How to Write Policies and Procedures
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Why write policies and procedures?

All organizations have policies and procedures that guide how decisions are made and how the work is done in that organization. Well written policies and procedures increase organizational accountability and transparency, and are fundamental to quality assurance and quality improvement programs.

Even where policies and procedures are not written down, they exist, guiding the decisions and determining how people who interact with the organization are treated. The problem with unwritten policies and procedures is that they are not subject to the usual organizational reviews and accountability processes. In the absence of written policies and procedures, unacceptably different approaches, which make the organization inconsistent and inefficient, can develop.

When procedures are not written down, they usually reside inside someone’s head. An increasing number of employees are retiring as the “baby boomer” generation grows older. Consequently, a tremendous amount of knowledge leaves the organization when that person retires and the new replacement employee has to expend unnecessary energy trying to figure out the process all over again. New employee start up time is reduced dramatically by studying well written procedures. Procedures serve as organizational memory.

Who develops guidelines for writing and using policies and procedures?

An international organization called ISO, with headquarters in Geneva, Switzerland, developed an approach to managing organizations around a framework of policies and procedures. Since 1947 hundreds of thousands of private sector companies and public agencies have adopted ISO criteria as a means of improving quality and performance. Over 1 million organizations worldwide were ISO certified as of 2009, with a number of ISO certified companies residing in Montana. While DPHHS is not pursuing ISO certification, the information contained in this manual is largely derived from the ISO 9000 standard, which has been proven and time tested.

Documentation hierarchy

Policies and procedures are critical pieces of a larger system intended to control the quality of work performed and results produced. A policy and procedure is needed only where quality and performance is critical. A procedure enables all employees to carry out the best approach to a job correctly, the first time, and every time. When we record on paper or in a database that key milestones within a procedure were completed, then we have documented evidence to our constituents and accrediting bodies that we carried out the procedure correctly the first time, and every time. It takes substantial time, energy, and resources to develop and follow procedures. So we want to use procedures only where the benefits of improved quality and performance outweigh the overhead costs of using procedures.
The systematic approach for using policies and procedures to ensure quality and performance consists of four levels of documents (Figure 1). A policy explains why it is important to follow a procedure; that is, it describes a principal to guide our actions as we work. Conversely, a procedure describes specifically what tasks are to be done, where, when, and by whom in order to carry out that policy. A third type of document, the work instruction or practice manual, describes in detail how to carry out one specific task within a procedure. Finally, when we record the completion of key tasks or data associated with the work, then we have recorded proof of compliance with the procedure. Let’s take a look at the definitions of each of these documents in more detail, and then we will explain how to prepare each type of document later in this manual.

**Policies**

A policy is a principle or rule to guide decisions and achieve rational outcomes. They should be written concisely such that it will be easy to decide whether an action is in alignment with, or violates that principal. For example, consider the following policy statement.

“The Dept. of Labor and Industry provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.”

It is clear that when hiring employees this policy forbids discrimination for any number of reasons. Implicit in this policy is the concept that the Department of Labor will hire employees based on a set of criteria other than those stated above. This principal is so simple to understand that a person could easily evaluate the hiring process or behaviors of individuals on a hiring panel to decide whether the policy was violated.

As in this example, policies tend to be timeless in nature and enduring. They do not prescribe how something is to be done, but state why we must carry out a procedure (e.g. we follow the hiring procedure so that we don’t discriminate). Policies are generally applicable to a broad range of situations. The EEO Policy for example, applies to job advertising, recruitment fairs, internships, job descriptions, hiring panels, and many other employment related activities. Because policies guide the actions and behaviors of the entire organization, they are strategic in nature, and must be approved by the highest level leadership.

**Procedures**

Where policies provide the signposts or guidance, procedures tell people how things will be done. A procedure specifies what will be done, when, and by whom and what records are to be kept. It is the “recipe” by which the policies are enacted. Procedures are generally developed to carry out one or more policies and ensure compliance with that policy. Because procedures specify the detailed steps, or tasks, to be carried out, they frequently need to be modified as time passes and...
circumstances change. While there must be a structured process to ensure that employees have access to only the latest and most current version, procedures may be readily modified and approved by various levels of management.

