

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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<b>Policy Name:</b>	DPH Policy Creation, Review and Approval	<b>Number:</b>	PHSI-01-001
<b>Procedure:</b>	<a href="#">See Page 3</a>		
<b>Applies to:</b>	All DPH Programs		
<b>Position Responsible:</b>	Manager, Public Health Systems Improvement		
<b>Effective Date:</b>	10/01/2017	<b>Last Reviewed:</b>	9/08/2017
<b>Approved</b>		<b>Date</b>	

**PURPOSE:**

This policy and procedure standardizes the way policies and procedures are written and managed at the Connecticut Department of Public Health (DPH).

**SCOPE:**

This policy and procedure applies to all Branches, Sections and Offices within the agency that may develop internal policies, or that may adapt policies from other state agencies (e.g., Department of Administration Services (DAS)).

**DEFINITIONS:**

**Policy:**

The set of basic principles and associated guidelines, formulated and enforced by the governing body of an organization, to direct and limit its actions in pursuit of long-term goals. This section should be focused to writing down what we, as an agency, do as a means of standardization.

**Procedure:**

A procedure is a detailed explanation of how a policy is to be implemented. What do you want DPH employees to do? This section guides employees work for a particular policy. The procedure may appear on the same form as a policy or it may appear in a separate document. The main difference between a



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procedure and a policy are details. An effective procedure communicates who will perform the task, what materials are necessary, where the task will take place, when the task shall be performed, and how the person will execute the task.

**Process:**

The method of conducting the procedure, involving a number of steps (See Figure 1 below). Can you lay out the procedural steps for employees?

**Protocol:**

A system of rules that explain, or help make decisions about the correct conduct and procedures to be followed in formal situations. (e.g., if more than 100 residents are affected, then emergency response is activated).

**Policy Review Team:**

The Policy Review Team (PRT) is a workgroup of individuals representing various programmatic areas in DPH. The PRT meets quarterly or more frequently as needed to review and evaluate new or revised policies. Three to five team members are nominated by Section Chiefs, Leadership Team members, and/or the Commissioner, and serve on a biannual basis. Volunteers may also be invited to serve. Membership shall include management and staff who serve on a rotating basis.

**POLICY:**

**Standard for Policies**

**When to do a Policy:**

Ask yourself, does this policy cross two or more sections/offices? Department policies and procedures are established where coordination and consistency need to be applied throughout the department, or among several sections/offices in order to reduce routine decision-making at senior management levels and to clarify expected conduct. Department policies are sufficiently broad to apply to several sections/offices or to the entire department. Policies affecting a single program or section/office are not to be adopted as department policies unless there is significant safety, legal, public image, cost, or similar consequences which would make a statement on the issue necessary.

**Clarity:**

Department policies and procedures are written in a standard format with clear and simple language so that they are readily understandable. Formatting standards programmed as part of the attached template.

**Precedence:**

Federal policies and state policies from the Department of Administration Services or Office of Policy and Management, labor contracts, CT statutes and laws take precedence over DPH policies.

**Duplication:**

Department policies and procedures do not simply duplicate labor contract language, statute, policies from the Department of Administration Services or Office of Policy and Management, or other documents. They may, however, reference such documents. CT DPH policies based on statewide policies should include language that clarifies the applicability to all staff and identifies responsibilities in context of the agency and its operations.

**Accountability:**

Department policies and procedures include the authorized signature of the Commissioner, or designee, affixed to each policy. For auditing purposes, DPH must have a way to prove and show policies are being followed.

**Review:**

In general, policies must be reviewed annually and formally updated every 5 years or sooner to ensure applicability and address changes in Public Health practice. PHAB Standards version 1.5 requires the following:

- All administrative policies must be updated within 5 years
- All Human Resources policies must be dated within 5 years
- IT Security policies must be updated every 3 years or sooner per program requirements

DPH policies and procedures guide day to day practice and they must represent accurate and current information. If policies, procedures or protocols contain links, these links must be reviewed quarterly by the program to ensure they are working.

