Procedure #	GA602P1
Related Policy Name	Policy & Procedure Development Framework
Approved by:	Executive Team
Approval Date:	May 20, 2022
Replaces Procedure Dated:	February 25, 2014
Policy Holder Signature:	*L. A. Siduck*
Policy Holder:	Vice President Human Resources and Organizational Effectiveness
Admin. Contact(s):	Chief Legal, Risk and Privacy Officer
Review Date:	5 years from approval date

Policy and Procedure Development Framework

Purpose:

To outline the procedures for new and existing policy and procedure (where applicable) planning, development, review, approval, implementation and revisions.

This document is available in alternate format on request.

Unless otherwise indicated, capitalized terms will be given the definition(s) set out in the Policy.

Procedures:

The following steps are generally involved in policy and procedure (where applicable) development, approval, implementation and review. These steps may not occur in a linear order. Templates for Policies and Procedures are included as Appendices A and B. The process as further illustrated in Appendix C – Development, Approval and Implementation Process.

1. Planning

   a) Identification of Need
   A policy may be developed when there is a need for clarity and consistency on an issue and/or a need to control, direct or inform all or some members of the College community on such matters as health and/or safety, human resource issues, a legal liability, a licensing or regulatory requirement, issues where there may be serious consequences, accountability and/or where there is institutional risk. Policies have College-wide application and are mandatory to those identified in the scope.

   The need for a college-wide procedure(s) related to the policy will also be determined by the Policy Holder. Not all policies require a procedure(s). However, procedures will be developed where there is a need to provide specific operational instructions on steps to

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take when a situation occurs. Some policies may require more than one procedure to address different situations.

In addition, existing policies and related procedure(s) (where applicable) will be reviewed periodically, at least every five years, and updated as required.

The Administrator responsible for the policy and related procedure(s) (where applicable) will outline the rationale for the new policy and procedure(s) or for the update to the policy and procedure(s) (where applicable) to the Policy Holder and receive approval to proceed.

The Administrator will consult with the applicable Executive Team member, the Legal, Risk and Privacy (LRP) team and the Associate Vice President, Academic (where applicable) before beginning the development process.

b) Develop a Plan
The Administrator will develop a plan with phases and timelines that typically include the following: analysis, research, drafting, consultation, review, revision, editing, finalization and implementation.

Key stakeholders for consultation will be identified by the Policy Holder and Administrator. They may determine that a Policy Development Team comprised of those directly impacted by the policy and procedure (where applicable) would be beneficial to the development process.

c) Research
The Administrator, in conjunction with the Policy Development team, if applicable, will conduct research on issues, legislation and best practices related to the policy and procedure (where applicable) and may prepare interview questions for the consultation phase. Subject matter experts and others who have information may be consulted at this stage.

2. Development

a) Draft
All policies and procedures (where applicable) will be documented on the Policy and Procedure Template following the instructions in Appendix A and B. Policy statements should be clear, concise, and specific. They should be written in simple language and include what the policy is and what is expected of the users. Sections within the policy body should be numbered and subsection headings introduced.

b) Consult
The initial draft policy and procedure(s), if applicable, will be presented by the Administrator to the appropriate stakeholders in the College for consultation and/or information sharing purposes. This may include all or some of the parties listed on checklist outlined in Appendix C.

c) Revise
The Administrator will review feedback with the Policy Holder and revise the policy and procedure(s)(where applicable) as required.

d) Develop implementation & communications strategy
The Administrator, in consultation with the Communications Department and the Organizational Excellence department when required, will develop a strategy to roll out the new policy which may include presentations to key stakeholders, training, emails, Communique postings and Academic and Administrative Leaders' Forum (AALF) announcements.

