

	Records Management	Corporate Policy & Procedures Manual
		Number: III-55
Approved by: Chief Executive Officer	Date Approved September 27, 2018	
	Date Effective February 8, 2019	
	Next Review (3 years from Effective Date) February 2022	

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the *Definitions* section.

Purpose

- To outline the requirements for the management of **records** created and maintained by, or on behalf of, Covenant Health.
- To ensure Covenant Health records are managed in accordance with applicable legislation and Covenant Health standards.

Policy Statement

Covenant Health is responsible for protecting the integrity of its records and is committed to supporting organizational accountability, transparency, efficiency, and economy through the proper handling and retention of records.

All records created and received by Covenant Health are the property of Covenant Health. Upon changing position or leaving the employment or a contractual relationship with Covenant Health, the employee/contractor/student/volunteer must leave all records with Covenant Health.

Applicability

This policy and procedure applies to all records (paper and electronic) created and maintained by, or on behalf of, Covenant Health staff, physicians, volunteers, students and any other persons acting on behalf of Covenant Health.

Policy Elements

1. **Destruction of Records:** Destruction of records shall not occur in contravention of the standards identified in Appendix A or in contravention of legal hold.
2. **Legal Hold:** Records that are subject to a legal hold will not be disposed of per the record retention schedule. Refer to Appendix B.
3. **Record Retention:** Records identified in Appendix C shall be retained as noted in the Schedule. These record retention periods are consistent with current relevant legislation and corporate requirements and identify the minimum retention periods.

Responsibility Covenant Health staff, physicians, volunteers, students and any other persons acting on behalf of Covenant Health are responsible to ensure their record handling practices align with the requirements of this policy/procedure.

Department leaders shall demonstrate compliance with this policy by providing their direct reports with appropriate training/education for records management specific to their area.

Principles Records are valuable resources and assets created to meet operational, legislated, financial, and historical requirements.

Access to Covenant Health records, regardless of format (including, but not limited to, paper and electronic records) or locations, shall be authorized in accordance with applicable legislation and Covenant Health policies/procedures.

Definitions **Record** means documents, data or information of any kind, in any medium (e.g., paper, digital, and audio-visual media), and in any format (e.g., documents, spread sheets, databases, emails, blogs, wikis, and website pages) created, received, recorded, and maintained by Covenant Health as part of its services or business. This definition includes health records but does not include computer software of any mechanism that produces records.

Master record means the official 'file copy' of the record held by Covenant Health. Normally the master record will be held by the division/department/program/unit which originated the record, which received the record from another party external to Covenant Health or which has responsibility for its custody.

Examples: The 'file copy' of correspondence is normally held by the unit sending or receiving the correspondence. However, a hospital patient information department is the custodian of some patient records which are generated by others.

Transitory record means records in any media that:

- have no further value or usefulness beyond an immediate and minor transaction;
- are only required for a short time during and not usually after a transaction;
- are made obsolete by an updated version of a record, subsequent transaction or decision;
- are a duplicate or copy of a record filed elsewhere; or
- are a work in progress or draft version that will have no further value once the final version is produced.

Transitory records do not document patient/resident/client care, document a decision or transaction, support business activities, provide evidence of compliance with legislative requirement, nor have future business, financial,

legal, research or archival value to Covenant Health.

Confidential material means any individually identifiable health information, such as patient records and diagnostic and treatment records, as well as employment records, corporate records, budget reports, contracts, financial statements, and/or general ledger detail, all of which contain private information that needs to be protected from any access by unwarranted parties or agencies.

Destruction means the disposal of records of no further value by incineration, maceration, pulping, granulizing, or shredding with the objective of obliteration beyond any possible reconstruction.

Legal hold means a hold placed on the scheduled destruction of records due to foreseeable or pending litigation, governmental investigation, audit, or special organizational requirements as initiated in accordance with Appendix B.