Work Instructions

Work instructions, sometimes referred to as task instructions or practice manuals, explain how to carry out a specific task within a procedure. For example, assume that one task in a laboratory procedure calls for the technician to “calibrate the mass spectrometer” as one step in the complex analysis of a medical sample. As opposed to cluttering up the written procedure with pages of detailed calibration instructions, the procedure would simply refer to the “Mass Spectrometer Calibration Work Instruction”.

This third type of document may never be needed for a simple procedure, but is extremely helpful when a large amount of detailed instructions is needed to specify how to carry out one single task within a procedure.

Records

Records are documents or data generated by the procedure or work instruction. Forms, data sheets, or digital data are commonly completed as part of the work process. This information may also document completion of key milestones within a procedure, or may simply be a time and date stamped sign off that a milestone was completed. Such records are useful to demonstrate compliance and must be available at all times for inspection by an accreditation examiner or other kind of auditor. Records also need to be retained in compliance with document retention policies.

When do we need a policy or procedure?

The types of topics that go into a policy manual are those things that are the “heart and soul” of the organization. Policies should be developed for only those topics that are critical to success, quality, and performance. They should relate to such items as constituent needs and expectations, legislative requirements, core services and competencies. A strict focus on developing policies and procedures only for the factors critical to quality and performance will help contain our policy and procedure manuals to useful and manageable proportions.

Quality and performance means that we deliver the correct service or product to our constituents on time, the first time, every time, and in the most effective and cost efficient manner. It also means that the service is provided such that we solve the recipient’s problem in a manner that leaves them positively excited about the service received. So, anytime inconsistent or erroneous work could negatively impact the services or products that our constituents receive, then that work process is a candidate for a written procedure. Any work process that could potentially harm or injure anyone, or result in a meaningful financial loss is a candidate for a written procedure. Processes should be documented when the service directly touches our constituents, or there is meaningful risk of injury or harm, financial or otherwise.
Writing a policy

Policy documents possess nearly all the same sections as a Procedure except that it contains a Policy section (the policy statement) and does not contain a Procedure section. The order of the sections is also slightly different consisting of the following: 1) Purpose, 2) Policy (statement), 3) Scope, 4) Responsibility, 5) Definitions, 6) Related Documentation, 7) Revision Log, and 8) Authorization. The directions for all of these sections, except the Policy section, are identical to the Procedure.

A policy is a principle or rule to guide decisions and achieve rational outcomes. They should be written concisely such that it will be easy to decide whether an action or behavior is in alignment with, or violates that principle (see page 2). While there is no rule for the length of the policy statement, it should be written in one sentence if all possible, or at least in as few sentences as possible. Remember that the policy statement is a guiding principle and as such, should not provide any details about how we will carry out that principle. The policy as a guiding principle is a statement that serves as the foundation for a system of behavior or for a chain of reasoning. It provides a standard of good behavior. Some examples of good policy statements follow. Notice that the underlined phrase in each policy captures the essence of the ideal behavior for which we strive.

- The Dept. of Public Health and Human Services provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.

- It is the policy of the Child and Family Services Division (CFSD) to receive all reports of suspected child abuse, neglect, or abandonment in the Centralized Intake Bureau. All reports indicating reasonable cause to suspect that a child is abused, neglected, or abandoned by a person responsible for the child's care, must be assessed. The immediacy of the timeframe for response by the Child Protection Specialist (CPS), if needed, will be determined by Centralized Intake (CI).

- PHSD will protect the identity of individuals in the collection, analysis, and reporting of PHI which, alone or in combination with other information, could be used to determine with reasonable accuracy the identity of an individual.
Writing a procedure

The procedure is the recipe of how things get done. It is the step by step directions of how to perform a particular scope of work. But before we write down these steps there is additional information needed. First, the header gives title and date information that allows keeping track of the most current revision. Let’s now take a look at each information element within the header. The logo clearly indicates organizational ownership. Category refers to the category in which the procedure is grouped in the manual index, this information is automatically populated in the properties wizard when the document it created. The Procedure is the title of the procedure and is also automatically populated in PolicyTech. The Procedure Number is optional at the discretion of the Division creating the document, and is manually entered if being used.

