

AL0700 RECORDS – RETENTION, STORAGE and DESTRUCTION OF

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and T̓silhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To promote sound business practices for the management of Interior Health (IH) Records consistent with standards of practice and applicable laws including the Limitation Act and the Freedom of Information and Protection of Privacy Act (FIPPA).

2.0 DEFINITIONS

TERM	DEFINITION
<i>Employee</i>	A person currently employed by Interior Health in a full-time, part-time, casual, and/or term-specific position, including managers, medical staff, other health care professionals, researchers, and students.
<i>Original Record</i>	The earliest generation of a record that exists or an electronic version of a paper Record* and that is held as the official file copy. <i>*According to s. 8(2) of the Electronic Transactions Act, the legal requirement to retain an Original Record is satisfied by the retention of the Record in electronic form as long as there is reliable assurance as to the integrity of the Record.</i>
<i>Personal Information</i>	Includes any information which may be associated with or identifies an individual and excludes business contact information. Personally identifiable information includes things such as a person's name, social insurance number, account number, health care number, employment history or medical information.
<i>Record</i>	Information documented as evidence in the transaction of business or in the pursuance of legal obligations, "regardless of media" (e.g., graphic, electronic, mechanical or other means) including: <ul style="list-style-type: none"> • Corporate Records - operational records and other

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	<p>records that are the property of IH but that are not Health Records.</p> <ul style="list-style-type: none"> • 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.
<i>Records Steward</i>	The functional leader or delegate accountable for administration of this Policy with respect to the records in each administration unit or program.
<i>Service Provider (Contractor)</i>	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.
<i>Transitory Record</i>	A Record of temporary usefulness that does not reflect the functions, business activities, and decisions of IH and is not an integral part of a Record as identified in Appendix A. Common categories and examples of Transitory information are included in Appendix B.
<i>Volunteer</i>	Any person who has completed a Volunteer Registration Form and has been placed in a volunteer activity overseen by Interior Health staff.

3.0 POLICY

- 3.1 This policy applies to all Employees, Volunteers, and Service Providers.
 - 3.1.1 Consult with the AL0700 Policy Steward for interpretation of this policy as it applies to specific situations.
- 3.2 Records in former Ministry of Health (MOH) 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 not subject to this policy. These Records are governed by MOH policies and procedures and stored in government records centres.
 - 3.2.1 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.
- 3.3 Retain Records under the direction of the designated Records Steward according to the Records Retention Schedule (Appendix A).
 - 3.3.1 Retain Original Records by the department, service and/or program area of the designated Records Steward.
 - 3.3.2 Calculate retention periods from the end of the calendar year (or fiscal year where appropriate for financial Records) in which the record was

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created, where a manual process is required (i.e., an electronic system is not available).

- 3.3.3 IH Senior Leadership, Risk Management and/or the Records Steward may direct Records retention for longer than set out in the Records Retention Schedule if the Records have historical significance or continued value, or are otherwise required for operational, legal or other business reasons.
- 3.3.4 Retain Transitory Records if they are relevant to current legal activity or Freedom of Information (FOI) requests (see also Appendix B and consult with Risk Management when needed).
- 3.4 Convert Records from paper to an electronic format in consultation Digital Health. Electronic Records must be accessible, legible and securely converted.
- 3.5 Maintain Legal Records in their original format as the best evidence of the terms of agreement.
- 3.6 Comply with [IH Security Standards for the Handling of Confidential Information](#) considering physical, environmental, and administrative security processes in IH, including:
 - 3.6.1 Store Records in a safe, secure, accessible storage location regardless of media.
 - 3.6.2 Label paper Records kept in storage with the name of the generating department or Service Provider, the contents, and the retention expiry date. Consult with the Records Steward and/or AL0700 Policy Steward about proper labelling.
 - 3.6.3 Store Records taking into account the type of storage available, longevity, security, and accessibility of the Records and the need to protect the sensitivity and integrity of the Records. See also [Secure Storage of Documents Security Bulletin](#).
 - 3.6.4 Decisions about off-site storage with private providers must be made by the Records Steward in consultation with IH Purchasing.
 - 3.6.5 Store electronic Records containing Personal Information and other confidential information only on IH secure storage mediums approved by Digital Health. Email is not an appropriate storage method for Records.
 - 3.6.6 Dispose of Records exceeding their retention period by means appropriate to their level of confidentiality / sensitivity in accordance with [IH Security Standards for the Handling of Confidential Information](#).

