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BACKGROUND

The Information and Records Management Guideline (IRMG) outlines the record management practices that must be followed at Hamilton Health Sciences. Records vary in type, purpose and content. These variables, combined with whether or not a record needs to be maintained, for how long and by whom, can make records management feel like a daunting task.

With that in mind, we have developed this document which provides clear direction for creating, retaining and disposing of all records that are in the hospital’s custody. This Information and Records Management Guideline is structured to make it easy for you to access the information you need quickly. Each section in the Table of Contents contains a hyperlink to take you to that section. There you will find a drop-down menu to its subsections. There are also ten appendices that contain information you may wish to reference on a regular basis. Again, you can access those appendices through hyperlinks in the Table of Contents as well as through hyperlinks throughout the guide. Hyperlinks have also been added to the “important points” listed below for easy reference.

The Information and Records Management Guideline is an “evergreen” document. That means we will continually update it as our recommendations and policies evolve. For this reason, we suggest you access it electronically as you need it, rather than relying on earlier print versions. The electronic version will be accessible on the FIPPA website as well as in the Policy library.

We have tried to be as thorough as possible however, if you have questions, or if the document you’re concerned about isn’t specifically mentioned in this guide, we urge you to contact the HHS Privacy Office at ext. 75120. It’s everyone’s responsibility to manage information and records carefully and correctly. Our patients and our community are counting on us to do so.

Some important points to keep in mind as you manage information and records at HHS:

- The records that document our jobs are important assets that are owned by Hamilton Health Sciences. They are not ours to do with what we choose. (pg. 3)
- Records provide evidence of the conduct of the hospital business and can be in any medium or format. Electronic documents and information are records too. (pg. 4)
- FIPPA (Freedom of Information & Protection of Privacy Act) comes into effect for hospitals on January 1, 2012 and requires hospitals take reasonable measures to prevent: (1) unauthorized access or disclosure of records, and (2) inadvertent destruction or damage to records. (pg. 5)
- There are two types of records: (1) official records that document our organization’s activities, legislative compliance and accountability, and (2) transitory records that are of short-term value only or are made obsolete by an updated version. (pg. 7, Appendix 2)
- Official records should be stored securely so that they will be readily available to those who need them and are authorized to access them for the period of time required by HHS’ retention policy. (pg. 7, Appendix 3)
- The business unit responsible for a program or service that creates a record to support its activities will maintain the master record and become its custodian. Only the custodian for the record should store the record and manage its life cycle. Committees, work groups and project teams should always appoint a custodian. (pg. 10)
- Record custodians may consider using the footer of a record to identify the custodian role title and record storage location to assist with future retrieval. (pg. 20)
• Personnel files at HHS include both centralized records held under the custody and control of Human Resources and decentralized records held by the employee’s local area manager. (pg. 12, Appendix 3)

• The peak use period for most records is the first two weeks after they have been created or received. Those records should be organized so they can be easily and quickly retrieved when needed. It should take no more than five minutes to retrieve any active record in any format. (pg. 14)

• Keeping more records than required or retaining copies uses up valuable space on our servers and hard drives, in file rooms, at work stations and in storerooms. Record disposal must follow HHS protocol and a certificate of destruction must be completed for all official records that have reached the end of their life cycle. (pg. 17, Appendix 8)

• If a Freedom of Information (FOI) request is received, or we become aware that there is a potential legal proceeding pending, our ability to destroy related transitory or official records is suspended from: (1) the date we receive the FOI request until the request has been processed and any appeal period has passed, and (2) the time that a legal or potential legal proceeding is known until it is dismissed. (pg. 16)

• Everyone at HHS should try to control the amount of transitory records we create and store. (see common sense tips on pg. 16 and in Appendix 9 – Email Etiquette)

• The use of Controlled Language (for example, approved abbreviations and standardized file names or reference fields) reduces search time, increases the reliability of search results, improves organizational communication, avoids duplication and reduces risk. (pgs. 18-19 and in Appendix 10)

• Email messages that are to be retained should be saved with your other electronic documents – NOT in Outlook. (pg. 20)
1. INTRODUCTION

As hospital employees, we all have an obligation to properly document what we do by creating complete and accurate records of our activities and by ensuring that the appropriate records relating to our work are filed in official filing systems. The records that document our jobs are important assets that are owned by Hamilton Health Sciences. They are not ours to do with what we choose.

These guidelines are intended to help each HHS employee to:

- decide what records to create;
- decide what records to retain in filing systems;
- decide which records are “transitory” and can be disposed of as soon as we no longer need them;
- decide which records are “official” and the length of time to be retained in filing systems;
- dispose of transitory records securely; and
- comply with the requirements of the Freedom of Information and Protection of Privacy Act, Canada Business Corporations Act, Public Hospitals Act, Electronic Transaction Act, Health Information Act, Income Tax act, and other provincial and federal legislation as well as recognized business standards.

The Venn-diagram below identifies the information this document considered to form its guidelines.
2. WHAT IS A RECORD?

For HHS, the *Freedom of Information and Protection of Privacy Act* and the Records Management Regulation define a record as

“a record of information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers, and papers and any other information that is written, photographed, recorded or stored in any manner, but does not include software or any mechanism that produces records.”

Another definition of record is found in the international records management standard published by the International Organization of Standardization. ISO 15489-1\(^1\) defines a record as

“information created, received and maintained as evidence and information by an organization, or person, in pursuance of legal obligations or in the transaction of business.”

In other words, records provide evidence of the conduct of the hospital business and can be in any medium or format. Virtually everything that we document related to our jobs, whether we use a computer, personal digital assistant, pen, camera, or audio or video recorder, is a record.

It is especially important to understand that **electronic documents and information are records too**. Electronic records are the ones we create, distribute or receive by computer, such as electronic mail, Word documents, graphics, and spreadsheets.

These guidelines do not make a distinction between hardcopy records and electronic documents as it relates to retention period. An email, like other electronic or tangible record mediums, must be retained for the appropriate retention period based on record content. When determining the retention period for a record (regardless of medium) it is based on the record content.

Sometimes records include personal information defined by FIPPA as identifiable information that includes:

- Information related to race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of an individual,
- Information related to education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions an individual has been involved in,
- Any identifying number, symbol or other particular assigned to the individual,
- The address, telephone number, fingerprints or blood type of the individual,
- The personal opinions or views of the individual,
- Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence,
- The views or opinions of another individual about an individual, and
- The individual's name where it appears with other personal information about the individual.

When creating a record it is important to consider whether it is necessary to include personal information within the content. Extra care must be taken to safeguard records when they contain personal information.

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FIPPA requires the hospital to ensure that:

- it has defined and documented reasonable measures to prevent unauthorized access or
disclosure of the records in its custody or control;
- it has defined and documented reasonable measures to prevent the inadvertent destruction or
damage or records; and
- it has implemented those reasonable measures.

All staff should revisit its security procedures and practices to ensure that they conform to the above
obligations under FIPPA.

See Appendix #1 for a checklist of physical, procedural, and technical security measures and factors
when deciding what is reasonable protection of information.

**DEFINITIONS**

**Active** - Active records are needed to support day-to-day operating activities and are usually referred
to at least a couple of times a month or are one to two years old.

**Custodian** – The business units where these types of records originate should retain a *file copy* if the
records document their activities and have some future value. The originator department or program
is the record custodian for record management purposes.

**Filing System** – An approved filing system will be secure and readily accessible. Hard copy records
will be kept in a lockable filing cabinet. Electronic records will be kept in FileNexus, department
servers, or SharePoint repositories. Mobile devices e.g. CD, flash drives are not acceptable storage
mediums for “official” records.

**FIPPA** – Freedom of Information and Protection of Privacy Act

**FOI** – Freedom of Information

**Inactive** - Inactive official records are those records that are neither referenced on a regular basis nor
support daily operating information needs. They are generally older than one to two years and are
kept for legislative, business or historical purposes.

**Official Record** - a record made or received by an organization in the conduct of its business that has
business, legal, historical. The official record should be filed in one centrally accessible place, where
practical. However, in some situations various individuals may retain a copy of the official record.

**Transitory Record** – Record that has limited value to the hospital required only for a short time,
perhaps until they are made obsolete by an updated version of the record, or by a subsequent
transaction or decision.
3. WHAT RECORDS SHOULD WE CREATE?

We create records and documents to provide evidence of our work activities, transactions and decisions made on behalf of the hospital. What records we create is just as important as what records we retain.

Here are some examples of activities, transactions and decisions that we should document:

- results of significant daily activities that support the mission and objectives of HHS;
- advice and recommendations made to management and the decisions and actions taken as a result, along with supporting documentation;
- problems encountered in business operations and the steps taken to resolve the problems;
- interactions with the public, patients, families, stakeholders, consultants, vendors, and government jurisdictions;
- verbal communications such as meetings, telephone calls and face to face discussions where significant actions or decisions have occurred;  
  - business notations made in a journal/notebook should either be transcribed to an electronic format (e.g. memo to file using Word), a scanned image or a handwritten notation filed;
- legal agreements of any kind, including contracts, along with supporting documentation;
- policy, business planning, performance measurement and budget activities, and supporting documentation;
- work done for the hospital by consultants and other external resources; and
- actions and decisions where payments are made or received, funds committed, services delivered or obligations incurred.

It is not enough to create a record of a meeting or business transaction. Each record has essential components such as date, author and subject which must be easily identified. To make retrieval of email easier, “subject” lines must be completed.

Creating a record with personal information should be appropriate in the circumstances, such as the creation of a Human Resource personnel record or a Patient record. Additional care will be required to safeguard and secure records containing personal information, as well as ensuring records with personal information is collected and used only for purposes intended.
4. WHICH RECORDS SHOULD WE RETAIN AND FILE?

Hamilton Health Sciences is a business that provides a service, health care. As such, it has records that:

- are required to support business operations; or
- document and provide evidence of business transactions; or
- are required by legislation; or
- provide the evidence of compliance with accountability or other business requirements; and
- will have some future business, financial, legal, research or archival value to HHS.

These records are the **official records** of HHS.

Not all records that you create or receive as you conduct hospital business have to be treated as official records. Some will have no further value to the hospital beyond an immediate or minor transaction. Others might be required only for a short time, perhaps until they are made obsolete by an updated version of the record, or by a subsequent transaction or decision. These are **transitory records**.

The records that we retain and file should be stored in a filing system. Stored records should be managed according to government and organizational records management guidelines, and department specific policies. Official records should be stored securely so that they will be readily available to those who need them and are authorized to access them for the period of time required by HHS retention policy (see Appendix 3). Use of mobile devices, e.g., CDs or flash drives, is discouraged for use of storing official records unless a backup process is followed.

HOW TO DECIDE WHICH RECORDS ARE TRANSITORY?

