

Corporate Records Retention Policy

1. Introduction

The Corporate Records Retention policy provides guidance to all Staff on the management of corporate records at Providence Health Care (PHC).

1.1. Purpose

The purpose of this Policy is to:

- Establish standards and guidelines for Staff with regards to the retention, storage and disposal of corporate records and other documents in the custody or control of PHC; and
- Establish sound business practices for the management of PHC records, consistent with applicable laws.

1.2. Scope

- This Policy applies to all Staff in respect to their use of all corporate records that are the property of PHC, regardless of the medium in which they exist (e.g., electronic, paper, video or audio tape, microfilm or microfiche, or hard drive, disk or other electronic devices). This includes those in the possession of Service Providers where the contract for services stipulates that the records are the property of or under the control of PHC.
- This policy does not include patient health care records, pharmacy, medical imaging or laboratory records.

2. Policy

2.1. Records Custodian

- Each department will designate a Records Custodian responsible for maintaining Records for their department in accordance to this Policy and Schedule "A" (the "Retention Schedule").

2.2. Retention

- Subject to the terms of this Policy and applicable laws, PHC will retain Original Records in accordance with the Retention Schedule.
- Original Records will be retained within the department of the designated Records Custodian who has overall responsibility for custody and disposal of records in accordance with the Retention Schedule.
- The retention periods set out in the Retention Schedule are to be calculated from the end of the calendar year (or fiscal year where appropriate for financial documents) in which the document was created.

- Records Custodian may elect to retain records for longer periods than those set out in the Retention Schedule if it is determined that an extended retention period is required for operational, legal or business reasons.
- For Records not specifically covered in the Retention Schedule, specific record retention times and processes will be identified in accordance with relevant legislation, standards, this Policy and the Limitations Act, after which will be communicated to the Policy owner, who will update the Retention Schedule.
- All Departments will have a process to track Records removed from PHC sites, including Records sent to offsite storage.

2.3. Storage

2.3.1 Paper Records

- Records Custodians must ensure that records kept in storage are properly labeled with the name of the generating program or service area, or Service Provider, the contents and the retention expiry date (if applicable).
- In selecting storage methods, Records Custodians shall take into account the type of storage available, the security and accessibility of the records and the need to protect the integrity of the records.
- Decisions regarding off-site storage must be made by the Records Custodian, in consultation with the PHSA Supply Chain who hold contracts with storage vendors (e.g. Iron Mountain). Contact Customer Service (SCM_CS@phsa.ca).

2.3.2 Electronic Records

- Staff will store electronic records containing Personal Information and other confidential information on the organizations' managed, or approved, secure network drives.
- Any use of portable storage devices such as, but not limited to, USB flash memory sticks, CDs, DVDs or smart phones must be approved and protected as per the Mobile Computing & Portable Storage Device Security Standard and the Information Security classification Standard and other similar Health Organization policies.
- Legal documents such as contracts and consent forms in their original format are best evidence of the terms of agreement. Subject to available resources, PHC may choose to rely on electronic records as a substitute for paper records in accordance with 2.3.2. Record Custodians will consult with Risk prior to substituting the Original Records.
- Records Custodians may create and rely on electronic records as a substitute for paper Original Records provided that the Records Custodian has, in consultation with IMITS established procedures and systems to support the integrity, accessibility, availability and reliability of the electronic records.
- Records Custodians must adhere to the following principles:
 - There must be a reliable assurance as to the integrity of the record in electronic form such that the record once created in electronic format will remain complete

and unaltered, except for changes that arise in the normal course of communication, storage and display;

- There must be a quality assurance procedure in place to ensure that the electronic version accurately reflects the paper Original Record before any destruction of the paper Original Record;
- The Record must be retained in the format in which the Original Record was created, provided and received, or in a format that does not materially change the record;
- The Record must be accessible to Staff entitled to have access to the record;
- The record must meet other requirements as may be specified under the *Electronic Transactions Act*; and
- There must be a mechanism/capability for all electronic record systems to reproduce the records in a format that is legally upheld.

2.4. Disposal

- All Original Records that have exceeded the retention periods in the Retention Schedule shall be disposed of on a regular basis and with the approval of the Records Custodian for that Department.
- A record of destruction will be maintained, indicating the document types and dates of destruction.
- All Records approved for destruction must be destroyed or recycled by means appropriate to their nature and level of sensitivity (required confidentiality) as follows:
 - a. Records containing no confidential information shall be recycled;
 - b. Personal or confidential Information shall be destroyed by burning or cross-cutting shredding or other manner which ensures confidentiality and security is maintained;
 - c. Personal information and other confidential information stored in electronic form, shall be rendered unreadable through the use of an appropriate mechanical, physical or electronic process. Refer to IMITS standards.
- The Records Custodian must obtain and maintain certificates of destruction from the contracted provider of destruction services.