<table>
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<tr>
<th>Department of Public Health and Human Services – Procedure</th>
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<tr>
<td>Category:</td>
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<tr>
<td>Procedure:</td>
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<td>Procedure Number</td>
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The same information is provided in the footer. This information ensures that the user can identify a single page that has been separated from the entire procedure document.

Step 3 - Analysis of feedback data and improvement actions.
   a) Programs compile and analyze customer satisfaction data.

Approved: 04/18/2017  Last Reviewed: 04/18/2017  Original Creation: 05/12/2016
The **Purpose** tells the reader what will be accomplished by following the directions. It defines what the procedure is attempting to control and guide. Additional background may also be provided to increase understanding.

<table>
<thead>
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<th>Department of Public Health and Human Services – Procedure</th>
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<tr>
<td><strong>Category:</strong> Public Health and Safety Division</td>
</tr>
<tr>
<td><strong>Procedure:</strong> Customer Satisfaction</td>
</tr>
<tr>
<td><strong>Procedure Number</strong> (Optional)</td>
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1. **Purpose**
   
   This procedure describes how the Public Health Safety Division (PHSD) collects feedback, analyzes, and measures progress on customer satisfaction to ensure services are meeting customer expectation.

**Scope** defines which activities are included within the process that the procedure controls. It outlines the work activities, area, department, group or personnel to which the document applies.

The most effective way to define the procedure’s scope is to state the trigger, beginning point, or first step of the procedure, followed by the last step of the procedure (e.g. “This procedure applies to all tasks, data, and documents from the moment financial aid application is received until the applicant is notified of acceptance or denial”).

2. **Scope**
   
   This procedure applies to all PHSD employees and to all activities carried out by the Division’s programs.

**Responsibility** briefly defines, by function, all personnel who are involved in implementing or using the procedure. It may also define personnel who have the authority over the document and/or process. Whereas the **Scope** defines the boundaries of work for which directions are being provided, **Responsibility** defines who is responsible for carrying out the work and their roles in doing so.

3. **Responsibility**
   
   All employees are responsible to notify the Senior Public Health Epidemiologist when they become aware of a potential disease cluster.

   The Senior Public Health Epidemiologist is responsible for maintaining records and logs of pertinent contacts. The Senior Public Health Epidemiologist, the State Medical Officer, and all PHSD Epidemiologists are responsible for conforming to this procedure.
Words, abbreviations or actions that may be ambiguous, unique to the process, or that may not be readily understood by the reader, especially a new employee, should be clearly defined under the Definitions section.

4. Definitions

Non-Infectious Disease Working Group: A team consisting of the Senior Public Health Epidemiologist, the State Medical Officer, and all other PhSD Epidemiologists.

The steps to carry out the procedure (the work recipe), are provided in the Procedure section. Each step is referred to as a task. Number each task indicating any sequential order. State who is to do what work, where, when, and under what conditions. The logical flow of the work may best be presented with the aid of a flowchart, but a flowchart is optional. If however, a flowchart is used, then number the flowchart symbols to coincide with the task numbers in this section. In electronic form, this approach gives the user an opportunity to look at the flowchart on one computer monitor and read the corresponding explanation on a second monitor. Additionally, if a flowchart is sufficient to communicate the procedure, then a flowchart without accompanying text is acceptable.

5. Procedure

The process map on pages 6 and 7 defines the procedure for investigation of suspected clusters of adverse non-infectious health events.

Stage I – Coordination

1. Record the initial report. Suspected clusters may be reported to any department. Anyone who receives a call, letter, or e-mail should respond with speed and sensitivity. The way in which the initial report is handled affects perceptions of DPHHS. A positive initial response may help to diffuse concerns a caller may have. It also assures the caller that the report is being treated seriously. During the call you should identify yourself, tell the caller what actions will be taken, and state when the caller can expect a response.

   Record the call on the Suspect Cluster Report Form (Appendix A). This form organizes key points about the suspect cluster and provides prompts for further information. The caller's real concern may only emerge in response to careful questioning. Callers may volunteer Protected Health Information about themselves and may attempt to supply hearsay information of a personal, confidential, or sensitive nature about others during this initial call. Treat all individual information volunteered as confidential at all times. Do not encourage callers to provide Protected Health Information about others.