Determining whether a record is transitory depends on individual judgment of the value of the record. One employee could deem a record to be transitory while another considers it to be official, because the roles of the employees and their use of the information are different. The key consideration is that if a record has only immediate or short-term value to an organization and will not be required again afterwards and it becomes obsolete, you can dispose of it as soon as you’re finished with it. But if the information in the record will have some future business, financial, legal, research or archival value to the hospital, then you should retain it.

Appendix 2 contains a decision diagram which will assist you to make these decisions. As well, below are descriptions of types of transitory records you might deal with on a regular basis.

**Draft documents and working materials:**
Correspondence, reports and other documents usually go through several drafts or versions before they are finalized and distributed. Also, research or working materials such as calculations and notes are often collected and used in the preparation of documents. Once the final version of a document is complete and the master filed, **most** drafts and working materials should be disposed of as transitory records. The master document will be considered the official record for life cycle management purposes.
Not all drafts are automatically transitory. In some instances, offices responsible for major renovation projects, drafting legislation, legal documents, policy, budgets, standards, guidelines or procedures might need to track the evolution of the final product. These offices may need to keep various drafts, research and working materials in order to have a record of changes that were made and why.

Duplicates: Duplicates are exact copies of documents where
- nothing has been added, changed or deleted;
- the copies have been used for reference or information purposes only; and
- the master version of the document has been filed.

A record must meet all three of the above conditions to be a duplicate. If something has been added, changed or deleted then it's no longer a duplicate. It could still be transitory, however, depending on the significance and future value of the addition, change or deletion. Some examples of duplicates are:
- photocopies of paper documents;
- copies of brochures and pamphlets;
- duplicates of microfilm, CD-ROMs, DVDs, etc;
- duplicate audio or video recordings;
- electronic copies of email messages and other electronic documents; and
- prints of microfilmed or imaged documents, email messages or other electronic documents that are not the file copies for filing systems.

External publications:
Publications include books, magazines, periodicals, pamphlets, brochures, journals, newspapers and software documentation, whether printed or electronic, that you have obtained from sources outside your organization. If they will have no future value, you can discard them after use.

The master copies of publications produced by or for our organization are not transitory and should be filed. Extra copies of obsolete internal publications are transitory. They are examples of duplicates.

Information of short-term value:
We receive many documents containing information that is of little or no interest, or importance to us or is useful for only a brief period of time after which it has no further value. These documents do not have to be filed and can be routinely disposed of once we are finished with them. Some examples are
- routine notices or memos regarding holidays or special events circulated to all staff or posted in public folders;
- insignificant or inconsequential information items concerning routine administrative or operational matters;
- other issues not pertaining directly to your office or not requiring you to act;
- personal messages and information; and
- routing slips and opened envelopes.
### Examples of transitory records

| Notice of meeting or confirmation of meetings | Memo re new staff member |
| Follow-up reminders                          | Thank you notes          |
| Letters of invitation                        | Draft minutes            |
| Draft budget worksheets                      | Annual re-certification  |

These guidelines of transitory records are not absolute – there are always **exceptions** to the general guidelines. Records could appear to meet the criteria of being transitory, but because of how you use them in the course of your work, you should actually retain and file them.
5. WHO SHOULD RETAIN THE FILES

The business unit responsible for a program or service creating records to support its business operations will maintain the master set, e.g. the most complete and comprehensive set of records related to that program or service. The owner program or service for a set of records is the custodian.

Only the custodian for the record should file (store) the record and manage its life cycle. Duplicates should be disposed of in accordance with Section 8, Disposal of Records. To access a record after a copy has been disposed of, an individual should know where the custodian has filed the master record for subsequent access and use the footer to identify the location and custodian, see Section 9, Records Management Fundamentals.

Committees, work groups and project teams present a special record keeping challenge. It is important for committees, work groups and project teams to appoint a custodian to maintain the master set of agendas, minutes and other records and to store these records in an accessible electronic filing system where everyone who requires access can access the records without storage duplication. In most cases, the committee secretary is the custodian. The author of reports prepared for distribution to committees is the custodian and not the committee secretary. There is no value for individual committee members to maintain their own file copies (duplicate) of official documents filed by the custodian.

A records custodian has the added responsibility of ensuring records are stored in accordance with retention guidelines based on record content, as well as ensuring the records are identified within the appropriate personal information bank under the Hospital’s official directory of records where personal information is collected, stored and used (see also Appendix 5).

TRANSFER OF RECORDS

Individuals assuming the positions of former employees assume the obligations of their predecessors in relation to record keeping practices (IPC Order. PO 1981).

It is recommended that departments consider developing a process to transfer records to a new custodian when a custodian transfers to another department or leaves the hospital.

ICT keeps NT/Exchange mail account in the disabled state to retain mail for 30 days. The information on the network drive and personal folders (PST) are kept for 60 days. This time frame is strictly enforced. There are no follow up messages prior to deletion of information.

The Manager/Director/Liaison must submit a request for access to any Terminated/Leave of Absence account information within the above noted time frames to arrange transfer of record custody.
BUSINESS VS PERSONAL RECORDS OR OTHER BUSINESS

HHS employees participate in external groups, task forces and committees that may or may not be related to health care. These records must be kept separate from HHS records and be clearly identified as personal. Any personal records retained within a HHS filing system may be accessed through a FOI request.

Some staff and physicians have affiliation or employment with other organizations e.g. St. Joseph’s Healthcare, McMaster University, or Cancer Care Ontario (CCO). The records related to work specific to these other organizations should also be kept separate from HHS records and be clearly identified.

Because of our close ties to other organizations, it may be necessary for HHS to work with its partners in determining who has custody of the information.
6. INFORMATION & RECORDS MANAGEMENT

Official records under HHS fall under one of four record classifications: Corporate, Financial, Human Resources or Patient Records. An official record should be stored only once by the custodian, preferably in an electronic location accessible to those who need to use the record content. Record custodians may consider using the footer of a record to identify the custodian role title and record storage location to assist other record users with future retrieval information (see Section 9, Records Management Fundamentals).

CORPORATE

Corporate records document the decision-making; history, legal or contractual obligations and development of the hospital. Retention of these records is as varied as the types of documents which fall into this category.

The Broader Public Sector (BPS) Guidelines have specific record management requirements related to Purchasing documents. These requirements are split between “Corporate” and “Financial” in Appendix #3.

FINANCIAL

Several Acts including the Income Tax Act, Corporations Action, Health Insurance Act and Retails Sales Tax Act govern what financial records must be kept and for how long. Generally speaking most records are kept seven years (six years from the end of fiscal period) e.g. invoices or permanently e.g. audited financial statements. These records document the business transactions of HHS.

HUMAN RESOURCES

Employee related record content falls under the Human Resource classification. Employee records include information related to an individual’s hiring, performance appraisals, promotions, hours and discipline. Personnel files at HHS include both centralized records held under the custody and control of Human Resources and decentralized records held by an individual’s local area manager. Refer to Appendix #3 Records Retention Schedules, under the Human Resources classification to understand the location of records that belong in the centralized and decentralized personnel files. Whenever possible the decentralized personnel file for an employee should be maintained in a secure electronic format that can be transferred internally to the central HR department upon employee departure or transferred to another department for decentralized supervisor custody where the employee has transferred departments or received a new supervisor.

PHYSICIAN HR RECORD

Although typically not employees of the hospital, physician human resource files are maintained by the credentials office and the department chief’s office.

VOLUNTEER RESOURCES HR RECORD

Although not employees of the hospital, volunteer human resource files are maintained by the volunteer services office and the site coordinators’ offices.

PATIENT RECORDS

Records classified as Patient records are filed in the medical record. In circumstances where records are created related to patient care and are not a part of a patient medical record, these records are retained in a filing system.
7. IDENTIFYING THE LIFECYCLE AND THE LIFESPAN OF OFFICIAL RECORDS

Note: This decision is made when you CREATE or OPEN a file or group of files.

The lifespan (length of retention) of a record is guided by international standards and best practices and governed by federal/provincial legislation (including professional colleges). Record retention schedules developed by provincial associations and local organizations provide recommended retention periods for these records distilling wide guidance and legislation information available on records management. Examples of documents governed by legislation include:

- Documents of Incorporation/Letters Patent
- Contracts/Legal Agreements
- Deeds, Leases (equipment, land)
- Licenses
- Corporate Bylaws
- Patient Records
- Financial Records
- Payroll Records
- Human Resources Records

All other records are not governed by any government or professional agency. Examples of these non-legislated administrative and operational records are listed below. Retention guidelines are established based on the usefulness of the information to the institution and best practices:

- Correspondence
- Reports (e.g. functional centre or paid hours reports)
- Minutes of meetings with the exception of Board related committees
- HHSC/FHS policies and procedures
- Records required by professional bodies
- Forms (purchase orders/requisitions)
- Administrative/operational records not identified elsewhere

Appendix #3 outlines the record retention schedule for the official records of HHS. The schedule provides examples of various documents as well where documents may be filed.
ACTIVE AND INACTIVE RECORDS

The life cycle of an official record is a fundamental records management concept. Generally, records move through three phases - the active, inactive and final disposition phase.

When records are in their active phase, they are created or received by the organization for use in conducting its business activities. To that end, records are used and maintained or filed for the purpose of finger-tip retrieval. The peak use period for most records is the first two weeks after they have been created or received. Because active records are needed to support day-to-day operating activities, those records ought to be organized so that they can be easily and quickly retrieved when needed. Guidelines for assessing whether records are active or not are:

- The records of the current year,
- The current and one year previous, or
- Records that are referred to at least twice a month.

As a general rule, it should take no longer than five minutes to retrieve any active record in any format.

Inactive official records are those records that are kept by an organization either because the company is legally required to keep the record or because there is a reasonable likelihood that the record will be needed in the future but not on a regular basis to support daily operating information needs. Guidelines for assessing whether records are inactive or not are:

- Any records that has not been created in the current year,
- Records that are two years old, or
- Records that are referred to less than once a month.

Unlike active records, inactive records are not used or referred to daily to support operating activities. Neither are inactive records "dead files" - a non-technical term to describe records in storage. If records are really "dead" - that is, devoid of any informational value - they should be destroyed.

The purpose of effective inactive records management is to store inactive records as inexpensively as possible but, because there is a reasonable likelihood that the records will be needed, to store them in a manner that will preserve and protect them while allowing access to them.

USE OF OFF-SITE STORAGE

For some departments it is not possible to retain all their official records on-site. Use of off-site storage may be used for inactive records only.

Only approved vendors are to be used.

Corporate off-site storage policy is being written based on the Finance Off-site Storage policy

Even though the records are retained by a third party, in a off-site location, the sending department remains the custodian and therefore responsible for the proper handling, security and disposition.
8. DISPOSAL OF RECORDS

Many offices keep more records than necessary and/or store duplicate records as local copies in addition to the record custodian. Keeping more records than required or retaining copies uses up valuable space on servers and hard drives, in file rooms, workstations and storerooms, and makes it more difficult to locate and retrieve the records that are important or represent the official master record. Non-compliance with hospital retention schedules puts the hospital at great risk.

