



# IH Policy Development Framework

Interior Health Policy Office

August 2023

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## Land Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and T̕silhqot'in Nations, where we live, learn, collaborate and work together.

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## Introduction

A Policy is a clear, concise, non-negotiable, formal statement that directs organization-wide decision-making. It enables and guides informed action, prescribes limits, assigns responsibilities and accountabilities and is secondary to legislation and by-laws. Policies apply to all Interior Health (IH) programs, employees, medical staff, patients/clients, and to all locations and facilities where IH offers services.

This *Policy Development Framework* (“the Framework”) outlines the elements critical to the successful development, approval, implementation, review, and maintenance of policies within IH.

This Framework ensures that everyone:

- understands the *what, when, why, who* and *how* of regional policy development and review; and
- follows a consistent development and approval process across IH.

## Purpose & Scope

IH policies are developed to:

- Support the mission, vision, and values of the organization;
- Support IH strategic priorities, services and programs;
- Meet legislative and regulatory standards;
- Ensure adherence to standard organizational processes;
- Promote internal communication across services and programs;
- Outline roles, responsibilities, and accountabilities; and
- Facilitate effective, efficient, and safe patient care.

This Framework aligns with, and further expands upon, IH Policy [AA0100: Policy & Clinical Decision Support Tools](#), but does not apply to additional IH guidance documents such as:

- Site-specific or local directional documents;
- Clinical decision support tools (CDST), including guidelines, procedures and protocols; or