   All reports should be forwarded to the Senior Public Health Epidemiologist for assignment to the appropriate unit for follow-up. In general, queries will be assigned to programs by disease category or situation, listed in Appendix C. The senior Public Health Epidemiologist will log the call in the database.

2. Contact local health jurisdiction(s). The Senior Public Health Epidemiologist will contact the appropriate local public health jurisdiction(s) to inform them of the report and determine who will respond.

When writing Procedure tasks, think about a new employee as the target audience. A well-written procedure should, in addition to other purposes, allow a new employee to minimize orientation and start up time. How much detail is provided for each task depends on the complexity of the work and the need for accuracy and precision. However, the procedure author should assume the reader to possess an expected level of professional competence and knowledge when giving directions. It is not the role of a procedure to teach an employee what should be acquired through standard training and education.
The **Related Documentation** section serves three purposes.

1. First, a standard task may be described in a published professional manual or similar document. In such circumstances, the procedure author should not copy all of the text out of the reference manual, but simply reference that manual in the task and then provide the complete literature citation here.

2. Second, include any literature references here that are cited in other sections to clarify the purpose, background, or task. Include any references that would be useful in carrying out this procedure.

3. Last, provide the name (and hyperlink if possible) of any policy or policies that this procedure directly supports. Procedures are built on policies. A procedure states what will be done to implement the policy.

6. **Related Documentation**

   Cite any documents or digital information that is referenced in the Purpose, Procedure, or Definitions section of this document. Also list any Policies (using the standard naming convention assigned by the Policy & Procedure Administrator) that is directly supported by this procedure. The policy states the guiding principle; the procedure describes the process through which the policy will be carried out.

The **Related Federal or State Guidance** section is written to ensure policies and procedures are up to date and coincide with any relative Federal or State laws. Citing any Federal Contracts, Federal Laws, Montana Code Annotated (MCA), Administrative Rule (ARM) or important prevailing document.

7. **Related Federal or State Guidance (If Applicable)**

   Cite any Federal contracts, Federal laws, Montana Code Annotated (MCA), Administrative Rule (ARM) or other pertinent guiding input that authorizes and/or informs this procedure.

   If possible, include a link to the MCA or ARM that will be kept current.

The **Document History & Change Log** provides a record of changes made to the procedure during the procedure’s complete life. This information is valuable to allow an employee to quickly identify the changes made to a new revision without having to compare it to the last revision line by line. Second, this log allows organizational memory of what has been tried before during multiple cycles of process improvement. Occasionally, a change in a procedure that was believed to improve performance may produce unintended poor results at a much later time. Being able to identify changes in the past can help identify the cause of an unintended consequence. Describe the change in a paragraph with enough detail that another reader would know what was changed.
**Change summary with version history** provides the signature of the approving authority in paper form, and lists the name and title of the approval authority in electronic form.

[Image]

**Process mapping**

A process is defined as the sequence of ordered steps through which a service is provided or a product is produced. Process mapping, also referred to as process flowcharting, is a very effective method to help write the procedure section discussed above, and it results in a flowchart that may become part of the written procedure.

To begin developing a process map, first identify what initiates the process and what signifies the end. Then identify the “thing” passing through the process. All work processes start with an initial tangible or intangible “thing” and transforms that “thing” into something of greater value to the end user. For example, a financial assistance process begins with a completed application form (information) that is transformed into an approval or rejection decision by adding research and analysis. The decision has added value not only to the applicant, but also to the funding agency by ensuring that those who receive financial aid do in fact qualify for it. In another example, a communicable disease surveillance process begins with an instance of an infectious disease recorded in a physician’s office, and follows that piece of data through compilation with other data and analysis, until a final report is prepared. Raw data dispersed throughout the country is transformed into knowledge of disease outbreaks and trends; this transformation process then adds value for public health professionals.

To construct a process map, imagine that you are the “thing” (information, data, report, etc.) passing through the work process, and record each step that happens to this thing. A step is defined as any action that changes the “thing” as it passes through the process. The logic used in deciding what happens to the “thing”, when, where, and by who is also recorded. Standard flow charting symbols are used to map the sequence of steps and the control logic of the work as the “thing” is transformed into something of greater value. In the communicable disease surveillance example above, imagine that you are the disease incidence information recorded on a form in a physician’s office, and then track that single piece of data along each step as it is transmitted to a database, compiled with other data, analyzed, written into a report, and then that report distributed to end users. The graphical representation of this process in a flowchart form is called a process map. Writing a procedure from a process map is easy because the author is simply explaining in text what happens at each step (symbol) in the flowchart.
A more complete description of process mapping or flowcharting is beyond the scope of this manual. However, more information can be obtained from ...