Routinely disposing of transitory records and official records that no longer have any usefulness, will make record keeping in your office more efficient and place onus on the record custodian (creator, author or assigned custodian) for managing the record life cycle. The custodian will hold the responsibility for ensuring his/her set of records are retained only as long as required and handle appropriate disposal at the end of the records life cycle. Retaining records longer than required should be avoided to preserve privacy for individuals named in official records while ensuring records are stored for the duration legislation requires.

Just like some official records, some transitory records include information about employees, patients, and third party businesses. The Freedom of Information and Protection of Privacy Act (FIPPA) provides guidance on what could be considered sensitive or confidential. In addition, obsolete forms that could be misused, such as business cards, blank letterhead, purchase orders, and requisition forms should be disposed of as confidential transitory records.

Transitory records, regardless of format, should be disposed of according to the hospital policy, “PRI-Confidential Waste Handling and Disposal Protocol”.

The hospital is required to ensure that records are properly retained and disposed of. Disposal of official records is more complex. The custodian is responsible for administering retention schedules. As they are preparing records for destruction, they pack records by destruction date. Only those records that will be destroyed in the same year are packed together in a box.

A Certificate of Destruction must be completed for all official records that have reached the end of their life cycle. A certificate of destruction identifies the following:

1. the record series title and date of all records destroyed in a given year
2. a description of the content
3. staff preparing records for destruction
4. witnesses to the destruction process, and
5. any supporting documents necessary for the authorization e.g. reason for delay in disposal example, memo indicated that routine disposal was suspended due to a FOI request, which has since been resolved.

The destruction of an official record requires authorization by the senior manager, one level above the office of the custodian, e.g. manager’s records must be authorized by director, director’s records by Vice President.

Methods of destruction outlined in the “PRI-Confidential Waste Handling and Disposal Protocol” can be applied to official records once authorization has been granted.

A draft template can be found in Appendix 8.
RECORDS RELATING TO FOI REQUESTS OR LEGAL ACTIONS

In some situations, we must NOT routinely destroy transitory records. If a Freedom of Information (FOI) request is received or we become aware that there is a potential legal proceeding (including arbitration) on a subject that pertains to our transitory records or official records, our ability to destroy them is suspended from
   1. the date of the FOI request receipt until the applicant’s request has been processed and any appeal or appeal period has been completed, or
   2. the time that a legal or potential legal proceeding is known, until it has been dismissed.

It is an offense to willfully destroy records during this time. Staff will be notified when a FOI request has been received or a legal action is underway.

TIPS FOR CONTROLLING THE RECORDS GROWTH AND DISPOSING OF TRANSITORY RECORDS

Here are some common-sense tips for dealing with transitory records:

- Don’t create unnecessary transitory records by downloading documents and distributing them as attachments. Where possible, use an internet or SharePoint link for the document or use the link function provided by FileNexus.
- Discard duplicate print and electronic documents. It is the responsibility of the custodian to file records in the appropriate filing system.
- Dispose of draft versions of documents and working materials that you don’t need to keep as soon as the final version has been filed.
- Dispose of information with short-term value once you have acted on it.
- Review your email messages regularly and delete transitory messages once they are obsolete.
- Use personal folders for emails with short-term value. [Emails deemed to be an “official” record must be kept with other “official” records.]
FIPPA imposes two record retention requirements, one for personal information and one for records subject of an open FOI request (or an appeal relating to that FOI request). These two new records retention requirements supersede any other retention requirement as listed below.

Personal information must be retained at least one (1) year after its last use. This allows the individual to whom it relates, the opportunity to obtain access to the personal information.

Exceptions:

- If the individual to whom the information relates consents to its earlier disposal; or
- If the information is contained in a telecommunication logger tape (i.e., a quality assurance recording during a telephone call) in the custody or control of the hospital in which case the minimum retention period is 45 days rather than one year.

The hospital must maintain a record of the personal information destroyed or transferred, and the date of such destruction or transfer. This record would contain only basic information about records that were destroyed.

If a record is subject to an active FOI request, privacy complaint, or appeal to the IPC, then it should be retained until a decision has been conveyed to the requester and appeals (or timelines for appeal) have been exhausted.

Once any appeals (or timelines for appeal) are exhausted, the hospital should keep records for the required retention period or remainder of the calendar year plus a further five years, whichever is longer.
9. RECORDS MANAGEMENT FUNDAMENTALS

CONTROLLED LANGUAGE

Controlled language (CL) is an umbrella term that indicates an agreed upon use of language in a predetermined or predictable way for the description of organizational information resources, regardless of the format of the resource (media neutral). Use of controlled language tools (often called controlled vocabularies or naming conventions) has the following advantages:

- Reduced search time
- Increased reliability of search results
- Improvement in organizational communication
- Avoidance of duplication
- Reduced corporate risk exposure in legal and other discovery processes

It is especially important the if a FOI Lead needs to search corporate information resources that the query will provide all relevant information about any particular issue or topic.

The purpose of CL is to help organize information and records according to organizational vocabulary rather than by random topic assignment. Additionally, use of CL assures that, at the very least, each department or program is aware of the terms used by other units, and the similarities or differences of meaning and use. Finding all relevant information, when the need arises, is difficult, if not impossible, without agreed-upon terminology across all formats and locations.

With the introduction of FileNexus at HHS, developers created a list of approved abbreviations to be used (see Appendix 10). The abbreviations are to be used in naming files, regardless of the medium.

Other controlled language tools include the order in which information was identified in a filename or reference field. Repetition of parts of a filename should be used when there are multiple versions or updates to a record. How to refer to a date and be consistent in part of the controlled language.

**Dates** – Dates will include the approved month abbreviation (as outlined above), 4-digit year
- Sept 5 2005 (no period following month)
- Multiple year: 2008-10

Below are some examples:

**Financial**
- Inv #, Vendor, Product or Service Description, Date
  - e.g. Inv 3125, MediMart, OR Lights, Feb 2006

  Employee Reimbursement, Brigida Dimitriou, License Plate Renewals, Nov 14 2008

  RTP, Comstock Canada, Hend, - Endoscopy, Dirty Utility Room Modifications, Dec 13 2006

**Corporate**
- Quality of Care Committee, Agenda, Minutes, Patient Safety Progress Report, Feb 1 2008

  Board Of Directors; Planning & Building Committee Minutes; Nov 4 2004

  Memo, Engineering Restructuring, Feb 27 2006
Further work to define the controlled language for HHS is required

Records should be organized so that active records are readily available. Inactive records should be transferred to archives or FileNexus. It may be necessary to have more small files and less large ones. The general rule is if you have five (5) or more pages on a related subject, open a file.

Disposal of records is assisted if similar information is contained in one file. Financial records can easily be organized by fiscal year. Changes to a program or staffing model are significant that they should be filed on their own.
SAVING FILENAME AND CUSTODIAN INTO FOOTER

To assist in locating documents, the filename and name of the custodian should be inserted into the document footer. This information should be inserted on the last page of the document.

First, position the insertion point where you want the file name and path to go. Then follow these simple steps:

1. In the Insert group, click Quick Parts, and click Field.
2. In the Field dialog box, under Field names, click FileName (you may have to scroll).
3. Click the Add path to filename check box to select that option.

Add the name of the custodian following the FileName

\ipnas01\bowron\My Files\FIPPA\Records Mgmt (FIPPA)\helpful hints.doc; S Bowron

The FileName field gives you a way to automatically update the path if you have moved the document. Right click on the footer text and Update Field

EMAIL

Email presents a special challenge when it comes to records management. We all send and receive a high volume of emails every day, plus we have the capacity to send our messages to broad audiences. (See Appendix 9 for email etiquette guidelines.)

While it’s obvious that your Inbox must be managed carefully – especially if you’re nearing HHS’ storage limit of 100 MB – it’s also vital that you manage your Sent Items. That is because your Sent Items include information you have chosen to share with others and the record of those messages may be of critical value in our response to information requests.

IMPORTANT EMAILS SHOULD BE STORED IN A DOCUMENT FILE, NOT IN OUTLOOK: Record retention guidelines are applied based on the content of the message. Messages that are to be retained should be saved with your other electronic documents – NOT in Outlook. To save an email message in a document folder, and retain its format, it should be saved using the Outlook Message Format *.msg file type. (see below)
This preserves any attachments as part of the message.

Staff should regularly (daily) manage their mailbox. Retain those important, “official” messages in your filing system. Messages that have LIMITED value, e.g. transitory records, can be retained for the appropriate retention period in your Personal Folders.

SAVING A STRING OF EMAILS – Custodianship of a string of emails presents another challenge. It is important to identify who will be the custodian of all relevant messages and ensure those messages are accessible to those who may need them. It may not be necessary to maintain separate (repetitive) emails in a series of replies. If the thread is completely documented in the last email and has not been amended, only the last message in the series of replies or forwards need be retained. Where the original message contains an error, you must maintain the original email and append the email which corrects the error (or a separate document correcting the error) to the email.

WHEN YOU DELETE EMAIL, IS IT REALLY DELETED? – No, not necessarily. Electronic Mail, Personal Home Drives, Departmental Shared Drives are backed up by ICT on a daily and monthly basis. This happens at midnight and is, in essence, a “snapshot” of the documents that exist at that time of the day, or on that night once a month.

The daily back up is retained for 30 days and the monthly back-ups are retained for 13 months. For example, if you receive and delete an email on the same day (and you delete your deleted items) before midnight, that email is permanently deleted. However, if you receive an email and delete it in subsequent days, that email will be saved to a back-up tape and will potentially be stored and retrievable for 13 months.
EnCryption of Email – E-mail is not encrypted, and as such, does not provide a secure platform for transfer of confidential data, including personal health information. PHI sent to external recipients (going over the internet to a non-HHS account) must be encrypted, IT”s THE LAW. Please refer to ICT’s approved encryption policy. Other options are to de-identify the content of the email prior to sending confidential information over the internet. It is permissible to email PHI from one HHS account to another HHS account as the HHS firewall provides additional and sufficient security protection, as long as it is not forwarded to a non-HHS mail account.

Managing Records

Because active records are needed to support day-to-day operating activities, those records ought to be organized so that they can be easily and quickly retrieved when needed. It is important the filing systems be structured to assist in the quick access of those records, therefore separating active and inactive records is recommended.

Inactive records can be transferred to an archive or FileNexus. Active records should be retained in your filing system.
APPENDIX 1: PROTECTION OF INFORMATION: SECURITY MEASURES AND CONSIDERATIONS

Excerpt, OHA Toolkit, Chapter F: Hospital Implementation and Ongoing Requirements

The following checklist of security measures and considerations is largely derived from Ian Forsyth, Ontario’s Freedom of Information and Protection of Privacy Act: A User’s Implementation Guide (Prepared for the Council of Ontario Universities) (Vancouver, B.C., May 2006). The authors of OHA Toolkit have made minor revisions and additions to that checklist.