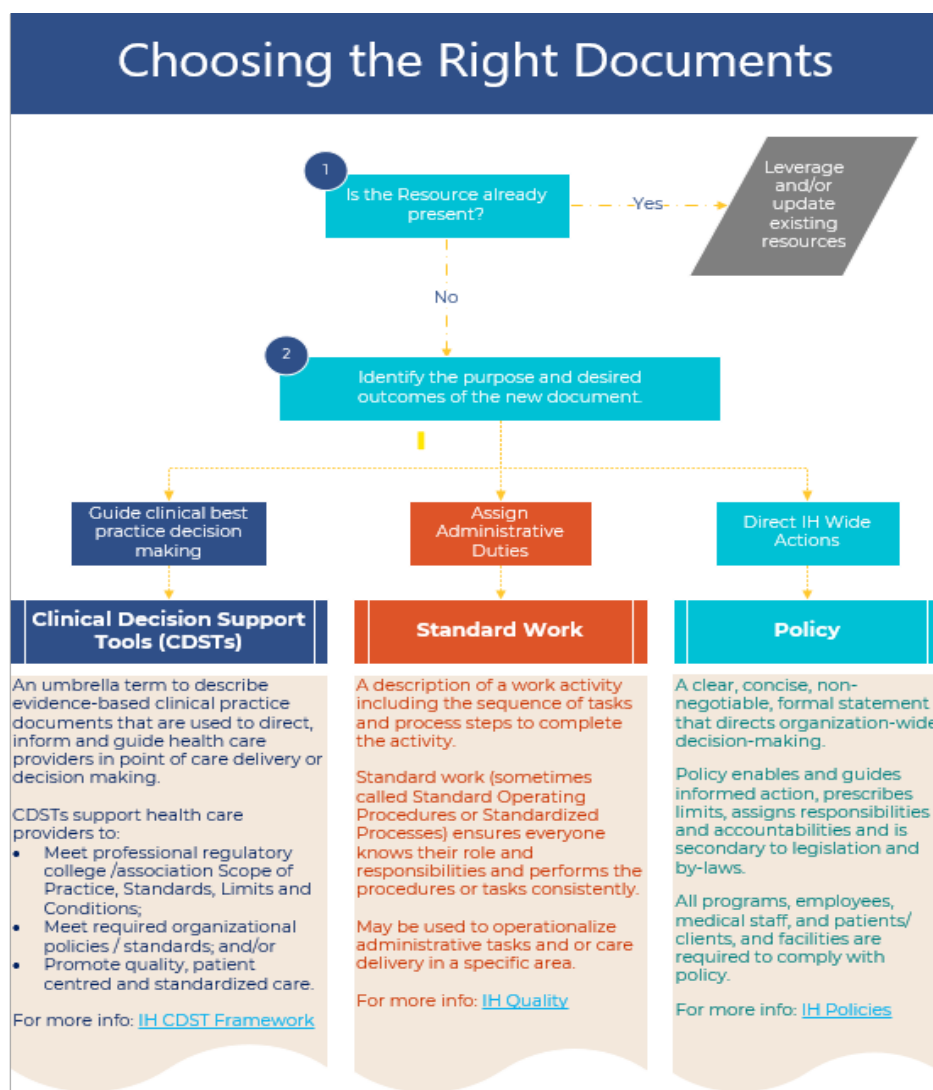


- Other discretionary documents such as standard operating procedures (SOPs), standard work, practice support bulletins or awareness and educational materials.

For further information on the different types of IH documents, please see [Figure 1: Choosing the Right Documents](#) (below) or refer to [Interior Health Policy AA0100, Policy, Clinical Standards & Decision Support Tools](#).

For other clinical guidance documents, please contact the [Professional Practice Office](#) or reference the [Clinical Decision Support Tools Framework](#). To request support for standard work templates / processes, please contact [IH Quality](#).

**Figure 1: Choosing the Right Documents**





## Principles

Principles are fundamental to policy development, approval, implementation, review, and maintenance of IH policies.

IH policy development is grounded in the following principles; IH policies are:

### Relevant:

- Developed only when there is evidence that a policy is the appropriate solution to address the issue(s) and/or direct regional action;
- Driven by patient- or population-centred goals that will deliver tangible improvements to the service/society;
- Based on existing evidence – best practice, legislation, regulations, government ministry directives, collective agreements and other similar sources;
- Scopes the subject widely at the outset to see the opportunities, implications, risks and constraints – including existing good policy practice in BC and other jurisdictions;
- Built from a strong consensus of support from key knowledge experts / stakeholders. Considers diverse knowledge, evidence and health practices that contribute to sustainable and equitable conditions (e.g. [best and wise practice](#)); and
- Aligned with IH’s mission, vision, values and strategic priorities.

### Consistent:

- Regularly reviewed to ensure they reflect current best practices, direction, legislation and the current environment;
- Aligned with guidance and practice at IH if/when it evolves; and;
- Updated based on a sound understanding of current provision, practice and performance and relevant trend analyses across geographical areas.

### Inclusive:

- Invites participation of IH stakeholders affected and/or perceived to be affected by the policy document(s), including patients or stakeholders from other health organizations, where applicable.



- Includes involvement of policy users, employees and medical staff and others who may be implicated or have expertise to offer - from the outset and throughout the policy development process.
- Reflects and respects diverse experiences, decreases inequities (based on race, sexual orientation, gender, ethnicity, religion, age, disability, geography, culture, income, education, sex) and addresses systemic racism and discrimination. For example, IH:
  - Focused efforts on diversity and inclusion to help ensure the workforce reflects the communities in which we serve, ensuring that our work and our workforce reflect a diversity of thoughts, backgrounds, and experiences<sup>1</sup>.
  - Seeks to achieve a future where commitment to the Provincial Declaration of Cultural Safety and Humility, the Truth and Reconciliation Commission (TRC) Calls to Action, B.C. Declaration on the Rights of Indigenous Peoples Act (DRIPA), the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) and the In Plain Sight Report evolves into action<sup>2</sup>.
- Seeks to ensure a good user or care experience by giving due regard to standards, equal opportunities, diversity, plurality and flexibility.

### **Transparent:**

- Reflects and proactively discloses policy in the best interest of the public, including a final document that is posted on InsideNet and the IH public website.
- Expresses policy succinctly, in plain, simple language and is understood by the public at large.