3. Review, Recommendations and Approval

a) Classification and Format Review
The Administrator will provide the draft policy and procedure (where applicable) to the Legal, Risk and Privacy (LRP) team for classification and numbering:
   1. Academic AC
   - AC 100 Learning
   - AC 200 Research

   2. Human Resources
   - HR 100

   3. Student Success and Engagement
   - SSE 100

   4. General Administration
   - GA 100 – Financial Services
   - GA 200 – Facilities and Property
   - GA 300 – Information Management
   - GA 400 – Public Safety and Security
   - GA 500 – Communications, Marketing
   - GA 600 – General Operations

Procedures will have the same classification as the policy with a P1 added to the end. If more than one procedure is associated with the policy, the same number will be used with P2, P3, and P4 etc. added to the end.

The Administrative Assistant will review the documents to ensure that the format is correct and will return a copy with any revisions and with the number to the Administrator.

b) Review
The Administrator will complete the Policy and Procedure Checklist and Approval Cover Sheet (Appendix D) and forward this with the new or revised policy and procedure (where applicable) for review to the Legal, Risk and Privacy office.

The Administrator will present the policy and procedure (where applicable) to stakeholders and committees and modify as required.

c) Approval - Executive Team

The President will schedule the policy and procedure (where applicable), for review and approval by the Executive Team and will invite the Policy Holder and the Chief Legal, Risk and Privacy Officer to present the policy and procedure(s) (where applicable) to the Executive Team. The Executive Team will provide feedback on any modifications to the Policy Holder.

    d) Approval Board of Governors (where applicable)

The President may request Board of Governors' approval on policies such as those that pertain to governance, those that apply to members of the Board of Governors, those specified by the Ministry of Training, Colleges and Universities and/or those related to legislation. By exception and at the discretion of the President, other approved policies may be sent to the Board of Governors for information.

4. Implementation

    a) Final Copy
Once final approval is obtained from the Executive Team and the Board of Governors, (where applicable), the approved document(s) will be returned to Legal, Risk and Privacy. The Legal, Risk and Privacy team will produce a final copy of the policy and procedure (where applicable) with an effective date and will forward the final hard copy to the Policy Holder for signing. Final copies of policy and procedures (where applicable) will be retained by Legal, Risk and Privacy with the Policy and Procedure Checklist and Approval Cover Sheet (Appendix D) notating date approved by the Executive Team and Board of Governors, if applicable.

    b) Implementation
The Policy Holder and Administrator will be accountable for ensuring a communications and implementation plan is undertaken with assistance from Humber's Communications and Change Management teams where required to ensure students, faculty, support staff and administrators impacted by the policy understand the content. Generally, implementation plans should follow the template set out in Appendix E. Some complex policies with broad implications may require customized plans.

    c) Posting
Once the implementation plan is completed and employees are informed of the policy and procedure (where applicable) the Policy Holder or Administrator will request that Legal, Risk and Privacy post the documents(s). All approved policies and related procedure(s) (where applicable) will be posted on the Humber website on the [Policy and Procedure](#) page, including a PDF version of the signed copy of the approved document(s).

5. Review

    a) Monitor
The Administrator will monitor the implementation of the policy and related procedure (where applicable) for compliance and to ensure that it is understood. Further training, clarification or communications may be required if any issues are identified in the monitoring.

b) Policy Review
The Policy Holder and Administrator will initiate a review of the policy and procedure (where applicable) based on the specified timeframe established in the development process and noted on the policy or earlier, if there is a change in legislation or requirements. Policies and procedures must be reviewed at least once every five (5) years.

c) Update
The same procedure will be followed as outlined in Steps 2-4 to update the policy and procedure.