EXAMPLES OF PHYSICAL SECURITY MEASURES INCLUDE:

- Locked doors and filing equipment
- Restricted access to work and filing areas (i.e. public access restricted to reading room/reception areas)
- Restricted area signage
- Electronic or mechanical access control device
- Locating fax machine in a secure area
- Locating servers in a locked room
- Positioning computer terminals so that screens cannot be seen by passers-by
- Installing computer monitor distortion screens
- Securing computers on which data is stored locally using locking cables
- Receptionist supervision
- Whiteboards with sensitive information not visible to public reception area
- Anonymous labeling on file drawers, boxes and other storage containers
- Open filing equipment or mail boxes kept behind a counter or other physical barrier to the public
- Modifying office layout
- Secure transportation
- After hours security patrol checks
- Confidential destruction of paper records by cross-cut shredding, pulping or burning
- Confidential destruction of electronic records by overwrite software or physical destruction of drive or other digital storage media
- Video surveillance cameras
- Motion detectors
- Alarms for fire, forced entry, humidity and temperature
- Uninterruptible power supplies

EXAMPLES OF PROCEDURAL SECURITY MEASURES INCLUDE:

- Controlled distribution and return of keys, and regular changes to combinations or codes [SEC - Key Request Form]
- Designation of personnel with authorized access and level of access for approved transactions [FIN Signing Authority Policy]
- Written data security policy and procedures manual including: [ICT – Security Policy, and ICT – Responsible Use of HHS Computer and Information Network Policy, ICT - Guidelines for]
Safeguarding Privacy, PRI - Transporting Personal Health Information Outside of Hamilton Health Sciences Guidelines

- Computer log-in and out procedures
- Requirement for non-disclosure of PINs and personal passwords
- Requirements regarding the processing, transmission, storage, and disposal of data
- Rules of conduct for staff, which include possible consequences for inappropriate use of records and information systems
- Procedures regarding monitoring and auditing compliance with security measures
- Guidelines for transporting or remote access to confidential and personal data when traveling (including accessing emails from public portals)
- Reporting and follow-up on any lost or stolen records, unauthorized access, incidents, complaints or breaches

Implementing or updating employee privacy and confidentiality agreements [HR-Confidentiality Policy]
- Training for new personnel and periodic refresher training when security changes made
- Segregation of confidential information
- A clean desk policy
- A requirement to properly encrypt mobile devices used for confidential or personal information [ICT - Encryption Policy]
- File checkout procedures
- Phoning to confirm receipt of a fax or email message containing sensitive information
- Security provisions in service contracts to return or destroy records
- Duplication and dispersal of backed-up electronic data
- Records retention schedule and disposal authorities [IRMG]
- Certificate of confidential destruction from service provider hired to destroy records [policy in progress]
- Audits and enforcement for compliance with policies

EXAMPLES OF TECHNICAL SECURITY MEASURES INCLUDE:
- Computer access codes (i.e., ID names and personal passwords) at log-on and “wake-up” (to de-activate screen saver or other time out)
- Automated prompt to change password regularly
- Servers that are structured so FOI and Privacy Office files are protected from access by other hospital personnel (and if two or more hospitals share the services of an FOI and Privacy Office, the files of each hospital must be segregated, with strict access controls put in place)
- Dedicated scanner, printer, copier, and fax machine for use only by the FOI and Privacy Office
- Time out automatic log-off
- Individual log-on limits by one person to multiple terminals
- Maintaining activity logs and reviewing them for unusual activity
- Intrusion detection and prevention systems (e.g., firewalls, virus and spyware detection software)
- Secure transmission using encryption
- Regular and timely application of software repairs or patches
- Scheduled system backup
- Audit trail that identifies user access, date and time stamp, transactional history
Tools for secure erasure of electronic data

Reasonable security arrangements means taking measures that are appropriate to:

- The type, amount and sensitivity of the information
- The number of individuals documented in the records
- The number of users with authorized access to the information
- The expectation of privacy and the reasons why
- The probability and impact of harm or injury
- The media on which the information is stored, transmitted, handled or transferred
- The value of the information to ongoing operations and the cost to replace it if altered or destroyed
- The potential liability and cost if sued for damages
- The effect on the organization’s reputation (credibility harmed, lost public confidence and trust)

The IPC requires that health information custodians encrypt personal health information that is stored on electronic devices. With advances in technology, it is likely that this standard will eventually apply to personal information (generally). If so, this would require encrypting computer memory, but also memory in scanners and photocopiers.
The diagram below can help you identify records that are considered “transitory” and, thus, can be deleted.

**APPENDIX 2: TRANSITORY RECORDS DECISION DIAGRAM**

**Step 1:**
Does the record (electronic or paper) document or provide evidence of a business activity, decision or transaction related to the functions and activities of HHS?

**Step 2:**
Does it contain information that is of only immediate or short-term business value and won’t be required in the future?
Is it a duplicate (or c.c.) that was circulated to you strictly for reference purposes and has the master copy of the email been filed?
It is a draft version of a document that will have no further value once an updated or final version of the document is produced?

**Remaining Records:**
Needed to support business activities.
Provide evidence of compliance with accountability or other business requirements.
Have future business, financial, research or archival value to HHS.

**It’s an Official Record:**
File in FileNexus (or an alternative readily accessible filing system)

**TRANSITORY RECORD**
(Securely dispose of it)
APPENDIX 3: RECORD RETENTION SCHEDULES

The tables below identify official records organized under each record class: Corporate, Financial, Human Resources, and Patient. Only one official record should be stored for HHS by the record custodian, unless specified otherwise. Where possible the table identifies the official record location.

CORPORATE RECORDS

<table>
<thead>
<tr>
<th>Record</th>
<th>Examples of HHS Documents</th>
<th>HHS Retention Period POLICY</th>
<th>Custodian</th>
<th>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Accreditation Preparation Material</td>
<td>Date of Accreditation Report (final) until superseded by next accreditation report.</td>
<td>Quality Patient Safety &amp; Clinical Resource Management</td>
<td>Sharepoint</td>
</tr>
<tr>
<td>C2</td>
<td>Accreditation Report (final) and Addendums</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>VP Professional Affairs</td>
<td>FN - Corporate</td>
</tr>
<tr>
<td>C3</td>
<td>Articles (Documents) of Incorporation / Letters of Patent</td>
<td>Life of Hospital plus five (5) years (Permanent) Corporations Act, s. 300</td>
<td>President &amp; CEO</td>
<td>FN – Corporate</td>
</tr>
<tr>
<td>C4</td>
<td>Briefs’, Key Speeches or Presentations</td>
<td>Date of record plus two (2) years</td>
<td>President &amp; CEO; Executive Vice Presidents, Vice Presidents (Corporate Office)</td>
<td>FN HHS Admin</td>
</tr>
<tr>
<td>C5</td>
<td>By-laws and Special Resolutions</td>
<td>Life of Hospital plus five (5) years (Permanent) Corporations Act, s. 300</td>
<td>Board Liaison</td>
<td>FN - Corporate</td>
</tr>
<tr>
<td>C6</td>
<td>Executive Correspondence/ Ministry/LHIN correspondence</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>Corporate Office</td>
<td>FN - HHS Admin</td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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</tr>
<tr>
<td>C7</td>
<td>General Corporate Correspondence/ Documents</td>
<td>Date of record plus two (2) years</td>
<td>Corporate Office; Leaders</td>
<td>FN - HHS Admin; Department</td>
</tr>
<tr>
<td>C8</td>
<td>Hospital Policies</td>
<td>No expiry date (Permanent)</td>
<td>Policies &amp; Procedures/Document Management</td>
<td>Document Management Dept</td>
</tr>
<tr>
<td>C9</td>
<td>Minutes - Other</td>
<td>Capital Roundtable Departmental Leadership Bed Management Joint Directors/Chiefs; Minimum 3 years</td>
<td>Leasdership</td>
<td>FN – Committees; Departments</td>
</tr>
<tr>
<td>C10</td>
<td>Minutes of Executive special purpose committees, for example:</td>
<td>Joint HHS/St. Joseph’s Executive Team Clinical Executive</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>C11</td>
<td>Minutes of the Board, Board Sub-committees or Standing Committees and Executive Committee</td>
<td>Performance Monitoring Fiscal Advisory Medical Advisory</td>
<td>Life of Hospital plus five (5) years (Permanent) Corporations Act, s.299 and s.304</td>
<td>Board Liaison</td>
</tr>
<tr>
<td>C12</td>
<td>Notices under the Corporations Information Act</td>
<td>Life of Hospital plus five (5) years (Permanent) Corporations Information Act, s.5</td>
<td>Board Liaison</td>
<td>FN - Board</td>
</tr>
<tr>
<td>C13</td>
<td>Position Papers</td>
<td>The later of date of record or final decision plus two (2) years</td>
<td>Senior Leader</td>
<td>FN – General Documents</td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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</tr>
<tr>
<td>C14</td>
<td>Quality of Care Safety Occurrence Reports (SOR) QCIPA Death Review</td>
<td>To be determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C15</td>
<td>Register of Board Members or Directors</td>
<td>Life of Hospital plus five (5) years (Permanent) <em>Corporations Act, s. 300</em></td>
<td>Board Liaison</td>
<td>FN - Board</td>
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<tr>
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<tr>
<td></td>
<td><strong>Emergency &amp; Disaster Management</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>C16</td>
<td>Lists Staff Fan out lists</td>
<td>Until superseded by new list</td>
<td>Departments</td>
<td>Department</td>
</tr>
<tr>
<td>C17</td>
<td>Reports Exercise Reports Event Reports</td>
<td>To be determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Legal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C18</td>
<td>Agreements Purchase Contracts, Research Agreements, Leases, MOUs, SLAs, Construction Contracts</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>FN - Agreements</td>
<td></td>
</tr>
<tr>
<td>C19</td>
<td>Complaints</td>
<td>7 years to Permanent Very few of these records are likely to be selected for permanent preservation; only those relating to very significant or historical cases are likely candidates</td>
<td>Department; Patient Relations *Note Patient Relations will be custodian for all complaints that originate from their office</td>
<td>Department; RL Solutions (Feedback Database)</td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>C20</td>
<td>Insurance Policies and Related Documents</td>
<td>Policies; Certificates of Insurance; Reports</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>Executive Assistant, Corporate Affairs; Director of Engineering</td>
</tr>
<tr>
<td>C21</td>
<td>Legal/Potential Legal</td>
<td>Legal Cases; Tribunals; Special MAC</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>General Counsel; Department; MAC Office</td>
</tr>
<tr>
<td>C22</td>
<td>Capital Development Correspondence / Documents</td>
<td>Functional Programs; Bids; Site Applications;</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>Capital Development; Cost Control, EVP Corporate Affairs; President &amp; CEO</td>
</tr>
<tr>
<td>C23</td>
<td>Elevator Log Book</td>
<td>Date of last entry plus 5 years Technical Standards and Safety Act, s.34</td>
<td>Engineering, Site Specific</td>
<td>Mechanical Rooms, Engineering</td>
</tr>
<tr>
<td>C24</td>
<td>Engineering Drawings, Blueprints</td>
<td>Life of Hospital plus five (5) years (Permanent)</td>
<td>Engineering</td>
<td>Engineering</td>
</tr>
<tr>
<td>C25</td>
<td>Fire Drill Record</td>
<td>Record date plus one (1) year</td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>C26</td>
<td>Fire Safety Tests, Inspections, and Corrective measurement documents and plans.</td>
<td>Records, Test or Inspection date plus two (2) years Fire Protection and Prevention Act, ss.2.8, 6.2,6.7, and 6.8</td>
<td>Engineering, Site Specific</td>
<td>Engineering Department, Site Specific</td>
</tr>
<tr>
<td>C27</td>
<td>Annual Waste Management Audits, Reduction Work Plans, Source Separations,</td>
<td>5 years from date of document; Ministry of Environment, Reg 102, 103,105</td>
<td>Waste Management Coordinator</td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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<tr>
<td>Detention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C28</td>
<td>Manifests</td>
<td>5 years from date of document, Ministry of Environment, Reg 347</td>
<td>Waste Management Coordinator</td>
<td></td>
</tr>
<tr>
<td>C29</td>
<td>Waste Management – Notices</td>
<td>3 years from date of document; Environment Canada, EIHW Reg Subsection 45(3) of CEPA</td>
<td>Waste Management Coordinator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Relations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C30</td>
<td>Newsletters</td>
<td>6 months to 1 years</td>
<td>Public Relations</td>
<td>Public Relations</td>
</tr>
<tr>
<td>C31</td>
<td>Periodicals, Media Release</td>
<td>1 year to indefinitely</td>
<td>Public Relations</td>
<td>Public Relations</td>
</tr>
<tr>
<td></td>
<td>Purchasing (non-financial)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C32</td>
<td>Vendors</td>
<td>Six (6) years from end of tax year (fiscal year) to which they relate BPS Guidelines, s 10.3.6</td>
<td>Purchasing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Business Case*</td>
<td>Six (6) years from end of tax year (fiscal year) to which they relate *May have historical value, therefore permanent BPS Guidelines, s 10.3.6</td>
<td>Purchasing</td>
<td></td>
</tr>
</tbody>
</table>

