

Frequently Asked Questions (FAQ) – Establishment and Review of Policies and Procedures (Policy of Policies)

Introduction: The "[Establishment and Review of Policies and Procedures](#)" policy provides essential guidance on the process for developing, reviewing, and updating policies and procedures within the Westchester County Department of Health (WCDH). This FAQ was prepared to address the questions and comments submitted by staff during the open comment and consultative review periods. It aims to provide clarification on policy statements, outline the roles of both staff and leadership, and explain the steps for effectively participating in the policy and procedure development process at both the department and division levels. Individual and division identifiers have been removed from the staff submissions.

- **Q1: Has this policy been reviewed to ensure it does not conflict with any regulations, policies, contracts or collective bargaining agreements that would take precedence over it?**
 - **A1:** The Admin Policy Team considers federal, state, and local regulations; County policies; contracts; as well as collective bargaining agreements, at each step of the policy or procedure development process. As outlined in the team's standard operating procedure [attached to the Establishment and Review of Policies and Procedures], the Admin Policy Team's roles and responsibilities include the following:
 - Determine alignment with other department policies, strategic goals, mission, County policies, regulations, funding stipulations, and collective bargaining agreements.

- Consult with leadership, subject-matter experts, or others, as needed.

While it is the intent for the Admin Policy Team to be thorough in its review, all have the opportunity and are encouraged to submit feedback during the open comment and review period prior to a policy going into effect. This comment period allows staff the time to raise potential conflicts that may have been overlooked. Even after a policy is published and effective, staff have the opportunity to make suggestions or comments using Attachment A. In doing so, we ask that staff: 1) highlight the specific language or statement in question, and 2) reference the corresponding regulation, policy, or contract that may take precedence. These are opportunities for staff to let us know if they believe that any language or statement in a policy or procedure conflicts with applicable regulations, policies, or contracts.

For concerns related to collective bargaining agreements, staff members may consult with their union for clarification in relation to current contract terms and submit a supporting statement from the union that confirms and outlines the specific misalignment.

- **Q2: How do divisions and programs with external regulations implement this policy?**
 - **A2:** Regulations provide the legal frameworks and statutory authority to enforce compliance with established codes, requirements or standards. The regulatory framework may impose challenges, limitations or constraints for modifying certain procedures and protocols. However, standard operating procedures (SOPs) provide the specific directions on how to properly carry out those rules or regulatory requirements in day-to-day work.

	Regulations/Codes	SOPs
Source & Authority	Created by external authorities (government agencies, regulatory bodies) and are legally binding.	Developed internally by an organization to ensure its operations comply with external regulations/codes.
Scope & Detail	Provide overarching standards, mandates and/or technical requirements	Offer detailed, step-by-step procedures on how to implement those standards, mandated activities and/or requirements within the organization's operations.
Flexibility	Typically inflexible, as they are designed to apply uniformly across all relevant entities.	Can be adapted or revised to meet operational needs or other circumstances, while still ensuring compliance.

All divisions and programs will be required to have written standard operating procedures that are routinely reviewed in accordance with this policy, and remain updated and accessible to staff via the central repository tool (PolicyTech).

- **Q3: Can the Role Delineation & Work Flow section be made more straight forward?**
 - **A3:** The flowcharts in attachment B, “Staff Review Groups-Role Delineation in Policy/Procedure Review” were revised to better illustrate and detail the workflow for developing and reviewing policies and procedures at both the department level and the division/program level.

- **Q4: What is the Admin Policy Team’s role in developing policies and procedures for specific divisions?**
 - **A4:** The Admin Policy Team will only draft policies and procedures that pertain to the entirety of the department and will not draft division and program policies or standard operating procedures. Division heads and program managers are tasked with ensuring all policies and procedures are documented in writing, are developed and reviewed in accordance with the Policy of Policies, and remain updated and accurate, aligned with best practices and accessible to staff via the central repository tool (PolicyTech).

Process Step	Department Level Policy/Procedure	Division/Program Level Policy/Procedure
Drafting	Admin policy team drafts the policy/procedure.	Designated division or program staff draft the policy/procedure.
Reviewing	Initial draft is sent to DOH leadership team and TIC Champions for feedback.	Initial draft is sent to all staff impacted by policy/procedure (those expected to follow or enforce it) for feedback.
Revising Draft	• Admin Policy Team reviews feedback and revises draft appropriately. • Revised draft is sent to <u>all</u> employees for feedback. • Admin Policy reviews and incorporates feedback, as appropriate. Written responses are provided for feedback unable to be incorporated.	• Writers, in collaboration with program division leadership, review feedback and revise draft appropriately. • Written responses are provided for any staff feedback unable to be incorporated.

