COUNTY BOARD OF HEALTH
POLICY # CL-400
OFFICE MANAGER SHARED DRIVE POLICY

Approval:	[redacted]	4-17-25
	District Health Director	Date

1.0 PURPOSE

The purpose of this policy is to maintain consistent Health Department information and operation by having a shared file that can be accessed by nurse managers and office managers and to assist in a smooth transition of future management.

2.0 AUTHORITY

The Office Manager Shared Drive Policy is published under the authority of the County Board of Health (CBOH).

3.0 SCOPE

This policy applies to all D2PH office managers.

4.0 POLICY

The policy of the CBOH ensures the preservation of Health Department information and other pertinent information including contacts, clinic forms or any files pertaining to Health Department business in the respective county.

5.0 DEFINITIONS

5.1 **BOH** – Board of Health

5.2 **CBOH -** County Board of Health

5.3 **DHD** – District Health Director

5.4 **D2PH -** District 2 Public Health

5.5 **HR** – Human Resources

5.6 **NM** – Nurse Manager

5.7 **OM** – Office Manager

6.0 RESPONSIBILITIES

6.1 Office Manager

6.1.1 Ensures that their County's Health Department information and any other pertinent information is maintained on the shared drive.

6.1.1.1 Required Documents:

- County Inventory List
- Non-rated PMF for each non-clinical employee (including employee number and job responsibilities)
- Financials (including yearly budget and bank statements)
- Purchase Order Log
- Vendors used regularly for purchasing with contact information
- List of all monthly invoices sent to accounting with contact information
- List of current BOH members with contact information
- Medicaid services manual as required for audit purposes (updated quarterly)
- Leases and contracts
- Building security system information
- Emergency contacts

6.2 IT Department

6.2.1 Ensures access for new OMs and NMs on the Office Manager Shared Drive for their respective county at the time of new employee email set-up.

6.3 HR

6.3.1 Ensures IT is informed when a current employee is transferring positions to OM or NM.

6.3.2 Ensures IT is informed when there is a new manager in a county.

7.0 ACCESS

7.1 The OM and NM in each county will have access to their county's shared drive.

7.2 The shared drive information can be accessed from any computer, within that health

department, on a network connection.

7.3 In certain situations, and with the NM and OM's permission, a request can be made to allow the OM's back-up access to the shared drive. An IT Request for OM Shared Drive Access (OM Back-up) and an Office Manager Back-Up Agreement must be completed for such request.

7.3.1 Examples of situations when the OM Back-up would require access:

7.3.1.1 OM Back-Up is regularly assisting with office manager duties

7.3.1.2 OM is on extended leave or FMLA

7.3.1.3 OM is planning to retire or leave the position

7.4 All persons with access must comply with all confidentiality standards.

8.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	April 2, 2025	Initial Issue

9.0 RELATED FORMS

Office Manager Shared Drive Policy Signature Page

IT Request for OM Shared Drive Access (OM Back-up)

Office Manager Back-up Agreement

COUNTY BOARD OF HEALTH

OFFICE MANAGER SHARED DRIVE POLICY

TO BE SIGNED BY EACH OFFICE MANAGER AND KEPT ON FILE

I, _____, have reviewed the OM Shared Drive Policy, understand the importance of retaining certain Health Department information and have had all my questions answered.

I understand that I am required to maintain the OM shared drive and all the required documents listed in this policy.

I understand that this will be a QA audit item.

_____ _____

Office Manager Signature Date

_____ _____

Nurse Manager Signature Date

COUNTY BOARD OF HEALTH
OFFICE MANAGER SHARED DRIVE
IT Request for OM Shared Drive Access (OM Back-up)

County: _____

Employee Name: _____

Employee Domain Login: _____

Requesting the above-named employee access to the OM shared drive.

Reason: _____

_____

_____ _____

Nurse Manager Signature Date

_____ _____

Office Manager Signature* Date

**Nurse Manager- if the OM is unable to sign, note a brief explanation*

_____ _____

District Nursing Director/Deputy Nursing Director Signature Date

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For IT Department

Access activated: _____ Access expired: _____

COUNTY BOARD OF HEALTH
OFFICE MANAGER SHARED DRIVE
Office Manager Back-up Agreement

TO BE SIGNED AND KEPT ON FILE

County: _____

Employee Name: _____

- I understand and agree that I will have access to my county's OM Shared Drive.
- I understand and agree that I may have access to confidential information and cannot discuss this information with anyone. Violation of confidentiality could result in punitive action.
- I understand and agree to use this shared system as instructed by my Office Manager and that I will not delete or make changes to any files on the OM Shared Drive without permission from the Office Manager.

_____ _____

Employee Signature Date