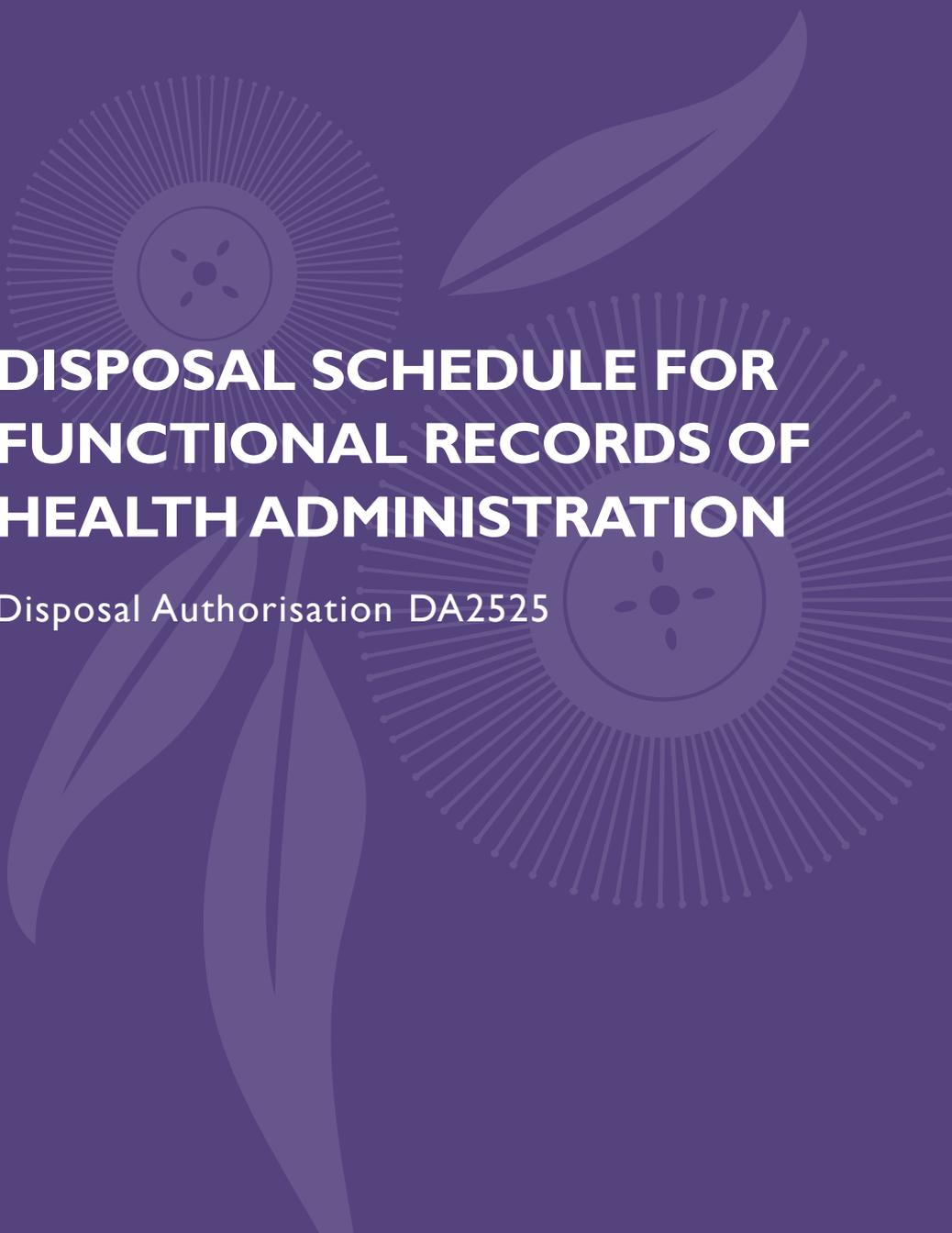


**Office of the
State Archivist**



**DISPOSAL SCHEDULE FOR
FUNCTIONAL RECORDS OF
HEALTH ADMINISTRATION**

Disposal Authorisation DA2525

**Version 2.0
August 2023**

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Authorisation

Under Section 20 (2) (b) of the *Archives Act 1983* (Tas), I authorise 'relevant authorities' (as defined in Section 3 of that Act) to manage the disposal of the records described in this schedule.

Ross Latham
State Archivist

Version	Date	Comments
2.0	3 Aug 2023	Authorised release

DOCUMENT DEVELOPMENT HISTORY

Version	Date	Comments
1.0	10 Mar 2021	Authorised release
2.0	3 Aug 2023	06.00 Research and Clinical Trials, has been expanded 15.00 Health Services Equipment and Supplies, has been expanded 20.00 Patient Property, is a new function 21.00 Committees and Meetings, is a new function

Introduction

OVERVIEW

ARCHIVES LEGISLATION

The *Archives Act 1983* (Tas) stipulates that State and local government organisations must not dispose of records of any type or format without the written approval of the State Archivist.

Disposal of records involves their destruction, their removal from custody of their creating agency, or their transfer to the Tasmanian Archives.

Section 10 (1) (a) of the Act requires agencies to preserve records until they are dealt with under the Act. This places a statutory obligation on agencies to ensure that all records, regardless of format, remain accessible while they are in the custody of the agency.

SCHEDULE ELEMENTS AND ARRANGEMENT

The administrative functions covered by this schedule are arranged in alphabetical order as function headings. The activities performed under each function are listed in alphabetical order within each function.

Reference

All function and activity headings and disposal classes are allocated a reference number. These reference numbers are used, in conjunction with the schedule number, to identify records in the Tasmanian Archives disposal documentation. These numbers can also be used by agencies, in the same way, to indicate disposal authorisation in their records control systems, where the records have been registered in these systems.

Disposal classes

The groups of records that document, and are derived from, the performance of the functions and activities are listed as disposal classes under each function/activity set.

It should be noted that Disposal Classes have been described in functional terms irrespective of the format or medium in which the records were created.

Status

All disposal classes have either 'PERMANENT' or 'TEMPORARY' status. Records identified as 'PERMANENT' are those that will be transferred to the Tasmanian Archives to be retained as State archives. 'TEMPORARY' records are those that can be destroyed under the authority of this schedule.

Disposal action

All temporary records identified in this schedule will have a disposal action which specifies the length of time for which the record must be retained before it can be destroyed under this authorisation.

REVIEW OF THE SCHEDULE

It is the responsibility of agencies to monitor administrative, legal or regulatory changes which may result in the need to alter disposal class descriptions or disposal actions for records covered by this schedule. When this occurs, this schedule should not be used to dispose of those records and the State Archivist should be informed of the need to revise the schedule. If necessary, the procedures for the disposal of unscheduled records can be used in the interim. Reviews may also be initiated by the Office of the State Archivist.

Interpretation

DEFINITIONS

Permanent records are those that will be transferred to the Tasmanian Archives to be retained as State archives. The *Archives Act 1983 (Tas)* establishes 25 years as the maximum required timeframe for the transfer of permanent records to the Tasmanian Archives unless an extension of time has been approved by the State Archivist.

Temporary records are those that can be destroyed under the authority of this schedule after a minimum retention period, or once certain requirements have been met.

COVERAGE

This schedule only covers **functional records of health administration**.

This schedule **does not cover pre-1960 records**. The disposal of those records should be managed according to the procedures for unscheduled records.

The *Disposal Schedule for Short-term Value Records (DA2158)* covers the disposal of short-term value records which are created by most agencies. These documents are usually of a trivial nature or of such short-term value that they do not support or contribute to the business functions of the agency.

Records not covered by these schedules, or other authorised disposal schedules, should be disposed of according to the current Tasmanian Archives procedures for unscheduled records.

PRESERVATION OF RECORDS

Section 10 (1) (a) of the *Archives Act 1983 (Tas)* requires agencies to preserve records until they are dealt with under the Act. This places a statutory obligation on agencies to ensure that all records, regardless of format, remain accessible while they are in the custody of the agency

PERMANENT RECORDS

All disposal classes of records identified as having 'PERMANENT' status in this schedule should be transferred to the Tasmanian Archives 25 years after the date of creation. Agencies may make application to the Tasmanian Archives for earlier transfer of particular groups of records and the Tasmanian Archives may also initiate an earlier transfer arrangement.

Records for transfer should be arranged and described in accordance with any instruction provided by the Tasmanian Archives.

TEMPORARY RECORDS

All records identified as having 'TEMPORARY' status in this schedule will have a disposal action which is the authorised date for destruction. These disposal actions specify minimum retention periods. Temporary records can be kept as long as the agency wishes following the expiration of the specified period, but the provisions of the *Archives Act 1983 (Tas)* regarding their proper care and custody will still apply to them.

Frequently the disposal actions will refer to '**after action completed**' which means after completion of the transaction to which the records relate. The disposal action '**destroy when reference use ceases**' authorises the destruction of records when all business needs to refer to the records have ceased.

DESTRUCTION OF RECORDS

The destruction method chosen for records authorised for destruction in this schedule should be appropriate to the medium in which the record exists. It is the responsibility of the agency to ensure that the identified records are actually destroyed, and that this process is confidential and secure.

The following issues should be considered before destruction of any documents:

RIGHT TO INFORMATION

Right to Information legislation prescribe rights and processes for access to documents held by government agencies. If a request for access under the legislation has been lodged, all records relevant to the request, regardless of whether they are due for destruction, must be identified and preserved until action on the request and any subsequent reviews are completed.

