



Kenneth W. Jenkins
County Executive

Department of Health

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Commissioner

Policy Title: Establishment and Review of Policies and Procedures

Policy Sponsor:	Administration
Policy Contact:	First Deputy Commissioner of Administration
Policy Category:	Personnel / Human Resources
Policy Status:	Published and Effective
Policy Effective Date:	May 6, 2025

Purpose

This policy establishes a clear, consistent process for creating, reviewing, and updating Westchester County Department of Health (WCDH) policies and procedures. The process established in this policy prioritizes clarity, compliance, and staff collaboration. This policy further seeks to establish a framework that promotes transparency, staff input, voice, collaboration, and psychological safety.

Background

In 2023, WCDH launched a Trauma-Informed transformation project with a goal of integrating trauma informed principles into practice. This initiative revealed the need for a formal and inclusive process for initiating, developing and reviewing policies and procedures, which involves staff at all levels of the organization. The Trauma-Informed Care Champions (TICC) Task Force developed this policy in collaboration with WCDH leadership.

Guiding Principles

These guiding principles shape the development of all WCDH policies and procedures, ensuring a cohesive and consistent approach across the organization. The principles include:

- **Inclusivity:** All staff have the opportunity to contribute to and provide feedback on policies and procedures.
- **Collaboration:** Decision-making processes encourage collaboration among staff, fostering diverse perspectives and expertise.
- **Psychological Safety:** The processes foster an environment where staff feel safe to voice their opinions, share ideas, and take risks without fear of retribution.

Policy Statements

1. **Scope:** this policy applies to all employees, divisions and functions within WCDH. WCDH, a sub-department within the government of Westchester County, follows county laws, New York State laws and regulations, applicable federal laws and policies, and collective bargaining agreements. These external laws, policies, and agreements supersede department policies and procedures, and all staff must adhere to them in practice.
2. **Department-wide Policy/Procedure Development Process**
 - a. **Initiation:** Any employee, division, or group may propose a new policy/procedure or revision/amendment by submitting a Policy/Procedure Application (Attachment A) to the administrative policy team. If the revision/amendment is approved, it would proceed to drafting. All applications will be thoroughly and thoughtfully reviewed.
 - b. **Drafting:** The administrative policy team, with input from initiators (if applicable), drafts department-wide policies and procedures to align with organizational goals, values and applicable regulations.
 - c. **Review:** All staff impacted, subject matter experts, TIC Champions and leadership will be provided an opportunity to review and provide feedback prior to adoption, utilizing the relevant guiding questions (see attachments C-F).

- d. **Feedback:** The administrative policy team responds to feedback by either incorporating suggestions or providing a written explanation when no change is incorporated.
- e. **Approval:** The Commissioner provides final approval on any department-wide policy or procedure and has the authority to overrule any Division-level policy or procedure.

3. Division-level Policy/Procedure Development Process

- a. All divisions are expected to have written policies and procedures that will guide the work of their employees and programs.
- b. The development and review of division policies and procedures will adhere to the same standards and principles, and follow similar processes and workflow as those outlined within this policy. Divisions will utilize attachments C and G for both the development and review of policies and procedures. For example, providing staff an opportunity to provide input/feedback prior to adoption, and delivering written responses explaining why input/feedback could not be incorporated. All division policies and standard operating procedures are expected to be stored in a central repository (PolicyTech) accessible to all staff.

4. Documentation & Accessibility

- a. **Storage and Access:** All approved policies and procedures at the department-level and division-level are to be stored in a central repository (PolicyTech) accessible to all employees.
- b. **Policy Attributes:** Each policy or procedure document includes its purpose, scope, responsibilities, procedures, and any associated forms or references.
- c. **Communication:** new and updated policies and procedures will be sent to affected staff via the central repository (PolicyTech) for staff acknowledgement.

5. Review & Revision

- a. **Schedule:** Each policy and procedure has a designated review timeline to ensure it remains relevant, current, and effective, considering factors such as regulatory changes, organizational changes, collective bargaining agreement changes, technological advancements or feedback from

employees. Policies remain in effect until they have been revoked, updated, or replaced.

- b. **Process:** The review process and work flow allows all relevant groups to review WCDH policies and procedures, allowing the administrative policy team to incorporate feedback prior to adoption. (see attachment B).
- c. **Revisions:** The administrative policy team communicates policy and procedure updates via the same channels used for the original policy dissemination.

6. Non-Compliance

a. Compliance checks will be incorporated into department and division performance metrics and leadership accountability. Compliance checks will include:

- i. Periodic audits to ensure policies and procedures are in place for all critical areas, accessible to staff via the central repository system and include all necessary documentation and references.
 - ii. Use of metadata in the central repository system (PolicyTech) to track compliance related to established policy and procedure review cycles.
 - iii. Staff surveys and interviews to assess whether policies and procedures are being operationalized in compliance with this policy.
- b. Staff may report instances where this policy is not followed, adhered to, or enforced equitably to their immediate supervisor, division head, WCDH HR, Compliance Officer, or TIC Champions.
- i. Individuals who receive a report of non-compliance, whether directly or anonymously, are expected to submit the report to HR promptly or within 3 business days, so an inquiry can follow. Anonymous reports can hinder the ability to address noncompliance matters.
 - ii. Noncompliance to approved policies and procedures will result in corrective action, which can include a Notice of Noncompliance, coaching, retraining, and Performance Improvement Plan.

