

# SESLHD POLICY COVER SHEET



<b>NAME OF DOCUMENT</b>	Records Management – Retention Periods
<b>TYPE OF DOCUMENT</b>	Policy
<b>DOCUMENT NUMBER</b>	SESLHDPD/203
<b>DATE OF PUBLICATION</b>	May 2020
<b>RISK RATING</b>	Low
<b>LEVEL OF EVIDENCE</b>	Standard 1 – Governance for Safety and Quality in Health Service Organisations NSW Legislation – NSW State Records Act 1998 (under review)
<b>REVIEW DATE</b>	May 2025
<b>FORMER REFERENCE(S)</b>	Former Illawarra Area Health Service Policy Records retention – Area Pol-CGOV-10 – October 2004 SESLAHS PD 024
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Director Corporate and Legal Services as nominated Senior Responsible Officer for Corporate Records.
<b>AUTHOR</b>	Records Management Coordinator <a href="mailto:Jocelyn.Bullard@health.nsw.gov.au">Jocelyn.Bullard@health.nsw.gov.au</a>
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Manager Executive Services
<b>KEY TERMS</b>	Records Management; Retention Periods
<b>SUMMARY</b>	To ensure that the specific retention periods of all records produced by South Eastern Sydney Local Health District meet the minimum statutory requirements of the NSW State Records Act 1998.  The scope of the policy directive includes all records (paper based and electronic), including administrative, personnel, accounting and medical records that are to be retained in accordance with this policy and the State Records Act 1998 (Under review)

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

**This Procedure is intellectual property of South Eastern Sydney Local Health District.  
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**1. POLICY STATEMENT**

The objectives of this policy are:

- To ensure that all records throughout South Eastern Sydney Local Health District (SESLHD) are retained for the minimum period as set down by the *NSW State Records Act 1998*
- To ensure that uniform retention periods are in place for all corporate and clinical records that are produced across different departments.

The minimum retention periods of specific records are clearly defined in the [NSW State Archives and Records General Disposal Authorities](#).

<a href="#">GA 28</a>	Administrative Records (revised 2015)
<a href="#">GA 26</a>	Approved screening agencies: records relating to the conduct of working with children checks (2007)
<a href="#">GDA 11</a>	Audio Visual Programs & Readings (2002)
<a href="#">GDA 19</a>	Health System, Public: Departments of Forensic medicine
<a href="#">GA 45</a>	Original or source records that have been copied (2015)
<a href="#">GDA 21</a>	Public Health Administrative Records (2005)
<a href="#">GDA 17</a>	Public Health Services, Patient / Client Records (2004)
<a href="#">GA 31</a>	Royal Commissions, Special Commissions of Inquiry and enquiries established by letters patent or Ministerial directive (2008)
<a href="#">GDA 8</a>	Video / Visual Surveillance Records (1999)
<a href="#">GA44</a>	Health Services: statewide health services, quality assurance, reporting, education and training
<a href="#">GA31</a>	Commissions of Inquiry and Inquiries established by Letters Patent or Ministerial Directive
<a href="#">GA48</a>	Source records that have been migrated

**2. AIMS**

To ensure that the specific retention periods of all records produced by SESLHD meet the minimum statutory requirements of the *NSW State Records Act (1998)*.

The scope of this policy includes both corporate and clinical records which are paper or electronic format.

**3. TARGET AUDIENCE**

All staff of SESLHD who produce records as part of their normal working environment must be familiar with the relevant retention periods for such records.

**4. RESPONSIBILITIES**

Responsibility for the appropriate retention of records rests with the Director or General Manager of the particular department or area in which the records are produced.

**5. DEFINITIONS**

**Records:** Recorded information, in any form, including data in computer systems, created or received and maintained by an organisation or person in the transaction of business or the conduct of affairs and kept as evidence of such activity.

**Retention periods:** Specify how long records should be kept by the organisation, either in the office or in offsite storage, before disposing of them. The retention periods specified in this schedule are suggested minimum retention periods only except if otherwise noted. Where the retention period is based on a statutory or mandatory requirement the records must be kept for that period.

**Disposal:** A range of processes associated with implementing appraisal decisions, these include the retention, deletion or destruction of records in or from recordkeeping systems.

**6. REFERENCES**

[National Safety and Quality Health Service Standard – Standard 1 Governance for Safety and Quality in Health Service Organisations](#)

[State Records Act, 1998](#)

[NSW State Archives and Records General Disposal Authorities](#)

[Privacy and Personal Information Protection Act, 1998](#)

[NSW Health Corporate Governance and Accountability Compendium Section 4.1.5 State Records Act](#)

[NSW Ministry of Health Policy Directive PD2012\\_069 Health Care Records - Documentation and Management](#)

[NSW Health Policy Directive PD2009\\_057 Records Management – Department of Health](#)

**7. REVISION AND APPROVAL HISTORY**

Date	Revision No.	Author and Approval
November 2002	0	Tracy Morgan(Medical Records Manager) & George Gray (IPath Quality Manager)
October 2004	1	Re-formatted with minor changes approved by Area Records Officer and re-issued by Manager, Systems Integration.
September 2005	2	Minor changes made by Records Manager, Executive Support Unit following feedback from consultation with stakeholders Approved by the Area Executive Committee 27 Sept 2005
February 2008	3	Minor changes made by Records Manager, Executive Support Unit. Links to NSW State Records Act General Disposal Authority updated
February 2011	4	Minor changes made by Records Manager, Executive Support Unit Formatting changes due to change to Local Health Network
September 2012	5	Formatting changes due to change to Local Health District
October 2012	5	Approved by DET
November 2012	6	Minor changes made by Manager Executive Services in consultation with Chief Executive.

July 2016	7	Minor changes made by Records Coordinator to update references and hyperlinks
July 2016	7	Updates endorsed by Executive Sponsor
May 2020	8	Minor changes made by Records Coordinator to update references and hyperlinks
May 2020	8	Endorsed by Executive Sponsor Processed by Executive Services prior to publishing