

AL0700 RECORDS - RETENTION, STORAGE AND DESTRUCTION OF

1.0 PURPOSE

To provide Interior Health (IH) and its Service Providers with guidelines for retention, storage and destruction of Records generated by and under the control of IH or its Service Providers, in accordance with legislative requirements, standards of practice, guidelines and good business practices.

To ensure Records are available within the limitation periods during which legal action may be brought against IH or its Service Providers, agents or employees or requests made under the Freedom of Information and Protection of Privacy Act (FIPPA).

2.0 DEFINITIONS

TERM	DEFINITION
Email	<p>A store and forward method of composing, sending, storing and receiving messages over electronic communication systems. Email records contain recorded information that may be either transitory or required for ongoing purposes.</p> <ul style="list-style-type: none">• Non-Transitory E-Mail - e-mail correspondence that a public body uses to control, support or document the delivery of programs, to make decisions, or to account for the activities of healthcare. Examples: records required for ongoing legal, fiscal, audit, administrative or operational purposes.• Transitory E-Mail - e-mail correspondence that is of temporary usefulness needed only for a limited time in order to complete a routine action or prepare an ongoing record. Examples: personal email messages, message not related to official business, e-mail phone message notes etc.
Record	<p>Information created, received, and maintained as evidence by an organization or person in the transaction of business or in the pursuance of legal obligations, "regardless of media" and includes:</p> <ul style="list-style-type: none">• Corporate Records - operational records and other records that are the property of IH but that are not Health Records.• Health Records - records relating to direct delivery of healthcare services to patient/client/residents.• Legal Records - records relating to litigation, legal opinions, privileged documents and related subject matters.• Original Records - the earliest generation of a record that exists and that is held as the official file copy.

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Records Steward	The functional officer designated as the person accountable for administration of this Policy with respect to the records in a given administration unit or program.
Service Providers	An organization, individual or other entity providing services for or on behalf of IH where the contract for services stipulates that certain records collected or acquired by it for the purposes of providing the services are the property of IH or are subject to this Policy or both.

3.0 POLICY**3.1 Policy Scope**

- (a) This record retention policy is secondary to IH policy and practices for FIPPA. This Policy applies to storage, retention and destruction of all Records, regardless of the media in which they exist (e.g. electronic, paper, video or audio tape, microfilm or microfiche, or hard drive, disk or other electronic storage device), that are the property of IH or Service Providers and covered in the Retention Schedule.
- (b) For Records not specifically covered in the Retention Schedule, specific record retention processes will be developed in accordance with relevant legislation, standards, this Policy and the Limitations Act, in conjunction with Risk Management.
- (c) Records are to be retained, stored and destroyed under the direction of the designated Records Steward.

3.2 Retention

- (a) Records will be retained according to an approved Records Retention Schedule. (Appendix A)
- (b) Retention periods are calculated from the end of the calendar year (or fiscal year where appropriate for financial records) in which the record was created.
- (c) Departments and Service Providers must abide by the minimum retention periods contained in the Retention Schedule and required by law, but may elect to retain Records for an additional period if a Records Steward determines that the Records have some historical significance or continued value, or are otherwise required for operational, legal or other business reasons.

Note: The directive of the Ministry of Health updated June 7, 2007, relating to tobacco and Hepatitis C litigation requires an indefinite retention period for all patient/client Health Records.

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3.3 Storage

- (a) Records kept in storage must be properly labelled with the name of the generating department or Service Provider, the contents and the retention expiry date.
- (b) The choice of storage method must take into account the longevity, security, and accessibility of the method and the necessity to protect the sensitivity and integrity of the Records.

NOTE: IH has contracts with private providers for off-site storage. Please contact Purchasing for further information

3.4 Disposal

- (a) All Records exceeding the retention period in the Retention Schedule must be disposed of upon approval of the Records Steward.
- (b) Records will be destroyed or recycled by means appropriate to their level of confidentiality as follows:
 - i. Records containing no confidential information shall be recycled.
 - ii. Personal information shall be destroyed by effective shredding or other manner which ensures confidentiality and security is maintained.
 - iii. Personal information and other confidential information recorded or stored by electronic methods such as tapes, disks, cassettes, or compact discs shall be rendered unreadable through the use of an appropriate mechanical, physical or electronic process.
- (c) Where required, a certificate of destruction obtained from a contracted provider of destruction services shall be maintained by the Records Steward.