## **Governance & Accountability**

The accountability for policies is a shared mandate among the IH Board of Directors (Board), senior leadership, managers of all programs & services, medical staff, other professionals, and the individual employee. All employees and medical staff are accountable to the public who access IH services and to one another by complying with IH policy requirements; they uphold IH's

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<sup>1</sup> Interior Health Diversity and Inclusion Plan (2021)

<sup>2</sup> Interior Health Aboriginal Health & Wellness Strategy (2022-2026)



vision, mission, values and the [guiding principles](#) of IH policy development noted above.

Responsibility for policy development, approval, implementation, review, maintenance and adherence spans the organization, its programs and services. Key roles and responsibilities of the policy management process as follows:

### **Interior Health Board of Directors**

- Approves all Board policies.

### **Senior Executive Team (SET)**

- Approves all regional Administrative, Clinical and Research policies; and
- Reviews and endorses Board policies.

### **Senior Leadership Committees (SRMC, QMC, DHMC, SHSC)**

- Endorse policy and implementation plans for SET approval, per the respective Committee Terms of Reference.

### **Policy Sponsor**

- Is the most responsible leader for the policy – typically Vice President (VP) or President & Chief Executive Officer (CEO);
- Appoints and/or approves a Policy Steward and updates stewardship when there are changes to organizational structure, roles, etc;
- Ensures policy content is relevant, current and sufficient and any new policy document does not conflict with any existing policy document, with the Policy Steward;
- Approves policy development – either new policy or [major revisions](#);
- Approves requests to [retire a policy](#);
- Ensures due process has been followed by working with the Policy Steward on any necessary review / revisions (incidental or scheduled);
- Confirms that appropriate [consultation](#) with interested or relevant parties/partners, including patient partners and critical subject matter experts, has occurred;
- Endorses final draft policy and [implementation plan](#);
- Sponsors presentation(s) to appropriate senior leadership committee and SET [briefing note](#)(s) for policy endorsement / approval;





- Works with the Policy Steward to address any potential implementation barriers; and
- Where appropriate, works with Internal Audit to request policy compliance audit.

### Policy Steward

- Is the IH policy content subject matter expert and policy author – typically Director or Manager level;
- Identifies evidence-based practice and, where applicable, legislative, regulatory or other applicable requirements, expectations, or standards, Ministry Directives, and other sources;
- Ensures policy does not conflict with any existing IH policy documents;
- Alerts other Policy Stewards on any policies that a retired policy references. Resources on these related policies may need to be updated and/or modified to reflect the change;
- Acts as a spokesperson for the core elements of the policy;
- Approves [minor revisions](#) to existing policy and ensures the Policy Sponsor is aware of the minor revision;
- Leads the development and implementation of the policy, including [consultation](#) with [interested parties/partners](#);
- Responsible for incidental and scheduled revisions as required, to ensure content relevancy and currency. This includes supporting the Sponsor to identify the need for revisions outside of IH's 3-year review cycle and a new Steward (if applicable) when there are changes to organizational structure, roles, etc;
- Updates policy footer when there are title changes and/or a new policy Steward/Sponsor is appointed;
- Prepares submission and presents policy to the appropriate IH senior leadership committee(s) for endorsement;
- Prepares submission and, if requested, presents policy to SET for approval; and
- Consults with the Policy Sponsor to request policy compliance audit by Internal Audit as needed.



## Policy Developer

- An IH employee given authority by the Policy Sponsor or Steward to assist in the development of an IH Policy; and
- May complete administrative tasks and/or support the policy through the entire policy process as directed by the Policy Steward.

## Internal Audit

- Audits policy compliance as requested or required.

## Policy Office

- Maintains the IH Policy Development Framework;
- Maintains policy intranet site;
- Maintains control and custody of current and historical IH policy records ([per IH standards](#));
- Coordinates posting and retiring of applicable policies on [IH public website](#) (via IH Web team);
- Reviews policy document formatting to ensure clarity, consistency and overall readability; and
- Prompts Policy Sponsor or Steward when policy requires 3 year review.

## Process

IH policy development and revision follows four stages: 1. Initiation, 2. Development & Consultation, 3. Approval, and 4. Publish and Implement. There are numerous process steps within each stage, which can vary depending on the scope of the work (see [Table 1](#) below).