*May have historical value, therefore permanent BPS Guidelines, s 10.3.6
<table>
<thead>
<tr>
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<th>Custodian</th>
<th>Filing System; Storage Location Eg. FileNexus (FN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Accounts receivable</td>
<td>Finance: Six (6) years from end of tax year (fiscal year) to which they relate Depts – One (1) full year plus current fiscal year <em>Income Tax Act, s.230</em> <em>Income Tax Act Regulation, s.5800</em></td>
<td>Finance; Department</td>
<td>F1 Accounts receivable Accounts payable Annual inventory reports</td>
</tr>
<tr>
<td></td>
<td>Invoices Cheque Requisitions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F2</td>
<td>Annual Returns</td>
<td>Life of Hospital plus five (5) years (Permanent) <em>Income Tax Act, s.230</em> <em>Income Tax Act Regulation, s.5800</em> <em>Corporations Act, s.302</em></td>
<td>Finance</td>
<td>F2 Annual Returns</td>
</tr>
<tr>
<td>F3</td>
<td>Audited Financial</td>
<td>Life of Hospital plus five (5) years (Permanent) <em>Income Tax Act, s.230</em> <em>Income Tax Act Regulation, s.5800</em> <em>Corporations Act, s.302</em></td>
<td>VP Finance &amp; CFO</td>
<td>F3 Audited Financial Statements</td>
</tr>
<tr>
<td></td>
<td>Statements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F4</td>
<td>Books of Account and</td>
<td>Life of Hospital plus five (5) years (Permanent) Indefinitely <em>Income Tax Act s.230</em> <em>Income Tax Act Regulations, s.5800</em> <em>Corporations Act, s.302</em></td>
<td></td>
<td>F4 Books of Account and Accounting Records relating to all financial and other transactions (including general ledger or other book of final entry)</td>
</tr>
<tr>
<td></td>
<td>Accounting Records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F5</td>
<td>Donation Records (10 year gifts)</td>
<td>Two (2) years after revocation of charitable registration</td>
<td></td>
<td>F5 Donation Records (10 year gifts)</td>
</tr>
</tbody>
</table>

*Income Tax Act* and *Income Tax Act Regulation* are federal statutes that are subject to change. As a result, the above retention periods may be updated. It is advisable to check with the respective government agency for the current requirements. The above periods are intended as guidelines and should be considered as recommendations. Institutions should consult with their legal and tax advisors to ensure compliance with applicable laws and regulations.
<table>
<thead>
<tr>
<th>Record</th>
<th>Examples of HHS Documents</th>
<th>HHS Retention Period POLICY</th>
<th>Custodian</th>
<th>Filing System; Storage Location Eg. FileNexus (FN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F6</td>
<td>Duplicates of Charitable Donations Receipts (other than 10 year gifts)</td>
<td>Two (2) years from end of calendar year to which they relate Income Tax Act, s.230 Income Tax Act Regulations, s.5800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F7</td>
<td>Employer Health Tax Records (including source documents)</td>
<td>Six (6) years from end of tax year (fiscal period) to which they relate Employer Health Tax Act, s.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F8</td>
<td>General journal entry ledgers</td>
<td>Life of Hospital plus five (5) years (Permanent) Income Tax Act, s.230 Income Tax Act Regulation, s.5800 Corporations Act, s.302</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F9</td>
<td>OHIP Records</td>
<td>Date of record plus ten (10) years Health Insurance Act, s.37.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F10</td>
<td>Other Internal Financial Reports or Records relating to patient care</td>
<td>Six (6) years from end of tax year (fiscal year) to which they relate Income Tax Act, s.230 Income Tax Act Regulation, s.5800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F11</td>
<td>Records supporting GST rebate or refund</td>
<td>Six (6) years from end of tax year (fiscal period) to which they relate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location</td>
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</tr>
<tr>
<td>F12</td>
<td>Retail Sales Tax Records (including source documents)</td>
<td>Six (6) years from end of tax year (fiscal period) to which they relate <em>Retail Sales Tax Act, s.16</em></td>
<td></td>
<td>Eg. FileNexus (FN)</td>
</tr>
<tr>
<td>F13</td>
<td>Special Contracts or Agreements necessary to the understanding general ledger entries</td>
<td>Life of Hospital plus five (5) years (Permanent) <em>Income Tax Act, s.230 Income Tax Act Regulations, s.5800</em></td>
<td></td>
<td>FN - Agreements</td>
</tr>
<tr>
<td>F14</td>
<td>Working papers, such as source documents “integral to the creation of financial statements and tax returns”</td>
<td>Six (6) years from end of tax year (fiscal period) to which they relate <em>Income Tax Act, s.230 Income Tax Act Regulations, s.5800</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Purchasing**

<table>
<thead>
<tr>
<th>Record</th>
<th>Examples of HHS Documents</th>
<th>HHS Retention Period POLICY</th>
<th>Custodian</th>
<th>Filing System; Storage Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>F15</td>
<td>Procurement Requisition to Purchase Purchase Order</td>
<td>Purchasing: Six (6) years from end of tax year (fiscal year) to which they relate Depts – One (1) full year plus current fiscal year BPS Guidelines, s 10.3.6</td>
<td>Purchasing, Department</td>
<td>FN – Capital Leases, Operations</td>
</tr>
</tbody>
</table>

The Canada Revenue Agency (CRA) recognizes records retained in an electronically readable format, as long as the records can be related back to the supporting source documents and are supported by a system that can produce accessible and usable copies (reference CRA Information circular IC78-10R4 relating to books and records retention/destroy).
### HUMAN RESOURCES RECORDS