PERSONAL INFORMATION PROTECTION

Personal Information Protection legislation provides appropriate safeguards for government agencies in collecting and handling individual's personal information, creating statutory obligations and a right to make a privacy complaint. If an application is in progress, all records relevant to the application must be identified and preserved until the action and any subsequent actions are completed.

OTHER INVESTIGATION OR INQUIRIES

If an investigation or inquiry is in progress, all records relevant to the investigation or inquiry must be identified and preserved until the action and any subsequent actions are completed.

RECORDS RELATING TO INDIGENOUS PEOPLE

Key recommendations of the *Bringing Them Home Report: National Inquiry into the separation of Aboriginal and Torres Strait Islander Children from Their Families (1997)* relate to the need for the identification, preservation, indexing, management and access to records relating to Indigenous individuals, families and/or communities in accordance with established privacy principles.

Records relating to Indigenous families and communities or which document links between Indigenous people and localities are not to be destroyed and should be the subject of consultation with the Office of the State Archivist.

NATIVE TITLE

If a native title claim is in progress, all documents relevant to the claim must be identified and preserved until the action and any subsequent actions are completed.

REGISTRATION OF DESTRUCTION

Central to the accountability process built into the disposal schedules is the requirement that agencies maintain a *Register of Records Destroyed*. It is important to recognise that the formal evidential record of destruction is contained in this registration process. The register is to be made available to the State Archivist (or his nominee) on request.

The register must be clearly identified as the *Register of Records Destroyed* (under Section 20 (2) (b) of the *Archives Act 1983* (Tas)) and should include the name of the agency. The register can be the same used for registering destructions authorised under other disposal schedules. A sample format indicating the required elements for the register and related procedures are available on the Office of the State Archivist website.

Disposal Schedule

Reference	Description	Status and Disposal Action
01.00	<p>HEALTH ADMINISTRATION PROGRAMS AND MAJOR PROJECTS</p> <p>The function of developing the type, scope and content of programs to administer:</p> <ul style="list-style-type: none"> • statewide health initiatives, including the funding of health care services • hospital and health facility services, or • the conduct of major projects which transform the delivery of services. <p>For the purposes of this class a program is defined as a stream of ongoing services and processes that are developed and maintained to address a health administration issue, regulatory requirement or risk. A major project is a one-off transformative piece of work which enables or improves the conduct of state health or hospital administration programs, and is often focused on systems or tools to support the delivery and/or regulation of program services. Includes:</p> <ul style="list-style-type: none"> • program research and design, including the design of services for delivery to the program audience, the criteria to identify the program audience, and decisions regarding the mode of delivery of the services eg in-house vs outsourced • major project research and design, including the specification of systems or tools to support the delivery of health administration services and the scope of implementation (audience, timeframes etc) • program or project planning and implementation, including annual service plans required under legislation • health administration policy and procedure development • communication and marketing to the program or project audience • evaluation and review of programs to ensure efficiency and efficacy • post-implementation review of major projects • provision of advice about a health administration program or project • the development of performance criteria, and reporting against those criteria • decommissioning of programs, systems or tools no longer required to deliver services. <p>Includes the establishment of steering committees or working parties to oversee the commissioning/decommissioning of a program or conduct of a major project.</p> <p>Also includes reporting to federal agencies on program performance and service statistics to contribute to nationwide assessments and reports on the administration of health and hospital services.</p> <p>Programs include those which:</p> <ul style="list-style-type: none"> • transform legislative intent or requirements into services, practices and/or processes • establish, amalgamate and/or close health and hospital services or facilities • administer and manage the adequacy, quality and distribution of services • implement, audit and/or otherwise monitor and manage accreditation or compliance with standards • plan and manage the allocation of funding to broad areas of health care, including programs to audit, review and report on funding use • plan and manage access by the community to health services, including patient transfer and transport programs between health facilities 	

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • develop and trial new patient treatment and care regimes • reduce the readmittance of patients to acute care services (hospitals) eg through the delivery of advice on/referrals to ongoing monitoring and care regimes • plan for hospital and health service emergency responses to health issues or risks that result in either a mass influx of patients eg those injured during widespread catastrophic events, or the presentation of patients requiring highly specialised/unusual emergency care eg treatment of an Ebola viral infection. Includes planning and enacting responses to the presence of infectious pathogens within hospitals or health facilities eg certain strains of E. coli or salmonella etc. <p>See Disposal Schedule for Client Health Records (DA2426) for records of client case management.</p> <p>See Disposal Schedule for Common Administrative Functions (DA2157) 16.00.00 STRATEGIC MANAGEMENT for records of broad systematic management planning.</p> <p>See Disposal Schedule for Common Administrative Functions (DA2157) 17.00.00 TECHNOLOGY & TELECOMMUNICATIONS for records of the operational management of technology-based systems and tools.</p> <p>See Disposal Schedule for Patient and Medical Records (DS20), until superseded, for records of patient treatment and care.</p>	
01.01	<p>Records of Continuing Value - Health Administration Programs and Major Projects</p> <p>Records of continuing value documenting the development, management and review of health administration programs and major projects. Includes:</p> <ul style="list-style-type: none"> • final approved program or major project design documentation and implementation plans, including establishing priority focus criteria for the program audience (ie who is it that needs/is being targeted by the program), establishing models for funding distribution, or that manage the transition of program services during a major project • annual service plans submitted under legislation by the Secretary to the Minister, including correspondence regarding these • summaries of public and stakeholder consultation conducted during the design and/or review of programs or major projects • submissions from the public or stakeholders which significantly alter the scope, content and/or purpose of a program or major project, including those which set precedent for the design of subsequent programs or projects • final reports and recommendations arising from the review and evaluation of programs, or the post-implementation review of major projects • annual reports generated by programs to track use/success/issues eg the <i>Annual Report on Health in Tasmania</i> • records of steering committees and/or strategic working parties established to oversee the development and approval of programs or major projects 	<p>PERMANENT</p> <p>Retain as State archives</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • decisions to decommission a program/major project, including project plans, communication strategies and other documentation of the finalisation, removal and/or transfer of program services to other organisations. Includes notification to and liaison with any services partners who may have had responsibility for the delivery of program or project services. 	
01.02	<p>Short-term Records of Health Administration Programs and Major Projects</p> <p>Records of short-term value documenting health administration programs or major projects and their delivery. Includes:</p> <ul style="list-style-type: none"> • project plans and other facilitative program/project implementation management documentation including the records of project management meetings and working groups for either the commissioning or decommissioning of programs or projects • review documentation including planning, development of surveys and other evaluation methods, the collection of service statistics and other data, analysis and collation of results • submissions received from the public or stakeholders which do not significantly alter the scope, content and/or purpose of a program or project • reports and other performance data prepared and submitted regarding the local administration of federal programs or projects, eg the Australian Government's <i>National Antimicrobial Resistance Strategy</i>, National Continence Program • reports and other performance data received from funded service providers contracted to deliver program services eg Commonwealth Home Support Programme. 	<p>TEMPORARY</p> <p>Destroy 10 years after action completed</p>
01.03	<p>Other Records of Health Administration Programs and Major Projects</p> <p>Administrative records documenting the delivery of health administration services programs and major projects. Includes but is not limited to:</p> <ul style="list-style-type: none"> • drafts and other operational or facilitative documents supporting the design of a program or major project, planning of its implementation or decommissioning, or the design of its review/evaluation • records of the identification of project resources required for delivery • mailout lists and delivery tracking of communications with staff and other stakeholders requesting participation or updating on progress etc. 	<p>TEMPORARY</p> <p>Destroy 2 years after action completed</p>