4.0 PROCEDURES

- 4.1 Employee and Service Provider Responsibilities
 - 4.1.1 Manage Records under the direction of this policy regardless of the media in which they exist (e.g., electronic, paper, video or audio tape,

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microfiche, or hard drive, disk or other electronic storage device) and in consultation with IH Manager.

- 4.1.2 Dispose of Transitory Records at the earliest opportunity once they are no longer required or securely stored (per Section 3.6.6).
- 4.1.3 Regularly review this policy, noting any changes to retention periods that may affect the day-to-day management of Records.

4.2 Manager Responsibilities

- 4.2.1 All Employee responsibilities as noted above, and;
- 4.2.2 Manage Records under the direction of Records Stewards.

4.3 Records Steward Responsibilities

- 4.3.1 All Employee responsibilities as noted above, and;
- 4.3.2 Regularly review and propose updates to Record retention periods in accordance with relevant legislation, standards, this Policy and the Limitations Act.
- 4.3.3 Notify the AL0700 Policy Steward of any changes to legislation, regulations or standards that result in changes to Record retention requirements.
- 4.3.4 Recommend a risk-based retention period to the AL0700 policy steward in circumstances where there is no legislation, regulation or standard directing the required retention period.

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]*
2. *Electronic Transactions Act [SBC 2001]*
3. *Employment Standards Act [RSBC 1996]*
4. *Evidence Act [RSBC 1996]*
5. *Financial Information Act [RSBC 1996]*
6. *Financial Information Regulations, B.C. Reg. 371/93*
7. *Freedom of Information and Protection of Privacy Act [RSBC 1996]*
8. *Hospital Act [R.S.B.C. 1996]*

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- 9. *Hospital Act Regulation, B.C. Reg. 121/97*
- 10. *Limitation Act [SBC 2012]*
- 11. *Workers Compensation Act [RSBC 1996]*
- 12. *Narcotic Control Regulations*

Other Directives and Guidelines

- 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.*
- 3. *Interior Health Security Bulletin – Handling of Confidential Information – October 2022.*
- 4. *Bylaws of the College of Pharmacists of British Columbia.*
- 5. *Diagnostic Accreditation Program (DAP) Recommended Retention Times for Medical Imaging.*
- 6. *BC Government Records Service – Transient Information Records Management Guide – June 2021.*

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**APPENDIX 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 CORPORATE 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, Agreements, Letters of Understanding, Memorandums of Understanding	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
1.2 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, exit interviews, Employee surveys	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

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Original Record	Minimum Retention Period
1.3.6 Collective Agreements	Life of Agreements
1.3.7 Grievance files	10 years from date of resolution
1.3.8 Employee (non-union) complaint files	10 years from date of resolution
1.3.9 Work schedules and assignments	5 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 / CAPITAL PLANNING <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	As long as the building is owned/operated by IH
1.4.5 Facility Operating & Maintenance Manuals	Until equipment is disposed of
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	7 years
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
1.4.12 Facilities Maintenance Records	7 years from asset disposition
1.4.13 Workplace Safety Records	7 years if not otherwise noted in applicable department standards or guidelines.
1.4.14 Property: Property Agreements (Purchase and Sale, Certificate of Title, all registered documents)	7 years after sale of property
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
1.4.17 Facility inspection reports	7 years
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

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Original Record		Minimum Retention Period
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 <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)	Indefinite if related to tobacco and Hepatitis C litigation; otherwise 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
1.6.5	Adverse Event Review reports, summaries, notes and related documents	Indefinite
1.7	PHARMACY/NARCOTICS <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 <ul style="list-style-type: none"> Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Health Canada Food and Drug Regulations September 2022 Canadian Association of Research Ethics Boards and N2 Networks of Networks (2023) US Code of Federal Regulations (21CFR56) Institutional Review Boards, D: Records and Reports 	
1.8.1	Research Ethics Board Minutes	3 years after termination of any trials reviewed at the meeting or maximum of 15 years
1.8.2	Clinical Trials regulated by Health Canada	15 years
1.8.3	All other Research Records	5 years
1.9	INFORMATION PRIVACY AND FREEDOM OF INFORMATION (FOI)	
1.9.1	Requests/complaints under FIPPA	10 years from file closing date
1.9.2	Privacy Impact Assessments (PIAs)	Permanent and otherwise 10 years after a system or project is retired or completed