<table>
<thead>
<tr>
<th>Record</th>
<th>Examples of HHS Documents</th>
<th>HHS Retention Period POLICY</th>
<th>Custodian</th>
<th>Filing System; Storage Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Canada Pension Plan Contributions</td>
<td>Six (6) years from end of tax year (fiscal year) to which they relate <em>Canada Pension Plan (Canada)</em> ss 24(2)</td>
<td></td>
<td>Eg. FileNexus (FN); Shared Drive</td>
</tr>
<tr>
<td>H2</td>
<td>Employee disciplinary or progressive discipline records, including also employee complaints, and correspondence related to employee investigations</td>
<td>Disciplinary Letters; Formal Written Warnings; Written Suspension; Discharge Letter</td>
<td>Union – Up to Eighteen (18) months from discipline issue or complaint close date (refer to contract language for respective timeframes) Non-Union - Permanent</td>
<td>Manager and HR Decentralized by area supervisor AND Formal Discipline to Centralized HR</td>
</tr>
<tr>
<td>H3</td>
<td>Employee health records, including: Employee medical note (if presented to supervisor it should not be accepted, medical notes must be presented to Employee Health)</td>
<td>Ten (10) years from date of last visit or Ten (10) years from 18th birthday after the date to which the record relates. Exception, employees under medical surveillance (e.g. for exposure to lead, asbestos, isocyanates) the longer of forty (40) years after creation date, or twenty (20) years from the last entry <em>Employment Standards Act, ss. 87(3) Occupational Health and Safety Act Regulation 490/90</em></td>
<td>Employee Health</td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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</tr>
<tr>
<td>H4</td>
<td>Employee Information such as: Name Address Phone Number Date of birth Job Description Offer letter Employment start date Status Change Form; Employee Information Change Form</td>
<td>Three (3) years from date of employee's departure Employment Standards Act, s.15</td>
<td>Manager and HR</td>
<td>BOTH Centralized by HR and Decentralized by area supervisor</td>
</tr>
<tr>
<td>H5</td>
<td>Employee Learning Development and Personal Objective records</td>
<td>Three (3) years from date of employee's departure. Employment Standards Act, s.15</td>
<td>Manager and HR</td>
<td>Decentralized by area supervisor for one (1) year, then Centralized by HR.</td>
</tr>
<tr>
<td>H6</td>
<td>Employee letters of recommendation</td>
<td>Three (3) years from date of employee's departure</td>
<td>Manager and HR</td>
<td>Decentralized by area supervisor for one (1) year AND copy to Centralized HR File Copy to Employee</td>
</tr>
<tr>
<td>H7</td>
<td>Employee New Hire Interview records</td>
<td>For unsuccessful applicants, One (1) year, for successful applicant, Three (3) years from date of employee's departure Employment Standards Act, s.15</td>
<td>Manager</td>
<td>Decentralized file controlled by area supervisor for one (1) year then to Centralized HR File for successful applicant</td>
</tr>
<tr>
<td>H8</td>
<td>Employee Payment Records and Books of Account</td>
<td>Six (6) years from end of tax year (fiscal year) to which they relate Employment insurance Act (Canada), ss87(3) Income Tax Act, s.230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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</tr>
<tr>
<td>H9</td>
<td>Employee Performance Appraisals, Performance Appraisal; 360 Assessments</td>
<td>Three (3) years from date of employee's departure. (see Filing System)</td>
<td>Manger and HR</td>
<td>One (1) to Two (2) years held by employee supervisor until superseded, COPY sent to Centralized HR File</td>
</tr>
<tr>
<td>H10</td>
<td>Employee record content related to work hours, such as: Maternity or Paternity Leave, Emergency and Family Leave, Excess hours agreements, Overtime averaging agreements, Letter confirming leave; Change of Status Form</td>
<td>Three (3) years from date of employee's departure. Employment Standards Act, s.15</td>
<td></td>
<td>Centralized HR File</td>
</tr>
<tr>
<td>H11</td>
<td>Employee remuneration / increase letters</td>
<td>Three (3) years from date of employee's departure. (see Filing System)</td>
<td>Manager and HR</td>
<td>One (1) year held by employee supervisor until superseded, COPY sent to Centralized HR File</td>
</tr>
<tr>
<td>H12</td>
<td>Miscellaneous Employment Records and Documents</td>
<td>Creation date plus minimum two (2) years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H13</td>
<td>Search Committees (also applies to Medical Staff below)</td>
<td>Until superseded Permanent for CEO Search</td>
<td>Office Conducting Search; MAC office</td>
<td></td>
</tr>
<tr>
<td>H14</td>
<td>Staff Schedules</td>
<td>Master Schedule Sign-in Sheets Payroll Verification</td>
<td>Five (5) years, plus current fiscal year</td>
<td>Manager</td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>H15</td>
<td>Documents related to Employee Health</td>
<td>Doctor’s Notes Return to work</td>
<td>Employee Health Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Five (5) years, plus current fiscal year</td>
<td>Medical Departments</td>
<td></td>
</tr>
<tr>
<td>H16</td>
<td>On Call Logs</td>
<td>Creation date plus two (2) years Limitations Act, s.4</td>
<td>Credentials Office</td>
<td>FN - Credentials</td>
</tr>
<tr>
<td>H17</td>
<td>Physician Applications (rejected)</td>
<td>Creation date plus two (2) years Limitations Act, s.4</td>
<td>Credentials Office</td>
<td>FN - Credentials</td>
</tr>
<tr>
<td>H18</td>
<td>Physician Appointment Records</td>
<td>End of appointment year plus six (6) years Limitations Act, s.4 and s.15</td>
<td>Credentials Office</td>
<td>FN - Credentials</td>
</tr>
<tr>
<td>H19</td>
<td>Annual workplace inspection reports</td>
<td>Creation year plus six (6) years Workplace Safety and Insurance Act</td>
<td>Occupational Health &amp; Safety (OH&amp;S)</td>
<td></td>
</tr>
<tr>
<td>H20</td>
<td>Inspection reports from the Ministry of Labour</td>
<td>Creation year plus six (6) years Workplace Safety and Insurance Act</td>
<td>OH&amp;S</td>
<td></td>
</tr>
<tr>
<td>H21</td>
<td>Investigation Reports on Hazardous Substances</td>
<td>Creation year plus six (6) years Workplace Safety and Insurance Act</td>
<td>OH&amp;S</td>
<td></td>
</tr>
<tr>
<td>H22</td>
<td>Material Safety Data Sheet</td>
<td>Date of expiry plus minimum two (2) years Occupational Health and Safety Act and Limitations Act, s.4 and s.15</td>
<td>OH&amp;S</td>
<td></td>
</tr>
<tr>
<td>H23</td>
<td>Minutes of Joint Health and Safety Committee</td>
<td>Creation year plus six (6) years</td>
<td>OH&amp;S</td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>H24</td>
<td>Occupational Health and Safety Records</td>
<td>Current year plus minimum six (6) years Occupational Health and Safety Act and Limitations Act, s.4 and s.15</td>
<td>OH&amp;S</td>
<td></td>
</tr>
<tr>
<td>H25</td>
<td>Workplace Accident/Incident Investigation Records, including: Medical information WSIB Correspondence</td>
<td>Creation year plus minimum six (6) years Workplace Safety and Insurance Act</td>
<td>OH&amp;S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volunteer Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H26</td>
<td>Employee New Hire Interview records</td>
<td>Application form (which includes confidentiality/consent) Employee health clearance Interview questionnaire Fire and safety questionnaire Volunteer Reference Check questionnaire (2) Consent form for photography Parking authorization form Uniform Issue tracking sheet Police check</td>
<td>Volunteer Resources Coordinators &amp; Central Volunteer Resource Office</td>
<td>Centrally in VSys database and Decentralized Filing Cabinets</td>
</tr>
</tbody>
</table>
| Record | Examples of HHS Documents | HHS Retention Period POLICY | Custodian | Filing System; Storage Location  
Eg. FileNexus (FN); Shared Drive |
|--------|---------------------------|----------------------------|-----------|--------------------------------|
| H27    | Reference letters for the volunteer  
Other correspondence  
Newsletters with articles/profiles on volunteer  
Placement description with commitment to complete 50 hours  
Copy of the volunteers photo id | | | |
| H28    | Volunteer Evaluations  
3 month evaluation  
1 year evaluation  
Exit interview | | Volunteer Resources Coordinator, site specific | |
## PATIENT CARE RECORDS

Refer to HHS Policy “HIS - Record Retention Guidelines”

<table>
<thead>
<tr>
<th>Record</th>
<th>Examples of HHS Documents</th>
<th>HHS Retention Period POLICY</th>
<th>Custodian</th>
<th>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Patient Register Patient Out-Patient Emergency Operating Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P2</td>
<td>Patient Records (medical record, notes, charts and other material), including slides made for microscopic examination from tissue removed from a patient on which a report has been made, other than normal blood smears.</td>
<td>Medical Records and other notes, charts and other material relating to patient care are all “records of personal health information” and are subject to the same year retention period.</td>
<td>Health Records Department</td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Adult in-patient (18 years and older)</td>
<td>When setting the retention period, hospitals should consider the ultimate limitation period of fifteen (15) years under the Limitations Act.</td>
<td>Health Records Department</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Adult out-patient (18 years and older)</td>
<td>The medical record of an out-patient who visits a hospital solely for diagnostic</td>
<td>Minimum of 25 years after the patient’s discharge or death (inpatient) or Minimum of 25 years</td>
<td>Health Records Department</td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>A.</td>
<td>Adult out-patient (18 years and older)</td>
<td>Ten (10) years after the patient’s discharge or death (inpatient); Ten (10) years after the patient’s last visit or death</td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Patient less than 18 (inpatient and out-patient)</td>
<td>Ten (10) years after the day the patient turns or would have turned 18.</td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Patient less than 18 (inpatient and outpatient)</td>
<td>Minimum of 25 years after the day the patient’s turns or would have turned 18.</td>
<td>Health Records Department</td>
<td></td>
</tr>
<tr>
<td>P3</td>
<td>Departmental Patient Care Records</td>
<td></td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>P4</td>
<td>Diagnostic Imaging Records – A hospital is not required to retain a videotape of a diagnostic imaging examination test unless the videotape constitutes the only</td>
<td></td>
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</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
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</tr>
<tr>
<td>diagnostic test imaging record of the examination or test. The DI-r Project Team is currently working on a regional retention plan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Adult (18 years and older)</td>
<td>Minimum five (5) years after the creation of the record Minimum ten (10) years for breast examination Public Hospitals Act, Regulation 965, clauses 20(4)(a) and 20(5)(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Patients less than 18 years old</td>
<td>Minimum five (5) years after patient's 18th birthday Minimum ten (10) years for breast examination Public Hospitals Act, Regulation 965, clauses 20(4)(b) and 20(5)(b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P5 Minutes of Committees Relating to Patient Care</td>
<td>medical records, patient care, infection control,</td>
<td>Fifteen (15) years</td>
<td>Committee Secretary</td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>Examples of HHS Documents</td>
<td>HHS Retention Period POLICY</td>
<td>Custodian</td>
<td>Filing System; Storage Location Eg. FileNexus (FN); Shared Drive</td>
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<tr>
<td>(other than standing committees of the Board)</td>
<td>and utilization committees.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P6</td>
<td>Narcotic Records, Controlled Drug Records, and Out-patient Prescriptions</td>
<td>Year of record plus minimum two (2) years Controlled Drugs and Substances Act, s. 63(b) Food and Drugs Act, Division 5 of Part G (G.05.001) Limitations Act, s.4 and s.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P7</td>
<td>Copy of Physicians’ Orders</td>
<td>Year of record plus minimum two (2) years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Where patient records are subject or relevant to litigation, the hospital should retain all relevant patient records at least until the matter is finally resolved by way of settlement or judgment and all applicable appeal periods are exhausted.

If there is an investigation, inspection, inquest or other proceeding under the Regulated Health Professions Act, Health Insurance Act, or Coroners Act, the hospital must retain patient records and other records relating to the proceeding until the proceedings are completely at an end.

Hospitals must not dispose of patient records in the patient to whom the record related has made a request for access under the Personal Health Information Protection Act, 2004. The hospital must not dispose of the records until the patient seeking access has exhausted all available recourse under the Act.
APPENDIX 4: ADDITIONAL APPROVED POLICIES AND PROCEDURES

(hyper links provided for list below, unless specified otherwise)

**CPD – Record Keeping**

**CSS (Customer Support Services) – Biomedical and Pharmaceutical Waste Disposal Protocol**

**PRI – Confidential Waste Handling & Disposal Protocol**

**FIN – Finance Document Storage Protocol**

**PUR – Purchase of Office Supplies from HHS Contracted Supplier Policy**

**PUR – Corporate Express Cheat Sheet**

**RES - Research Document Storage Protocol**

**ICT - Data Backup, Backup and Recovery Policy (approved, waiting to be put in policy library)**

**ICT - Electronic Mail (E-Mail) Protocol**
APPENDIX 5: DIRECTOR OF RECORDS AND PERSONAL INFORMATION BANKS

Under FIPPA the Hospital is required to provide the Ministry of Government Services a directory of records (DoR) and a listing of all personal information banks (PIBs). The DoR and PIBs are required to be updated annually. This section explains what these information listings are and how to complete a submission to our FOI Leader for any personal information banks where you are the custodian.

DIRECTORY OF RECORDS

The directory of records is a high level general listing of the types of hospital records our organization maintains and includes the telephone number and address of our FOI Leader. For each high level directory identified the FOI Office will work with an appointed area FIPPA Lead in the event of a formal FOI request. As well, the FIPPA Lead may be contacted informally by the public to access records under a directory category. Informal requests are encouraged since these allow a two-way conversation to understand the requester’s record needs, which may enable a quicker and lower cost response that satisfies the request. Significant record requests should be processed through a formal FOI request.