Reference	Description	Status and Disposal Action
02.00	<p>SETTING HEALTH STANDARDS</p> <p>The function of developing, issuing and evaluating health standards and guidelines, including those for:</p> <ul style="list-style-type: none"> • clinical patient care and treatment • governance of health administration and services • management of health services, including services for non-emergency transport. <p>Includes circulars and other instructions which support, update, alter or clarify the conduct of services or processes arising from or informed by the standards and guidelines.</p> <p>Includes processes which review and evaluate standards and guidelines as part of a program of review, or in response to new and emerging information in the health administration or patient treatment and care field.</p> <p>In general, a standard is a set of prescribed activities, processes or outcomes which must be followed/met in particular circumstances eg standards governing the management of patients with notifiable infectious diseases. A guideline is a set of common or recommended activities, processes or outcomes that are expected to be referred to but may not always be utilised in full or at all if the situation does not call for it. Guidelines are generally issued for areas of health administration or patient treatment and care where the range of specifics for each case are too variable to meet the mandatory nature of a standard.</p> <p>Note: An area of health administration may have both standards and guidelines issued, eg the area of patient registration may include standards for the collection of patient information in order to meet mandatory registration requirements, coupled with guidelines for compassionate interaction with patients who are critically ill, distressed or confused, or whose ability to provide information for registration purposes is otherwise compromised.</p> <p>Note: Organisations may use other terminology for standards and guidelines eg sometimes a standard is developed and issued by a Department to the agencies it governs as a policy. In all cases, no matter what terminology is in use, if the purpose of the document matches that described above it should be appraised under this section.</p> <p>Note: This function does not cover the records of the development of standards by agencies in other jurisdictions such as the National Safety and Quality Health Services (NSQHS). However it will cover the records of any decision to adopt standards produced in other jurisdictions for use in Tasmania.</p> <p>See Disposal Schedule for Common Administrative Functions (DA2157) 14.00.00 PUBLICATION for records of the formal publication of standards and guidelines, including electronic publishing forms.</p>	
02.01	<p>Records of Continuing Value - Setting Health Standards</p> <p>Records of continuing value documenting the setting of health standards and guidelines, including circulars and other instructions. Includes:</p> <ul style="list-style-type: none"> • final versions • revisions or versions that incorporate major changes - including those that arise from stakeholder submissions or comments 	<p>PERMANENT</p> <p>Retain as State archives</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> records that summarise the consultation process undertaken submissions or comments which substantially alter the content or direction of standards or guidelines, or which change the way standards and guidelines are developed records documenting the approval and publication/issue process final review and evaluation reports that assess if the standards and guidelines are effective or not. 	
02.02	<p>Short-term Records of Setting Health Standards</p> <p>Records that facilitate the development of standards, guidelines, circulars and other instructions that are replaced by or summarised within records contained within 2.1.</p> <p>Includes background research, drafts, working notes, editorial changes, submissions and comments received.</p>	<p>TEMPORARY</p> <p>Destroy 10 years after action completed</p>
03.00	<p>PUBLIC HOSPITAL AND HEALTH SERVICE FUNDING AND FUNDRAISING</p> <p>The function of receiving, raising, allocating and applying funds to the delivery of hospital and health services.</p> <p>Note: The establishment of statewide funding programs for hospital and health services is covered by class 1.0.</p> <p>Funds and fundraising includes:</p> <ul style="list-style-type: none"> Federal and state funding, including activity-based funding schemes which allocate funds based on the number and complexity of patients treated, and 'block based' or grant funding which funds teaching and research, adoption of new technologies, service improvement etc. Local community, state or region-based fundraising drives to further the acquisition of equipment or facilities to support the delivery of services within a hospital or health service, eg the <i>Give Me Five For Kids</i> campaign which raises funds to support the acquisition of paediatric equipment for the children's ward at the Royal Hobart Hospital; or the conduct of medical research eg the <i>Jump in to Save a Life</i> campaign which funds research into Jack Jumper (ant) venom allergy. Auxiliary or volunteer group fundraising to support hospital and health service operations and projects eg gift shop sales, raffles, fundraising drives etc. Philanthropic funding eg the Clifford Craig Foundation based at Launceston Hospital, given to fund medical research, staff training and provision of medical equipment and patient facilities. <p>See Disposal Schedule for Common Administrative Functions (DA2157) 05.00.00 FINANCIAL MANAGEMENT, for the records of the internal management of accounting, payments and other financial transactions and activities.</p> <p>See Disposal Schedule for Statutory Governing Bodies (DA2508) for records of reports (eg annual reports and financial statements) submitted for tabling at a meeting of a governing body such as a board or committee.</p>	

Reference	Description	Status and Disposal Action
	<p>See Disposal Schedule for the Functional Records of TAZREACH (DA2522) 01.00.00 HEALTH SERVICES OUTREACH FUNDING for records for funding for outsourced services.</p>	
<p>03.01</p>	<p>Records of Continuing Value - Funding & Fundraising</p> <p>Records of continuing value that document the receipt and use of allocated funding and funds raised by public hospitals and health services.</p> <p>Includes final reports on, and reviews of, the receipt of funding, its allocation and use, and auditing required by funding bodies.</p> <p>Also includes identification of shortfalls, notifications of discrepancies, and correspondence with funding bodies regarding activities in this class eg submission of a report to a funding body.</p>	<p>PERMANENT</p> <p>Retain as State archives</p>
<p>03.02</p>	<p>Short-term Records of Funding & Fundraising</p> <p>Records of short-term value documenting the function of public hospital and health service funding and fundraising. Includes:</p> <ul style="list-style-type: none"> • detailed records of the allocation of funds to programs, service areas or purchases within the hospital or health service eg internal funding application documentation, decisions and instructions • the development of reports on the allocation of funding and resulting expenditure, including audits, reviews and evaluations • the appointment of auditors. 	<p>TEMPORARY</p> <p>Destroy 7 years after action completed</p>
<p>04.00</p>	<p>PUBLIC HOSPITAL AND HEALTH SERVICE GOVERNANCE</p> <p>The function of governing the public hospital and health services system in Tasmania.</p> <p>A public hospital refers to a state-funded hospital, operated and managed by the State. It does not include a private hospital that receives public funding to assist in its operation.</p> <p>A public health service refers to a State-funded health service. It may be operated and managed by the State, or it may be a publicly funded service delivered by a private organisation under contract to the State for the delivery of public health services.</p> <p>The function of governing public hospital and health services includes:</p> <ul style="list-style-type: none"> • establishing and maintaining hospitals and health services across the state to ensure service distribution meets community needs • oversight of accreditation by national and international accreditation bodies to ensure Tasmanian public hospitals and health services have the correct processes in place to meet recommended standards for performance and service delivery • monitoring performance eg against conditions of funding, timeliness and efficacy of service delivery, administrative and financial management etc • receiving and collating data from hospitals and health services to form State-owned datasets concerning patient treatment and the delivery of services 	

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • receipt of information about incidents, hazards and crises for the purposes of reviewing and improving responses or risk mitigation. Includes the escalation of sentinel events and serious incidents for investigation and action, and referrals to other bodies such as the police for further action if required. • the appointment of designated officers for the purposing of monitoring and ensuring compliance with legislation and regulations, and management of the resulting audits, investigations and reviews • the assessment of, and responses to, complaints received, including referrals to other bodies such as the Ombudsman for action if required • interventions including the censure of the proprietors of public hospitals or health services, suspension of admissions, appointment of administrators to control and direct public hospitals or health services, or the amalgamation or closure of public hospitals or health services • the assessment and approval of governing instruments for public hospitals and health services, including constitutions, changes of name and/or alteration of by-laws • the establishment and management of partnerships for the delivery of health services and the conduct of research. Includes alliances formed between health providers such as hospitals, community health, local government, general practice, mental health, drug treatment and disability providers. Other partners may include universities, research institutes, or not-for-profit support organisations such as Muscular Dystrophy Australia, Mind Australia and other foundations that support research into the treatment, care or cure of health conditions. <p>Serious incidents are defined as:</p> <ul style="list-style-type: none"> • those resulting in the death of, or additional injury to, a client • alleged or suspected assault or abuse • any adverse event involving a child in the care or on the premises of the hospital or health service • any other catastrophic event or incident of long-term significance for clients, service providers or the State. <p>Note: for records of incident management processes within a hospital or health setting, use class 11.00 Incident Reporting and Investigations.</p>	
04.01	<p>Records of Continuing Value - Public Hospital and Health Services Governance</p> <p>Records of continuing value that document the function of governing public hospitals and health services. Includes records of:</p> <ul style="list-style-type: none"> • the establishment of hospitals and health services • reports that analyse and summarise data submitted as routine performance monitoring of public hospitals and health services • annual or consolidated datasets (collections of data) concerning health care. Includes data on health service utilisation, types of illnesses and conditions treated, type of treatment given, outcomes, demographics, waiting times etc. Examples of datasets include the Tasmanian Perinatal Data Collection, Tasmanian Public Hospital Emergency Department Presentations, Tasmanian Public Hospital Admitted Patients, and the Tasmanian Cancer Registry. 	<p>PERMANENT</p> <p>Retain as State archives</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • reports which review the outcome/s of any hazard or emergency situation as managed by the hospital or health service, including reporting on the implementation and management of the response, feedback and consultation with stakeholders, interest groups, clients, or members of the public • the response to and resolution of complaints that set precedents, or lead to major changes in policy. Includes complaints that ultimately lead to the de-funding, suspension of admissions to, censure, appointment of an administrator, and/or closure or amalgamation of hospital and health care facilities and services. • reports and subsequent investigations of sentinel events and incidents that result in death, permanent or traumatic injury, or other catastrophic outcome for a person while at or under the care of the hospital or health service • investigations which identify poor management or non-compliance which unveil systematic problems, lead to changes in policies, or lead to formal intervention powers being executed. Includes the issue of any related directives • the execution of formal intervention powers under governing legislation, including censuring the proprietors, suspending admissions, appointing an administrator, and/or the amalgamation or closure of a hospital or health service • the approval of governing instruments. <p>Sentinel events may include events such as:</p> <ul style="list-style-type: none"> • procedures involving the wrong patient or body part • suicide in an inpatient unit • retained instruments or other material after surgery • intravascular gas embolism resulting in death or neurological damage • haemolytic blood transfusion reaction resulting from ABO incompatibility • medication error leading to the death of patient • maternal death or serious morbidity associated with labour or delivery • infant discharged to wrong family. 	
<p>04.02</p>	<p>Short-term Records of Public Hospital and Health Service Governance</p> <p>Records of short-term value documenting the function of governing public hospitals and health services. Includes:</p> <ul style="list-style-type: none"> • the verification of accreditations obtained by public hospitals and health services • records of routine financial and administrative performance monitoring, including self-assessments submitted by hospitals and health services 	<p>TEMPORARY</p> <p>Destroy 10 years after action completed</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • audits of data submitted for inclusion in datasets, correspondence concerning exemptions or late submissions of data • requests received from external research parties to utilise datasets, and decisions made including any conditions of use • the delegation of the Secretary's duties under legislation to designated officers for the purposes of monitoring and ensuring compliance, including the powers delegated, updates and revocations • detailed records of inspections performed by designated officers • responses to and resolution of complaints that do not set precedents or change policy • detailed investigation records and reports of incidents that are not sentinel events, or do not cause the death, traumatic injury or any form of catastrophic outcome for a person • records and reports of investigations that do not lead to formal interventions • records of the establishment and management of partnerships with organisations for the delivery of health services, or with research bodies to conduct research and clinical trials. 	
05.00	<p>PRIVATE HOSPITAL AND HEALTH SERVICES GOVERNANCE</p> <p>The function of governing private hospitals and health services, including day procedure centres, residential care facilities and non-emergency patient transport, in Tasmania.</p> <p>A private hospital or health service is not run by or on behalf of the State. If a private hospital or health service receives State funding under contract to run certain services within a local community on behalf of the State, such services are considered public health services and should be appraised accordingly.</p> <p>The function of governing private hospital and health services includes:</p> <ul style="list-style-type: none"> • receiving and determining applications for licensing (to operate). The decision-making process may consider questions such as: is the health service currently accredited? What is the compliance history of the health service, and is it necessary to include conditions within the licence to address areas of concern? etc • confirmation of accreditation by national and international accreditation bodies • monitoring compliance and level of performance eg against key accreditation, performance and/or safety criteria to ensure the community is not put at risk, such as medication management, infection control, fire and environmental safety etc. Includes the execution of powers of entry to inspect. • receiving and collating data from private hospitals and health services to form State-owned datasets concerning patient treatment and the delivery of services by private health operators • receipt of information about incidents, hazards and crises for the purposes of risk mitigation. Includes the escalation of sentinel events and serious incidents for investigation and action as required by regulations, and referrals to other bodies such as the police for further action if required. 	