**How much documentation is enough when writing a procedure?**

Every process (synonymous procedure) could be broken down into more or less detailed tasks. Every task could hypothetically be broken down into more detailed, smaller tasks. Looking at a tree, one could think that a leaf would be enough detail. But the leaf could be broken down into veins and tissues, the tissue divided into cells, the cells into parts of a cell, continuing on until we are speaking at the subatomic level! So how much detail is enough? *The answer is to document as little as possible but as much as necessary.*

If you would expect a task to be common knowledge to a professional with standard training and credentials, then mentioning the task name would be enough. On the other hand, if the task at this organization is potentially slightly different from other places, then a more detailed description of the task would be needed. An abbreviated task description or name given in a flowchart symbol would likely be enough to remind a long time employee about the sequence and what to do. However, a new employee might need a longer paragraph in the written procedure section in order to understand the flowchart task more fully. A critical step that could lead to serious harm or cost would be best to be described explicitly and in great detail. At the same time, explaining how to make a photocopy is likely overkill. So documenting procedures is a balancing act with the goal of being clear, complete, and concise.

**Writing a work instruction**

Work instructions, sometimes referred to as task instructions or practice manual, explain how to carry out one specific task within a procedure. When referencing a Work Instruction within a Procedure, state the task name and then provide the Work Instruction number with a hyperlink to the Work Instruction document if possible. A Work Instruction document essentially has all the same sections as a Procedure, and directions about how to write a Work Instruction are identical to that of a Procedure. The primary difference is that the scope of a Work Instruction is only one task referenced within a Procedure.

**How can we ensure policies and procedures stay current?**

Outdated policy and procedure manuals are worse than useless because they may actually point our staff in the wrong direction! A few simple strategies can be used to ensure our policy and procedure manuals remain current and staff understands the level of currency.

**Policy and Procedure Administrator**

Although a number of staff will contribute to the documentation of policies and procedures, all issuing and re-issuing should be through one designated position. In this way, amendment records can be appropriately maintained and issuing controlled. The official Policy and Procedure Manual will reside only in electronic form published on the DPHHS PolicyTech website, available at [http://dphhs.mt.gov/manual](http://dphhs.mt.gov/manual). A very limited number of hard copy “bench manuals” may be located in work units where access to paper copy is required. One person will be designated as the Policy and Procedure Administrator to control publishing the latest authorized version to the website and
then replacing any necessary pages in “bench manuals”. All requests for documents to be created or updated will be initiated using the Document Request Form, located at: http://dphhs.mt.gov/manual and routed to the designated policy and procedure administrator for each division or area of the Department.

**Document control**

The standard format of policies and procedures includes an issue date and number. The first time a policy or procedure is issued it should be numbered as version ‘1’ (this is the default option in PolicyTech); subsequent major amendments are numbered ‘2’,’3’,’4’ etc. A decimal fraction is incremented for each minor revision (e.g. spelling correction), and the whole number portion is incremented for each major revision (e.g. redesigned the entire process).

Each policy and procedure should number their pages to be consistent within itself and indicate the total number of pages. Continuous numbering of pages across the entire manual, such as is used in a book, would prevent information being updated as frequently needed and is to be avoided. The publication of the bench manuals in a bound form with continuous backed pages would also prevent routine update as the whole manual would need to be re-printed to update one piece of information. Therefore, loose leaf folders are recommended and each hardcopy policy or procedure printed back to back as one unit. The entire policy or procedure will then need to be replaced when a change is made, but the remainder of the manual remains untouched.

**Approval process**

The approval process within each Branch of the Department is defined by the Director and Branch Manager, and is facilitated in PolicyTech for tracking of the approval process for each document.