The Directory of Records is maintained on the Internet for public access, you can view the Directory by clicking the link below:

[Insert link to Directory of Records web page here]

Under FIPPA, a record must be disclosed to a requester unless it falls within one of the exemptions or exclusions under FIPPA.

PERSONAL INFORMATION BANKS

A Personal Information Bank (PIB) is defined as (sec. 44.):

“personal information under the control of the institution that is organized or intended to be retrieved by the individual’s name or by an identifying number, symbol or other particular assigned to the individual”.

HHS REQUIREMENT TO PREPARE A PERSONAL INFORMATION BANK INDEX

FIPPA requires the hospital to “publish at least once each year an index of all personal information banks” (sec.45.), the FOI Leader will annually request Directors, Chiefs and a Physician Lead to complete a listing of PIBs in their area to consolidate an organizational index.

In addition to identifying the PIB, the hospital must provide the following information about each bank:

(a) its name and location;
(b) the legal authority for its establishment;
(c) the types of personal information maintained in it;
(d) how the personal information is used on a regular basis;
(e) to whom the personal information is disclosed on a regular basis;
(f) the categories of individuals about whom personal information is maintained; and
(g) the policies and practices applicable to the retention and disposal of the personal information.

In order to simplify this annual exercise an example PIB has been included in this appendix, as well as an instruction template for PIBs providing an explanation sentence for each information need, and finally a blank template for custodian use. Please note that in almost all cases, the legal authority for the establishment of a PIB should be the Public Hospitals Act (1990), if you have created a PIB under HHS and feel a different legal authority exists please contact the FOI leader for HHS to discuss.

Employees who are custodians are responsible for identifying PIBs they create and maintain. If you draw information from a central database, such as Sovera, you do not have to include that database in your list, you are not the custodian of this system. We only need an index of the PIBs created within your area.

Where you are a custodian of a PIB under HHS you are accountable for sending your annual PIB information updates to the FOI Leader by the **first Monday in October**, via email as follows:

If you will be unable to meet the annual deadline, please contact the FOI Leader.

If you do **NOT** have any PIBs in your area you need to prepare the following email annually by the due date identified above:

"There are no PIBs as defined by FIPPA created and maintained within xxxxxxx (name area)."

Signed: xxxxxxxx  
Director / Chief / Physician Lead name.
## Board Governance

<table>
<thead>
<tr>
<th>Personal Information Bank Title</th>
<th>Register of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>FileNexus</td>
</tr>
<tr>
<td>Legal Authority to Collect</td>
<td><em>Public Hospitals Act (1990)</em></td>
</tr>
<tr>
<td>Information Held</td>
<td>Name, partner name, children’s names, home address, home telephone number, cell phone number, home fax number, business address, business telephone number, business fax number, business email address, staff contact information, resume, citizenship information, photograph</td>
</tr>
<tr>
<td>Purpose</td>
<td>Government filing requirements, notification of meetings and events, determining membership eligibility</td>
</tr>
<tr>
<td>Users</td>
<td>Board Liaison Officer, Board Chair, President and CEO, Executive Vice Presidents and Vice Presidents, Public Relations</td>
</tr>
<tr>
<td>Individuals in PIB</td>
<td>Members of Board of Directors and their family members.</td>
</tr>
<tr>
<td>Retention and Disposal Period</td>
<td>Indefinitely</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Board Liaison Officer</td>
</tr>
</tbody>
</table>

**Optional:** contact details for informal requests
### INSTRUCTION TEMPLATE

**Enter the Directory of Record section title:** this will be the title that the PIB most closely fits under. If you are unsure contact the FOI Leader.

<table>
<thead>
<tr>
<th>Personal Information Bank Title</th>
<th>Enter the PIB title: this will be the title you use internally to refer to the PIB.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Enter the PIB file location: this is typically identified as the department or program office location, such as Medical Affairs Office</td>
</tr>
<tr>
<td>Legal Authority to Collect</td>
<td>Enter the “Act” that authorizes the collection of the PIB: in most cases this will be the Public Hospitals Act (1990)</td>
</tr>
</tbody>
</table>
| Information Held                | Enter the personal information collected and maintained: this may include any or all of the following identifiable information about an individual, as defined by FIPPA s.2.1(1):

(a) information relating to race, national or ethnic origin, religion, age, sex, sexual orientation or marital or family status of the individual

(b) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved

(c) any identifying number, symbol or other particular assigned to the individual

(d) the address, telephone number, fingerprints or blood type of the individual

(e) the personal opinions or views of the individual except where they relate to another individual

(f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence

(g) the views or opinions of another individual about the individual

(h) the individual’s name where it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual |
<p>| Purpose                         | Enter the reason for the PIB: this may be for internal uses and/or external reporting requirements |</p>
<table>
<thead>
<tr>
<th>Users</th>
<th><em>Enter the titles of the roles using the PIB:</em> some titles may be grouped such as “Vice Presidents”, or “Directors”, or “Managers”, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals in PIB</td>
<td><em>Enter a description of who is in the bank:</em> for example, in a Diabetes Registry the PIB will have “Individuals with Diabetes”</td>
</tr>
<tr>
<td>Retention and Disposal Period</td>
<td><em>Enter the retention and disposal period:</em> the retention period must align to the HHS Information and Records Management Guideline, Appendix 2 – Retention Schedule</td>
</tr>
<tr>
<td>Contact Person</td>
<td><em>Enter the title of the person responsible for the PIB</em></td>
</tr>
</tbody>
</table>
# HHS Personal Information Bank (PIB)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Location</th>
<th>FIPPA Lead</th>
<th>Legal Authority for Establishment</th>
<th>Info Type Maintained in PIB</th>
<th>How Information Used? (Reg Basis)</th>
<th>Users (To Whom Info Disclosed)</th>
<th>Categories of Info About Whom Info Maintained</th>
<th>Applicable Policies &amp; Practices</th>
<th>Collection Notes/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX 6: EMPLOYEE PERSONNEL RECORDS, STORYBOOK OF FORMS

Each employee will have a centralized and decentralized personnel file.

1. PERSONAL/DEMOGRAPHIC FORMS
   - Personal Data Form
   - Demographic Confirmation/Change form
   - Language Form
   - Tax Forms – TD1 and TD1ON
   - Employee Demographic Changes
   - Other Employer Notification (emails etc)
   - Void Cheque
   - Confirmation of banking information from a Financial Institution
   - Copy of Social Insurance Number
   - Employee Health Clearance – either an email or a handwritten
   - Copy of proof of age (Drivers License, Birth Certificate etc.)
   - Regional Cancer Centre – Personal and Financial Information
   - Copy of photographic proof of id

2. EMPLOYMENT HISTORY
   - Offer letter – External
   - Offer letter – Internal
   - Employment Data Change Form
   - Change of Department and Employee Record
   - Job Requisition
   - Job Posting
   - Temporary Assignments – Extensions and Completions
   - CUPE 2.01 Forms
   - Employment Changes – Change of Status (ie. PAF/PCF)
   - Leave of Absence/Return from Leave of Absence – Change of Status
   - Leave of Absence/Return from Leave of Absence
   - Termination – Change of Status
   - Termination Form
   - Payroll Change Form
   - Seniority Calculation Form – ONA, CUPE, OPSEU MHC – top of forms states “Enter Information in Yellow fields only”
   - Human Resources Payroll Notification Form
   - Cardex – Yellow approximately 7 x 5 double-sided
   - Civic Hospital Application for Leave of Absence Form – either white or yellow
   - C-M Change of Status Advisement form – yellow
   - Seniority File Check
   - Tour of Duty Adjustments
   - HCH – Employee Payroll Change Notification Form
   - HCH – Payroll Notification Form
   - Change of Information Form
• Internal Transfer E-Mail notice
• Information Charts – New Hire – ONA, CUPE, PSEU, MHC, PIPSC
• Information Charts – Transfer – ONA, CUPE, OPSEU, MHC, PIPSC
• Information for Early Retirement
• Copy of relevant registrations and certifications – RN registration, letter from College of Nurses of Ontario with RN Registration number, CPR, etc.
• Resume
• Pledge of Confidentiality
• HCH – Performance Appraisal – all staff
• HHS – Leadership Performance Assessment
• C-M Hospitals – Management performance Appraisal and Development Programs
• C-M Hospitals – Performance Review
• JJC – General employee Performance Appraisal
• Confidential Wage/Salary history
• JCC – Authorization to release employment related information
• CCO – Statement of Confidentiality
• Employee Termination Checklist for Human Resources

3. BENEFIT FORMS

A. Pension
- HOOPP – Enrollment form
- Member Change of Information Form
- Retirement Notice Form
- Notice of Termination
- Notice of Death
- Employer Requests for Pension Estimates
- Multiple Beneficiary Designation
- Service, Earnings and Contributions Report
- Contribution Status Change
- Any form with the official HOOPP logo

B. Group Life/LTD/RRSP
- Group Life Beneficiary Designation – ONA, OPSEU, CUPE, MHC, PIPSC
- Group Life Beneficiary Designation – Retiree
- Group Life Certificate – Retiree
- Optional Life Beneficiary Change Form
- Supplemental Life beneficiary Change Form
- Manulife Financial Card – White and Green
- Manulife Financial Multiple Beneficiary Card – Green
- Notice of Death Letter to Family
- Life Insurance Cheque Letter
- Notice of Death Claim Letter to Carrier
- Group Term Life insurance Certificate
- Manulife Financial Life Claim Form
- Manulife Financial Optional Life Insurance – Payroll Deduction
- Confederation Life – Application for Group Coverage
- Group RRSP Deduction Form
- Manulife Financial Change Form
- Manulife Financial Termination Form
- Manulife Financial Notice of Death
- Application for Group Coverage – Great West Life – mint Green form in colour
- JCC – Request for Benefit Plan Coverage

Forms may be from the following carriers:
- Manulife Life Financial
- Confederation Life
- Clarica
- Confederation Life
- Sunlife
- Mutual Life
- North American Life
- Seaboard Life
- Great West Life

C. General Deductions
- Canada Savings Bonds application
- Canada Savings Bonds Change Form 3 x 8
- United Way Deduction Form
- HHS Corporation – Hamilton Municipal Credit Union Form
- McMaster Savings and Credit Union Limited Form
- McMaster Savings and Credit Union Limited change cards – either green or pink, approximately 3 x 5

D. Extended Health and Dental Benefits
- Green Shield – Enrollment Change Form
- Liberty Health Plan Member Verification Form

Forms may be from the following carriers:
- Green Shield
- Liberty Health
- Maritime
- Blue Cross
- Confederation Life
- Sunlife
- Great West Life

5. CONFIDENTIAL
- HHS – Human Resources Severance Payroll Notification
- Severance Calculation Forms – ONA, CUPE, OPSEU, NON
- Voluntary Exit Package Forms – ONA, CUPE, OPSEU, NON
- Disciplinary Letters