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> the appointment of authorised officers for the purposing of inspecting, monitoring and ensuring compliance with legislation and regulations, and management of the resulting audits, investigations and reviews the assessment of, and responses to, complaints received, including referrals to other bodies such as the Ombudsman for action if required prosecutions arising from instances of significant or sustained non-compliance (where indicated by the legislation or regulations as a penalty action). <p>Sentinel events may include events such as:</p> <ul style="list-style-type: none"> procedures involving the wrong patient or body part suicide in an inpatient unit retained instruments or other material after surgery intravascular gas embolism resulting in death or neurological damage haemolytic blood transfusion reaction resulting from ABO incompatibility medication error leading to the death of patient maternal death or serious morbidity associated with labour or delivery infant discharged to wrong family. <p>Serious incidents are defined as:</p> <ul style="list-style-type: none"> those resulting in the death of, or additional injury to, a client alleged or suspected assault or abuse any adverse event involving a child in the care or on the premises of the hospital or health service any other catastrophic event or incident of long-term significance for clients, service providers or the State. <p>Note: There is a degree of overlap in the definition of sentinel event and serious incident. The phrase sentinel event tends to be used more in a hospital setting when referring to admitted patients, and the phrase serious incident in a more community-based health service setting, or in a hospital when the people involved are not admitted patients, but either and/or both may be referred to in documentation/procedures.</p>	
05.01	<p>Records of Continuing Value - Private Hospital and Health Services Governance</p> <p>Records of continuing value documenting the function of governing private hospitals and health services. Includes:</p> <ul style="list-style-type: none"> reports that analyse and summarise data submitted as routine performance monitoring of private hospitals and health services. Includes internal and external reporting. annual or consolidated datasets (collections of data) concerning health care. Includes data on health service utilisation, types of illnesses and conditions treated, type of treatment given, outcomes, demographics, waiting times etc. Examples of datasets include the Tasmanian Perinatal Data Collection and the Tasmanian Cancer Registry. the response to and resolution of complaints that set precedents, or lead to major changes in policy. Includes complaints that ultimately lead to the cancellation of a licence, 	<p>PERMANENT</p> <p>Retain as State archives</p>

Reference	Description	Status and Disposal Action
	<p>appointment of an administrator or closure of a private hospital or health service.</p> <ul style="list-style-type: none"> • reports and subsequent investigations of sentinel events and incidents that result in death, permanent or traumatic injury, or other catastrophic outcome for a person while at or under the care of the hospital or health service • investigations which identify poor management or non-compliance which unveil systematic problems, lead to changes in policies, or lead to formal intervention powers being executed. Includes the issue of any related directives. • the execution of formal intervention powers under governing legislation, such as the appointment of an administrator. 	
<p>05.02</p>	<p>Short-term Records of Private Hospital and Health Service Governance</p> <p>Records of short-term value documenting the function of governing private hospitals and health services. Includes:</p> <ul style="list-style-type: none"> • detailed records of applications (successful and unsuccessful) for licensing, including supporting documentation and checks • records of preparation for appearance at an appeal on a decision regarding an application for licensing including refusals or the imposition of conditions, or decisions regarding licences held including variations/impositions of conditions, revocations, and/or refusals regarding alterations or extensions of licensed establishments • the verification of accreditations obtained by private hospitals and health services • records of routine financial and administrative performance monitoring, including self-assessments submitted by hospitals and health services • audits of data submitted for inclusion in datasets, correspondence concerning exemptions or late submissions of data • the delegation of the Secretary's duties under legislation to designated officers for the purposes of monitoring and ensuring compliance, including the powers delegated, certificates of authority issued, updates and revocations • detailed records of inspections performed by designated officers, including applications for warrants/instruments of entry to inspect an unlicensed premise at which it is suspected hospital or health services are being delivered • responses to and resolution of complaints that do not set precedents or change policy • detailed investigation records and reports of incidents that are not sentinel events, or do not cause the death, traumatic injury or other catastrophic for a person • records and reports of investigations that do not lead to formal interventions 	<p>TEMPORARY</p> <p>Destroy 10 years after action completed</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> prosecutions, including preparation for prosecutions that do not proceed. 	
06.00	<p>RESEARCH AND CLINICAL TRIALS</p> <p>The function of undertaking research and clinical trials regarding patient care issues, injuries and their healing, illness or disease characteristics, and the effectiveness of newly developed medicines and/or treatment regimes. Includes:</p> <ul style="list-style-type: none"> the assessment of research and clinical trial project proposals for approval, including the consideration of ethics and human rights issues that may impact/arise from the project the management and interim reporting on research/clinical trial progress the collection, analysis and reporting of data the final results of research/clinical trial projects undertaken. research/clinical trials undertaken by private companies, research bodies (such as universities) or consultants on behalf of or in partnership with the agency joint venture arrangements entered into to deliver or support research or a clinical trial. 	
06.01	<p>Records of Continuing Value - Research & Clinical Trials</p> <p>Records of continuing value documenting the function of managing publicly funded research and clinical trials. Includes:</p> <ul style="list-style-type: none"> summary record of research proposals, including the project synopsis, project dates and other details, decisions regarding approval/funding, and project outcomes detailed records of research projects or clinical trials that result in changes to policy, practices or the introduction of new programs relating to hospital or health services and/or the treatment and care of patients, including final project reports and the data collected, observed and analysed throughout the project. 	<p>PERMANENT</p> <p>Retain as State archives</p>
06.02	<p>Medium-term Records of Research & Clinical Trials</p> <p>Medium-term records documenting the research and clinical trials function, including:</p> <ul style="list-style-type: none"> agreement or contract registers contracts and agreements under seal, their establishment, variation and review. Includes those relating to joint ventures and collaborative arrangements records of the establishment, membership and abolition of controlling committees/authorities for joint ventures entered into by a hospital or health service to conduct research or clinical trials. <p>For records of decisions to enter into joint ventures, and reports made by controlling authorities, see 21.0 Committees and Meetings.</p>	<p>TEMPORARY</p> <p>Destroy 15 years after action completed</p>

Reference	Description	Status and Disposal Action
06.03	<p>Short-term Records of Research & Clinical Trials</p> <p>Records of short-term value documenting the management of publicly funded research and clinical trials. Includes:</p> <ul style="list-style-type: none"> • records of research and clinical trial project proposals submitted for approval (whether the submission results in approval or not), including detailed project proposals, supporting information, applications for ethical clearances etc • detailed evaluation and decision records of project proposals (which are summarised in class 6.1) • routine project progress reports • records documenting research that did not result in changes to policy, practices or the introduction of new programs relating to hospital or health services and/or the treatment and care of patients, including final project reports and data collected, observed and analysed throughout the project • drafts for publication, whether accepted or not. 	<p>TEMPORARY</p> <p>Destroy 15 years after action completed</p>
07.00	<p>HEALTH CONDITION SCREENING (INCLUDING NEWBORN)</p> <p>The function of screening various groups within the Tasmanian population to identify instances of treatable health conditions before the development of debilitating or life-threatening symptoms. Includes:</p> <ul style="list-style-type: none"> • education and awareness activities eg the distribution of newborn screening information to all pregnant mothers • the collection of samples for testing • test results • correspondence with the person being tested (or, if a child, their parent) regarding the results and any recommended next steps • referrals • summary results (dataset, also known as a control record) • requests for individual results or use of the dataset • reporting. <p>Note: When the screening program is a national initiative, disposal instructions issued by the national body conducting the program supersede those contained in this disposal authority.</p> <p>Examples of screening programs include:</p> <ul style="list-style-type: none"> • newborn screening for hearing loss (national program) or metabolic disease • bowel cancer screening for residents between 50 and 75 years of age (national program) • breast screening (mammograms) for women between 40 and 74 years of age • cervical screening for women between 25 and 74 years of age (national program) <p>For records of the design and establishment of screening programs, or agreements with national bodies to run screening programs in Tasmania, see class 01.00 Health Administration Programs and Major Projects.</p>	