7. Exceptions & Amendments

- a. An **emergency** is a situation that 1) poses an immediate risk to life, health, property, or environment; or 2) poses a risk of sanction or a financial risk (fines, penalties and loss of funding) to the department that requires urgent intervention to prevent a worsening of the situation, and has a high probability of escalating to an immediate danger to life, health, property, or environment without swift action.
- b. **Exceptions:** The Commissioner may authorize exceptions, such as during emergencies. Any policy or procedure enacted as a result of or during an emergency period is expected to either be discontinued or undergo the review process outlined in this policy following the emergency period.
- c. **Amendments:** Proposed amendments are expected to follow the standard development and review processes and include a rationale if an existing policy or procedure is inefficient, creates a hardship, or fails to meet best practices. Memo-style emails from division heads or supervisors notifying staff of policy or procedural changes, for example, “Effective immediately, do XYZ,” must meet the emergency criteria defined above in order to be immediately enacted, and undergo the review process outlined in this policy following the emergency period. Such emergency situations must be communicated with both the Commissioner of Health and First Deputy Commissioner.

8. Revocation of Policy and Procedure

A policy or procedure may be revoked if it meets one or more of the criteria and follows the revocation process.

- a) **Criteria:** the specific reasons or justifications that determine whether a policy/procedure should be discontinued. These include, but are not limited to, the following:
 - I. **Obsolescence:** the policy or procedure is outdated or no longer relevant due to changes in governance, laws, regulations, or organizational processes and practices.
 - II. **Redundancy:** The policy or procedure is duplicated or fully covered by another existing policy or procedure.

- III. **Supersession:** A new county, state or federal policy supersedes or overrides the current policy or procedure; or the current policy/procedure contradicts new or updated regulatory requirements.
 - IV. **Ineffectiveness:** The policy/procedure is no longer practical or presents challenges or inefficiencies.
- b) **Process:** the series of steps that must be followed to result in the revoking of an existing policy or procedure.
- I. **Justification:** The submission of a formal request that identifies the specific policy or procedure and provides clear evidence and/or reasoning for revocation based on defined criteria. (See attachments A and B).
 - II. **Consultation:** Documentation of a thorough examination process, including gathering further input, analyzing impacts, and ensuring revocation is justified before submitting for approval.
 - III. **Approval:** The original request and consultation documentation are submitted to the Admin Policy Team Chair, First Deputy Commissioner and Commissioner.
 - IV. **Archiving:** All revoked policies and procedures must be retained in the central repository (PolicyTech) for historical reference and compliance tracking.
 - V. **Communication:** All affected employees and entities are immediately notified in writing of the revocation, the reasons for revocation, any replacement policies or procedures, and any actions required.
 - VI. **Documentation Updates:** References to the revoked policy or procedure are removed or updated in relevant documents or workflows.

9. Roles and Responsibilities

- a. **The Commissioner:** Approves policies and procedures and ensures regulatory compliance.
- b. **The Administrative Policy Team:** Reviews policy and procedure applications, initiates and drafts department-wide policies and procedures, and ensures policies and procedures encompass and/or adhere to the processes and statements outlined in this policy.

- c. **DOH Leadership Team:** Reviews policies and procedures prior to adoptions, provides feedback on policies and procedures, ensures regulatory compliance within their programs and upholds policies and procedures within divisions, once adopted.
- d. **Employees:** Recommend policy/procedure development or revisions, engage in feedback prior to adoption, and attend training sessions, as needed.

10. Review Schedule

- a. **Staff Feedback:** All staff will have the opportunity to review and provide feedback on all new and updated policies and procedures for a period of 10 business days.
- b. **Response to Feedback:** The administrative policy team will respond to staff feedback on department-wide policies and procedures within 30 days of the employee review period closure.
- c. **Scheduled Review:** WCDH will review this policy annually and update it as necessary.

Attachment A

Application for Policy/Procedure Development/Amendment/Revocation

DEPARTMENT LEVEL

Name: _____

Email: _____

I am requesting (check one):

- ☐ Creation of new policy/procedure (answer questions 1-4)
- ☐ Amendment to an existing policy/procedure (answer questions 1-4)
- ☐ Revocation of an existing policy/procedure (answer questions 2-4)

Questions:

- 1) Have you checked to see if policy/procedure exists currently? If yes, what is the title?
- 2) What is needed and why?
- 3) What problem or situation needs correction or improvement?
- 4) Please provide examples or information to support your request, if available.

Instructions:

Please complete the above application and submit to: wcdh-hr@westchestercountyny.gov

What to Expect:

Your application will be reviewed by the administrative policy team, who will gather relevant information needed to determine the request's applicability. A written response will be provided to the applicant within 30 days.

Application for Policy/Procedure Development/Amendment/Revocation

DIVISION OR PROGRAM LEVEL

Name: _____

Email: _____

I am requesting (check one):

- ☐ Creation of new policy/procedure (answer questions 1-4)
- ☐ Amendment to an existing policy/procedure (answer questions 1-4)
- ☐ Revocation of an existing policy/procedure (answer questions 2-4)

Questions:

- 5) Have you checked to see if policy/procedure exists currently? If yes, what is the title?
- 6) What is needed and why?
- 7) What problem or situation needs correction or improvement?
- 8) Please provide examples or information to support your request, if available.

Instructions:

Please complete the above application and **submit to your supervisor and division head** and copy in the admin policy team:

wcdh-hr@westchestercountyny.gov

What to Expect:

Your application will be reviewed by the administrative policy team along with leadership from your division/program, who will gather relevant information needed to determine the request's applicability. A written response will be provided to the applicant within 30 days.