## Policy Portal

To enhance consistency, efficiency, and accuracy the Policy Office uses a Policy Portal, to automate policy intake, approval, and publication processes.

The [Policy Portal](#) contains an automated Policy Request Form, with all the approval workflows built-in, along with e-mail notifications for updates and/or approvals. The Policy Portal can also be used to document and apply changes to a Policy Sponsor or Steward.

How to guides and training videos are available on the InsideNet [Policy Development Site](#) to walk you through how to request a new policy or a major or minor revision to an existing policy. Both the Policy Development



Site and the Policy Portal can only be accessed by Policy Sponsors, Stewards and Developers. If you require access, email [IHPolicy@interiorhealth.ca](mailto:IHPolicy@interiorhealth.ca).

**Table 1: IH Policy Development and Revision Process**

IH Policy Development and Revision Process - for Policy Stewards and/or Developers unless stated otherwise		New Policy or Major Revision	Minor Revision
<b>1. Initiation</b>	a) Complete a Policy Request, including rationale for new or revised Policy, using <a href="#">Policy Portal</a>	✓	✓
	b) <b>Policy Office</b> reviews request and provides feedback if needed	✓	✓
	c) <b>Policy Sponsor</b> approves request through the Policy Portal	✓	
	d) Access editable documents within document library following Sponsor approval: <ul style="list-style-type: none"> <li>• <i>New policy</i>: policy template released</li> <li>• <i>Major/Minor revision</i>: previous word version of policy released</li> </ul>	✓	✓
<b>2. Development &amp; Consultation</b>	a) Draft new policy or revise existing policy using “track changes” feature (see <a href="#">Appendix A</a> for common definitions and <a href="#">Appendix B</a> for policy writing guidelines).	✓	✓
	b) Consider who to <a href="#">Consult</a> for draft policy (note: this may include preliminary committee feedback on new policy direction)	✓	
	c) Revise policy based on <a href="#">Consultation Feedback</a> and develop <a href="#">Implementation Plan</a>	✓	
	d) Repeat steps 2. b) and 2. c) as needed	✓	
	e) Obtain legal review (as needed)	✓	
	f) Request Policy Office feedback (recommended)	✓	
	g) Finalize and obtain Policy Sponsor endorsement of draft policy*	✓	
<b>3. Approval</b>	a) Prepare <a href="#">Briefing Note</a>	✓	
	b) Submit and present to <a href="#">Senior Leadership Committee</a> for endorsement	✓	
	<i>Senior Leadership Committee endorses policy</i>		
	c) Incorporate committee feedback as appropriate	✓	
	d) Submit to SET for approval (support Sponsor to present if required)	✓	
	<i>SET approves policy (or reviews/endorses Board policy)</i>		
	e) Incorporate SET feedback as appropriate	✓	



IH Policy Development and Revision Process - for Policy Stewards and/or Developers unless stated otherwise		New Policy or Major Revision	Minor Revision
4. Publish & Implement	a) Confirm policy footer is accurate – i.e. Sponsor and Steward job title and dates	✓	✓
	b) Submit final documents to Policy Office: <ul style="list-style-type: none"> <li>• <i>New policy</i> - word and PDF formats with confirmation of SET approval*</li> <li>• <i>Major revision</i> - both clean and tracked changes Word and PDF formats, with confirmation of SET approval*</li> <li>• <i>Minor revision</i> – both clean and tracked changes Word and PDF formats, with confirmation of Steward approval</li> </ul>	✓	✓
	c) <b>Policy Office</b> will publish policy on insideNet and, if applicable, the IH public website	✓	✓
	d) Execute <a href="#">Implementation Plan</a> (including Communication & Education plans)	✓	

## Consultation

Consultation is a crucial component in the policy development and revision process. Consultation should include all interested or relevant parties/partners, including patient partners and critical subject matter experts. Consultation is led by the Policy Steward who is the subject matter expert of the policy using the [Consultation List](#) as a guide of who to engage with.