Related Documents

Appendix A – Destruction of Records

Appendix B – Legal Hold

III-55.JOBAID.3 – [Covenant Health Records Retention Schedule](#) (Update January 31, 2023)

Covenant Health P/P #III-5, *Reporting/Investigating Legal Actions and Potential Legal Actions*

References

Alberta Health Services;

- Records Management Policy
- Records Destruction Procedure
- Legal Hold Procedure
- Transitory Records Procedure
- Records Retention Schedule
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Alberta College of Pharmacists; Standards for the Operation of Licensed Pharmacies, Sections 8.3, 8.7 and 8.8

Alberta Evidence Act

Alberta Health Care Insurance Act

Canada Pension Plan and CPP Regulation

Controlled Drugs and Substances Act

Employment Insurance Act and EI Regulation

Employment Standards Code

Environmental Protection and Enhancement Act

Excise Tax Regulation

Food and Drug Regulation

Freedom of Information and Protection of Privacy Act

Health Canada; Guidance Documents for Industry and Practitioners – Special Access Programme for Drugs. Effective date January 28, 2008.

Health Information Act

Hospitals Act

Income Tax Act

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Labour Relations Code
Limitations Act
Narcotic Control Act
Occupational Health and Safety Act
Workers' Compensation Act

Revisions

October 5, 2018
October 15, 2012

Destruction of Records

1. Destruction of records shall not take place without prior review of the Record Retention Schedule (Appendix 1) to confirm that the record has reached its maturity date.
2. Records that are not identified on the Record Retention Schedule (Appendix 1) may be destroyed as long as they are no longer in active use and no negative impact or consequences for Covenant Health will occur if the document is destroyed.
3. All records shall be handled and disposed of in a manner appropriate for the confidentiality of information they contain. Confidential paper materials shall be discarded into a secure collection cabinet (INFO-SAFE container) or bag, or shredded within the department. Non-paper media (e.g., microfiche, microfilm, diskette, computer disk, etc.) that contain confidential information are to be securely boxed, sealed, and marked “Confidential – Secure Destruction” and shall be kept in a secure area (such as a locked office) in the area of origin while awaiting secure pickup and disposal.
4. The collection and removal of confidential material from the respective areas of origin will be handled by designated staff (e.g., Housekeeping). The on-site storage of confidential material will be kept within a restricted and secure area that is accessible only by designated staff and/or the shredding contractor.
5. To facilitate the efficient and orderly use of record storage space throughout Covenant Health facilities, the Facilities Planning Department shall allocate storage areas to departments as required.
6. Records remaining from a discontinued program must be managed and reviewed for continued retention, archiving or destruction.
7. Advice on the disposition of records will be provided by Covenant Health Risk Management/Legal Counsel.

Appendix B**Legal Hold**

1. Destruction of records shall not occur where there is knowledge of, or notification of:
 - a) claims, fatality inquiries, litigation, or potential litigation relating to the records to be destroyed;
 - b) receipt of a FOIPP or HIA request relating to the records to be destroyed;
 - c) investigations and audits; or
 - d) direction from Covenant Health legal counsel or senior executive.
2. Records in legal hold shall be preserved by ensuring the original records are in or are moved to a secure location. Copies may be created for ongoing use.
3. Legal holds shall be initiated by the Covenant Health Risk Management/Legal Counsel when;
 - a) formal notice has been received of legal action against Covenant Health (e.g., a Statement of Claim, Originating Notice, other formal notice of the commencement of a legal action). Refer to Covenant Health P/P #III-5, *Reporting/Investigating Legal Actions and Potential Legal Actions*;
 - b) Covenant Health has been notified of potential or anticipated legal action;
 - c) Covenant Health has received a request for information or has been notified of review, investigation or inquiries by the Office of the Information and Privacy Commissioner, or
 - d) or in any other circumstances that the Covenant Health Risk Management/Legal Counsel deems appropriate (e.g., fatality inquiries).
4. Covenant Health Risk Management/Legal Counsel shall;
 - a) notify areas of accountability or individuals of the initiation of a legal hold, including Information Management personnel, and which records are considered responsive and are subject to the legal hold; and
 - b) maintain a master list of all legal holds in place within Covenant Health.
5. For removal of legal holds, Covenant Health Risk Management/Legal Counsel shall notify areas of accountability or individuals, including Information Management personnel, when a legal hold has been removed.

Legal holds responsive to FOIPP/HIA records shall be removed six months from the date of closure of the request.