2.5. Retention for Legal Purposes

- When directed by Risk Management, Privacy, or Senior Leadership, records must be retained and not disposed of, notwithstanding the terms of this Policy. For example, Records may be required for litigation or other legal purposes.

3. Responsibilities

Guided by the following principles in the development and administration of this Policy, the Organization must:

- Comply with all applicable laws and policies, including any requirements related to litigation, related to retention periods and in the development of systems and processes for the storage and disposal of Records;
- Apply applicable industry best practices to ensure that Records are retained, stored and disposed of in a reliable, secure and confidential manner;
- Manage Records, where possible and subject to applicable laws, in a way that minimizes storage and handling costs; and
- Manage Records in a manner that ensures compliance with legislation, legal requirements, regulations, government directives, etc.

4. Compliance

Staff must comply with this policy. Failure to comply may result in disciplinary action up to and including termination of employment.

5. Supporting Documents

6.1. Related Policies

- PHC Information Privacy and Confidentiality Policy
- IMITS Information Security Policy

6.2. Guidelines/Procedures/Forms

6. Definitions

“Corporate Record” means an administrative, business, operational or other record concerning the business of PHC, but is not a health record.

“Health Record” means a record relating to the health of an individual, and falling within the definition of documents comprising health records under section 13 of the Hospital Act Regulation.

“Legal Record” includes records relating to litigation, legal opinions, privileged documents and related subject matter files.

“Original Record” means a complete and finished document that is able to produce the consequences intended by its author. It is the first to be issued in that form. In law, it means the first copy from which all others are transcribed, copied or initiated.

“Personal Information” means recorded information about an identifiable individual other than contact information as defined in the *Freedom of Information and Protection of Privacy Act*.

“Record” includes books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means.

“Records Custodian” means the functional officer or delegate accountable for administration of this Policy with respect to the records in a given program or service area.

“Staff” means all employees (including management and leadership), medical staff members (including physicians, midwives, dentists) and nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

7. References

8. Appendices

[Appendix A: Records Retention Schedule](#)

Appendix A: Record Retention Schedule

as of October 5, 2022

DEPARTMENT: FINANCE			
Documents	Governing Legislation, Directives, etc.	Required Retention Medium (paper, electronic) and storage location	Retention Period
FINANCE	<i>Income Tax Act</i> IC #78-10R3 re: <i>Books and Record Retention/Destruction Financial Information Act & Regulations</i>		
a) Budget files	Income Tax Act		7 years from the last year in which the record might be required under the Income Tax Act
b) Audited files	Income Tax Act		7 years from the last year in which the record might be required under the Income Tax Act
c) Accounting Records Includes: - AP/AR/GL/Payroll - benefit reconciliation & reporting - client trusts employee expense reports	Income Tax Act		7 years from the last year in which the record might be required under the Income Tax Act
d) General Tax Records	Income Tax Act		7 years from the last year in which the record might be required under the Income Tax Act
e) Inventory and Distribution Records	Income Tax Act		7 years from the last year in which the record might be required under the Income Tax Act
f) Statements and Schedules	Financial Information Act and Regulations		7 years after the end of the year reported on
g) Banking			7 years

DEPARTMENT: FACILITIES PLANNING			
Documents	Governing Legislation/ Directives, etc.	Required Retention Medium (paper, electronic) and storage location	Minimum Retention Period
a) Development and Building Permits		Stored by Projects and Planning. As of Jan 2019, archived electronically in SharePoint	Permanent
b) Blueprints of Buildings		Digital copies stored in Archibus	Retained as long as building is owned and operated by PHC
c) Inspection Records		<ul style="list-style-type: none"> Annual building life safety reports stored by Facilities Maintenance & Operations (FMO) Other inspection reports are stored by Planning and Projects As of Jan 2019, archived electronically archived in SharePoint Risk and VFA reports stored by FMO Hazmat reports stored electronically in HMIS.	7 years
d) Emergency Response Manuals		Fire Plan on file at FMO. HEMBC is responsible for the Emergency response plan	Current plans are retained unless replaced
e) Project Building Committee Minutes (MDT Committee)			7 years
f) Boiler/Physical Plant Log Book		Located at FMO shift engineer's office	7 years
g) Maintenance Records			7 years
h) Operating and maintenance manuals		Stored by FMO	Stored for the life of the equipment

