**Policy and Procedures Manual**

***Formal Submission for Approval***

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| --- |
| **TITLE** |
| **[Name of Facility i.e. QEH, PCH, etc. or Program]** | **POLICY & PROCEDURES** |
| **Applies To:** | QEH Nurse Managers **(example)**QEH Unit 3 Nurses **(example)** |
| **Monitoring:** | QEH Associate Director of Nursing **(example)** |
| **Date:** | Effective: |  |
|  | **Next Review:** |  |

Queen Elizabeth Hospital Director of Nursing **(example)**

 ***Approving Authority:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Authorized Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Record of Decision*** | Approving Body: | Director of Nursing **(example)** |
| Meeting Date: |  |

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| **Date:** | Effective: |  |
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| **This is a CONTROLLED document. Any copies of this document appearing in paper form should always be checked against the electronic version prior to use.** |

1. **POLICY**
	1. Complete policy statement. Sets out the principles or the guidelines that the policy addresses.

Policies are management statements that are broad and global in context. Policies reflect the rules, expectations, and requirements for a prescribed situation and govern the implementation of Health PEI processes. Policy tells “what to do”.

Style and Tone:

* Style – write with the reader in mind. Use active voice, a clear understandable style, and avoid unnecessary details.
* Tone – Use an authoritative tone. Use the term “shall” rather than “should” or “may”.
* Keep it short, simple, and easy to use.

***SAMPLE:***

Staff shall provide immediate and appropriate assistance to any person(s) (public, patient or staff) who require emergency assistance in a public/common area, non-clinical area or at a Health PEI facility/site (collectively referred to hereinafter as “Health PEI premises”).

1. **DEFINITIONS**

In the table below, provide definitions of key words used throughout the policy (List A → Z).

|  |  |
| --- | --- |
| **Definition A:** | A passage that explains the meaning of term A. |
| **Definition B:** | A passage that explains the meaning of term B. |

***SAMPLE:***

|  |  |
| --- | --- |
| **De-identified:** | All personal/identifying information removed. |
| **Patient Safety Incident:** | An event or circumstance which could have resulted, or did result, in unnecessary harm to the patient. |
| **Patient:** | A generic term used to describe any patient, client or resident.  |

1. **PURPOSE/SCOPE**
	1. A concise statement of the rationale for the policy.
	2. Identify the intent of the policy. The purpose could be to set a mandate, provide a strategic direction, or show how management treats a subject.
	3. If necessary, include background information.

***SAMPLE:***

1. To provide safe, quality and person-centered care and services that promotes appropriate safety standards.
2. Health PEI adopts the Braden Assessment to provide early identification of individuals at risk of developing a pressure ulcer as well as determine the degree of risk of developing a pressure ulcer.
3. To outline nursing responsibilities and management procedures for patients at risk for altered skin integrity.
4. **APPLICATION**

Identify entities or people to which the policy does or does not apply and the consequences for non-compliance, if applicable.

***SAMPLE:***

This policy applies to the Out-of-Province Referral Program and all registered nurses employed by Health PEI that are required to provide nursing care to patients during transport in province or out-of-province.

1. **PROCEDURES**
	1. Procedures provide detailed specification of steps and processes to be performed in order to implement or comply with a policy.
		1. Policies tell “what” to do. Procedures tell “how” to do it.
		2. Not all policies require procedures – only provide as much instruction as required.

***SAMPLE:***

**Sharps Safety**

The following practices will minimize the risk of sharps injuries:

Do not recap needles. Use safety engineered devices (if available) to eliminate the need for recapping.

Discard sharps at point of use in a designated puncture-resistant sharps container.

Pass needles in a manner to avoid injuries.

Each person using a sharp must dispose of it himself/herself.

1. **MONITORING**
	1. Monitoring the efficiency and effectiveness of policies, rules or other methods in policy statements is an important part of the development process. Policy monitoring helps determine the need for further action, and possible changes and improvements in policy statements and plans, or in actions taken to implement them. Policy monitoring should be systematic and involve tracking and evaluating whether and how well a policy is resolving the issues raised.
	2. Include information about HOW, WHO, WHAT, WHERE, and WHEN to monitor, where possible.

***SAMPLE:***

The Chair of the Violence Prevention and Reduction Committee (Director of Hospital Services) at the Queen Elizabeth Hospital is responsible for ensuring that collection of feedback and amendments are made to this policy according to Health PEI’s policy review cycle and standards every three years.

The Chief Administrative Officer, Emergency Health Services, Long-Term Care and Hospital Services East is responsible for ensuring that this policy is reviewed every three years as per Health PEI’s policy review cycle and standards.