References:

Nancy J. Campbell, Writing Effective Policies and Procedures, AMACON American Management Association, 1998

Acknowledgements:

St. Lawrence College Policy Development and Review

Appendices:

Appendix A - Policy Template with Instructions

Appendix B - Procedure Template with Instructions

Appendix C - Policy & Procedure Development Flowchart

Appendix D - Policy & Procedure Checklist and Approval Cover Sheet

Appendix E - Implementation Plan

Appendix A   Policy Template with Instructions

Policy Manual

Policy #	*Assigned by Assist. To Associate VP Administration*
Approved by:	*Executive Team or Board of Governors, if applicable*
Approval Date:	*By Executive Team and BOG, where deemed appropriate*
Policy Holder Signature:	*Signature of Vice President responsible for the policy*
Policy Holder:	Title of VP
Administrative Contact:	*Manager, Dean, Director, Registrar etc.*
Replaces Policy Dated:	Date of last approved policy
Review Date:	*Date for next review; max. 5 years*

Policy Title

Purpose/Rationale:

Mandatory. Briefly state why we have established the policy.

Scope:

Mandatory section. State to whom this applies (individuals, groups, entities or units to whom this policy applies and/or who are expected to comply with the policy) and where it applies (geographic location). State to whom this doesn't apply if there are exceptions to this.

***Definitions**:*

Optional section. List words/terms and their meanings if they are uncommon, technical in nature, or specific to the policy.

Word/Term: Definition

Policy:

Mandatory section. A formal document that communicates broad principles of operation and standards on a particular subject to guide the actions and decision-making of individuals which may include employees, students, visitors and contractors. It communicates the college's official position statement of what is expected on issues that have college-wide application. It is often in place because of a law, regulation or organizational requirement. It provides management

guidelines to regulate and control organizational actions and conduct and sets criteria that allow users to regulate their own conduct in an appropriate manner.

*Policy statements should be **clear, concise, specific and in simple language.** Where the policy body is lengthy, sections within the policy body should be numbered and subsection headings introduced.*

List the policy statements:

1.
2.
3. etc.

References:

Optional. If applicable include references and hyperlink to any related legislation, collective agreements, regulations, other related policies, documents and websites.

Appendices:

Optional. List forms and other related documents to be included in the policy.

Related Procedure(s):

Optional. List title of related procedures or, if none, state N/A.

Appendix B   Procedure Template with Instructions

	Procedure Manual
Procedure #:	Policy # + P1, P2 etc.
Related Policy Name:	*Policy Title*
Approved by:	Executive Committee
Approval Date:	*Date Executive Team approved*
Replaces Procedure Dated:	*Date of last procedure*
Policy Holder Signature:	*VP responsible for policy*
Policy Holder:	*Title of VP*
Admin. Contact(s):	*Title(s) (Director, Registrar, Dean etc.)*
Review Date:	*Date for next review; max. 5 years*

PROCEDURE TITLE

Purpose:

Mandatory section. Explain the purpose of the procedures and what they are expected to achieve in relation to the associated policy.

Definitions:

Optional section. List terms and their meanings if they are uncommon, technical in nature, or specific to the procedure.

Procedures:

Mandatory section when including a procedure. Most, but not all, policies require procedures and are not part of the body of the Policy, but will be notated within References.

*Procedures are operational and outline the specific action steps and processes required to support the implementation of the policy or to assist the operations and compliance with external requirements. It identifies roles and assigns responsibilities for the activities. They provide the **Who, How and When**.*