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Original Record	Minimum Retention Period
1.9.3 Privacy Incident and Audit Investigations	10 years from file closing date
1.9.4 OIPC Investigations	10 years from file closing date
2.0 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	Indefinitely (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	Indefinitely (as per directives), and otherwise 7 years from the date of discharge from care to which record applies
2.1.3 Transitory	Indefinitely (as per directives) and otherwise 1 year after completion of patient’s record by practitioner(s)
2.1.4 For Minors	Indefinitely (as per directives) and otherwise greater of 10 years or 7 years from date minor reaches age of majority
2.1.5 Re: Possible Sexual Assault (e.g., forensic exam)	Indefinitely; Consult with SAFE Program for specific Records management standards or guidelines
2.2 MEDICAL IMAGING	
<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.

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Original Record	Minimum Retention Period
2.2.1 Adult films, x-rays, report, records	Indefinitely (as per directives), and otherwise 7 years from most recent day of patient's discharge
2.2.2 Pediatric films, x-rays, reports, records	Indefinitely (as per directives), and otherwise 7 years after the minor reaches age of majority
3.0 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.
4.0 REGIONAL TISSUE BANK	<i>Consult with department re: applicable standards or guidelines.</i>
5.0 PUBLIC HEALTH	<i>Consult with department re: applicable standards or guidelines.</i>

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**APPENDIX B
Common Categories & Examples of Transitory Information¹**

1. Transitory Information

Information determined to be Transitory includes, but is not limited to, records that are identified and described in the following categories. **DO NOT destroy any Transitory information that** may be relevant to a current/anticipated FOI request or legal discovery.

Transitory Information	Examples	Notes
<p>Transitory Messages Casual or non-substantive messages, in any format, including attachments, which are of only short-term use and are not needed to document an action or decision.</p>	<ul style="list-style-type: none"> instant / chat messages in MS Teams announcements of social events cc copies (unless you are the main staff member responsible for the matter) emails conveying an attachment (if it doesn't add value to the attachment) meeting arrangements or routine correspondence about drafts and revisions requests to call someone. 	<p>Messages or attachments that are required for ongoing business needs are <u>not</u> Transitory information (e.g., email documenting a policy decision, formal memo about IH business, social media post that is the initial announcement of an IH program). However, once these messages have been saved into an appropriate recordkeeping system, any additional copies of the messages may be considered Transitory Copies (see below).</p>
<p>Transitory Drafts Preliminary or incomplete drafts that do not contain significant annotations, comments, approvals, or substantial changes providing insight into the evolution of the final version.</p>	<ul style="list-style-type: none"> preliminary drafts that were never reviewed interim drafts that reflect minor editorial changes 	<p>A draft is <u>not</u> Transitory when it:</p> <ul style="list-style-type: none"> is complete/final is the latest version available (i.e., hasn't been replaced by a new version) was used for formal consultation and review documents a decision or approval? represents a substantial revision is subject to legislative, policy, or information schedule requirements. <p>Once a subsequent draft or finished record has been developed and filed, Transitory Drafts are no longer needed.</p>
<p>Rough notes and working</p>	<ul style="list-style-type: none"> outlines, calculations, 	<p>Context and content affect the</p>

¹ Adapted from [Government Records Service, Province of British Columbia: TRANSITORY INFORMATION RECORDS MANAGEMENT GUIDE revised: 2021-06-24](#)

