
  - **Policy** – Usually written last, this is a concise but general synopsis of the Procedure Section. All significant issues addressed in the policy are to be mentioned here, but also need to be addressed in detail in the Procedure section.

  - **Purpose** – This portion should be the rationale and reasoning for the policy. It should outline the outcome for the policy.

  - **Procedure** – This section should explain an organized, hierarchic listing of definitions (optional), roles and responsibilities, principles, instructions, processes, considerations, standards, or other components of a plan to deal with the issue.

  - **(Optional)**

- **Definitions** – Specific vocabulary and specialized terms may be included in a Definitions section when necessary.
- **References** - A bulleted, alphabetical listing of laws, COMAR, publications, and information resources from which the policy is derived, or that are cited in the policy, with brief descriptions. Hypertext links to online references are to be included whenever available.
- **Addenda, Exhibits, Appendix, etc. -**
  - Essential supplementary data, forms, tables, listings, spreadsheets, letters and other documents which support the policy statements and which are placed at the end to maintain the continuity of the policy statements.
  - Other directives, laws, regulations, glossaries, dictionaries, etc. are not to be included in text as part of the policy, but may be incorporated by reference, and electronically connected by hypertext links.

3.4.3 Policies must be kept brief and user-friendly, but may be incorporated into comprehensive HCHD manuals or handbooks, such as a New Employee's Handbook. Care must be taken by the responsible unit to assure that the policies so incorporated are kept up to date.

3.4.4 Division Directors/Program Managers may issue guidelines or protocols that link to HCHD policies for user convenience, but are not to post any separate copies of HCHD policies on web sites. This requirement is necessary to ensure that obsolete copies of policies are not left online, and are not confused with the official versions.

3.4.5 **Vocabulary -**
- HCHD policies are intended to be user-friendly, and therefore, need to be easily understood and usable by all affected HCHD employees.

- To the extent possible, HCHD policies are to be written in plain English, with minimal legal, medical, scientific, technical, or foreign expressions.

- Whenever legal, scientific or technical terminology is essential, a plain-English paraphrase will be provided.

- Both vocabulary and word meanings are to be consistent with other HCHD policies, unless a special definition is needed and a new meaning is emphasized.

- Common abbreviations (such as HCHD) may be used for brevity purposes, if first printed in full, and if not used repeatedly with other abbreviations or acronyms.

3.4.6 **Content -**
- Policy titles are to be succinct and descriptive, clearly indicating the explicit subject and scope of the policy at a glance, without elaborate and detailed delineation or qualification. When long titles cannot be avoided, a short title **(30-40 characters)** might be provided for listing and quick-reference purposes. Older policy titles must conform to this requirement when updated.

- In determining the level of detail of a policy, consideration must be given to which employees will be the end-users, their expected level of expertise with the subject matter, and what they will need to know to carry out the policy. Detailed, technical, or complicated instructions may better be conveyed through non-policy directives such as protocols, manuals, etc.

- Procedures, rather than policies, are to be used to provide detailed instruction on how processes should be completed.

3.5 **PROCESSING**
3.5.1 All policies (new, revisions, deletions) will first be approved by the Division Director and then begin the approval/review process, by submission to the Compliance Officer.

3.5.2 For new policies, the Compliance Officer will assign a Policy Number/code using:
- a Division abbreviation
- a 2-digit number coordinating to the office/subdivision or program
- a second 2-digit number denoting a sequential identifier for differentiation

Coding Guide

Division Abbreviation	Subdivision/Program Code
ADMIN - Administration	00 - denotes no subdivision/program or multiple subdivisions/programs
	01- Budget & Reimbursements
	02 - Information Technology
	03 - Human Resources
	04 - Dental
	05 - Procurement
	06 - Vital Records
	07- Compliance
	08 - Health Policy

Cont.

Coding Guide cont.

Division Abbreviation	Subdivision/Program Code
EPR - Emergency Preparedness and Response	
CC - Care Coordination and Outreach	
	01 - ACCU - Administrative Care Coordination Unit
	02 - AERS - Adult Evaluation and Review Services
	03 - IPO - Improved Pregnancy Outcomes (Systems Review Process)
	04 - MAPC - Medical Assistance Personal Care
	05 - MCHP - Maryland Children's Health Program/Assisters
CHS - Clinical Health Services	
	01- Communicable Diseases
	02 - HIV/AIDS
	03 - Women's Wellness
SW - Social Work	
	01- Teen Diversion
	02 - Infants and Toddlers
	03 - School Based Health Centers
EH - Environmental Health	
AS – Addictions Services	
WIC – Women, Infants & Children	

3.5.3 The Compliance Officer and Division representative will collaborate and refine the policy, the Division representative will resubmit to their Division Director for final approval and then the Compliance Officer will put together a Review Packet including the Proposal, Mark-Up Copy, supporting documentation, and a feedback form to the Health Officer for review and approval.

3.5.4 **Review of Policies**-
All policies must be reviewed at least every 5 years. The review process can be expedited and may come at the request of the Health Officer, Deputy Health Officer, Director of Administration, Compliance Officer or the Division Director.

To facilitate processing, the Compliance Officer may make non-substantive, grammatical, or organizational changes to the policy, as needed, at any stage of policy development.

3.5.4.1 E-Mail Review-
To minimize review time, copies of the latest draft will be e-mailed to Directors of all programs affected by the policy with a request

for comments and suggestions to be submitted generally within a week, a lack of response/comments indicates approval. The Compliance Officer and Division representative(s) will work collaboratively to address issues and modify the draft where necessary. The comments will be compiled and presented to the Director of Administration, Deputy Health Officer and Health Officer as part of the review package.