Reference	Description	Status and Disposal Action
	<p>See Disposal Schedule for Client Health Records (DA2426) 06.00.00 INHERITED DISEASES for records of genetic disorder client diagnosis and counselling</p> <p>See Disposal Schedule for Client Health Records (DA2426) 13.00.00 CLIENT RECORDS OF SCREENING PROGRAMS for client records of cancer screening programs</p>	
07.01	<p>Records of Continuing Value - Health Condition Screening</p> <p>Records of continuing value summarising the function of health condition screening where the summary is a statewide deidentified dataset of Tasmanian screening test results.</p> <p>Note: This deidentified dataset is to be collected from all screening programs run in Tasmania, whether state-based or run in Tasmania as part of a national program.</p>	<p>PERMANENT</p> <p>Retain as State archives</p>
07.02	<p>Long-term Records of Health Condition Screening</p> <ul style="list-style-type: none"> • Records of long-term value documenting the function of screening for health conditions, comprising summary information, including identifying information, of the samples, test results and outcome. Also known as control records. 	<p>TEMPORARY</p> <p>Destroy 100 years after action completed</p>
07.03	<p>Short-term Records of Health Condition Screening</p> <p>Records of short-term value arising from the function of health condition screening. Includes:</p> <ul style="list-style-type: none"> • samples and their documentation eg forms completed at the time of sample collection • test process notes, charts and observations • copies of system produced result documentation held by the laboratory or testing service • copies of result analysis or interpretation carried out by the laboratory or testing service to transform system produced graphs, charts, images or quantitative results into a diagnostic result (ie a result from which a specialist can make a diagnosis or put towards a diagnostic position if the results are not clear-cut) • copies of any explanatory documentation sent out with test results. <p>Note: The test results and associated documentation delivered to the requesting specialist are patient information and should be appraised accordingly in context with other records of treatment and care for the same patient.</p>	<p>TEMPORARY</p> <p>Destroy 2 years after action completed</p>
08.00	<p>COUNSELLING SERVICES</p> <p>The function of providing counselling services or assistance, typically by telephone or online written conversation tools, to persons seeking advice and/or assistance for a</p>	

Reference	Description	Status and Disposal Action
	<p>physical or mental health condition. Examples of counselling services included in this function are:</p> <ul style="list-style-type: none"> • crisis lines that provide advice and support for those experiencing a sudden escalation in vulnerability or difficulty eg Engender Equality (domestic violence) • support lines for those performing an ongoing challenging role eg Carers Tasmania (unpaid carers of those with a disability, chronic condition, mental illness, or who are frail) • information and advice lines for pregnant women or parents of infants. <p>In general the aim of services under this function is to:</p> <ul style="list-style-type: none"> • avoid people making irreversible decisions of grave consequence to their health and wellbeing • provide advice to those who do not know what to do and are at risk of damage to their physical and mental health if they are not supported to a recovery/good decision/source of assistance • reassure those who are experiencing circumstances/symptoms/behaviour unfamiliar to them • bolster the confidence and resilience of those tasked with caring for someone with a challenging health condition • provide companionship/a friendly or encouraging voice in a person's time of distress or need. <p>Counselling and advice offered in a patient - practitioner setting eg as part of a diagnosis, or to support/enable a decision regarding a course of treatment or care, is not included in this function. Records of such services are considered to be patient records and should be appraised accordingly.</p> <p>Excludes records of mental health helplines and related telephone counselling services - these are covered under <i>Disposal Schedule for Client Health Records (DA2426)</i>.</p> <p>See <i>Disposal Schedule for Common Administrative Functions (DA2157) 12.09.00 Counselling (PERSONNEL)</i> for records of counselling services provided to employees.</p> <p>See <i>Disposal Schedule for Client Health Records (DA2426) 07.00.00 MENTAL HEALTH SERVICES</i> for records of mental health telephone counselling services.</p>	
08.01	<p>Medium-term Records of Counselling Services (Child Interaction)</p> <p>Records of medium-term value documenting the function of delivering counselling services to the public. Includes copies, recordings or transcripts of calls or conversations which occur with a child, whether the service is targeted at children or not.</p>	<p>TEMPORARY</p> <p>Destroy 25 years after action completed</p>
08.02	<p>Short-term Records of Counselling Services (Adult Interaction)</p> <p>Records of short-term value documenting the delivery of counselling services. Includes:</p> <ul style="list-style-type: none"> • records documenting calls to, or conversations held with a counselling help line 	<p>TEMPORARY</p> <p>Destroy 2 years after action completed</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> ad hoc responsive conversational guides, circumstantial instructions and handover notes at the end of shifts eg if a certain caller is expected to call back, or if a pattern of calls is occurring that benefit from a standardised approach to handling them (eg if some sort of event or disaster has occurred that has resulted in a number of people experiencing distress/grief/helplessness calling the service). 	
09.00	<p>HEALTH PROMOTION</p> <p>The function of delivering health education programs aimed at raising awareness of how a person can increase their control over their health. Examples of topics for educational programs may include:</p> <ul style="list-style-type: none"> making and maintaining healthy relationships preventing unplanned pregnancy/accessing and using contraception how to recognise and manage anxiety how to recognise and manage depression how to achieve a healthier lifestyle managing health in a rural setting, particularly approaches for preventative health ie how to prevent a health condition from arising or progressing further senior's, men's or women's health topics. <p>Programs may be developed in conjunction with a school, community group or neighbourhood house to cover a particular topic of interest or issue of concern, or may be an accredited program delivered under licensing arrangements eg <i>Core of Life</i> - a pregnancy prevention program aimed at young people. Programs may also be run for people who work with sectors of the community who may benefit from health promotion knowledge eg teachers, to assist them in developing strategies for helping students learn to regulate their emotions or manage anxiety etc.</p> <p>Health Promotion may also be delivered by running information/activity stands at community events such as expositions/shows, open days or festivals.</p> <p>See Disposal Schedule for Public Health Services Records (DA2523) 01.00 PUBLIC HEALTH PROGRAMS AND MAJOR PROJECTS for records of the design and implementation of programs designed to promote good health.</p>	
09.01	<p>Short-term Records of Health Promotion</p> <p>Records of short-term value documenting the function of health promotion. Includes:</p> <ul style="list-style-type: none"> requests for program delivery, and decisions made records of scope, content and learning resource planning summaries of feedback and evaluation by participants, and arising recommendations for change delivery notes and reflection eg improvements that could be made to future delivery. 	<p>TEMPORARY</p> <p>Destroy 5 years after action completed</p>
09.02	<p>Facilitative Records of Health Promotion</p>	<p>TEMPORARY</p>

Reference	Description	Status and Disposal Action
	<p>Records of a facilitative nature that support the delivery of health promotion services. These include:</p> <ul style="list-style-type: none"> • venue bookings and catering arrangements • booking, collection and use of equipment eg audio-visual equipment, resource kits etc • directions and instructions for participants to access the session on the day • event statistics including attendance records. 	<p>Destroy 1 year after action completed</p>
<p>10.00</p>	<p>SAFETY AND QUALITY ACCREDITATION</p> <p>The function of achieving and maintaining safety and quality accreditation for the delivery of services by a hospital or health service. Includes:</p> <ul style="list-style-type: none"> • governance of the accreditation function within the organisation eg committees, working parties or steering groups which have oversight of the accreditation function and supporting activities such as internal audits and reviews • the design and implementation of processes and procedures that meet recognised safety and quality accreditation standards for the delivery of health treatment and care services • monitoring and measuring performance against service targets to show that accreditation standards are being met, maintained and improved upon • the management of qualifications and professional registrations of clinical staff to ensure they are fit to perform their role/s within the hospital or health service • remediation projects to address areas of shortcoming or decreasing performance • management of checks to ensure all clinical staff are correctly qualified and registered to perform their role, including oversight of continuing professional development progress (also known as credentialing). <p>Note: The development, implementation and review of programs that focus on/deliver achieving and maintaining safety and quality accreditation are covered in Function 1 Health Administration Programs and Major Projects. Records arising from the operation of such programs once implemented are covered here.</p>	
<p>10.01</p>	<p>Records of Continuing Value - Safety & Quality Accreditation</p> <p>Records of continuing value documenting the deliberations and decisions of governing bodies (including committees, working parties and/or steering groups) tasked with the function of achieving and maintaining safety and quality accreditation/s for a hospital or health service. Includes:</p> <ul style="list-style-type: none"> • final versions of minutes, agendas and meeting papers of the governing body • records of the establishment and membership of the governing body • submissions made to accreditation bodies by or on behalf of the governing body. 	<p>PERMANENT</p> <p>Retain as State archives</p>

Reference	Description	Status and Disposal Action
10.02	<p>Long-term Records of Safety & Quality Accreditation</p> <p>Records of long-term value documenting the qualifications and registrations of clinical staff in order to ensure they are credentialed to perform their role/s within the health service. Includes:</p> <ul style="list-style-type: none"> • health professional registration status • qualification verification processes • tracking of continued professional development required to maintain registration eligibility • status of membership of relevant professional bodies or associations. <p>See Disposal Schedule for Common Administrative Functions (DA2157) for other employee records.</p>	<p>TEMPORARY</p> <p>Destroy 7 years after date of separation, or 75 years after date of birth, whichever is later</p>
10.03	<p>Short-term records of Safety & Quality Accreditation</p> <p>Records of short-term value documenting the function of achieving and maintaining safety and quality accreditation/s. Includes:</p> <ul style="list-style-type: none"> • notifications to the Department on accreditation status • accreditation reports received from, and correspondence with, an accrediting body • notifications and certificates received from, and correspondence with, external parties providing services that are monitored as part of accreditation status eg certificates of compliance for the disposal of prescribed waste • drafts of reports and working papers for presentation to a governing body (committee, working party or steering group) • internal audits, checks and reviews to determine if the hospital or health service is performing at a level that ensures compliance eg against National Safety & Quality Health Service standards administered by the Australian Commission of Safety and Quality in Health Care • determination of appropriate requirements for qualifications and experience for clinical practice and positions to meet the needs of the organisation or area, including consultation with educational institutions and professional associations • records of evidence collated for the purposes of demonstrating compliance with or performance against accreditation requirements, including monitoring records, activity or process logs, completed checklists, survey results etc. 	<p>TEMPORARY</p> <p>Destroy 8 years after action completed</p>
11.00	<p>INCIDENT REPORTING AND INVESTIGATIONS</p> <p>The function of investigating and addressing incidents or safety events, including near-miss events, within a hospital or health service. Can also include patient complaints where the complaint is regarding the medical care or treatment of the patient. Includes reviews undertaken of process or other failures that contributed to the incident or safety</p>	

