

POLICY AND PROCEDURE DEVELOPMENT		Number:	B103
Approved by:	Board	Pages	Page 1 of 5
Section:	Governance	Approved date:	June 25, 2025
Subject:	Policy & Procedure Development	Date of next review:	By June 24, 2030

Contents

1. Policy:	1
2. Scope:.....	1
3. Definitions:	1
4. Responsibilities:	2
5. Guiding Principles:	2
6. Procedures:.....	2
7. References:.....	4
8. Supporting documents:	4

1. Policy:

Klinic Community Health is committed to maintaining up-to-date, clear, and effective policies and procedures that reflect current best practices, legal and regulatory requirements, and the organization's mission, values, and operational needs. This policy outlines a transparent, inclusive, and systematic process for the development, review, revision, and approval of all board and operational policies and procedures, supporting effective governance, accountability, and operational excellence.

2. Scope:

This policy applies to all Board, management, staff, volunteers, and paid or unpaid committee or advisory members developing policies and procedures as part of their role at Klinic Community Health.

3. Definitions:

- a. A Policy is a mandatory, clear, formal, and authoritative statement(s) that allows staff to make informed decisions, prescribes limits, assigns responsibilities and is secondary/subject to relevant government legislation and organizational by-laws.
- b. Operational Policy is a mandatory set of decision-making instructions typically applied to certain work groups supporting the daily operations and administration of the organization.
- c. A Procedure is a detailed, step-by-step guide on how to carry out a specific task or process that ensures consistency, efficiency, and compliance. A procedure may be embedded in the policy document.
- d. A Standard Operating Procedure (SOP) is a mandatory set of task-oriented or step-by-step instructions applied to a certain work group(s) designed to consistently and efficiently

maintain quality, safety, and compliance with regulations.

- e. Policy and Procedure Development is an adaptive and collaborative process of managing policies and procedures that includes identifying the need, drafting the document, seeking input and revision, approving, managing accessible organization and storage, regular reviewing and amending, and retiring/archiving outdated policies.
- f. The Directors Team is comprised of the Executive Director and Program Directors.
- g. The Leadership Team is comprised of the Executive Director, Program Directors, and Program Managers.

4. Responsibilities:

- a. The Board of Directors is responsible for the board policies, including approving and regularly reviewing them to ensure they align with the organization's mission and strategic direction. The Board may delegate this responsibility to the Executive Director.
- b. The Executive Director is responsible for the operational policies and procedures that ensure efficient and effective daily operations. The Executive Director may delegate this responsibility to the Directors Team, who consult with each other, and their teams on the development or review of policies or procedures that affect their program.
- c. Staff teams and committees will serve as advisory groups for the development of operational policies, procedures and SOPs.
- d. Staff, volunteers, and other stakeholders may recommend new policy and procedure creation or provide feedback on existing policies and procedures to the Executive Director, Directors or Managers.
- e. The Executive Assistant will support the Board, Executive Director, Directors Team, Managers, and committees to facilitate stakeholder engagement and compliance with this policy.

5. Guiding Principles:

At Klinik Community Health, policies are rooted in our governing by-laws, providing direction and principles for decision-making. Procedures and SOPs support policies by outlining specific steps and best practices for implementation. This structure ensures clarity, consistency, and accountability across the organization.

6. Procedures:

a. Identifying the need

Policies and procedures may be developed in response to regulatory changes, accreditation requirements, organizational needs, or risk management concerns, ensuring compliance and addressing gaps in practices. They may also be inspired by technological advancements, feedback from stakeholders, or cultural and social shifts, such as inclusivity or accessibility developments. Strategic alignment with organizational goals further drives policy creation to adjust proactively to challenges and opportunities.

The Board, Executive Director, Program Directors and/or Managers shall identify the need for the development of a new policy or procedures or review existing policy or procedures.

b. Draft

The Executive Director with the Directors' Team will outline the purpose and scope of the policy or procedure but may delegate the creation of the first draft to an individual or group. Drafting

the policy or procedure may include research, legal and compliance considerations, best practice standards, and similar policy by kindred agencies.

c. Input and revision

Following review by the Executive Director, and/or Directors, Managers and/or staff committee shall be asked for recommendations to ensure the document meets the values of Klinik.

Upon final approval from the assigning Board committee, Executive Director, and/or Directors, as appropriate, the draft policy will be forwarded for approval.

This process will balance a collaborative, non-linear approach with the requirement to approve the policy in a timely manner.

d. Approval

Board policies must be approved by motion in a Board meeting.

Operational policies and procedures will be approved in Directors' meetings, before being brought forward to Leadership meetings and recorded in the minutes.

Standard operating procedures are approved at the Program level by the appropriate Director and Manager upon consultation with the staff responsible.

The approval date and approving body will be recorded on the policy or procedure.

All staff will be notified that the policy or procedure has been approved within 30 days of approval.

e. Classification system for policies and procedures

All policies, procedures and supporting documents will be numbered by the Executive Assistant and published on Klinik's internal document system "Policies and Procedures Manual" according to the following headings and sub-headings:

Administration

- Communications (COM)
- Ethics (ETH)
- Financial Management (FIN)
- Fund Development (FD)
- Governance (GOV)
- Human Resources (HR)
- Operations (OPS)

Health Services

- HS-Administration (HS-A)
- HS-Indigenous Cultural Support (HS-IAC)
- HS-Lab (HS-L)
- HS-Latent Tuberculous Infection (HS-LTBI)
- HS-Mobile Withdrawal Management Support (HS-MWMS)
- HS-Primary Care (HS-PC)
- HS-Satellite Programs (HS-SP)
- HS-Sexually Transmitted and Blood Born Infections (HS-STBBI)
- HS-Trans Health (HS-TH)

Programs and Services

- Community Health & Wellness (CHW)
- Mental Health (MH-Pr)
- Crisis Services (CCP)
- Hummingbird (HB_Pr)
 - SACP (CSA)
- Public Education and Manitoba Trauma Information & Education Centre (ED)
- Volunteers (VOL)

f. Review and amendments

Policies and procedures should be reviewed and, if required, amended at least once every five years or when circumstances change as a result of statutory, regulatory, accreditation requirement or changes to another policy. Changes to a policy or procedure will require adhering to the policy and procedure development process.

All revisions will be documented by the Executive Assistant, including the date of change, the individual or committee responsible for the update, sections affected, and summary of changes.

g. Retiring and archiving outdated policies

Policies and procedures no longer required will be retired.

Board policies to be retired must be approved by a motion in a board meeting and recorded in the minutes.

Operational policies or procedures to be retired will be approved in a Directors meeting and recorded in the minutes of the next Leadership meeting.

A retired policy or procedure will be moved from the current manual to an archive file and kept for a minimum of five years. The policy or procedure will list the date of its retirement along with a brief explanation of why it was retired and name any policy or procedure that supersedes it.

All staff will be notified within 30 days from the date a policy or procedure is retired.

Archived versions can be accessed upon request from the Executive Director or their designate.

7. References:

8. Supporting documents:

- Policy Development summary
- Policy Template
- Procedure Template

History:

Date	Responsibility	Sections Updated / Summary of Changes
Mar. 19, 2008	Board	Approved
May 2024	By-Law & Policy Working Group	Draft
March 2025	ED/EA	Edit

April 2025	ED	Edit
May 2025	ED	Edit after Directors and Managers consultation
June 2025	ED	Motioned THAT policy is approved
September 2025	EA	Edit – adding missing Health Service