6. MISCELLANEOUS
- Any Form or communication that does not fit into any of the above categories
APPENDIX 7: CREDENTIALS FILES, STORYBOOK OF FORMS

**IMPACT ANALYSIS** [IF REQUIRED]

**INITIAL APPLICATION/APPOINTMENT PACKAGE**
- Any correspondence from Dept Chief wrt staff appt
  - Initial Recommendation
- Letter(s) to Recruit
- Completed Application – includes Statement of Agreement & Release of Information
- C.V.
- Other certificates [as provided]
- Certificate/Letter of Professional Conduct – Copy of license
- Liability coverage
- Authorization for Release of Medical Information [when provided to Creds office]
  - Notice of compliance to Communicable Disease Surveillance Protocols for Ontario Hospitals [since 2006]
- Letters of Reference - only the past 2 years have these been a form
- Confirmation of Faculty Appointment [where required]
- Requested Procedural Privileges
- Approved/Recommended Procedural privileges
- Final recommendation [each appt]
- Temporary appointment notice; letter & chief approved procedural privileges
- Board approved letter and board approved procedural privileges

**ASSOCIATE STAFF REVIEWS** AT 6 MOS, 12, MOS AND SOME 18 & 24 MONTH [ONLY FOR THE PAST 3 - 4 YEARS)
- Board letter

**ANNUAL RE-APPOINTMENT**
- Annual re-appointment application
- Copy of current procedural privileges
- Copy of Current license
- Chief recommendation
- Board approved letter & board approved procedural privileges ONLY if changed

**ANNUAL EXTENSION [WHERE NO RE-APPT APP REQUIRED]**
- Copy of current procedural privileges
- Copy of Current license
- Chief recommendation
- Board approved letter & board approved procedural privileges ONLY if changed

**RESIGNATION/LAPSE OF APPOINTMENT**
- Letter of resignation [when received]
- Chief recommendation to lapse
- Board letter

*Highlighted items are forms*
APPENDIX 8: CERTIFICATE OF DESTRUCTION

The information described below was destroyed in the normal course of business pursuant to the organizational retention and destruction policy and procedures, and in accordance with legislative requirements.

<table>
<thead>
<tr>
<th>Date of Destruction:</th>
<th>Authorized By:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Information Disposed of/Destroyed

Removal from Directory of Records (DoR) and Personal Information Bank (PIB)

Yes [ ] Not Applicable [ ]

Method of Destruction:

- [ ] Burning
- [ ] Overwriting
- [ ] Pulverizing
- [ ] Shredding
- [ ] Reformatting

Records Destroyed by:

Witnessed by (if onsite):

---

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APPENDIX 9: EMAIL ETIQUETTE

E-mail is commonly used for day-to-day business. The following e-mail tips should be used and encouraged throughout the Hamilton Health Sciences.

1. **Addressing**: Do not over-distribute e-mails. Think about who the e-mail should be sent to for action (to: line) and for information only (cc: line).
   - To: line recipients should retain the e-mail only as long as required to complete the action.
   - Cc: line recipients should read and then delete the e-mail.

2. **Subject lines**: Use concise and descriptive subject lines. This will help to identify e-mails that may require release under a future FOI request.

3. **Content**: E-mail is not confidential. It can be easily forwarded, and can lead to unintended disclosure by the originating sender. Write content using business appropriate language, style and subject.

4. **Avoid**: Whenever possible, avoid using e-mail for confidential or sensitive information. E-mail is particularly vulnerable when sent outside the HHS e-mail network.

5. **Personal Information (PI)**: As a best practice, avoid sending PI over e-mail. If unavoidable, then:
   - The typed content of the subject line and message should be anonymous.
   - An attachment containing PI should, at a minimum, be password protected with the password separately distributed. (Send password separately via phone call or in a separate e-mail)
   - When sending PI using e-mail, take extra care to double check the e-mail distribution
   - E-mail containing PI should be filed, secured, and kept with the same care as paper confidential records.
   **Reminder**: Personal Health Information (PHI) cannot be sent over the internet unless it is encrypted.

6. **Storage**: Reduce duplication. Keep either an electronic copy or a paper copy of e-mail (not both). A paperless secure filing system is preferred where possible. Only retain business-related e-mail.
### APPENDIX 10: ACCEPTED ABBREVIATIONS

<table>
<thead>
<tr>
<th>Approved Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>&amp;</td>
<td>and</td>
</tr>
<tr>
<td>ABC</td>
<td>Clinical Capital Plan</td>
</tr>
<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
</tr>
<tr>
<td>Admin</td>
<td>Administration</td>
</tr>
<tr>
<td>Amb</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>AFA</td>
<td>Alternate is</td>
</tr>
<tr>
<td>AFP</td>
<td>Alternate Funding Arrangement</td>
</tr>
<tr>
<td>ALC</td>
<td>Alternate Level of Care</td>
</tr>
<tr>
<td>Apr</td>
<td>April</td>
</tr>
<tr>
<td>APS</td>
<td>Acute Pain Service</td>
</tr>
<tr>
<td>Aug</td>
<td>August</td>
</tr>
<tr>
<td>BAHT</td>
<td>Bay Area Health Trust</td>
</tr>
<tr>
<td>BMT</td>
<td>Bone Marrow Transplant</td>
</tr>
<tr>
<td>CAHO</td>
<td>Council of Academic Hospitals of Ontario</td>
</tr>
<tr>
<td>CCC</td>
<td>Complex Continuing Care</td>
</tr>
<tr>
<td>CCCA</td>
<td>Critical Care Clinical Assistant</td>
</tr>
<tr>
<td>CCN</td>
<td>Cardiac Care Network</td>
</tr>
<tr>
<td>CCO</td>
<td>Cancer Care Ontario</td>
</tr>
<tr>
<td>CCTU</td>
<td>Critical Care Transport Unit</td>
</tr>
<tr>
<td>Cert of Ins (replaced with) COI</td>
<td>Certificate of Insurance</td>
</tr>
<tr>
<td>CF</td>
<td>Cystic Fybrosis</td>
</tr>
<tr>
<td>CH</td>
<td>Chedoke</td>
</tr>
<tr>
<td>Chq Req</td>
<td>Cheque Requisition</td>
</tr>
<tr>
<td>CRC</td>
<td>Centre for Reproductive Care</td>
</tr>
<tr>
<td>CSS</td>
<td>Customer Support Services</td>
</tr>
<tr>
<td>CTU</td>
<td>Clinical Teaching Unit</td>
</tr>
<tr>
<td>CUPE</td>
<td>Canadian Union of Public Employees</td>
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<tr>
<td>DBCVSRI</td>
<td>David Braley Cardiac, Vascular, Stroke Research Institute</td>
</tr>
<tr>
<td>Dec</td>
<td>December</td>
</tr>
<tr>
<td>Dept</td>
<td>Department</td>
</tr>
<tr>
<td>DI</td>
<td>Diagnostic Imaging</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EDM</td>
<td>Emergency and Disaster Management</td>
</tr>
<tr>
<td>Fdn</td>
<td>HHS Foundation</td>
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<tr>
<td>Feb</td>
<td>February</td>
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<tr>
<td>FHS</td>
<td>Faculty of Health Sciences</td>
</tr>
<tr>
<td>FIN&amp;INFO</td>
<td>Finance &amp; Information Services</td>
</tr>
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<td>FY</td>
<td>Fiscal Year</td>
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<tr>
<td>Gen</td>
<td>Hamilton General</td>
</tr>
<tr>
<td>HAA</td>
<td>Hospital Accountability Agreement</td>
</tr>
<tr>
<td>Hend</td>
<td>Henderson General</td>
</tr>
<tr>
<td>HHS</td>
<td>Hamilton Health Sciences</td>
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<tr>
<td>HOCC</td>
<td>Hospital On-Call Coverage</td>
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<td>HRLMP</td>
<td>Hamilton Regional Lab Medicine Program</td>
</tr>
<tr>
<td>HSAA</td>
<td>Hospital Services Accountability Agreement</td>
</tr>
<tr>
<td>HSRC</td>
<td>Health Services Restructuring Commission</td>
</tr>
<tr>
<td>HSW</td>
<td>Health Safety &amp; Wellness</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technologies</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>Inv</td>
<td>Invoice</td>
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<tr>
<td>iRMG</td>
<td>Information and Records Management Guideline</td>
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<td>Jan</td>
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<tr>
<td>JCC</td>
<td>Juravinski Cancer Centre</td>
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<tr>
<td>JHCC</td>
<td>Juravinski Hospital and Cancer Centre</td>
</tr>
<tr>
<td>JPPC</td>
<td>Joint Policy and Planning Committee</td>
</tr>
<tr>
<td>Jul</td>
<td>July</td>
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<td>Jun</td>
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</tr>
<tr>
<td>L&amp;D</td>
<td>Labour and Delivery</td>
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<td>Length of Stay</td>
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<tr>
<td>Ltr</td>
<td>Letter</td>
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<tr>
<td>MAC</td>
<td>Medical Advisory Committee</td>
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<tr>
<td>Mar</td>
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<tr>
<td>May</td>
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<tr>
<td>MCH</td>
<td>McMaster Children’s Hospital</td>
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<td>MDU</td>
<td>Medical Diagnostic Unit</td>
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<tr>
<td>MOA</td>
<td>Memorandum of Agreement</td>
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<tr>
<td>MOHLTC</td>
<td>Ministry of Health and Long Term Care</td>
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<tr>
<td>MOI</td>
<td>Memorandum of Insurance</td>
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<td>MOU</td>
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<td>MSAA</td>
<td>Medical Services Accountability Agreement</td>
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<td>MUMC</td>
<td>McMaster University Medical Centre</td>
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<tr>
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</tr>
<tr>
<td>OHA</td>
<td>Ontario Hospital Association</td>
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<td>OMA</td>
<td>Ontario Medical Association</td>
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<td>ONA</td>
<td>Ontario Nurses Association</td>
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<tr>
<td>OPSEU</td>
<td>Ontario Public Service Employees Union</td>
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<tr>
<td>OR</td>
<td>Operating Room</td>
</tr>
<tr>
<td>PAC</td>
<td>Professional Advisory Committee</td>
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<tr>
<td>PACU</td>
<td>Post Anaesthetic Care Unit</td>
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<tr>
<td>PERI</td>
<td>Perioperative Services</td>
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<tr>
<td>QPSCRM</td>
<td>Quality Patient Safety Clinical Resource Management</td>
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<tr>
<td>Req to Purch (replaced with)</td>
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<td>RTP</td>
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<td>Speech Language Pathology</td>
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<td>St. Peter’s Hospital</td>
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<tr>
<td>VA</td>
<td>HHS Volunteer Association</td>
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<td>VAT</td>
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<td>Women’s Reproductive Health and Newborn Care</td>
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<td>YR</td>
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