Obtaining a satisfactory level of consultation helps to ensure that broad organizational issues related to the policy are identified early in order to minimize anticipated operational risks or problems and support acceptance / compliance associated with policy implementation.

Tracking consultations provides evidence of the development process for review and approval committees. Policy Stewards may use the [Consultation Feedback Form](#) to obtain input from relevant IH areas. The amount of consultation depends on the type of policy you are developing. Some policies may require focus groups and several revisions; for others, a short email request for input may suffice.

Policy Stewards should discuss the consultation process with the Policy Sponsor to ensure appropriate consultation occurs and to address any potential implementation barriers.



## Regular Review

The policy review process provides a regular opportunity for careful consideration of existing policies. The scheduled review period in IH is every three years, or as identified/directed by the Policy Sponsor or Steward (e.g., more frequent review may be identified by the Sponsor and/or Steward due to shorter legislative review timelines). Changes may be informed by stakeholder feedback and may be requested to reflect new provider requirements, expectations or standards, to maintain alignment and adherence to legislation, or to clarify context or add further detail.

Auditing of implemented policies may be requested by the Policy Sponsor and will be conducted by the IH Internal Audit department.

During a review, a policy may have one of four outcomes, 1. Reviewed with no changes required; 2. Major revisions; 3. Minor revisions; or 4. Retired. Regardless of the timing of revisions (ad hoc, 3-year review, etc.) the following information guides the type of policy revision.

### Reviewed with No Changes Required

A policy may be re-confirmed with no changes of content. In this case, the Policy Steward/Developer must request a minor revision through the Policy Portal to acknowledge the policy has been reviewed and no changes are required. The Policy Office will review the request and release a document set for the Steward to edit the policy. The Steward must update the policy footer to indicate a review was completed by adding the month and year of the review and placing an (r) behind the date e.g., June 2023 (r).

### Major Revisions

*Major revisions* are changes to IH Policy that are broad enough in scope to warrant a change in policy, and the resultant decisions or actions, but not broad enough to warrant a new policy. Examples include:

- Wide scale changes to content or significant rewrite
- Foundational information added/changed
- New references/evidence
- New/change in practice, service delivery, scope of practice, or procedure
- Legislation or Ministerial requirement/change
- Change in Standards or Accreditation requirement
- Reduce risk or harm or legal liability
- Conflicting policy documents exist that need to be replaced



- Promote standardization

The Policy Steward/Developer may request a major revision to an IH Policy through the Policy Portal. Major revisions will be reviewed by the Policy Office and require Policy Sponsor Approval. Upon receipt of the approval, a document set will be released for the Policy Steward to commence working on the revision. See Process section above for a detailed overview of next steps. The Steward must update the policy footer to indicate revisions were completed by adding the month and year of the review and placing an (R) behind the date e.g., June 2023 (R).

### Minor Revisions

*Minor revisions* are changes to an IH Policy that do not fundamentally change the intent of the policy content. Examples include:

- Rewording that clarifies policy or procedural statements
- Updating references
- Correcting formatting, grammar, or typographical errors,
- Change in position titles and/or updating the policy footer

The Policy Steward/Developer may request a minor revision to an IH Policy through the Policy Portal. Minor revisions require Policy Office review. Upon review, a document set will be released for the Policy Steward to commence working on the revision. See Process section above for a detailed overview of next steps. The Steward must update the policy footer to indicate revisions were completed by adding the month and year of the review and placing an (R) behind the date e.g., June 2023 (R).

### Retiring a Policy

If a policy is no longer needed or valid, either as a result of change to practice or scope, new mandate, legislation or directives, or as indicated following a policy evaluation/review, it may be necessary for the Policy to be retired. A retired policy will be moved to the archives and kept permanently as per IH Policy [AL0700](#): Records – Retention, Storage, and Destruction of.

