



Charles County Department of Emergency Services
STANDARD OPERATING PROCEDURES

Section 103 - Organizational Planning and Preparedness

Organization Planning and Preparedness - 103.00		
S.O.P. # 103.02	SOP Development & Implementation Policy	PAGE: 1 OF 2
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REVISED: N/A	Authorized: William Stephens, Director	

103.02.01 Purpose

To define the policies and process for which Standard Operating Procedures (SOP) are created, updated and managed by the Department.

103.02.02 General

SOP's are the standards to which services are delivered, tasks are performed, orders executed, personnel are measured and operations are conducted throughout the Department. SOP's are an integral part of the way we as an organization conduct business and hold each other accountable to the established standards. Although the standard, SOP's are not the absolute solution to every incident or scenario an employee may face. SOP's should never be placed at the forefront of good customer service, excellent patient care or just simply doing the right thing.

103.02.03 Policy

1. Established SOP's are to be maintained and publically posted on the Department's webpage.
2. SOP's that qualify under the Operational Security Policy shall only be made visible to employees.
3. SOP's shall be reviewed and/or updated at least every even year (2018, 2020, 2022...) or as needed when standards, practices and/or new operations dictates.
4. Any employee may suggest a SOP review/revision through the following channels:
 - a. Labor Management Committee,
 - b. Via an inter-departmental memo through the employee's chain of command;
 - c. As an officer of executive leadership.
5. All SOP's require the approval of the Division Chief and the Director.
6. SOP's which involve patient care will also require the additional approval of the Jurisdictional Medical Director.
7. All SOP's shall follow and be presented in the approved format.
8. All new and edited SOP's shall be posted to PowerDMS™ for employee acknowledgement and reference.



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103.02.04 New SOP's

1. New practices and/or programs will warrant the development of a new SOP/s.
2. New SOP's will be developed in a collaborative manner as to facilitate input and feedback from a diverse pool of talent and expertise.
3. *SOP #103.06 - HPO Model Decision Making Policy* should be followed if applicable to the development of the new SOP.
4. Once a final draft of the proposed SOP has been developed, it should follow the below outlined authorizing signatory path:
 - a. First authorized - Division Chief,
 - b. Second authorized - Jurisdictional Medical Director if applicable;
 - c. Final authorization - Director.
5. Newly approved SOP's will be placed on PowerDMS™ for employee acknowledgement.
6. Once staff has had the ability to review and acknowledge the newly implemented SOP on PowerDMS™, it will be posted to the Department's webpage.

103.02.05 SOP Revisions

1. Established SOP's may be revised by the following methods:
 - a. On a scheduled review,
 - b. As indicated by staff due to a conflict or discrepancy;
 - c. As dictated by a change in policy or practice.
2. SOP revisions will be tracked with staff being made aware of said changes via PowerDMS™.
3. The date of each revision shall be noted on the SOP so that staff can reference the most current version of the document.
4. Once staff has had the ability to review and acknowledge the revised SOP on PowerDMS™, it will be posted to the Department's webpage.

103.02.06 Obsolete SOP's

1. SOPs' deemed to be obsolete should be removed from the Department's webpage.
2. Personnel should be notified of the removal via PowerDMS™.