*Outline the specific procedures in **clear, concise, and simple language**. Start with an action verb for each step and assign responsibility. Procedures may be presented in a variety of formats depending on the topic e.g. lists, tables, flowcharts, etc.*
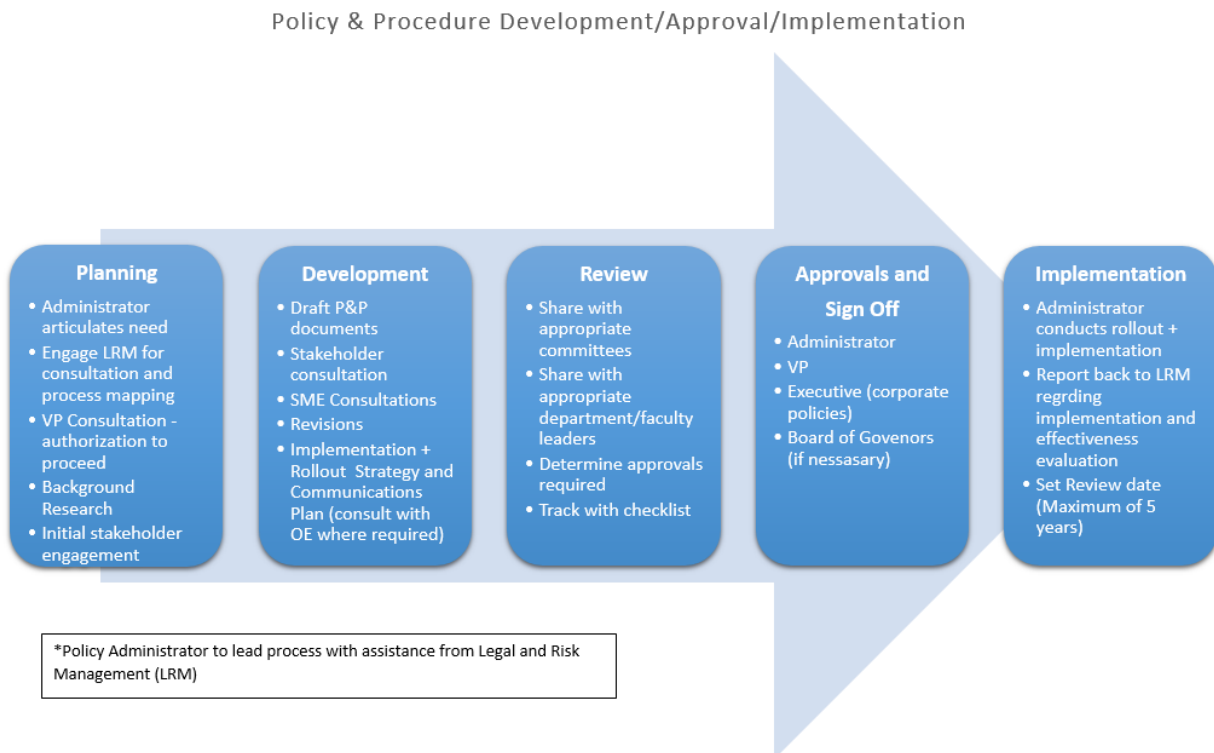
References:

Optional. If applicable include references to any related legislation, collective agreements, regulations, other related policies, documents and websites.

Appendices:

Optional. Any additional supporting documentation e.g. any related procedures, forms or guidelines that support the procedure.

Appendices:

Appendix C: Development, Approval and Implementation Process

Policy & Procedure Development/Approval/Implementation

Planning
- Administrator articulates need
- Engage LRM for consultation and process mapping
- VP Consultation - authorization to proceed
- Background Research
- Initial stakeholder engagement

Development
- Draft P&P documents
- Stakeholder consultation
- SME Consultations
- Revisions
- Implementation + Rollout Strategy and Communications Plan (consult with OE where required)

Review
- Share with appropriate committees
- Share with appropriate department/faculty leaders
- Determine approvals required
- Track with checklist

Approvals and Sign Off
- Administrator
- VP
- Executive (corporate policies)
- Board of Govenors (if nessasary)

Implementation
- Administrator conducts rollout + implementation
- Report back to LRM regrding implementation and effectiveness evaluation
- Set Review date (Maximum of 5 years)

*Policy Administrator to lead process with assistance from Legal and Risk Management (LRM)

Appendix D

**Policy & Procedure Development
Checklist and Approval Cover Sheet**

Policy Title

Policy Holder: *[VP of lead originating portfolio]*

Administrator: *[Lead policy developer/reviewer responsible for approval and review process]*

Date:

1. Policy & Procedure Type:	□ New	□ Revised
□ Academic	General Administration 　□ Financial Services 　□ Facilities and Property 　□ Information Management 　□ Public Safety and Security 　□ Communications, Marketing 　□ General Operations	□ Board of Governors
		□ Student Services
□ Human Resources		□ Institutional Planning and Analysis

2. Policy and Procedure (where applicable) need:

Provide rationale for developing or revising this policy.