Requests to retire a policy can be submitted by a Policy Sponsor or Steward to the IH Policy Office, with the following information:

- Reason(s) for retiring the policy;
- Policy Sponsor approval of the retired policy;
- Whether there is existing / more current guidance in place to direct employees and medical staff, or if this guidance will be developed (and when); and



- Any risks that might be created for IH, employees / medical staff, patients/clients as a result of removing access to the policy.

## APPENDICES

[Appendix A – Definitions](#)

[Appendix B – Policy Writing Guidelines](#)



## Appendix A – Common Definitions

Term	Definition
Aboriginal Knowledge	“Aboriginal Knowledge”, or traditional knowledge, generally refer to knowledge systems embedded in the cultural traditions of regional, indigenous, or local communities.
Anti-Racism	The practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality and justice.
Best Practice	Means a practice that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.
Cultural Humility	Begins with an in-depth examination of the provider’s assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and center and promotes patient/provider relationships based on respect, open and effective dialogue and mutual decision-making. This practice ensures Aboriginal peoples are partners in the choices that impact them, and ensures they are party and present in their course of care.
Cultural Safety	The desired outcome and can only be defined by the Aboriginal person receiving care in a manner that is safe and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service. It is a physically, socially, emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual’s identity. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural humility.
Discrimination	In British Columbia, it is discrimination if you are treated badly or denied a benefit because of a personal characteristic (e.g. firing a woman because she is pregnant, forcing an employee to retire because of their age, etc.)
Diversity	Array of identities, abilities, backgrounds, cultures, skills, perspectives, and experiences that are representative of an organization’s current and evolving workforce.
Employee	A person currently employed by Interior Health in a full-time, part-time, and/or term-specific position.
Family	A person(s) whom the patient wishes to be involved with them in care, and acting on behalf of and in the interest of the patient.
Harm	Impairment of structure or function of the body and/or any deleterious effect arising therefrom. Harm includes disease, injury, suffering, disability and death.





Term	Definition
Hazard	Situations, conditions, or things with the potential to cause harm.
Inclusion	The fair, equitable, supportive, welcoming and respectful treatment of all people. It values, recognizes and leverages differences in identities, abilities, backgrounds, cultures, skills, experiences, and perspectives that support and reinforce British Columbia's Human Rights Code.
Medical Staff	The physicians, dentists, midwives and nurse practitioners who have been granted privileges by the Board to practice in the facilities and programs owned or operated by the Interior Health Authority.
Patient	A person who is receiving, has received, or has requested health care.
Psychological Safety	The absence of harm and/or threat to mental well-being that a worker might experience.
Provider	Refers to physicians, professional staff, unregulated staff, and others engaged in the delivery of health services.
Racism	The belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat racialized groups as 'less than' non-racialized groups.
Wise Practice	"Wise Practices" are effective and culturally appropriate actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable conditions and practices and, in doing so, produce optimal results for Aboriginal Peoples.



## Appendix B – Policy Writing Guidelines

A well-written policy and procedure will be clear, consistent, simple and brief. Clearly written policies are clear about what is required and who is performing the action(s). Policies are written in plain language using the present tense, active verbs. A policy provides clear direction on what an organization is doing to achieve a benefit that aligns with the vision, mission, and values of the organization.

The following guidelines were developed to provide organizational consistency in style, presentation and format of regional policies.

### Overall Tips

#### Simplicity

Avoid extensive vocabulary and complex sentence structure. Use short, single idea sentences. Where possible, keep it simple with the readability level at Grade 7-8 (for readability statistics go to Tools in Microsoft Word). For example:

- Avoid using abbreviations. To use an acronym, the first reference must have the words written in full followed by the acronym in brackets.
- Keep sentences short.
- Refer to titles and positions rather than specific individuals. Refer to Department and Service or Company names rather than use of addresses and phone numbers.
- Use generic names for medications, cleaning agents, solutions, etc.
- Be consistent with use of terms (e.g., employee vs. staff) and use of verbs (e.g., review vs. revise) throughout the document.

#### Brevity

Short documents are easier to understand and more apt to be used. Aim for sentences with 20 words or fewer. Avoid unnecessary words, i.e., “In the event that...” should be replaced with “If...”