Attachment B

Staff Review Groups-Role Delineation in Policy/Procedure Review

Trauma-Informed Care (TIC) Champions: All members of the WCDH TIC Champions team

- TIC Champions will review the policy/procedure through the lens of TIC values alignment, utilizing standardized review rubric (See Attachment D)

DOH Leadership Team: All DOH Leadership staff, including Commissioner, Deputy Commissioners, Assistant Commissioners, Division Heads and Managing Supervisors will be given the opportunity to review policies and procedures and provide feedback.

- DOH Leadership Team reviews the policy through the lens of compliance with county, state, and federal regulations, as well as alignment with Departmental strategy. (See attachment F)

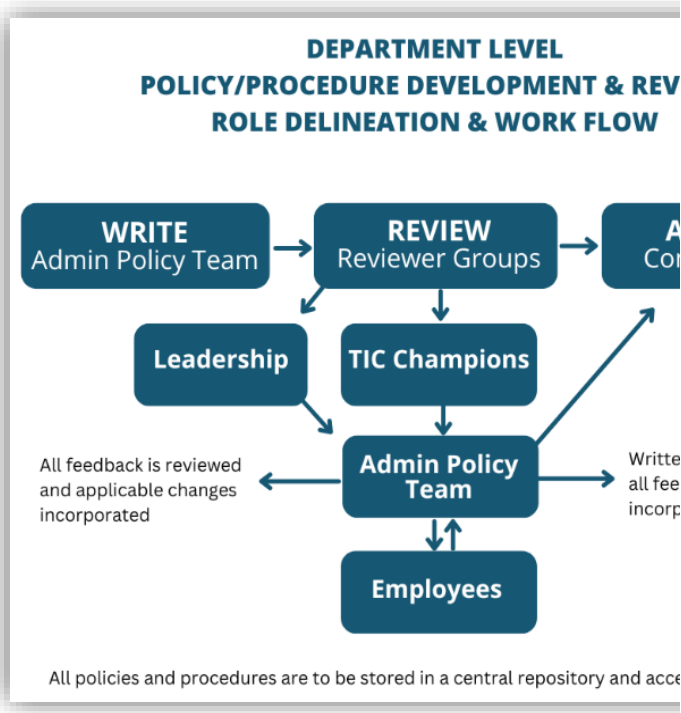
Employees/Assignees: All WCDH staff that are impacted by the policy/procedure or expected to adhere to and/or enforce the policy/procedure.

- Employees will review the policy/procedure through an operational lens, ensuring that the outlined procedure aligns with operational efficiency during the open comment period. (See attachment C)

Administrative Policy Team: All members of the Administrative Policy team, designated by the First Deputy

- Administrative policy team members will review the policy/procedure through the lens of accountability, ensuring that development/review of the policy followed the outlined processes in this policy and contains all required elements. (See attachment E)

Policy/Procedure Review: Role Delineation & Work Flow



Department-level

- Administrative policy team drafts the policy/procedure.
- Initial draft is sent to DOH leadership team and TIC Champions for feedback.
- Admin Policy reviews feedback and revises draft appropriately.
- Revised draft is sent to employees for feedback.
- Admin Policy revises/incorporates appropriate feedback and provides written responses for feedback unable to be incorporated.
- Final draft is sent to the Commissioner for approval.



Division-level

- Designated program staff draft the policy/procedure.
- Initial draft is sent to all staff impacted by policy/procedure (those expected to follow or enforce it) for feedback.
- Writers, in collaboration with program leadership, review feedback and revise draft appropriately. Written responses are provided for feedback unable to be incorporated.
- Final draft is shared with Commissioner and First Deputy for review, and sent to the head of the division for approval. The Commissioner holds the final authority to overrule the Division Head.

Attachment C

Policy/Procedure Review – Employee/Assignee Guiding Questions

Operational Review Guidance Questions	Yes	No	Don't Know
Is the policy/procedure clearly defined and easy to follow?			
Are there redundant or unnecessary steps that can be eliminated? If so, identify.			
Are resources (time, personnel, materials) used optimally? If no, explain.			
Is the policy/procedure applied consistently across the department/division/program? If no, explain.			
Are there risks or concerns associated with the policy/procedure that need to be mitigated? If yes, explain.			
Do you have any other comments?			

Attachment D

Policy/Procedure Review - TIC Champions Guiding Questions

Value-Driven Guidance Questions	Yes	No
Is it clear how and why this policy/procedure was developed (transparency)?		
Is the policy/procedure clear and understandable to those who implement/are impacted by it?		
Is the policy carried out consistently across programs, staff, and agencies? When not consistent, is an explanation given (consistent but flexible)?		
Is the policy/procedure easily accessible (e.g. location, language)?		
Does the policy/procedure prioritize staff safety?		
Have staff been asked to provide feedback on implementing this policy/procedure?		
Are trauma-informed values reflected in the language used?		
Do you have any other comments?		

Attachment E

Policy/Procedure Review – Administrative Policy Team Guiding Questions

Value-Driven Guidance Questions	Yes	No
Was this policy reviewed by all relevant groups? (Employees, TIC Champions, DOH Leadership)		
Was there a timely written response to any feedback provided during review process that was not incorporated into the policy/procedure?		
Are all required elements included in the policy/procedure?		
Has a review date been established?		

Attachment F

Policy/Procedure Review – DOH Leadership Team Guiding Questions

Value-Driven Guidance Questions	Yes	No
Does this policy/procedure adhere to relevant regulatory guidelines? If no, explain.		
Does this policy/procedure align with strategic priorities of the Department? If no, explain.		
Does this policy/procedure need to be reviewed by anyone else (e.g. legal counsel, union)? If yes, who?		
Do you have any other comments?		

