



PROGRAM POLICY

NUMBER:	ADM 100
TITLE:	Guidelines for Policies and Procedures
CATEGORY:	Administrative
APPROVED:	August 2008
VERSION:	2.0
AUTHORITY:	Program Director
LAST REVIEWED:	February 2019
LAST REVISED:	February 25, 2019

PURPOSE: This policy is used by all staff, paramedics and other stakeholders who participate in the RPPEO policy cycle to apply the common structure, format and process for developing, approving and maintaining all RPPEO policy and related procedure.

POLICY: The RPPEO provides up-to-date, concise and clear direction to staff or paramedics in the form of policy when standardized activity is necessary and there is no adequate more authoritative direction for performing the activity.

The activities or behaviour that may be the subject of a policy include those performed on behalf of the program or those that the program authorizes.

Policies may concern paramedics using standards of care, staff work-place behavior or expectations for stakeholder activity.

The RPPEO policies will be consistent with the most authoritative sources of guidance. In case of conflict, among policies, RPPEO advises users to refer to the more authoritative documents. In order of precedence, the authoritative sources of guidance are

- applicable legislation,
- standards of paramedic practice,
- Ministry of Health and Long-Term Care policy and direction,
- the Ottawa Hospital policy,
- the College of Physicians and Surgeons of Ontario.

In addition to authoritative guidance, RPPEO may develop policy through analysis of

- scientific evidence and/or
- best practice.

The RPPEO will include within policies the references to relevant complementary authoritative sources of guidance.

The RPPEO will avoid duplication of direction. Where direction already exists, the RPPEO will direct policy users to it.

Developing policy

The RPPEO may develop policy to set behavioural or activity standards when

- there existing standards require interpretation, or
- there are multiple ways that RPPEO staff or paramedics could behave or act and none of the authoritative sources of direction clearly or adequately directs which behavior and activity is expected, or
- the RPPEO wishes to take a formal position on an issue.

Either staff or stakeholders may initially identify a gap or need for direction.

Reviewing, revising and retiring policy

The RPPEO will revise, integrate or retire an existing policy from the Policy Manual when the organization determines there is a redundancy in direction or an inconsistency among RPPEO policies or between RPPEO policy and authoritative guidance mentioned above.

To review policies, the RPPEO will proceed as directed by the Ministry of Health and the Ottawa Hospital or by using this policy when there is no other direction.

The schedule for review of the Policy Manual is as determined by the bodies mentioned in the previous paragraph or at least every two years, whichever is most often. Any individual policy may be reviewed, revised or retired at any time during its lifecycle.

Soliciting feedback and approving policies

The RPPEO will engage stakeholders or stakeholder representatives before approving policy when the proposed policy may have a direct impact on those stakeholders. The engagement will be in a form and at a time authorized by the Program Director.

The RPPEO Program Director will review all policies before approval.

RPPEO policies, other than clinical policies, must be approved by the Program Director before they are added to the Policy Manual.

Clinical RPPEO policies must be approved by the Medical Director before they are added to the Policy Manual.

Controlling policy versions

The RPPEO Policy Manual consists of the policies and their procedures posted on the RPPEO public website. The policies in the RPPEO Policy Manual are the official controlled versions and are considered in force from the date and time that they are posted online until the time that they are removed from the website, unless explicitly stated in the policy.

In addition to the controlled version, the RPPEO will keep a master version of each policy and its related procedures. Master versions of policies and procedures are used for review, revision and archiving purposes.

The Program Director will determine the place, format and duration of storage for the master version of a policy, in line with applicable document retention policies.

Each policy receives an administrative tracking number when the RPPEO approves the policy. The tracking number begins with three letters designating the program department that maintains the policy and is followed by three numbers. The combination of letters and numbers is unique to each policy; the RPPEO will not re-assign the tracking number of an archived policy to another policy.

The RPPEO will maintain an inventory list of all master policies in force, earlier versions and retired policies. The inventory list will include

- policy name
- identifying number

- date of issue including the day, month, year
- dates of review
- dates of revision including the day, month, year
- date of archiving (retiring policy) including the day, month, year
- location and method of storage

Including procedures in policy

The RPPEO will include procedures within a policy when a standardized, approved process is required to follow the direction provided in the policy.

RELATED POLICIES/LEGISLATION:

The Ottawa Hospital (TOH) Policy and Procedure Manual

REVISION RECORD:

Version number	Revision Date	Summary of Changes
1.0	June 2016	Retention period extended from seven (7) years to fifteen (15) years as per TOH Retention Policy.
2.0	January 2019	Complete revision to provide more precise direction