Reference	Description	Status and Disposal Action
	<p>event, reviews of clusters of similar events to determine underlying cause, and reporting of serious incidents/near-miss events to the Department and/or other authorities.</p> <p>Serious incidents or safety events are defined as:</p> <ul style="list-style-type: none"> • those resulting in the death of, or additional permanent injury to, a client, including instances of suspected suicide • those resulting from error/s in surgery or invasive procedures eg performed on the wrong patient, or the wrong site on the patient; or the incorrect use of equipment or application of treatment resulting in the death of, or additional permanent injury to, a client • alleged or suspected assault or abuse • any adverse event involving a child in the care or on the premises of the hospital or health service eg discharged or released to an unauthorised person • any other catastrophic event or incident of long-term significance for clients, service providers or the State eg incorrect management of an allergy, or administration of multiple medications resulting in serious contraindication etc • those required under legislation or policy directive to be reported to an authority <p>Note: The action taken by the Department in response to a reported incident is covered under 04.00 Public Hospital and Health Service Governance.</p> <p>See <i>Disposal Schedule for Common Administrative Functions (DA2157) 01.08.00 Customer Services (COMMUNITY RELATIONS)</i> for records of patient complaints not concerning the medical care and treatment of a patient</p>	
11.01	<p>Records of Continuing Value - Incident Reporting and Investigations</p> <p>Records of continuing value documenting the reporting and investigation of incidents and safety events. Includes:</p> <ul style="list-style-type: none"> • reports that analyse and make recommendations regarding trends or clusters of incidents or safety events • final approved records of meetings held and actions directed by a governing body/bodies (committees, working parties or steering groups) with responsibility for the management of incident or safety event reporting, investigation and resolution (including the implementation of change to avoid subsequent events occurring). 	<p>PERMANENT</p> <p>Retain as State archives</p>
11.02	<p>Long-term Records of Incident Reporting and Investigations</p> <p>Records of long-term value documenting the reporting and investigation of serious (ie high severity and consequence rating) incidents/safety events or near miss events that are required to be reported to the Department and/or another authority nominated under legislation or policy directive. Includes:</p> <ul style="list-style-type: none"> • records that summarise the reporting of incidents and safety events within a hospital or health service 	<p>TEMPORARY</p> <p>Destroy 50 years after action completed</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • initial detailed reports describing the incident/safety event or near miss event • investigation records generated by the hospital or health services such as interview transcripts; witness statements; readings or observations from equipment or the patient record before, during and after the event (if applicable); copies of relevant information from the patient record (if applicable); footage, images or recordings; any other record collected as evidence • investigation reports prepared by the hospital or health service including analysis and recommendations for future action to prevent similar incidents or safety events occurring in the future • correspondence with the Department or other authority regarding the incident investigation and outcomes, including copies of investigation records or reports generated by the Department or other authority containing recommendations and/or instructions for action by the hospital or health services. 	
11.03	<p>Short-term Records of Incident Reporting and Investigations</p> <p>Records of short-term value documenting the reporting and investigation of incidents/safety events or near miss events that are not required to be reported to the Department and/or another authority nominated under legislation or policy directive. Includes:</p> <ul style="list-style-type: none"> • initial detailed reports describing the incident/safety event or near miss event • investigation records generated by the hospital or health services such as interview transcripts; witness statements; readings or observations from equipment or the patient record before, during and after the event (if applicable); copies of relevant information from the patient record (if applicable); footage, images or recordings; any other record collected as evidence • investigation reports prepared by the hospital or health service including analysis and recommendations for future action to prevent similar incidents or safety events occurring in the future • drafts and working papers used to develop administrative reports which summarise and present results to an internal body governing incident or safety event management. 	<p>TEMPORARY</p> <p>Destroy 10 years after action completed</p>
12.00	<p>PHARMACEUTICAL SUPPLY AND ADMINISTRATION</p> <p>The function of managing the purchase, sale, supply, administration, dispensing and use of pharmaceutical supplies within a hospital or health service. Includes the receipt, dispensing, return and disposal of drugs.</p> <p>Pharmaceutical supplies encompass drugs, poisons and controlled substances that must be stored, issued and accounted for in accordance with legislative requirements.</p>	

Reference	Description	Status and Disposal Action
	<p>See Disposal Schedule for Common Administrative Functions (DA2157) 05.00.00 FINANCIAL MANAGEMENT for financial records documenting the purchase of pharmaceutical supplies.</p>	
<p>12.01</p>	<p>Short-term Records of Pharmaceutical Supply and Administration</p> <p>Short-term records documenting the supply and dispensing of pharmaceutical products. Includes:</p> <ul style="list-style-type: none"> • records used to maintain and control pharmaceutical stock supplies • permits and licences required to purchase pharmaceutical supplies • authorisations to supply certain drugs such as drugs of addiction and restricted substances, eg Schedule 4 or Schedule 8 Drugs Books • copies of prescriptions. 	<p>TEMPORARY</p> <p>Destroy 3 years after action completed</p>
<p>13.00</p>	<p>HUMAN PRODUCT (BLOOD AND TISSUE) SUPPLY AND MANAGEMENT</p> <p>The function of managing the supply of blood and blood products, body tissues, cells and other human products used for patient treatment and care. Includes:</p> <ul style="list-style-type: none"> • maintaining availability of blood and blood products to ensure patient treatment and care is not compromised eg requests for specialist stock, standard stock requirements, ordering, receiving and tracking • ordering products to support treatment and care of patients eg human breast milk to feed neonates, bone powder for use in surgical repairs to bones etc • storage management and testing to confirm product meets the specifications • disposal of unused products that have expired/not been required • tracking the transfer of stock between locations eg to another hospital or health service. <p>Note: Organ transplant does not occur in Tasmania. Patients requiring a transplant are referred to specialist units in other states. The patient record for the organ transplant procedure will be held in that state with copies of information necessary for ongoing care, treatment and support of the patient shared with the patient's Tasmanian medical practitioner/s for inclusion on their local file. National agencies responsible for governing the transplant of organs in Australia will hold additional information in systems and registries that are outside the scope of this disposal schedule.</p> <p>Note: The use of body tissues varies, with some procedures being carried out in Tasmania and others being referred interstate. In some cases the tissue is sourced from interstate, in others (particularly where a family member is the donor) it is sourced locally. The records of this function will track where a product has been sourced from, where it was used and who for. In cases where a procedure is carried out interstate, the patient records will be held in that state with copies of information necessary for ongoing care, treatment and support of the patient shared with the patient's Tasmanian medical practitioner/s for inclusion on their local file.</p>	

Reference	Description	Status and Disposal Action
13.01	<p>Short-term Records of Human Product (Blood and Tissue) Supply and Management</p> <p>Records of short-term value documenting the function of managing human product supply before utilisation for a patient's treatment and care.</p>	<p>TEMPORARY</p> <p>Destroy 4 years after action completed</p>
14.00	<p>FOOD SERVICE ADMINISTRATION</p> <p>The function of providing meals for patients of the hospital or health service. Includes:</p> <ul style="list-style-type: none"> • the development of menus • arrangements for the ordering, delivery and collection of meals • compliance with food handling, allergy and safety requirements, including food safety inspections, checks and audits. <p>Note: Where a food-related incident occurs eg an allergic reaction, the relevant food service records will be collected and retained as part of an incident investigation record. See 11.00 Incident Reporting and Investigations.</p> <p>Note: Where a food service is being audited as part of safety and accreditation requirements, the audit records will be collected and retained under 10.00 Safety and Quality Accreditation.</p> <p>See <i>Disposal Schedule for Common Administrative Functions (DA2157) 03.00.00 EQUIPMENT AND STORES</i> for records of kitchen equipment purchase and maintenance, and the procurement and use of cleaning and other supplies.</p>	
14.01	<p>Short-term Records of Food Service Administration</p> <p>Records of short-term value documenting the food service administration function.</p>	<p>TEMPORARY</p> <p>Destroy 3 months after action completed</p>
15.00	<p>HEALTH SERVICE EQUIPMENT AND SUPPLIES MANAGEMENT</p> <p>The function of:</p> <ul style="list-style-type: none"> • managing the upkeep, repair, servicing, modification and preservation of condition of clinical equipment used in the delivery of diagnoses, treatment and care of patients of a hospital or health service • identifying, sourcing and maintaining supplies of single-use or short-term use equipment and consumables needed in the course of delivering a hospital or health service eg reagents, disks, gels, films and dyes for diagnostic equipment, components of delivery systems for treatment and care such as medical grade tubing, needles, tapes and clips etc. <p>Includes fixed equipment eg pathology laboratory, x-ray or medical imaging machines, digital denture production equipment, and equipment or aids assigned for particular patient use such as point of care devices (eg blood glucose monitors or blood pressure machines), wheelchairs, ventilators and prosthetics.</p> <p>Includes personal protective equipment (PPE), gowns and other specialist supplies that protect staff during the course of delivering treatment and care.</p>	