**Distribution and sign off**

As part of the Workforce Development program, positions needing to review and understand each policy and procedure will be identified. The Policy and Procedure Administrator will use PolicyTech to trigger a notification by e-mail to those employees required to review a new or revised policy or procedure (see PolicyTech instructions on linking a document to a job description). Each employee is then responsible for reviewing the documents and signing off in PolicyTech that she or he has read and understands the document. The Policy and Procedure Administrator will identify those employees who have not completed the review within a published timeframe, and then will advise their supervisors. Not only will this process ensure that everyone is knowledgeable of the most current policies and procedures, but it will also provide evidence of complete distribution for accreditation examiners.

**Regular update review**

A standard review time cycle will be established for every policy and procedure, typically ranging from once a year to once every three years. Before the scheduled review date, a team of subject matter experts will be formed to formally evaluate whether conditions have changed such that the policy or procedure needs to be updated. Any required updates may be simple enough that the team can quickly make the revisions and submit for approval. However, these standard reviews provide an opportunity and motivation to conduct a formal process redesign. So not only does this
approach allow the organization to keep procedures current with respect to minor changes, but it also sets the stage for innovation and continual improvement.

Appendix I.
Abbreviated instructions for writing policies, procedures, and work instructions.
(Please delete all blue italicized instructional text in final published version)

1. **PURPOSE**
   
   Describe the purpose of the policy (i.e. what the policy will accomplish) and if applicable discuss the background and reasons why the policy is needed.

2. **POLICY**
   
   A principle or rule to guide decisions and achieve rational outcomes. The policy statement should be:
   
   - Concise
   - Easy to evaluate actions against principle
   - Applicable to a broad range of day-to-day operational situations
   - Not prescriptive
   - Timeless and enduring
   - Established and approved by high level leadership

3. **SCOPE**
   
   Outlines the activities, area, department, group or personnel to which the policy applies.

4. **RESPONSIBILITY**
   
   Briefly define, by function, all personnel who are responsible for carrying out the policy. May define personnel who have the authority over the document and/or process.

5. **DEFINITIONS**
   
   Words, abbreviations or actions that may be ambiguous, unique to the policy, or that may not be readily understood by the reader should be clearly defined.

6. **RELATED DOCUMENTATION**
   
   Cite any documents or digital information that is referenced in the Purpose, Procedure, or Definitions section of this document. Also, list any Policies (using the standard naming convention assigned by the Policy & Procedure Administrator) that is directly supported by this procedure. The policy states the guiding principle, the procedure describes the process through which the policy will be carried out.

7. **RELATED FEDERAL OR STATE GUIDANCE (IF APPLICABLE)**
   
   Cite any Federal contracts, Federal laws, Montana Code Annotated (MCA), Administrative Rule (ARM) or other pertinent guiding input that authorizes and/or informs this procedure.

Approved: Date Approved   Last Reviewed: (Last Periodic Review Date)   Original Creation: Original Creation Date
If possible, include a link to the MCA or ARM that will be kept current.

**Formatting specifications for using standards template:**

- Font Color - Black (*Automatic* in Word)
- Font Size – 12pt in Word
- Font Type – Arial
- Justification – Left

- Do not use italics at all in final documents, as they may be hard for some to read.
- Do not use underlining as it is associated with hyperlinks.
- Avoid the use of jargon in any document.
- Do not use acronyms – spell out the complete phrase. For example “FYE” should read “fiscal year end”
- Do not use specific names of people, please use their job title. For example, do not write, “Forward the form to Joe Smith.” Instead, write, “Forward the form to the technology services email at dphhs.tech@mt.gov.”

**Document Titles**

- Do not use the words “Policy” or “Procedure” in the title of the document. For example, a policy regarding Employee Travel should be titled “Employee Travel” not “Employee Travel Policy.”

- No policy or procedure should have the same name as another. Also, be aware of using generic titles (such as “Incident Reporting,” since more than one division may have an incident reporting process.
(Please delete all blue italicized instructional text in final published version)

1. **PURPOSE**

   Describe the purpose of the procedure (i.e. what the procedure will accomplish) and perhaps discuss the background and reasons why the procedure is needed.

2. **SCOPE**

   Outlines the activities, area, department, group or personnel to which the procedure applies. What triggers the beginning of the process and what signals that the process has ended? What signals that the intended outcome was achieved?

3. **RESPONSIBILITY**

   Briefly defines, by function, all personnel who are responsible for carrying out the procedure. May also define personnel who have the authority over the document and/or process.

