Indiana Department of Health

Policies and **Procedures**

Title: IDOH Policy Management	**Policy #**: IDOH-COMM-01 – Policy Management
Scope: ☒ All Staff ☐ Limited Staff: Scope of application if limited staff	**Approvals**: _____ Lindsay M. Weaver, MD, FACEG _____ Date
Effective dates: 01-Jan-26 to 12-Dec-26	

Purpose

The purpose of this Policy #***IDOH-COMM-01 – Policy Management*** is to establish a unified, consistent, and comprehensive approach to: (1) generating and maintaining Policies and Procedures that support the Department's mission, vision, values, and strategic plan; (2) ensuring compliance with state and federal laws, rules, regulations, executive orders; and (3) providing essential public health services.

Definitions

Agency, Department, or ***IDOH***: The Indiana Department of Health.

Agency Leadership: The State Health Commissioner, Deputy State Health Commissioner and his/her direct reports, Chief of Staff and his/her direct reports, and Assistant Health Commissioners.

Agency Management: Staff designated by Agency Leadership as Directors, Managers and Supervisors.

All Staff: All persons performing work on behalf of the Agency, including, but not limited to, full-time and part-time employees, Agency Leadership, Agency Management, contractors, students, interns, and unpaid volunteers. Any subset of All Staff shall be defined as Limited Staff (See *Limited Staff* as defined herein).

Limited Staff: A subset of All Staff defined for the purposes of a given Policy, Procedure,

or other document. In the case of a Policy, for example, the author shall define with specificity to whom the Policy applies.

Policy: A written document setting forth a course of action and guiding principles to be acknowledged, adopted, and understood by the specific Staff to which it applies (See definitions herein for *All Staff* and *Limited Staff*). A Policy is generally accompanied by a Procedure and may be external or community-facing (e.g., program related), and/or internal facing (e.g., family leave or hiring practices). Policies are authored and enforced by Agency Leadership and Agency Management as mandatory directives. Staff may be subject to disciplinary action for non-compliance.

Policy and Procedure Lifecycle: The full continuum of Policy management from initiation through archival. The Policy and Procedure Lifecycle includes, at a minimum: Initiation, drafting, reviewing, approving, dating, signing, implementation/roll-out, renewing, maintaining, retaining, termination, and archiving.

Procedure: Written standards, actions or approaches authored and enforced by Agency Management that often accompany a Policy. (See definition of *Policy* herein.) Procedures often aid in process standardization, while Standard Operating Procedures (SOPs) ensure that a product or service comes out the same way every time. (See the definition of *Standard Operating Procedures/SOPs* herein.)

Standard Operating Procedures (SOPs): Specific step-by-step methods to be followed for the performance of regularly recurring tasks. The purpose of SOPs is to carry out operations correctly and in a consistent manner every time. Policies and Procedures (as defined herein) generally come first, while SOPs are drafted after Policies and Procedures and relate to specific operations or situations.

Policy Statement

All Staff shall adhere to this Policy when issuing, administering, and updating Agency Policies and Procedures. All Staff shall utilize the appropriate document management system for their specific division, following their division's review process to maintain up-to-date documents. The State Laboratory will utilize the Agency's document control platform of record to ensure that Policies and Procedures are approved, current, and available to Staff, and that obsolete documents are retired, archived, and removed from possible use or reliance.

The Department shall maintain one (1) Agency-wide Policy and Procedure protocol to:

- Initiate, draft, review, approve, date and sign, implement/roll-out, renew, maintain, retain, terminate, and archive Policies and Procedures;

- Track trainings and employee understanding of Policies and Procedures where appropriate;
- Ensure that Staff are trained in the use of the Agency's document control system of Record or any division-specific document management system and that Agency commissions, divisions and programs are using the appropriate platform;
- Track compliance with applicable laws, regulations, and PHAB accreditation standards where appropriate; and
- Maintain and use the most recent and approved version of the Agency Policy and Procedure Template (See IDOH Office of Public Affairs Brand Standards at https://www.in.gov/health/thenervecenter/office-of-public-affairs/brand-resources/).

The Department shall develop clear and consistent Policies and Procedures that:

- Apply to either All Staff or Limited Staff;
- Are accessible by Staff;
- Are appropriately approved and maintained in the Agency's document control platform of record or other approved method;
- Are purposefully and appropriately communicated, understood, and followed;
- Are consistent with the Department's current mission, vision, values, and strategic plan;
- Reflect then current state and federal laws, rules, regulations, executive orders, PHAB Standards, and/or other directives as applicable;
- Enable Staff to be knowledgeable of, and in compliance with, Agency workforce and workplace-related directives that apply to them; and
- Are retired and archived in compliance with Department and State document retention guidelines (See State Government Retention Schedules at *https://www.in.gov/iara/3276.htm*).

Procedures and Responsibilities

All Staff shall utilize the following procedures.

I. Managing Agency Policies and Procedures
   a. Agency Leadership and Agency Management will determine who shall participate in the Agency's document control system of record, design necessary and appropriate approval processes, and designate Staff permissions and access points.
   b. Policies and Procedures that apply to All Staff shall be reviewed at least annually.
   c. Policies and Procedures that apply to Limited Staff shall be reviewed at least every three (3) years.

d. Policies and Procedures shall be terminated and archived within the Agency's document control platform when they become obsolete for any reason. New versions of documents shall be created where appropriate (See State Government Retention Schedules (https://www.in.gov/iara/3276.htm).
e. Written Policies and Procedures will be formatted using the prevailing Agency Policy & Procedure Template. Policies shall be uploaded, approved, and managed within the Agency's document control platform of record or the appropriate document management system for their specific division.
f. Assistant Commissioners, or their designee(s), shall manage Policies and Procedures that apply to Limited Staff and ensure they are accessible by Staff to whom they apply. No Policies enacted under this provision may conflict with an All Staff or Agency-wide Policy.
g. The State Health Commissioner or his/her designee(s) shall manage Policies and Procedures that apply to All Staff and ensure that All Staff are provided access to them.

II. Department Conflict Review Process
a. Agency Leadership or Agency Management may determine, on a case-by-case basis, that a Policy or Procedure warrants additional review or approvals. Examples include but are not limited to: (1) subject matter; (2) financial impact; (3) legal implications; (4) ethical concerns; or (5) possible conflicts with an existing Policy or directive. When a Policy or Procedure is identified as one that requires additional review, it will be routed to the State Health Commissioner or his/her designee(s) to determine what course of action is needed.
b. Final approval of a Policy or document may not be given until the Conflict Review Process has been completed, and the conflict is resolved.

III. Final Approval, Signature, and Dates
a. The final approver over Policies that apply to Limited Staff shall be the Assistant Commissioner over the relevant Division or Program.
b. The final approver for policies that apply to All Staff shall be the State Health Commissioner or his/her designee(s).
c. Fully approved and signed documents will be maintained in the Agency's document control platform of record or the appropriate document management system for their specific division and become available to Staff upon the effective date. The Policy name, Policy number, approvers and their comments, and all relevant dates, will be captured electronically and become a permanent part of the document record.