Limit details in the policy to what the reader needs to know. Limit background information. Focus on what must or must not be done.

#### Active Voice, Present Tense

The active voice is more concise, direct and effective than the passive voice. End-users read policies in the present and thus we write policy in present tense. Avoid future tense. Use a directive tone in the active voice and present tense.

For example:

- Passive voice – A follow-up appointment **will be booked** prior to the patient’s discharge.
- Active voice – **Book** a follow-up appointment prior to patient’s discharge.

#### Imperative mood

Policies are mandatory to follow. Avoid using immeasurable verbs, such as *understand, present, outline, describe, address, facilitate, ensure, and encourage*. As well as conditional wording like *shall*,



*may, could, would, should, might, can, and ought.* Use imperative mood wording to demand or require actions be performed.

For example:

- Conditional mood – The employee **should** complete a leave of absence form.
- Imperative mood – Complete a leave of absence form.

### **Defined Terms**

Any defined term within a policy must be capitalized. Any reference to the defined term within the policy should be capitalized throughout the policy. Define a term only if the term is required to understand and clarify the policy statements. List in alphabetical order. Italicize defined terms and their definitions within the definitions section of the policy. Do not italicize definitions in the body of the policy. Once you define a term, be consistent in its use. Use the same term throughout the document.

Compare terms and their definitions with those of the Ministry of Health, other IH policies, and the health care language generally accepted and used by Interior Health and within the health care industry. Refer to [Appendix A](#) for common policy definitions.

### **Write for the Long-Term**

Policies are reviewed every three years. Policies undergo lengthy, rigorous review procedures. Frequent updating is burdensome on Policy Stewards, Developers and the Policy Office. Consider hyperlinking items that need frequent updating. Items such as specific procedures or forms, may be better housed outside the policy. Consider using language such as including, but not limited to when listing examples to avoid unintentionally creating a gap or missing a condition that may exist in the future.

### **Inclusive Language**

Consider policy language that is inclusive (e.g. person-centred, barrier-free, and culturally safe). Refer to the [BC CDC Language Guide](#) recommendations, for example:

- Use gender neutral language
- Use appropriate language when referring to racial, ethnic, and cultural identities. Refer to groups as they self-identify (e.g. use Aboriginal vs Indigenous, at the request of our Aboriginal community partners).
- Do not alter the upfront policy acknowledgement

### **Formatting**

#### **Footer**

Use titles rather than names in the policy footer. The approval date never changes and reflects the initial policy start date. At every review or revision update the footer Reviewed (r)/ Revised (R) date:

- Use a lower case r to show a review was completed, but no changes to the policy were made.
- Use an upper case R to show revisions to the policy were made.

#### **Font**

Use Montserrat, size 10 for body text and Montserrat 12 point font for policy number/name.

#### **Numbering**



Do not alter main headings or numbering. Spell out numbers between zero and nine; use numerals for 10 and above (or if writing a range where one of the numbers is greater than 10; e.g. 8-12 days). Use numerals for percentages and before units of measurement (e.g. 6%, 25 milliliters). Follow logical and continuous numbering sequence (number each subheading) in the template; e.g., numbering of Section 3 “Policy document” might appear as follows:

- 3.0 POLICY
- 3.1 Scope of Policy document
- 3.2 Application for ....
- 3.3 Approval of Application
- 3.4 Exceptions

### **Margins, Bullets, and Spacing**

- Indent content 1.27cm from the left within each section
- Indent sub-bullets 2.54cm from the left
- Use numbered bullets to identify an order. Use icon bullets when steps can be completed in any order or for lists.
- Normal margins (2.54cm on all sides)
- Two spaces between sections
- A 6 point space between heading and section content
- Single spacing between lines within a section
- Review the [policy template](#) for example of formatting

### **Emphasis**

Do **not** underline for emphasis; use *italic* or **bold**.

### **Spelling**

Use the spell check function to ensure correct spelling within the document.