4. **DEFINITIONS**

   Words, abbreviations or actions that may be ambiguous, unique to the procedure, or that may not be readily understood by the reader should be clearly defined.

5. **PROCEDURE**

   1. Paragraph describing step one. The term “step” is synonymous with the “task”. If an accompanying flowchart is provided, then the flowchart symbols should be assigned a sequential number, and the step number in the written procedure should coincide with the flowchart symbol number. The very first step should identify what triggers initiation of the procedure.

   2. Paragraph describing step two.

   3. Paragraph describing step three, and so on.

6. **RELATED DOCUMENTATION**

   Cite any documents or digital information that is referenced in the Purpose, Procedure, or Definitions section of this document. Also, list any Policies (using the standard naming convention assigned by the Policy & Procedure Administrator) that is directly supported by this procedure. The policy states the guiding principle, the procedure describes the process through which the policy will be carried out.

7. **RELATED FEDERAL OR STATE GUIDANCE (IF APPLICABLE)**

   Cite any Federal contracts, Federal laws, Montana Code Annotated (MCA), Administrative Rule (ARM) or other pertinent guiding input that authorizes and/or informs this procedure.

   If possible, include a link to the MCA or ARM that will be kept current.

Approved: Date Approved  |  Last Reviewed: ( Last Periodic Review Date ) | Original Creation: Original Creation Date
Formatting specifications for using standards template:

- Font Color - Black (Automatic in Word)
- Font Size – 12pt in Word
- Font Type – Arial
- Justification – Left
- Do not use italics at all in final documents, as they may be hard for some to read.
- Do not use underlining as it is associated with hyperlinks.
- Avoid the use of jargon in any document
- Do not use acronyms – spell out the complete phrase. For example “FYE” should read “fiscal year end”
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Document Titles

- Do not use the words “Policy” or “Procedure” in the title of the document. For example, a policy regarding Employee Travel should be titled “Employee Travel” not “Employee Travel Policy.”

- No policy or procedure should have the same name as another. Also, be aware of using generic titles (such as “Incident Reporting,” since more than one division may have an incident reporting process).
(Please delete all blue italicized instructional text in final published version)

1. **PURPOSE**

   Describe the purpose of the work instruction (i.e., what the work instruction will accomplish) and perhaps discuss the background and reasons why the work instruction is needed.

2. **SCOPE**

   Outlines the activities, area, department, group or personnel to which the work instruction applies. What triggers the beginning of the process and what signals that the process has ended? What signals that the intended outcome was achieved?

3. **RESPONSIBILITY**

   Briefly defines, by function, all personnel who are responsible for carrying out the work instruction. May also define personnel who have the authority over the document and/or process.

4. **DEFINITIONS**

   Words, abbreviations or actions that may be ambiguous, unique to the work instruction, or that may not be readily understood by the reader should be clearly defined.

5. **WORK INSTRUCTION**

   1. Paragraph describing step or task one. The term “step” is synonymous with the “task”. If an accompanying flowchart is provided, then the flowchart symbols should be assigned a sequential number, and the step number in the written work instruction should coincide with the flowchart symbol number. The very first step should identify what triggers initiation of the work instruction.
   2. Paragraph describing step two.
   3. Paragraph describing step three, and so on.

6. **RECORDS**

<table>
<thead>
<tr>
<th>Record</th>
<th>Where Filed</th>
<th>Responsible Individual</th>
<th>Indexing Method</th>
<th>Minimum Retention Time</th>
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Approved: Date Approved
Last Reviewed: [Last Periodic Review Date]  Original Creation: Original Creation Date
7. **Related Documentation**

Cite any documents or digital information that is referenced in the Purpose, Work Instruction, or Definitions section of this document. Also, list any Policies (using the standard naming convention assigned by the Policy & Work Instruction Administrator) that is directly supported by this work instruction. The policy states the guiding principle; the work instruction describes the process through which the policy will be carried out.

8. **Related Federal or State Guidance (if applicable)**

Cite any Federal contracts, Federal laws, Montana Code Annotated (MCA), Administrative Rule (ARM) or other pertinent guiding input that authorizes and/or informs this work instruction.

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Appendix II – for PHSD accreditation

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