Reference	Description	Status and Disposal Action
	<p>Includes uniforms and accessories (bags, hats etc) issued to staff to ensure they are readily identifiable in the workplace or external health care setting (eg home care, nurse on call or ambulance visits).</p> <p>Includes specialised facilities fitted with a suite of equipment such as operating theatres, scanning or imaging rooms, intensive care units etc as well as the consumables and supplies required in those facilities.</p> <p>Also includes records of sterilisation/cleaning of equipment and instruments such as operating or oral health equipment and instruments.</p> <p>See Disposal Schedule for Common Administrative Functions (DA2157) 03.00.00 EQUIPMENT AND STORES for records of contracts with suppliers, non-health service equipment and stores, and all other elements of ordering, auditing and managing health equipment and supplies not given specific coverage in this DA.</p>	
15.01	<p>Short-term Records of Health Service Equipment and Supplies Management</p> <ul style="list-style-type: none"> • Records of short-term value documenting the function of managing hospital and health service equipment and supplies. Includes: <ul style="list-style-type: none"> • management of maintenance, inspections, calibrations, repairs, replacements, recalls and upgrades • maintenance of operating manuals, instructions for use and other standards or procedures for the operation of equipment • ordering and receiving medical consumables required during the operation of equipment eg film or imaging media, reagents, inks, sample jars etc • licensing and permits for the operation or use of equipment, including applications, audits and compliance reporting eg radiation safety permits and licences • management of bookings, allocations, reservations and use of clinical equipment and also specialised facilities such as operating theatres, treatment and recovery rooms • management of the loan or allocation of medical aids such as wheelchairs and mobility aids, ventilators/breathing apparatus, prostheses etc as part of the treatment and care of patients • specifications and instructions for ordering, distributing and disposing of specialised single or short-term use equipment such as personal protective equipment (PPE), equipment components for examining and treating patients such as tongue depression sticks, disposable covers for equipment etc • sterilisation/cleaning records of equipment and instruments that identify individual patients (may also be attached to the patient record). 	<p>TEMPORARY</p> <p>Destroy 15 years after action completed</p>
15.02	<p>Facilitative Records of Health Service Equipment and Supplies Management</p> <p>Routine records documenting equipment checks and calibrations usually conducted as part of quality control processes to ensure</p>	<p>TEMPORARY</p>

Reference	Description	Status and Disposal Action
	<p>the equipment is operating correctly prior to use in the delivery of patient treatment and care, or as part of a daily audit process. For records of results which indicate a repair, service or upgrade is required, use class 15.01.</p> <p>Includes reports produced by the equipment following a calibration or check process, completed checklists or data recorded by the operator during a calibration or check process, logs or equipment diaries.</p> <p>Includes records of sterilisation/cleaning of equipment and instruments that do not identify individual patients.</p> <p>Includes records of the allocation or distribution of equipment and supplies including batch numbers and other identifying codes.</p> <p>Includes records of the allocation of uniform supplies to staff.</p> <p>Includes management of uniform components provided onsite/for use during a work shift or for single or short-term use, including covering gowns worn during particular procedures or care activities and then removed.</p> <p>Includes management and distribution of hospital and health service linen supplies within the facility such as bedsheets, towels, blankets etc for patient/treatment and care use.</p> <p>Includes arrangements for laundering and cleaning of uniform components provided onsite/for use during a work shift, and other hospital/health service linen supplies.</p>	<p>Destroy 4 years after action completed</p>
<p>16.00</p>	<p>MORGUE AND MORTUARY MANAGEMENT</p> <p>The function of managing places within a hospital or health service where the bodies of deceased persons are held pending collection. Includes:</p> <ul style="list-style-type: none"> • registering or recording the receipt of the bodies of deceased persons and their collection • authorising the collection or removal of the body of a deceased person from the morgue or mortuary • managing the personal effects of the deceased pending collection by the family • managing family access to the body of the deceased, including for the purposes of cultural observance or ceremony • liaising with funeral providers or others representing the family that are arranging to collect the body of the deceased • liaising with the Coroner’s Office or other judicial bodies concerning arrangements for the transfer of custody of the body or remains for the purposes of autopsy or other investigations • managing official documentation such as death certificates, authorities to collect etc. <p>For the purposes of this document the following definitions are used:</p> <p>Morgue</p> <p>An official building or designated part of a building established and demarcated for the purpose of administering the storage of the bodies of deceased persons, including offices</p>	

Reference	Description	Status and Disposal Action
	<p>for staff tasked with performing the functions of the morgue, and mortuary spaces where bodies of deceased persons are held pending autopsy, investigation, or a decision regarding the need (or not) for an autopsy or investigation. In a hospital or health service setting this may include a designated mortuary place where bodies of deceased persons and their personal effects are held pending collection by the family or their representatives once given clearance to do so.</p> <p>Mortuary</p> <p>A particular room or rooms within a morgue designed for the storage of the bodies of deceased persons, their autopsy and/or preparation for burial or cremation.</p>	
16.01	<p>Medium-term Records of Morgue and Mortuary Management</p> <p>Records of medium-term value that document the management of morgues and/or mortuaries. Includes control records, registers and summary records of the bodies of deceased persons received into, and collected from, the morgue/mortuary.</p> <p>Details collected include:</p> <ul style="list-style-type: none"> • patient name and details • ward/service transferring the body, including details of the transferring officer • date and time received into the morgue/mortuary • whether personal belongings accompany the body • collection details – who, date and time, notes regarding certificates and other documentation presented to establish authority to collect the body • officer authorising the release of the body to the collector. <p>Also includes registers and other records of items (not categorised as personal belongings) found on or accompanying a body or remains to the Morgue that may be required at a future date for the purposes of an investigation eg ligatures or bindings.</p> <p>Note: Items such as ligatures or bindings that are requested for the purposes of an investigation pass into the custody of the requestor and records made regarding them during or for the purposes of an investigation must be appraised and sentenced under the relevant functional disposal schedule. The retention period prescribed here relates to those items and their records that are not requested and remain in the possession of the Morgue.</p>	<p>TEMPORARY</p> <p>Destroy 25 years after action completed</p>
16.02	<p>Short-term Records of Morgue and Mortuary Management</p> <p>Records of short-term operational value documenting the management of morgues and mortuaries. Includes:</p>	<p>TEMPORARY</p> <p>Destroy 5 years after action completed</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • detailed records or itemised listings of personal belongings transferred with the body of the deceased to the morgue/mortuary • program details and/or instructions regarding family access to the body of the deceased eg grief counselling and compassionate access programs for the parents of still born infants, deceased babies or young children • arrangements for the pending collection of the bodies of deceased persons • copies of death certificates, authorities and/or other documentation to collect and remove a body. <p>Note: Where the above records (or copies thereof) are captured on the patient record, they should be subject to the same retention as the other patient information they are held with.</p>	
17.00	<p>WARD/FACILITY MANAGEMENT (INCLUDING STAFF HANDOVER)</p> <p>The function of managing the flow of patients in and out of a ward or health facility, including staff handover processes. Includes:</p> <ul style="list-style-type: none"> • administrative lists and check sheets that track the reception of each patient into the ward or facility and their departure eg ward lists, appointment books, attendance lists, operation or theatre schedules etc • patient numbers and locations at certain points in time (eg a midnight ‘bed return’ or daily in-patient ‘census’ to document occupation levels in each ward or department) • contact or attendance at accident and emergency, or casualty departments, or a crisis service where the person is not admitted to the hospital or health service for treatment and care (including those who remain anonymous). <p>Also includes the collection and communication of information between staff eg as part of a shift handover to ensure the correct level of patient treatment and care is maintained, such as:</p> <ul style="list-style-type: none"> • copies of observations of patients that require attention • instructions regarding visitors either generally to the ward or in regard to a particular patient • messages or information to be given to a patient or an expected visitor eg a telephone message • actions underway to be completed eg discharge of a patient • notes regarding equipment and/or facility condition/breakages or instructions for use • messages/instructions for circulation to all staff. <p>Note: In all cases, patient information should be kept and maintained on the patient record as the primary source of information regarding a patient’s treatment and care. All records referred to above are in addition to the patient record and are produced to facilitate day to day activities and administrative reporting.</p>	