3.5 Digital Records

- (a) Conversion of Records to a digital form must be done in an accessible, legible and secure manner, in consultation with the Information Management Information Technology department.
- (b) Digital Records may be relied upon as a substitute for the Original Records provided the following requirements are met:
 - i. conversion, provision and retention of the Original Records to electronic format is done in an accessible, legible and secure manner

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- ii. there exists a reliable assurance as to the integrity of the Record in electronic form such that the Record will remain complete and unaltered, apart from the introduction of changes that arise in the normal course of communication, storage and display;
- iii. a Record is retained in the format in which it was created, provided or received, or in a format that does not materially change the Record;
- (c) the Record will be accessible in a manner usable for subsequent reference by any person who is entitled to have access to the Record or who is authorized to require its production; and
- (d) a tracking record of the conversion process, shall be retained with the converted record.
- (e) original documents, once digitized in a manner satisfying the requirements above, will be disposed of as per section 3.4 in order to ensure that IH does not maintain duplicate Records .

3.6 General

- (a) Risk Management should be consulted for interpretation of this policy as it applies to specific situations.
- (b) Records in former Ministry of Health programs (e.g. Continuing Care, Adult Mental Health, Environmental Health, Public Health Nursing) **opened before April 1, 1997** as well as documents added to these records after April 1, 1997 are:
 - o Under the control of the MOH though IH has physical custody
 - o Covered by the *Document Disposal Act*
 - o Managed using MOH policies and procedures
 - o Stored in Government Records Centers
- (c) The Records in former MOH programs **opened on or after April 1, 1997** are:
 - o Under the control and physical custody of IH
 - o Not covered by the Document Disposal Act
 - o Managed using policies and procedures of IH

4.0 PROCEDURE

Records Steward

- Manage the retention, storage and disposal of Records as required under the Policy taking into consideration resources available and type of Records under their control.

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5.0 REFERENCES

Legislation - Federal

1. *Controlled Drugs & Substances Act* and Regulations
2. *Food and Drug Act* and Regulations
3. *Income Tax Act* (CCRA)

Legislation – Provincial

1. *Document Disposal Act* [RSBC 1996] Chapter 99
2. *Electronic Transactions Act* [SBC 2001] Chapter 10
3. *Employment Standards Act* [RSBC 1996] Chapter 113
4. *Evidence Act* [RSBC 1996], c. 124
5. *Financial Information Act* [RSBC 1996] CHAPTER 140
6. *Financial Information Regulations*, B.C. Reg. 371/93
7. *Freedom of Information and Protection of Privacy Act* [RSBC 1996] Chapter 165
8. *Hospital Act* [R.S.B.C. 1996] c. 200
9. *Hospital Act Regulation*, B.C. Reg. 121/97
10. *Limitation Act* [SBC 2012] Chapter 13
11. *Workers Compensation Act* [RSBC 1996] Chapter 492

Standards/Policies/Bylaws/Guidelines/Directives

1. Directive of Deputy Minister to CEO of Health Authorities dated June 7, 2007 re: tobacco and Hepatitis C litigation.
2. HCPP Risk Note - Hospital Patients and Blood Bank Records - February 16, 2004.

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SCHEDULE A RECORDS RETENTION SCHEDULE

For the purposes of this Schedule the following definitions apply:

Indefinitely: Until such time as moratorium is removed.

Permanent: Never-ending.