Attachment G

Establishment and Review of Policies and Procedures-- Division Checklist

Guidance Questions	Yes	No, explain
Were all staff impacted by the policy or procedure given an opportunity to provide input/feedback during the development or review process?		
Were written explanations provided to any feedback unable to be incorporated?		
Was the new or updated policy or procedure communicated to all staff expected to follow or enforce it?		
Does the policy or procedure document include: purpose, scope, responsibilities, step-by-step guides, and any associated forms or reference materials?		
Does the policy or procedure have a designated review timeline to ensure it remains relevant, current, and effective?		
Has the final draft of the new or revised/amended policy or procedure been shared with the Commissioner of Health and First Deputy Commissioner?		
Is the policy and procedure stored in the department's central repository (PolicyTech) accessible to all employees?		

Attachment H

Standard Operating Procedures: Administrative Policy Team

Instructions: This document serves as a companion reference to the Establishment and Review of Policies and Procedures Policy, also known as Policy of Policies, and should be consulted in conjunction with it.

- 1. Team Composition:** The Administrative Policy Team will be chaired by the First Deputy Commissioner and composed of designated staff members from the following teams:
 - Human Resources (HR)
 - Finance
 - Information Technology (IT)
 - Contracts/Compliance
 - Administration
 - Health Promotion/Community Engagement
- 2. Member Roles & Responsibilities:** The Administrative Policy Team will form subgroups as needed to perform the following tasks:
 - a. Research
 - Evaluate whether a requested policy/procedure exists at the departmental or county level.
 - Collect supporting information and research best practices for developing or amending policies and procedures.
 - b. Consulting
 - Participate in the discussion and decision-making process to determine whether to move forward with new policy/procedure development or amendment.
 - Determine alignment with other department policies, strategic goals, mission, county regulations, funding stipulations, and collective bargaining agreements.
 - Assess the suitability and feasibility of incorporating staff feedback.
 - Consult with leadership, subject-matter experts, or others, as

needed.

c. Drafting

- Draft department-wide policies and procedures, amendments and revisions, based on input from policy initiators, research findings and staff feedback.
- Ensure policies contain all required elements, as outlined in the Establishment and Review of Policies and Procedures Policy. (See attachment E)
- Respond to unincorporated staff feedback, generally within 10 business days following the closure of the staff policy review period.
- Update the policy tracking document at designated intervals.

d. Tech Support

- Administer the central policy repository tool (PolicyTech).
- Verify whether requested policies/procedures exist at the departmental or county level.
- Distribute drafts to staff review groups for feedback via PolicyTech, following the workflow outlined in the Establishment and Review of Policies and Procedures Policy (Attachment B).
- Set review date and automated reminders to schedule a review timeline for each published policy.
- Provide technical support related to PolicyTech.

3. Workflow Overview: Policy/Procedure Development or Amendment Procedures

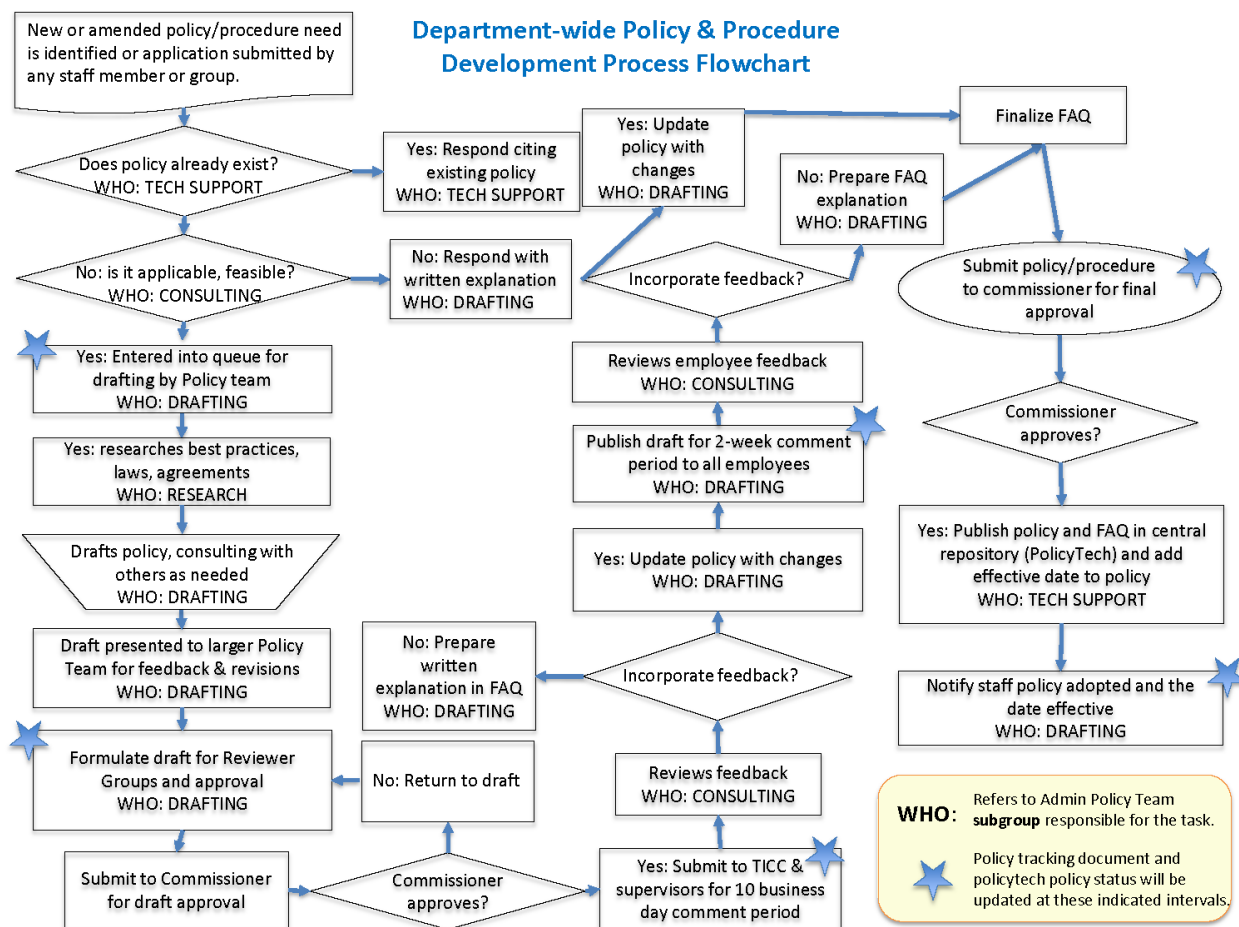
a. Guiding questions for policy/procedure development process