**PROCEDURES:**

1. Policy/Procedure Review Process

All new or revised DPH policies and procedures will be submitted to the PRT for review by Branch or Section Chiefs in final draft format. It is the expectation that policies submitted to PRT were reviewed and shared with agency leadership, Executive Management Team, and legal staff as necessary. The PRT will invite additional subject matter experts (SME) as needed to assist with policy review, and recommend approval to the DPH Leadership Team. The specific steps of the process are included in the policy/procedure review flowchart. (See Figure 1 below)

**A. Pre-Evaluation**

- PRT initiates *Control Sheet for Approval of Policy/Procedure*, attachment found on the DPH Policies intranet page.

## B. Evaluation

Policy/Procedure is reviewed using the following criteria found on PRT Checklist:

- **Timeliness:** Is the policy/procedure up to date with current time requirements? Have deliverables or deadlines changed since previous review?
- **Effectiveness:** Does/Will the policy/procedure effectively produce results in line with DPH strategic goals? State Health Improvement Plan?
- **Legal/Grant requirements:** Were legal and grant requirements considered? For existing policies, have legal requirements changed for the deliverables addressed in the policy/procedure? Have grant requirements changed?
- **Personnel/Office structure or strategic direction:** If this is a new policy, have there been staff changes which necessitate changes to policy/procedure ownership? Has the strategic direction of DPH changed? Is the office policy/procedure aligned with this new direction? Is policy/procedure aligned with DAS, OPM, and/or other relevant state level policy/procedure?
- **Stakeholders:** If this is a new policy, have stakeholder requirements changed? Does policy/procedure need to be adapted to fit with new or updated stakeholder requirements?
- **Format:** Do page numbers match contents? Appendices, Spelling?
- **Health Equity (as applicable):** Does the policy include considerations for representation of staff, diversity and/or fairness of process? Are needs of specific populations considered?
- **Supervisor Permission (as applicable):** Does this policy contain any names or positions? If so, was the individual referenced and their supervisor notified?

## C. Post-Evaluation

- PRT completes *PRT Control Sheet for Approval of Policy/Procedure*, attachment found on the DPH Policies intranet page.
- **Numbering Format:** When review is complete the policy and procedure will be numbered by program in the order that they are approved using the program specific format: Program Acronym -Policy Number - Revision Number (e.g., PHSI-01-000).

## D. Approval, Storage, and Communication

- **Policy Review Team:** Prepares and submits Control Sheet to Leadership for Executive Management Team meeting agenda where it receives approval, final comment, or disapproval. If disapproved, it is returned to the Section Chief with comment.
- **Leadership Team:** Recommends policy for Executive Management Team meeting agenda, and upon approval, provides signature of Commissioner or designee, and returns to PRT.
- **Storage:** PRT uploads approved and signed policy/procedures to Intranet within 3 business days of receiving final, signed policy. For tracking purposes, the PRT keeps master inventory of all policies with revision deadlines (i.e. every 5years).
- **Communication:** The Position Responsible, as identified on the policy, will communicate the policy to the agency via email within 3 business days of receiving final, signed policy.

## Responsibilities

Branch/Section Chief – Submit new and revised cross-cutting policies to the PRT. Appoint staff for membership/subject matter expertise to the PRT.

Policy Review Team- Review new and revised cross-cutting DPH policies/procedures according to the guidelines set forth in this document. Recommend adoption of policies at biweekly Executive Management Team meetings.

Executive Management Meeting Attendees- Review and discuss proposed policies as a group; recommend approval or changes.

Leadership Team – Has ultimate decision making with respect to signature/execution of policies. Commissioner or designee may sign approved and adopted policies.

## Components of a Policy

The policy must contain the following components:

- Effective Date
- Review/Revision Date
- Last Review Date
- Commissioner or Designee Signature with accompanying Date
- Definitions
- Policy Statement
- Procedures (all policies must have accompanying procedures to show how it will be implemented). For an example, please look at the attachment found on the DPH Policies intranet page.
- Process as necessary. A flowchart may help to explain the process more clearly.

**PROCESS:**

**Figure 1:** Policy Procedure Review Process Flowchart