Original Record	Minimum Retention Period
1.0 BUSINESS RECORDS	
1.1 EXECUTIVE/BOARD/DEPARTMENTAL	
<ul style="list-style-type: none"> Retention Schedule Limitation Act 	
1.1.1 Policies, Procedure, Bylaws	Permanent
1.1.2 Annual Reports	Permanent
1.1.3 Board of Trustees/Directors (Minutes, Agendas, Reports)	Permanent
1.1.4 Committees (Minutes, Agendas, Reports)	7 years
1.1.5 Administrative Correspondence and Records (Dept. Committees, correspondence)	7 years
1.1.6 Accreditation Reports and related records	Permanent
1.1.7 Contracts and Agreements	7 years after expiry or completion of the contract or agreement
1.1.8 Budget records	7 years
1.1.9 Purchasing Records (tenders, quotes, invoices, receipts, contracts)	7 years
1.1.10 Professional Education Records	7 years
1.1.11 E-Mail (Records Steward: Chief Information Officer) (a) Non-Transitory E-Mail	<p><i>Retention period is determined by type of record contained within the email.</i></p> <p><u>Active employees:</u></p> <ul style="list-style-type: none"> - Deleted emails (in Trash) auto-purged after 90 days. - Mailboxes with archiving enabled, automatically moved to archival storage after 90 days. - Archived emails are stored for 3 years, then deleted. - Email backups are performed nightly. Backup retention is two weeks. No minimum retention period. <p><u>Involuntary termed employees:</u> Retain content of e-mail accounts for 2 years.</p> <p><u>Voluntarily (resigned/retired) employees:</u> Retain content of e-mail accounts for 1 month.</p>

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Original Record	Minimum Retention Period
(b) Transitory E-mail	Transitory emails should be deleted within 90 days.
1.2 MEDICAL STAFF	
<ul style="list-style-type: none"> Retention Schedule Limitation Act 	
1.2.1 Policies, Procedures, Bylaws	Permanent
1.2.2 Medical Advisory Committee Minutes, Agendas, Reports (local and regional)	Permanent
1.2.3 Medical Staff/ Department/Committee Agendas, Minutes	7 years
1.2.4 General Correspondence	7 years
1.3 HUMAN RESOURCES	
<ul style="list-style-type: none"> Retention Schedule Limitation Act Employment Standards Act Workers Compensation Act 	
1.3.1 Personnel File (employees) - application, salary/wages paid, performance evaluations, leave records, benefit/pension records	7 years after employment terminates
1.3.2 Payroll records	7 years
1.3.3 Time Sheets	7 years
1.3.4 Competition Files	1 year after positions filled
1.3.5 Records of Employment	7 years
1.3.6 Collective Agreements	Life of Agreements
1.3.7 Grievance files	2 years from date of resolution
1.3.8 Employee (non-union) complaint files	2 years from date of resolution
1.3.9 Work schedules and assignments	3 years
1.3.10 Job Descriptions	7 years
1.3.11 WCB/LTD claim files	10 years from date of resolution
1.3.12 Volunteer personnel files	7 years from date of separation
1.4 FACILITIES MANAGEMENT	
<ul style="list-style-type: none"> Retention Schedule Limitation Act 	
1.4.1 Development and Building Permits	7 Years from Total Completion
1.4.2 Business Case	7 Years from Total Completion
1.4.3 Master & Functional Program/Plan and Records	Permanent
1.4.4 As-Built Blueprints of Buildings	Permanent
1.4.5 Operating & Maintenance Manuals	Permanent
1.4.6 Construction Contracts(Inc. Change Orders & Bonds)/Consultant Agreements/	7 years from Total Completion
1.4.7 Reports/Studies(Feasibility, Code, Geotechnical, Environmental, Site Impact, Legal Survey)	Permanent
1.4.8 Emergency Response Manuals	Permanent
1.4.9 Project Planning and Construction Minutes	7 years from Total Completion
1.4.10 Construction Records (approvals, sign-off, warranty)	7 years from Total Completion
1.4.11 Boiler/Physical Plant Log Book	7 years