When reviewing the need or request for a new department-level policy/procedure or amendment, the administrative policy team will ask the following questions before drafting:

Question	Who/What	Yes	No
Does a departmental policy/ procedure already exist?	Who: Tech Support What: Check PolicyTech to ensure no duplicate policy exists.	Respond with explanation citing policy	Review request and proceed with consulting
Is there a related county policy/ procedure?	Who: Tech Support What: Identify related county policies; consult leadership for alignment and determine feasibility.	Respond with explanation citing policy Or review request to determine if WCDH policy/ procedure is warranted	Review request and proceed with consulting
Does the policy/procedure align with the department's strategic goals, mission, values, and standards?	Who: Consulting What: Review strategic plans, accreditation standards, and other guiding frameworks. Consult with leadership to ensure alignment with goals and merit.	Proceed to drafting	Revise or respond with explanation for not pursuing
Are there applicable laws, regulations, or stipulations (e.g., funding, CBAs)?	Who: Consulting What: Review legal, regulatory, or collective bargaining considerations to ensure compliance.	Ensure any policy/ procedure developed complies	Proceed with consulting to identify specific considerations
Are there established best practices?	Who: Drafting & Consulting Subgroups What: Research and ensure the policy reflects up-to-date	Incorporate best practices into policy/procedure development	Consider relevant promising practices, studies,

	best practices.		literature as guide
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Workflow Chart



4. Central Repository Tool (PolicyTech) Information

a. Related Terms

- **Policy Owner:** This IT role designation in PolicyTech functions as the system administrator responsible for managing the workflow for policies and procedures.
- **Assignees:** This is a designation in PolicyTech and refers to the specific employees or roles assigned to review, follow and/or enforce a policy or procedure.
- **Policy Sponsor:** The division responsible for overseeing the policy or procedure.
- **Policy Contact:** The staff member designated as the point of contact for questions or issues related to the policy or procedure.
- **Policy Status:** The status can be found on a policy document and is updated to reflect the process stage in development and approval.
 - i) Open for TICC & DOH Leadership Review and Comments through date
 - ii) Closed for Admin Policy Team Review of TICC & DOH Leadership Feedback
 - iii) Open for Staff Review and Comment through date
 - iv) Closed for Admin Policy Team Review of Staff Feedback
 - v) Published and Effective
- **Policy Effective Date:** This date can be found within the policy document once the policy is published and effective.

b. Communications: Staff will receive email notifications from donotreply@policytech.com or PolicyMgtSupport@westchestercountyny.gov for the following:

- Announcements for policy or procedure drafts in the two-week open comment period and available to staff for review and feedback.
- Weekly notifications to individual staff members regarding any

policy or procedure they have not yet reviewed.

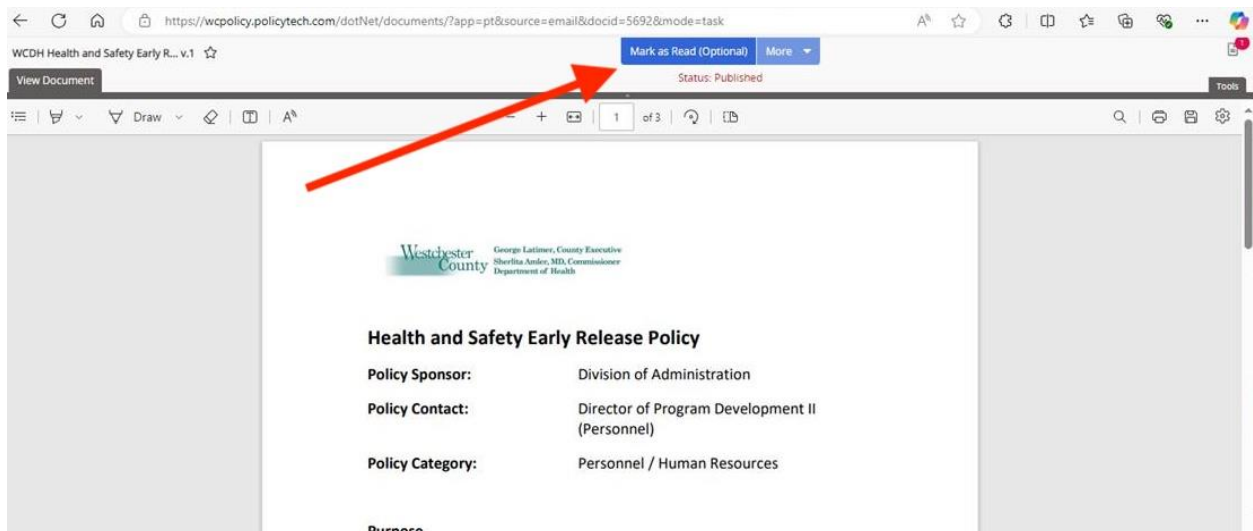
- Notifications of policy or procedure effective dates, which have been assigned to employees to read and Mark as Read, acknowledging. (See section d below for instructions).