3. Research and Background

Other institutions' policies reviewed:　　　*[Insert]*

Specify other research conducted:　　　*[Insert]*

4. Consultation and Impact

Anyone or any team impacted by this Policy should be consulted with and/or aware of the policy action. Specify with whom you have consulted from the list below and indicate "n/a" for any stakeholders for whom consultation was not deemed necessary for this policy and procedure.

Key Questions for Consideration Prior to Consultations

Please consider the following questions prior to determining the scope of consultations necessary for the development of this policy and procedure. Please also consult with Legal, Risk and Privacy for assistance.

1. Are this policy and procedure likely to impact the entire College?
   Yes ☐ No ☐
   Details:

2. Will this policy and procedure have an impact on student life?
   Yes ☐ No ☐
   Details:

3. Will this policy and procedure have an impact on Academic operations?
   Yes ☐ No ☐
   Details:

4. Will this policy and procedure impact College employees and personnel?
   Yes ☐ No ☐
   Details:

5. Will this policy impact University of Guelph-Humber?
   Yes ☐ No ☐
   Details:

6. Will this policy and procedure have a significant impact on College resources, including financial, facilities or IT?
   Yes ☐ No ☐
   Details:

7. Is it possible that this policy and procedure will have an impact on campus security or the safety of students and/or staff?
   Yes ☐ No ☐
   Details:

8. Are there key stakeholders outside of the Policy Holder's portfolio who should be involved in developing this policy?
   Yes ☐ No ☐
   Details:

Stakeholder(s)	Complete	Date:	Contact Name:	n/a
Government Relations	☐			☐
Human Resources	☐			☐
Financial Services	☐			☐
Advancement & Alumni	☐			☐
Program Planning, Development & Renewal	☐			☐
Applied Research & Innovation	☐			☐
Information Technology	☐			☐
Capital Development & Facilities Management	☐			☐
Marketing & Communications	☐			☐
Public Safety	☐			☐
Registrar	☐			☐
Guelph-Humber	☐			☐
Students and Institutional Planning	☐			☐
Academic Division	☐			☐
Other – please specify _____	☐			☐

Committee	Complete	Date:	Contact Name:	n/a
IGNITE	☐			☐
Operating Committees	☐			☐
Health & Safety Committee	☐			☐
Academic Leadership Council	☐			☐
Technology & Information Management Steering Committee (TIMS)	☐			☐
College Council	☐			☐
Academic & Administrative Leaders' Forum	☐			☐
Academic Framework Committee	☐			☐
Academic Operations Committee (AOC)	☐			☐
Other – please specify	☐			☐

Impact and issues identified by the above stakeholder groups: (attach additional pages as required)

5. Communications, Implementation and Training Plan

Describe:
- o Communication plan – How will the policy and procedure be communicated, to whom and when?

- o Training requirements identified – What training is required and when will it be completed?

6. Final Approval (where applicable):

Policy Holder Approval: Date/Initial: _____
(VP responsible for policy)

Executive Team Approval   Date: _____
(all corporate policies & procedures)

Sub- Committee of the Board   Date: _____ N/A ☐
of Governors' Approval (if applicable)

Board of Governors' Approval (if applicable)   Date: _____ N/A ☐

7. Final Review:

Legal, Risk and Privacy: Date: _____

Signature of Reviewer: _____

Appendix E:

Implementation Plan

Communications
(Check all that apply)

AALF Email   ☐
AALF Presentation   ☐
Humber Communique   ☐
Other Information Sessions   ☐
    Describe:

_____
_____

Training and Orientation

Presentations to specific groups/communities   ☐
    Specify:

_____
_____

Mandatory training sessions ☐
    Target group: _____
    Target completion date: _____
    In-person ☐; or   e-learning ☐
    Description:

_____
_____

Requires Customized Implementation Plan   ☐