### **Punctuation**

The use of a **comma** is appropriate in the following situations:

- Between words or phrases in a list or series (e.g., The lab is open Mon., Wed., and Fri.);
- After an introductory clause (e.g., Before contacting any patient, wash your hands.); or
- To set off expressions, which are not essential to the meaning (e.g., All patients, including day hospital patients, are responsible for....).

The use of a **colon** in a sentence implies "as follows".

- It can be used after a statement that introduces a list of items (e.g., The lab is open on the following days: Monday, Wednesday and Friday.); or
- Introduces a formal rule or principle (e.g., The goals of the program are: 1. to improve patient safety...).

The use of a **semicolon** is appropriate in the following situations:



- To separate items in a series when one or more items are already punctuated (e.g., the following members must attend: the Director, who will chair the meeting; the Administrative Assistant, who will take minutes; and the managers, who will represent their respective areas); or
- In a compound sentence to divide two closely related clauses (e.g., Apply soap; rub hands vigorously.)

The use of **parentheses** is appropriate in the following situations:

- To enclose information that is not essential to the meaning of the sentence – e.g. Record vital signs (including blood pressure, respiratory rate and temperature) on the flow sheet graph);
- To enclose information that is serving as an illustration - e.g. Record times in the 24-hour time keeping system (e.g., 18:30 hours); or
- For references to material such as diagrams, charts, texts, articles, page numbers - e.g. (figure 2), (pages 1-10).

Options for **punctuation within lists**:

- Use **commas** between items if sentence structure is simple (i.e., no commas within each sentence in the list). Example:
  - Before and after contact with a patient:
    - a) wash hands with running water,
    - b) apply soap and wash all surfaces of the hands vigorously for 15 seconds, and
    - c) rinse thoroughly under running water.
- Use **semicolons** between items if list contains compound sentences (i.e., punctuation such as commas exists within sentences in the list). Example:
  - Before and after contact with a patient:
    - a) wash hands with running water;
    - b) apply soap and wash hands, including the backs of the hands and in between fingers, vigorously for 15 seconds; and
    - c) rinse thoroughly under running water.
- Use **open** punctuation. Example:
  - Before and after contact with a patient:
    - a) Wash hands with running water.
    - b) Apply soap and wash all surfaces of the hands vigorously for 15 seconds.
    - c) Rinse thoroughly under running water.

## Bookmarks and Hyperlinks

Include bookmarks, where appropriate. A bookmark is an item or location in your policy that a reader can click on and jump to while reading through the document. Book-marking tables, diagrams and algorithms assists readers in easily viewing these items and quickly returning to the section of the document they were reading.

A few IH policies contain hyperlinks to other documents on the Internet. These links direct the reader to related sources of information or assist in locating other information or forms associated with the policy document. For assistance using the bookmark and hyperlink features, contact the IH Digital Health Service Desk.

## Visuals



Flow charts and algorithms should be used sparingly in policies. If required, keep algorithms neat and impactful, and make sure the start and the end of the process are clear.

### **Version Control**

Always refer to the Policy Office InsideNet page for the most current and approved policy as the source of truth. Policies are not to be copied in any format, including copying to other teamsites, or posted elsewhere. All references to a policy must link to the InsideNet page. Policies that are printed are not controlled.



## Other Resources

BC Centre for Disease Control (July 2020). BCCDC COVID-19 Language Guide. Retrieved August 19, 2022 from: <http://www.bccdc.ca/Health-Info-Site/Documents/Language-guide.pdf>.

BC Ministry of Health (March 2018). Tip Sheet for Writing Policy related to person- and family-centred care. Retrieved August 22, 2022 from <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/health-care-partners/patients-as-partners/writing-policy-related-to-pfcc.pdf>.

Nova Scotia Health Authority (NSHA). (n.d.). Tips for Clear Writing from the Policy Office. Retrieved August 19, 2022 from [https://library.nshealth.ca/ld.php?content\\_id=35051030](https://library.nshealth.ca/ld.php?content_id=35051030).

Northern Health (March 2022). Policy Writing Guide – Policies and Clinical Practice Standards.