c. **Policy Review Instructions**

- Policies will be sent to staff review groups for feedback via PolicyTech, or other communication method, as necessary. Staff are expected to review each policy and procedure using the guiding questions outlined in the Establishment and Review of Policies and Procedures Policy (see attachments C-F).
- Detailed instructions and a training video on how to use PolicyTech, including how to comment and provide feedback are available in the Employee Resource folder. See <S:\Employee Resource\policies and procedures\policytech>.

d. **Employee Expectations:** Employees are expected to:

- Thoroughly read policies assigned through PolicyTech and acknowledge through PolicyTech by “marking as read”. To do so, one would click on “Mark as Read” as seen in the diagram below.



- Complete training or questions related to the policy, when assigned.

- Adhere to all policies and procedures. Those in supervisory or designated roles are also expected to enforce policies and procedures.
- Report any noncompliance issues (see Paragraph 6 of the Establishment and Review of Policies and Procedures Policy).

e. **List of Frequently Used Acronyms**

- CBAs (Collective Bargaining Agreements)
- HR (Human Resources)
- IT (Information Technology)
- TIC (Trauma Informed Care)
- TICC (Trauma Informed Care Champion)

f. **Glossary of Terms**

- **PolicyTech:** a centralized repository tool used to store all published and enforceable policies and procedures at the department, division and program levels, making them accessible to all staff.
- **Staff review groups:** designated groups of employees responsible for reviewing, providing feedback and making recommendations on policy and procedures, using the guiding questions as a framework (see Establishment and Review of Policies and Procedures Policy, Attachment C-F). The current groups include:
 - i) Trauma-Informed Care Champions Task Force (TICC)
 - ii) DOH Leadership Team
 - iii) All employees or staff

5. **Provide Feedback or Submit Comments: How to Send Message to Owner of a Policy or Submit Comments in PolicyTech**

Staff and supervisors can provide feedback on any policy by either “Sending a Message to (policy) Owner” or by submitting a new “comment” under “Discussions”.

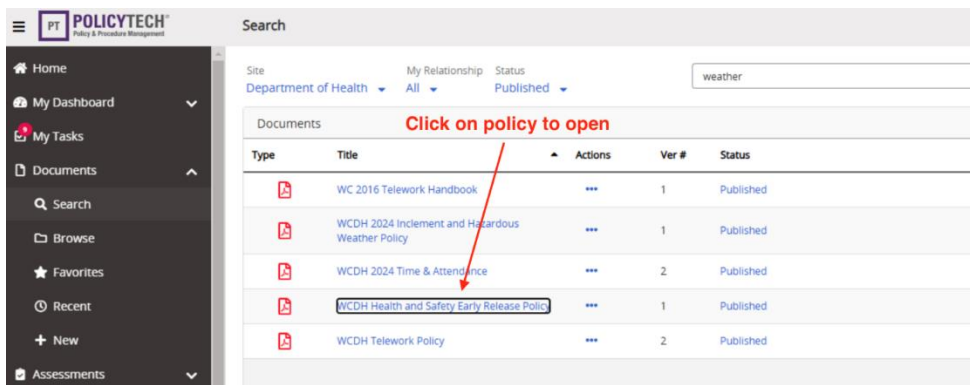
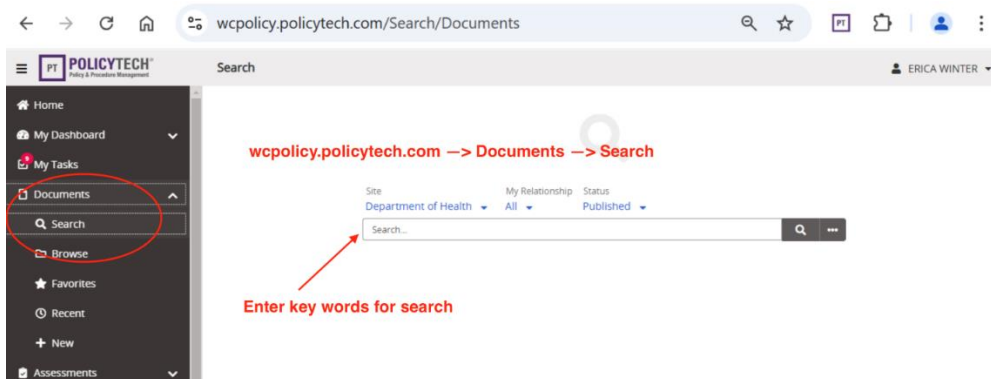
How to Send Message to Owner of a Policy

a. Step 1: Log in to PolicyTech

- Open your Chrome web browser and navigate to your WCDH's PolicyTech site: <https://wcpolicy.policytech.com/>
- Log in with your assigned credentials (username and password).
- Authenticate using Okta Verify (push notification or code). For instructions for Okta, click here: <https://cww.westchestergov.com/cww/images/pdfs/okta-guide-westchester-county-4-2024.pdf>