3.5.4.2 Routine Update Review-
For policies that are being revised but don't include major changes from the current policy, review/approval requirements shall be limited to the responsible Division Director before being submitted to the Health Officer for signing.

3.5.5   To facilitate processing, the Compliance Officer may make non-substantive, grammatical, or organizational changes to the policy, as needed, at any stage of policy development.

3.5.7   **Tracking System -**
The Compliance Officer, in order to monitor the location and status of each policy folder particularly during the review process, will use an internal tracking system that indicates location and past-due responses.

- A current policy list will be maintained on the HCHD Share S: Drive. Access to the Administrative Policy Folder on the Share Drive will be restricted so that no unauthorized changes are made.

3.6   **IMPLEMENTATION**
3.6.1   The Health Officer will sign all policies. Acceptable forms of signature include: hand-written, scanned jpg. version of signature and electronic signatures. Policies will not be implemented or posted until final approval indicated by the signature is received. Original signed copies will be maintained by the Compliance Officer.

3.6.2   **Conversion to HTML / PDF –**
- The policy will be converted to HTML or Adobe PDF, proofread, then placed on the HCHD Policy Page on the HCHD Intranet (http://hchd-web/policies/).

- The HCHD Web Team will assure that the appearance of the online version approximates the original document as closely as possible, including page breaks, so as to allow referencing by page number and paragraph, etc.

- Once the policy has been placed on the policy web page, an e-mail notification will be sent to all HCHD Division Directors, Deputy Health Officer and Health Officer with a hypertext link to the online policy and an attached copy of the final policy. The Health

Officer, Deputy Health Officer and Division Directors will distribute the policies to their staff, as appropriate.

3.6.3 **Shared Drive Copy** -
An MS-Word version and an Adobe Acrobat PFD version of all new or updated policies will be placed in the "CURRENT -approved" folder located in the Administrative Policy Folder in the Policy folder on the HCHD network Shared "S:" Drive. Access to this folder will be restricted so that unauthorized changes are not made to Word versions of the policies.

3.6.4 **Accessibility -**
All staff will be able to access the Policies and Procedures. The Compliance officer will ensure that only updated versions of the Policies and Procedures will be posted to the HCHD Intranet. For programs that do not have access to the HCHD Intranet, electronic version of the policies will be disseminated via email. Employees will be encouraged to maintain a paper copy of updated policies at their site location and can always inquire for policies via email to the Compliance Officer.

3.6.5 **Paper (Hard) Copies**-
Divisions and programs will be encouraged to print and house paper copies of policies relating to their employees for easy retrieval and review.

3.6.6 One hardcopy HCHD Policy Manual will be maintained by the Compliance Officer.

3.6.7 A hardcopy HCHD Policy file for each individual policy will also be maintained by the Compliance Officer.

- The original policy packet with Review/Authorization sign off sheet, and documentation will be kept as a permanent record by the Compliance Office, including the official, signed copy of the policy.

- The working file for policies in-progress will be purged of duplicate and unneeded information upon completion of the review process. This supplemental information (non-record material) will be maintained alphabetically, by subject, for convenience.

3.7 **COMPLIANCE AND ENFORCEMENT**
3.7.1 **HCHD Employees' Responsibility**
- The HCHD policies are guidance documents for HCHD employees to enable them to accomplish desired outcomes in the course of the performance of their duties.

- All HCHD employees are responsible for maintaining awareness and familiarity with the policies that affect their job performance, and to comply with them.

3.7.2 Supervisors' Responsibility
- HCHD Policies are also guidance for supervisors, providing authority for management and designating responsibility. Supervisors are responsible for making their employees aware of applicable policies.

- Supervisor's evaluation of employee performance (PEP) should include the application of and compliance with HCHD policies.

3.7.3 Compliance Officer's Roles
- The Compliance Officer will act as the Policy Administrator.

- The Compliance Officer's responsibilities include monitoring HCHD units' compliance with policies.

- As one criterion of the audit process, the HCHD Compliance Officer will monitor adherence to policies by those HCHD units being audited and note discrepancies that are to be corrected in their audit reports.

3.8 **PROCEDURES, GUIDELINES, PROTOCOLS, AND STANDARDS**

3.8.1 Procedures, guidelines, protocols, and standards are tools for employees to use to carry out a specific aspect of a program's function. Some common examples of non-policy guidelines are testing protocols, directions for completing forms, and admissions processing procedures.

3.8.2 These directives are established internally by the supervisor of the affected division. The Health Officer's approval is not required on these documents since they are applicable only to the operation of a specific program.

3.8.3 Procedures, guidelines, protocols, and standards may be in any format approved by the initiating division, and may include other State or Federal directives applicable to that function.

3.8.4 If the procedures, guideline, protocol, or standard extends to divisions or functions outside the responsible division, placing requirements on other programs and their employees then a policy is required, including the approval of the Health Officer, and the document is to be developed as stipulated in this policy.

4.0 ADDENDUM
Proposal of Policy Development (POPD) – see attached

Proposal of Policy Development (POPD)

Number:	(assigned by the Compliance Officer)
Policy Proposal Name:	(No more than 30-40 characters if possible)
Author:	a. name b. email c. division
Proposal Version:	(assigned by the Compliance Officer)
Submission Date:	Date Received
Approved by:	Division Director
Proposal Type:	a. new, modification or deletion
Policy Term:	a. Temporary (time period) b. Indefinite
Rationale:	a. Arguments supporting the proposal b. Arguments opposing the proposal

Summary of proposal:

Policy Text:
      a. Current policy text (if modification)
      b. New policy text