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1.4.12 Facilities Maintenance Records	7 years
1.4.13 Workplace Safety Records	7 years
1.4.14 Property: Property Agreements (Purchase and Sale, Certificate of Title, all registered documents)	Permanent
1.4.15 Property: Zoning, Land Use and Site Servicing Agreements;	Permanent
1.4.16 Property: Lease Agreements, Offer to Lease, and Amendments	7 years after expiry
1.5 FINANCE <ul style="list-style-type: none"> Income Tax Act IC #78-10R3 re: Books and Record Retention/Destruction Financial Information Act and Regulations 	
1.5.1 Budget files	7 years
1.5.2 Audited files	7 years
1.5.3 Accounting Records – AP/AR/GL/Payroll	7 years
1.5.4 General Tax Records	7 years
1.5.5 Inventory and Distribution Records	7 years
1.5.6 Statements and Schedules prepared pursuant to the Financial Information Act and Regulations	3 years after the end of the year reported on
1.6 QUALITY AND RISK MANAGEMENT <ul style="list-style-type: none"> HCPP Risk Note Limitation Act 	
1.6.1 Incident Reports, Follow-up Reports, Minutes, Notes, Correspondence (incident re: adult client)	7 years
1.6.2 Incident Reports, Follow-up Reports, Minutes, Notes, correspondence (incident re: minor client)	7 years after client reaches age of majority
1.6.3 Litigation files	2 years after resolution
1.6.4 Medical Device Reprocessing Records	7 years
1.7 PHARMACY/NARCOTICS RECORDS <ul style="list-style-type: none"> Bylaws of the College of Pharmacists of British Columbia Narcotic Control Regulations 	
1.7.1 Narcotic Distribution/ Administration Records	3 years, or until any audit or investigation is complete
1.7.2 Prescriptions	3 years, or until any audit or investigation is complete
1.7.3 Physicians Orders	3 years, or until any audit or investigation is complete
1.8 RESEARCH RECORDS <ul style="list-style-type: none"> Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Health Canada-Guidance for Clinical Trial Sponsors – CTAs 2003/06/25 Health Canada-Good Clinical Practice 	
1.8.1 Research Ethics Board Minutes	25 years
1.8.2 Clinical Trials regulated by Health Canada	25 years

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Original Record		Minimum Retention Period
1.8.3	All other research records	5 years
2.	HEALTH RECORDS	
2.1	PERSONAL HEALTH RECORDS	
	<ul style="list-style-type: none"> • HCPP Risk Note • Hospital Act Regulations • Ministry of Health Directives (May, 2000, October, 2003 and December 2009) 	
2.1.1	Primary – pertinent health care data of a patient's health record, plus nursing notes	Indefinite (as per directives), and otherwise 10 years from most recent day of patient's discharge
2.1.2	Secondary – not necessary for care and treatment beyond that particular time	Indefinite (as per directives), and otherwise 7 years from the date of discharge from care to which record applies
2.1.3	Transitory	Indefinite (as per directives) and otherwise 1 year after completion of patient's record by practitioner(s)
2.1.4	For Minors	Greater of 10 years or 7 years from date minor reaches age of majority
2.1.5	Re: Possible Sexual Assault	Indefinitely
2.2	MEDICAL IMAGING RECORDS	
	<ul style="list-style-type: none"> • Limitation Act • DAP Recommended Retention Times for Medical Imaging • Ministry of Health Directives (May, 2000, October, 2003 and December 2009) 	In addition to the records listed below, please see Interior Health Medical Imaging Practice Standard "MIDIM004 Retention of Medical Imaging Records". This Practice Standard contains complete retention times in an Appendix and is incorporated into this Policy by reference.
2.2.1	Adult films, x-rays, report, records	Indefinite (as per directives), and otherwise 7 years from most recent day of patient's discharge
2.2.2	Pediatric films, x-rays, reports, records	Indefinite (as per directives), and otherwise 7 years after the minor reaches age of majority
3.	LABORATORY	Please see Interior Health Laboratory Services Policy "QS0013 Retention of Laboratory Records and Specimens". This Policy contains complete retention Schedules and are incorporated into this Policy by reference.
4.	REGIONAL TISSUE BANK RECORDS	<i>Consult with department re: applicable standards or guidelines.</i>
5.	PUBLIC HEALTH RECORDS	<i>Consult with department re: applicable standards or guidelines.</i>