DEPARTMENT: QUALITY AND RISK MANAGEMENT			
Documents	Governing Legislation/Directives, etc.	Required Retention Medium (paper, electronic) and storage location	Minimum Retention Period
	HCPP Risk Notes Limitation Act as applicable		
a) Litigation files		Stored electronically in the Patient Safety Learning System (PSLS)	permanently
b) Patient Care Quality Office PCQO documents		Stored electronically in the PSLS	permanently
c) Previous Incident Reports		Approximately 40 boxes stored at Iron Mountain	7 Years
d) Critical Incident reviews		Stored electronically in the PSLS	permanently
e) Section 51 protected reports	Evidence Act		permanently

DEPARTMENT: INFORMATION ACCESS AND PRIVACY			
Documents	Governing Legislation, Directives, etc.	Required Retention Medium (paper, electronic) and storage location	Minimum Retention Period
Patient requests/complaints under FIPPA		Electronic – stored on IAPO shared drive	Permanently
Privacy Impact Assessments		Electronic – stored on IAPO shared drive	Permanently
Privacy Investigations		Electronic – stored on IAPO shared drive	Permanently
Policies/Guidelines		Electronic – stored on IAPO shared drive	Permanently – keep old policies/guidelines for reference if required
OIPC Investigations		Electronic – stored on IAPO shared drive	Permanently

DEPARTMENT: MEDICAL AFFAIRS			
Documents	Governing Legislation/Directives, etc.	Required Retention Medium (paper, electronic) and storage location	Minimum Retention Period
a) Policies, Procedures, Bylaws			Permanent
b) Medical Advisory Committee Minutes, Agendas, Reports (local and regional)			Permanent
c) Medical Staff/ Department/Committee Agendas, Minutes			7 years
d) General Correspondence			7 years

DEPARTMENT: RESEARCH ETHICS BOARD			
Documents	Governing Legislation/Directives, etc.	Required Retention Medium (paper, electronic) and storage location	Minimum Retention Period
Refer to 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, and updates			
a) Research Ethics Board approvals and other materials		Stored electronically on UBC RISE	Permanently
b) Records related to Clinical Trial Application and Amendments <ul style="list-style-type: none"> i. Investigator's brochure ii. Adverse events iii. Subject enrolment documentation 	Health Canada Guidelines		15 years
c) Records and results from research	UBC policy –Study data must be retained for at least 5 years after presentation or publication within a UBC facility. UBC's Policy #SC6		≥ 5 years
d) Regulated research	Health Canada Guidelines		15 years
e) Documents related to studies that have deviations or require audits.		Stored electronically on PHC network drive Accessible by the UBC-PHC Research Ethics Board Administration Office	Indefinitely

DEPARTMENT: HUMAN RESOURCES			
Documents	Governing Legislation/Directives (Limitation Act as applicable Employment Standards Act Workers Compensation Act Information Management Act)	Required Retention Medium (paper, electronic) and storage location	Minimum Retention Period
a) Personnel File (employees) Includes: application, salary/wages paid, performance evaluations, leave records, benefit/pension records	Employment Standards Act Income Tax Act	Paper - stored at Iron Mountain Electronic - stored with Employee Records & Benefits	7 years after employment terminates
b) Payroll records	Employment Standards Act (ESA)	Paper - stored at Iron Mountain Electronic - stored with Employee Records & Benefits	7 years
c) Time Sheets	Income Tax Act		7 years
d) Competition Files			1 year after positions filled
e) Records of Employment	Employment Standards Act (ESA) Income Tax Act	Paper - stored at Iron Mountain Electronic - stored with Employee Records & Benefits	7 years
f) Collective Agreements	N/A	Head Office (Hornby 4 th Floor)	Life of Agreements
g) Grievance files	N/A	Paper - Head Office (Hornby 4 th Floor) Electronic – Employer HR drive and Grievance Database	2 years from date of resolution
h) Employee (non-union) complaint files		Electronic - Employer database and Employer HR Drive	2 years from date of resolution
i) Work schedules and assignments			3 years
j) Job Descriptions		Paper - Head Office (Hornby 4 th Floor) Electronic – Employer HR Drive and HEABC Database	7 years
k) WCB/LTD claim files			10 years from date of resolution

I) Volunteer personnel files	Employment Standards Act	Electronic – Better Impact database Paper – archived files are shredded after 5 years	5 years from date of separation
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