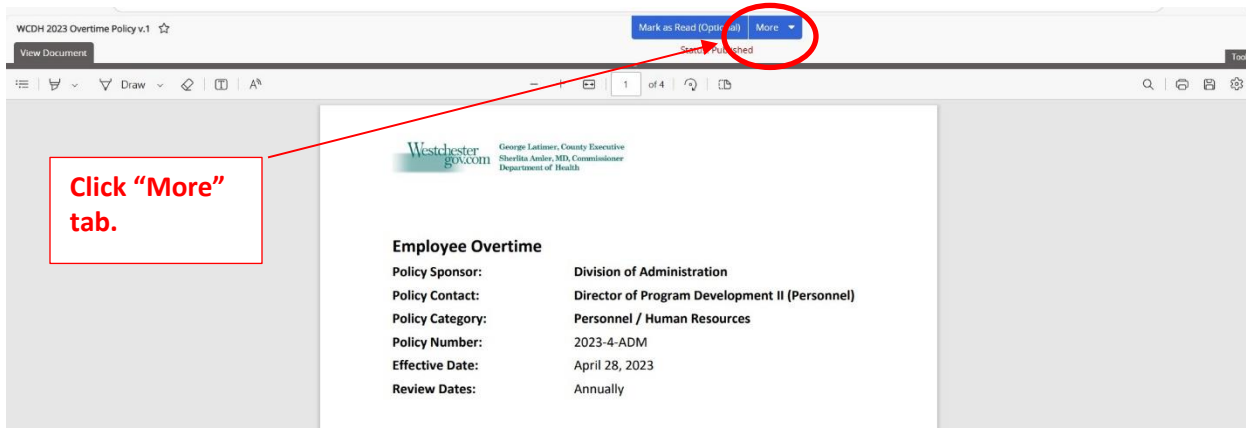
b. Step 2: Navigate to the Policy

- Use the Search function dashboard to locate the policy you want to comment on. On chrome: [Http://wcpolicy.policytech.com](http://wcpolicy.policytech.com) —> **Documents** —> **Search**
- Enter the policy name, keywords, or policy number.
- Click on the policy title in the search results to open it.



c. **Step 3: Open the Policy**

- **Once the policy is open,** look for the “More” tab at the top.
- Click on “More” tab.



- Click on “Send Message to Owner” and a screen message will appear as pictured below.

The screenshot shows a web-based dialog box titled "Send Message to Owner". At the top, it says "Please write any comments you wish to send to the owner and post to the discussion board." Below this is a "Send Notifications To" section with a checked checkbox and the text "Owner - WINTER, ERICA (PUBLIC ADMIN INTERN)". A rich text editor follows, with a toolbar showing options like bold, italic, underline, and font size. The main text area contains the red text "Enter message here". Below the text area is a "Title" field. At the bottom left, there is a checkbox labeled "Make Private (Visible only to me, those selected to receive notifications, and administrators.)" which is circled in red. A red arrow points from a text box "Click to mark message private." to this checkbox. At the bottom right are "Cancel" and "Save" buttons. A red arrow points from a text box "Click 'save' to send message to owner." to the "Save" button.

- The recipient field will be pre-populated with the “policy owner” in the system.
- Enter your message in the box. Be as specific as possible, including page and paragraph numbers, to ensure clarity.
- There will be an option to make the message private by selecting the box marked, “Make Private” in the lower left corner of the window as seen pictured above. A comment or message marked private will not be posted publicly in the system or visible to other staff. Only the policy owner or Admin Policy Team will see a private comment or message.
- Once the message has been written, select “save” to send your message.

How to Add a Comment or Start a Discussion in a Policy

d. Step 1: Log in to PolicyTech

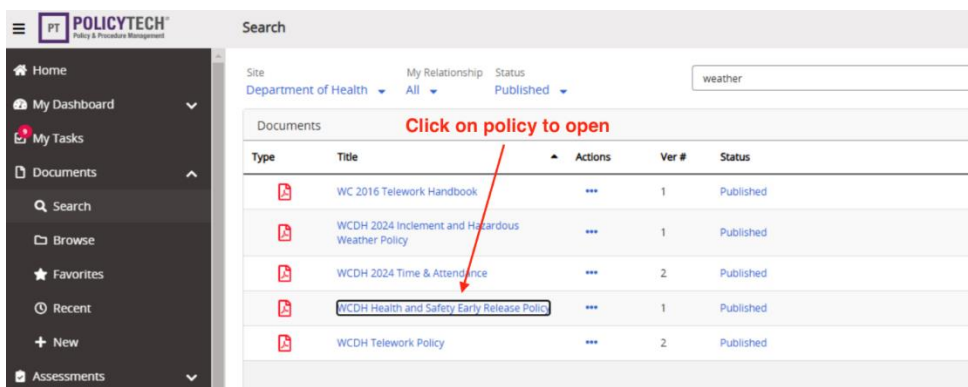
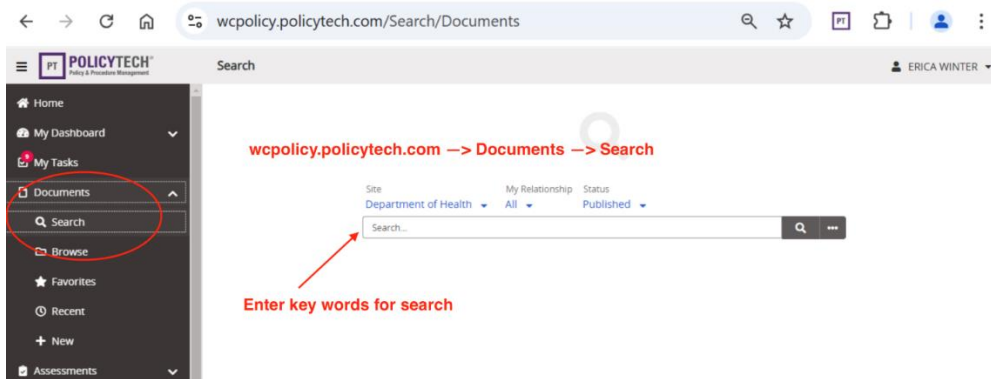
- Open your Chrome web browser and navigate to your WCDH's