1. **REFERENCES**

**Related Documents**

Insert related policies, standards, protocols, guidelines, procedures, legislation and agreements with which the policy needs to comply or on the basis of which the policy was necessitated.

***SAMPLE:***

Critical Incident Staff Support (CISS) toolkit located on the Health PEI Staff Resource centre.

Health PEI. (2008, April). Policy and Procedures Manual, *Criminal Records Check* policy.

**References**

Give complete references and ensure that documents cited are readily available (Use APA formatting using the style guide: <https://owl.english.purdue.edu/owl/resource/560/01/> ).

 ***SAMPLE:***

Hui, D et al., (2011). The American Heart Association 2010 guidelines for the management of cardiac arrest in pregnancy: Consensus recommendations on implementation strategies. *Journal of Obstetrics and Gynaecology Canada, 33*(8), 858-863.

Weinstein,S.M. & Hagle,M.E. (2014). *Plumer’s principles & practice of infusion therapy* (9th Edition). Philadelphia: Lippincott Williams & Wilkins.

**Appendices**

List documents, forms etc. that are appended. Example below:

**Appendix A** – Template Definitions

**Appendix B** – Key Definitions

***SAMPLE:***

**Appendix A** – Certified Criminal Records Check Disclosure Request

**Appendix B** – Declaration *Pursuant to Health PEI Criminal Records Check Policy*

1. **STAKEHOLDER REVIEW**

*Considerations: Patient/client/resident and/or interested parties will be sought in ways that are appropriate to the context and purpose of the policy under development/review, when appropriate.*

|  |  |
| --- | --- |
| **Group / Committee** | **Dates of Review** |
| *Occupational Health and Safety Committee* | 2014-Oct-31 |
| *Patient & Family Advisors* | 2014-Nov-02 |
|  |  |

1. **REVIEW HISTORY**

**Review Dates:**

i.e. 26-Mar-2014

**Appendix A – Template Definitions**

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| --- | --- |
| **Section** | **Definition** |
| **Policy Header Box and Cover Page** |
| **Title:**  | Title by which the Policy will be officially referred to and indexed in the manual. |
| **Applies To:**  | The people or entities to which the policy applies. |
| **Monitoring:**  | The position assigned responsibility for monitoring the policy. The monitoring body will receive automated updates from the Policy Document Management System on the status of the policy (i.e. 90, 60, 30 day reminders that the policy is due for review). |
| **Effective Date:**  | The date the draft policy is to take effect. |
| **Next Review:**  | Indicate the date the policy is due to be reviewed. The standard review cycle for policy reviews is every three years. |
| **Approving Authority:**  | The chief, executive or administrative authority under which the policy was established/approved (initial approval or review/revision approval). |
| **Record Of Decision**:  | This section is for record keeping purposes and will be filled in by the chief, executive or administrative authority under which the policy was established or reviewed/revised. |
| **Body of a Policy** |
| **Policy**:  | A concise statement of rules, expectations, and requirements for a prescribed situation.  |
| **Definitions**:  | Definitions of key words used throughout a policy.  |
| **Purpose/ Scope**:  | The purpose and scope identifies the intent of the policy, the situation(s) and people to which it applies, and the desired outcomes. |
| **Application:**  | Identify entities or people to which the policy does or does not apply to. |
| **Procedures:**  | Procedures provide detailed specification of steps and processes to be performed in order to implement or comply with a policy.  |
| **Monitoring:** | Identify the HOW, WHO, WHAT, WHERE and WHEN to monitor, where appropriate. |
| **References**:  | List of legislation, regulations, government and departmental policies, agreements and standards with which the policy needs to comply or on the basis of which the policy was necessitated. Includes related documents, references and appendices. |
| **Review History:**  | The date(s) the policy was last reviewed and/or revised. |

**Appendix B – Key Definitions**

|  |  |
| --- | --- |
| **Document Type** | **Definition** |
| **Policy:** | Is a statement of a RULE or LAW. It outlines the rules, expectations, and requirements for a prescribed situation. Policy tells “what to do”. |
| **Standard:** | A pre-determined criterion, against which the delivery of care is measured. Should be measurable, achievable, realistic and where appropriate time bound. Sets a baseline. Standard tells “what to do”. |
| **Protocol:** | Detailed specification of steps and processes taken to deliver care or treatment to a patient. Typically used for developing instructions for drug prescription, dispensing, and administration with a focus on process, assessment, intervention and evaluation and deal with issues requiring professional judgment and decision making. Protocol tells “how to do.” |
| **Guideline:** | Suggested good practice or recommendations and are expressed in terms of “may”, “could” and “it is recommended”. Guidelines tell “how to do”. |