Reference	Description	Status and Disposal Action
17.01	<p>Short-term Records of Ward/Facility Occupation Management and Staff Handover</p> <p>Records of short-term value that document attendance at:</p> <ul style="list-style-type: none"> • an accident and emergency or casualty department, or • a crisis service of a health service <p>that are not captured into a patient record. Includes attendance by those who remain anonymous/unidentified and/or who leave before further registration of their visit or admission into the service can occur.</p>	<p>TEMPORARY</p> <p>Destroy 7 years after action completed</p>
17.02	<p>Facilitative Records of Ward/Facility Occupation Management and Staff Handover</p> <p>Records that facilitate the function of ward/facility occupation management and staff handover. Includes:</p> <ul style="list-style-type: none"> • completed or marked up copies of patient lists, census sheets and bed return data collection documents that are submitted for patient reporting purposes • marked up copies of ward or facility patient lists, including those with instructions or updates for incoming staff to seamlessly take over patient treatment and care • memos, notes and instructions for incoming staff regarding facility or equipment usage, faults and expected repair timeframes etc • appointment books, attendance lists, operation or theatre schedules etc that are used by staff to prepare for and manage daily attendances by patients. 	<p>TEMPORARY</p> <p>Destroy after action completed</p>
18.00	<p>PATIENT RECORDING</p> <p>The function of recording data about patients for the purpose of:</p> <ul style="list-style-type: none"> • maintaining a statutory register • contributing to a state or national dataset or registries • performance reporting • complying with other statutory or contractual requirements. <p>Note: In all cases, patient information should be kept and maintained on the patient record as the primary source of information regarding a patient’s treatment and care. All records referred to above are in addition to the patient record and are produced to facilitate registration and reporting compliance.</p> <p>Note: Examples of registries include Australian Stroke Clinical Registry (AuSCR), Cardiac Outcomes Register, National Joint Replacement Register, Tasmanian State Trauma Registry, Australian Rehabilitation Outcomes Centre (AROC), Health of the Nation Outcome Scale (HoNOS) etc.</p>	

Reference	Description	Status and Disposal Action
18.01	<p>Records of Continuing Value – Patient Recording</p> <p>Records of continuing value that document the births and deaths that occur within a hospital or health service in a summary or register form.</p>	<p>PERMANENT</p> <p>Retain as State archives</p>
18.02	<p>Short-term Records of Patient Recording</p> <p>Records of short-term value that facilitate patient recording processes. Includes:</p> <ul style="list-style-type: none"> • statutory notifications of births and deaths that occur at a hospital or health centre • data collected for contribution to a state or national dataset eg disease and operation indices (detailed data about what diseases are presenting at a hospital or health service and what operations are performed for their treatment) • cancer registrations • reports on activities and programmes run in community health centres, including participant data and evaluation results. <p>Also includes collecting and collating information about patients within wards or facilities to complete regulatory reporting tasks and/or to ensure standards of treatment and care are maintained – for bed census and other occupation reporting see class 17.</p> <p>Note: If data or records described in this class are also required as part of an accreditation process (eg to achieve or maintain accreditation or to demonstrate compliance), use class 10. Of this disposal authority.</p>	<p>TEMPORARY</p> <p>Destroy 1 year after action completed</p>
19.00	<p>OCCUPATIONAL HEALTH SERVICES</p> <p>The function of providing support services to hospital and health service workers to address occupational risks, stresses and trauma that may be encountered in the course of their duties and that have the potential to lead or contribute to a detrimental effect on the health and wellbeing of the worker.</p> <p>Support services aim to:</p> <ul style="list-style-type: none"> • build resilience by providing tools, approaches or advice • detect and resolve health conditions and wellbeing problems early • ensure workers are fit for their role and therefore at reduced risk of injury or illness • provide sanctuary in which difficult issues and emotional responses arising from trauma or pressure not readily understood outside the workplace can be discussed and addressed • maintain workers' life quality and composure, not just in the workplace but also when off duty and amongst family and friends. <p>Occupational health support services may be comprised of:</p> <ul style="list-style-type: none"> • ensuring workers have up to date immunisations to reduce the risk of contracting/spreading a communicable disease while at work, including notifications to 	

Reference	Description	Status and Disposal Action
	<p>individuals when immunisations are due and services through which a worker can arrange to receive a vaccine/booster shot</p> <ul style="list-style-type: none"> • providing medical checks and examinations to ensure physical suitability for work duties is present and maintained, including advice on altered methods of undertaking duties where a worker has an altered physical capacity eg different approaches to lifting if a worker is worried by increasing soreness in their back or joints. • providing advice and promoting approaches to maintaining health and wellbeing in the workplace, particularly when under stress, including during times of emergency or disaster, but also more generally such as advice on how to stop smoking or improve general fitness • counselling services for those traumatised while at work eg when responding in an emergency or disaster, or for those feeling increasingly affected (eg stressed or depressed) by the weight of their role/responsibilities and/or the pressured environment in which they work • first aid responses and medical assessments of workers injured while on duty eg needlestick injuries, trips and falls etc • general medical consultations for workers to ensure general medical support for their health and wellbeing is easily accessible at times convenient to workers eg check-ups, consultations for the management of specific conditions, assessment of illness/symptoms, the provision of medical certificates or referral to specialist services etc • health screening services for diseases and health conditions that are assessed as having a higher risk of occurring in the workplace due to the nature of the work eg screening for pathogens/infections such as methicillin-resistant Staphylococcus aureus (MRSA) or tuberculosis (TB). <p>See also Function 11.00 Incident Reporting and Investigations for records of any incidents or events and their investigation that may impact a worker's health and well-being.</p> <p>See <i>Disposal Schedule for Common Administrative Functions (DA2157)</i> 11.00.00 OCCUPATIONAL HEALTH & SAFETY for records relating to OH&S issues that occur in settings other than hospitals or health services.</p> <p>See <i>Disposal Schedule for Common Administrative Functions (DA2157)</i> 12.09.00 Counselling (PERSONNEL) for records of occupational counselling that occur in settings other than hospitals or health services.</p> <p>See <i>Records of Patient Information Immunisation Services (DA2426)</i> for records of vaccine handling and storage</p>	
19.01	<p>Medium-term Records of Occupational Health Services</p> <p>Records of medium-term value documenting the occupational health services function within hospitals and health services, including:</p> <ul style="list-style-type: none"> • records of medical consultations, examinations and screenings • immunisation records and reports • counselling records • first aid and injury response records • referrals for specialist services 	<p>TEMPORARY</p> <p>Destroy 15 years after date of last action</p>

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> any other record that is the equivalent of patient or client health information eg pathology results. 	
19.02	<p>Short-term Records of Occupational Health Services</p> <p>Records of short-term value documenting the occupational health services function, including:</p> <ul style="list-style-type: none"> records of appointments and bookings administrative records of samples sent for testing and the receipt of results correspondence with health promotion eg Anti-Cancer Council, or health condition advocacy and support organisations eg Heart Foundation, to arrange for promotional material or awareness information to be made available to workers records that facilitate seminars, presentations and other events that educate workers about health and wellbeing issues and how to avoid or minimise them in the workplace. 	<p>TEMPORARY</p> <p>Destroy 7 years after action completed</p>
20.00	<p>PATIENT PROPERTY MANAGEMENT</p> <p>The function of managing the possessions of inpatients during the period of their stay.</p> <p>See Disposal Schedule for Common Administrative Functions (DA2157) 05.00.00 FINANCIAL MANAGEMENT for records of patient billing, account payments, benefits and claims etc.</p>	
20.01	<p>Records of Client Property</p> <p>Records of client property and valuables, including clothing, identification (eg drivers' licence), money, jewellery and equipment/devices that the client has brought with them into care. Includes items that remain with the client, and those that the facility is taking care of during their stay eg wallet or jewellery placed in a safe/secure room.</p> <p>Note: In some cases this information may be placed on a hardcopy client file for practicality. In such cases the facility may either elect to remove or cull this information from the hardcopy file 12 months after administrative use ceases, or leave it in place for the full retention of the overall client record if time and resources do not allow for culling.</p>	<p>Temporary</p> <p>Destroy 12 months after action completed</p>
21.00	<p>COMMITTEES AND MEETINGS</p> <p>The establishment of committees to govern, provide strategic direction and/or manage the operations of hospitals and health services.</p> <p>Includes:</p> <ul style="list-style-type: none"> subcommittees, working parties and panels commissioned by a committee to undertake delegated duties 	

Reference	Description	Status and Disposal Action
	<ul style="list-style-type: none"> • maintaining membership • meeting papers and arrangements • declaration of interests/conflict of interest management <p>See Disposal Schedule for Common Administrative Functions (DA2157) 04.00.00 ESTABLISHMENT for records of organisational structure development, review and implementation</p> <p>See 06. 00 RESEARCH AND CLINICAL TRIALS for records of research and data arising from joint ventures</p>	
21.01	<p>Records of Continuing Value</p> <p>Records of continuing value comprising minutes, agenda and meeting papers produced by:</p> <ul style="list-style-type: none"> • executive committees with responsibility for making high-level management decisions regarding policy or strategic decisions regarding annual or long-term planning • specialist committees with responsibility for oversight of standards for treatment and care, guiding complex case management frameworks, internal investigation or response to malpractice or performance issues, and otherwise governing the delivery of medical/health services by practitioners within the hospital or health service etc • external committees chaired by the hospital or health service. 	<p>PERMANENT</p> <p>Retain as State Archives</p>
21.02	<p>Medium-term Records</p> <p>Records of medium-term value documenting the establishment, membership and abolition of controlling committees/authorities for joint ventures entered into by a hospital or health service with:</p> <ul style="list-style-type: none"> • other hospitals or health services, • Universities, • Councils, and/or • research or health organisations. <p>Covers all instances where there is a joint contribution of funds, time, data or other collaborative activity.</p>	<p>TEMPORARY</p> <p>Destroy 15 years after conclusion of joint venture</p>
21.03	<p>Short-term Records</p> <p>Records of short-term value of:</p> <ul style="list-style-type: none"> • internal operations committees, including establishment, membership and meeting papers • external committees not chaired by the hospital/health service, including establishment, membership and meeting papers • agenda, minutes and papers for internal meetings • business activity/performance reports prepared for submission to internal meetings. 	<p>TEMPORARY</p> <p>Destroy 7 years after action completed</p>