PolicyTech site: <https://wcpolicy.policytech.com/>

- Log in with your assigned credentials (username and password).
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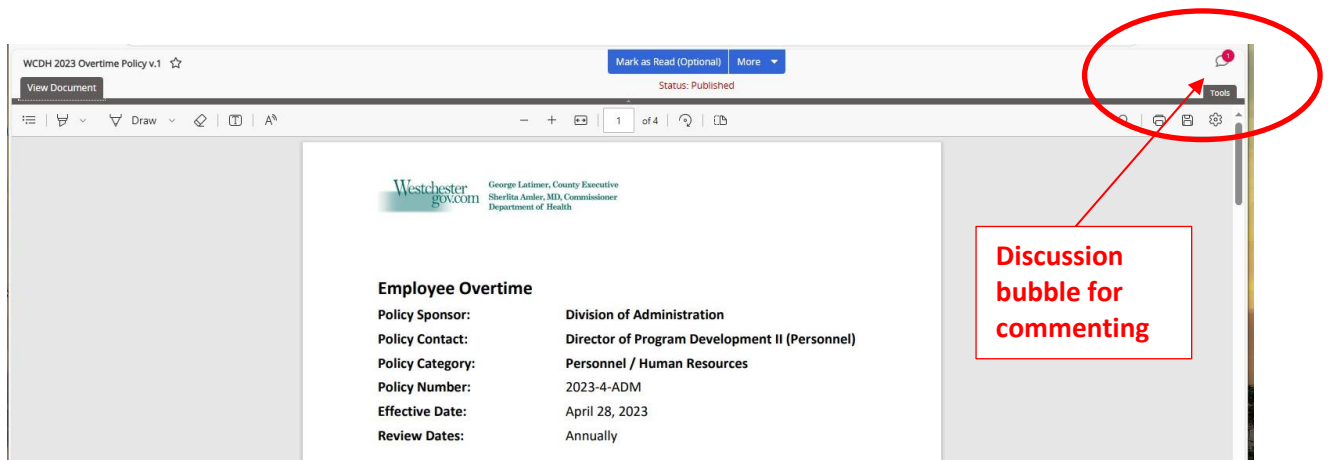
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- Enter the policy name, keywords, or policy number.
- Click on the policy title in the search results to open it.



f. Step 3: Open the Policy

- **Once the policy is open**, look for the discussion bubble at the top right corner of the policy document as pictured below.
- **Click the discussion bubble to submit a comment** (see below).



- You will be prompted to “create a discussion”.
- Click on “Create a New Discussion” to add a comment, as pictured below.
- If you are unable to comment because of an error, please reach out to WCDH IT.

Discussions

Collaborate on content creation through the discussion board. Click 'Create New Discussion' to create a new discussion. Specify which users should receive notifications for the discussion. Click a discussion's title to reply to a discussion, then click 'Post Reply'.

Discussions					
Title	Posts	User	Status	Visibility	Last Post
Private plan	1	BAZOS, JILL	Published	Private	05/01/2025 12:00 PM

Click on "Create a New Discussion" to submit a comment

Create New Discussion

g. Step 4: Add Your Comment

- A comment box will appear. Type your feedback or comment regarding the policy. Be as specific as possible, including page and paragraph numbers, to ensure clarity.

← → ↺ 🏠 🔍 wcpolicy.policytech.com/dotNet/documents/?docid=5797&app=pt&so... ☆ 📄 📁 👤 ⋮

WCDH Field Visit Employee Safe... v.1 🛡️

Finished Writing Save and Close More ▾

Edit Document Properties Version History

Discussions

Collaborate on content creation through the discussion board. Click 'Create New Discussion' to create a new discussion. Specify which users should receive notifications for the discussion. Click a discussion's title to reply to a discussion, then click 'Post Reply'.

Create New Discussion

Send Notifications To ☐ Owner - WINTER, ERICA (PUBLIC ADMIN INTERN);

Normal Arial (Font Size) B I U A

Write message here.

Click if you want your comment or feedback to be private.

Title

☐ Make Private (Visible only to me, those selected to receive notifications, and administrators.)

Click Save to send your message

Cancel Save

h. Step 5: Submit Your Comment

- When commenting, you may choose to mark your comment as private by checking the "Mark Private" in the lower left hand corner of the comment screen as seen below. A comment marked private will not be posted publicly in the system or visible to other staff. Only the policy owner and Admin Policy Team will see a private comment.
- Click "Save" to submit your comment.

- You may receive a confirmation message that your comment has been successfully submitted.