Approval	Final draft is sent to the Commissioner for approval.	• Final draft is shared with Commissioner and First Deputy Commissioner. • Final draft is sent to the head of the division for approval. (Note: the Commissioner holds the final authority to overrule the Division Head.)
Publish	Admin Policy Team members publish the policy/procedure in the central repository tool (PolicyTech)	• Program manager or Division Head publish the approved policy/procedure in PolicyTech; OR • Program manager or Division Head can send the approved policy/procedure to the Admin Policy Team for publishing in PolicyTech.

- **Q5: We have multiple [policy and procedural] manuals that are up for review, would the updates go through the policy committee? There are probably 100 policies and procedures at a minimum involved.**
 - **A5:** All divisions and programs will be required to have written policies and standard operating procedures that are routinely reviewed and updated, in accordance with the Policy of Policies, and remain accessible to staff via the central repository tool (PolicyTech). Divisions and programs do not have to submit policies or SOPs to the Admin Policy Team for approval. However, all new policies and all changes to existing policies and procedures must be outlined and shared with the First Deputy Commissioner and Commissioner.
 - Members of the Admin Policy team will provide technical support and training to designated staff responsible for adding division/program policies and SOPs into the central repository (PolicyTech).

- **Q6: Is there a list of committees, their current membership, and acronyms the referenced in the Policy of Policies?**

- A6: The WCDH Workgroups & Action Teams Members List document has been added to the Employee Resource folder in the shared drive. This document provides a description of each group and a list of the current members.

A glossary section has been added to the policy providing an explanation of the acronyms used in the document. A department acronym listing is also available in the Employee Resource folder in the shared drive.

- **Q7: What is the process for making changes to divisional policies and procedures in response to frequent situational changes?**

- **A7:** Frequent or common changes in protocols and procedures are expected to be reflected in the standard operating procedures (SOPs) to ensure consistency, safety, and compliance with regulations, policies and best practices. Incorporating decision-making frameworks, matrices or guidelines for frequent and common changes allows staff to adapt efficiently without compromising productivity, quality or patient outcomes. If the circumstances requiring a change in procedure does not meet the emergency criteria (see paragraph 7 in the policy), divisions are expected to address the change to their divisional SOP in compliance with the Policy of Policies. This approach enhances clarity, reduces errors, and ensures that all personnel follow standardized protocols, ultimately improving decision making, workflow efficiency, regulatory compliance, and overall service effectiveness. For example, frequent or common changes to lab equipment, drug regimens and patient treatments are expected to be incorporated and addressed in the appropriate clinic SOP(s). Frequent or common changes to inspection procedures or plan reviews are expected to be incorporated and

address in the appropriate Environmental Health SOP(s). SOPs are living documents that can and should be updated when warranted, in accordance with the Policy of Policies.

- **Q8: Will this policy address long standing, unwritten, internal policies, enforced by higher level staff in my division?**

A8: All divisions and programs will be required to have all policies and operating procedures documented in writing, routinely reviewed by staff members impacted by the specific policy or procedure, [Impacted staff includes all staff directly involved in adhering to or enforcing the policy or procedure], and accessible to staff via the central repository tool (PolicyTech). As we work to transition toward this, if there any **unwritten policies** or procedures that staff would like to prioritize for documentation and review, staff will be able to complete the application (Attachment A) in the policy of policies.

For written policies and procedures, staff members who believe there is a valid reason to amend a policy or SOP can also submit an application (Attachment A) describing their reasoning. Upon submission, the Admin Policy Team will consult with the division head and program manager(s) to ensure the matter is addressed in accordance with the Policy of Policies.

- **Q9: Why are all divisions required to put their policies and procedures on PolicyTech?**

- **A9:** The Establishment and Review of Policies and Procedures, also known as the Policy of Policies, seeks to establish a uniform and collaborative approach that supports a culture of transparency, accountability and trust. Transparency and trust are the cornerstones of effective governance. Accessibility to policies and procedures is a well-established organizational best practice.

- **Q10: Why is the expectation that divisional policies be visible to staff from other divisions?**
 - **A10:** We are committed to transparency. Transparency builds trust and reduces reliance on hearsay, assumptions, speculation or outdated documents and practices. In fact, research shows transparency leads to staff spending less time asking around and more time working effectively. When every division adheres to the same standards and can access information directly, it builds psychological safety and fosters an environment where all staff members feel informed. Organization-wide visibility is not only considered best practice—it is an essential element of an effective, accountable and collaborative workplace.

- **Q11: Other than staff reporting non-compliance, what other provisions can be put into place to ensure adherence to policy?**
 - **A11:** The Admin Policy Team is examining suitable accountability measures applicable to new and existing policies and procedures to ensure greater compliance and consistency. These measures may include periodic reviews and audits and enhanced mechanisms for incident reporting and compliance monitoring. It is intended that divisions incorporate accountability measures into their policy and procedure development as well.

Definitions: See definitions in the Establishment and Review of Policies and Procedures" policy.

Related Policies: [Establishment and Review of Policies and Procedures](#) policy