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<p>materials: consist of preliminary, incomplete, or unused information recorded or gathered for the purposes of creating other documents, aiding memory, facilitating a routine action, or recording exploratory thoughts.</p>	<p>summaries, flipcharts and other rough notes not needed to support projects</p> <ul style="list-style-type: none"> • preliminary notes and working materials used to prepare a final record • brainstorming/collaboration working materials/notes • failed job output records resulting from abnormally ended jobs, programming errors, improper selection criteria, or unsuccessful data input 	<p>value of these records. If rough notes or other working materials are needed to understand a key decision-making process, particularly if the decision affected an individual, it is necessary to file and retain them. Where subsequent or final records exist, however, the rough notes do not need to be kept, unless there is some other reason for doing so.</p>
<p>Transitory Copies: duplicates of existing records made for convenience or reference. These copies are not authoritative copies needed to replace originals as evidence of actions, decisions, or consultation.</p>	<ul style="list-style-type: none"> • Extra copies of records where the authoritative copy has been saved in an appropriate recordkeeping system, including: <ul style="list-style-type: none"> ◦ convenience copies (e.g., printed agenda for use at a meeting) ◦ partial copies/extracts of information ◦ copies made to support computer processing functions ◦ copies used to support the development of other documents. • Outputs from electronic systems created for reference purposes. • Supplies of IH publications and forms/templates (not including the official file copy, e.g., forms, pamphlets, newsletters, reports). 	
<p>Transitory Systems Documentation: information of temporary usefulness generated for, or resulting from, computer systems operations (also known as Transitory electronic data processing [EDP] records).</p>	<ul style="list-style-type: none"> • Input source documents used to enter information into a digital system <ul style="list-style-type: none"> ◦ data entry forms and EDP records not needed after the information is entered into a system) ◦ notes, forms, and other input source documents used for data entry. • Automatically gathered / 	<p>Transitory systems documentation excludes data in the systems. Data that has been migrated or converted is thereby rendered redundant.</p> <p>Systems documentation that is needed for operational purposes, ongoing maintenance, or for purposes of an investigation, is <u>not</u> Transitory</p>

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	<p>generated data processing information, including:</p> <ul style="list-style-type: none"> o Data processing information generated in the process of transferring data between systems, obsolete after transfer is completed and validated o System output/reports generated for reference or for a client, not needed as part of a file or for system maintenance o Internet browsing information (e.g., browsing history, cookies, cache/temporary files) • Unneeded documentation of systems and internet usage <ul style="list-style-type: none"> o data from connected devices that is not used, or is duplicated/summarized in reports o empty folders and zero-byte files that have no further use 	<p>and should be retained.</p>
<p>Transitory information from external sources: solicited and unsolicited information from external sources used solely for short-term reference purposes or not at all.</p>	<ul style="list-style-type: none"> • advertising and promotional material not used for procurement or other transactions (e.g., spam, junk mail, catalogues, promotional DVDs, course announcements) • newspapers or magazines used to compile news clippings relevant to a program area. • unsolicited correspondence from the private sector that is not used for any actions or decisions. • information provided in confidence that is forwarded to the appropriate public body or returned to the sender, and not used by IH. 	<p>It is important to promptly and securely destroy or return any Transitory information that contains personal or other confidential information that is not used by the receiving office, including:</p> <ul style="list-style-type: none"> • information identified as confidential in legislation or policy, as well as • information that may not normally be recognized as confidential, except in relation to specific groups such as Indigenous communities.

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2. Examples of Records that are NOT Transitory

Information within Records that are NOT Transitory must be retained, stored and destroyed according to policy AL0700. Examples of non-Transitory Records include:

Evidence

- drafts or revisions with information that is not documented elsewhere (e.g., directions to change a proposal or a course of action)
- legal advice and agreements

Documenting Decisions & Actions

- business transactions documentation (initiation, authorization, or completion)
- records that include instructions, approvals and advice
- emails that document a policy decision, significant action, or how a case was managed
- records that help explain the history of a relationship, decision or project.

Operational Needs

- data that is needed for ongoing business
- information that is integral to a file about one event, client, or issue (i.e., a case file)
- reference material with ongoing value to the office
- work unit activities documentation (e.g., work schedules, assignments)

Official Communications

- formal communication about IH business
- social media post officially announcing a new IH program.

Official/Final Records

- final reports and recommendations
- official copies of agendas and minutes
- official copies of policies, directives, procedures, standards, guides
- signed briefing notes.

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