

APPRAISAL LOG

Health Sector (corporate records) retention and disposal schedule

Health Sector

Date: November 2020

APPLICABLE LEGISLATION AND STANDARDS FOR THE HEALTH SECTOR IN QUEENSLAND

There are numerous regulatory and legislative requirements – as well as professional codes, standards, guidelines and policies – that apply to creating, keeping and managing public records for the Health Sector in Queensland. Below is a comprehensive listing of applicable legislation and standards that have been identified as relevant to public records that are managed under the *Health Sector (corporate records) retention and disposal schedule*:

Queensland legislation

Anti-Discrimination Act 1991

Building Act 1975

Child Protection Act 1999

Civil Liability Act 2003

Civil Proceedings Act 2011

Criminal Code Act 1899

Disability Services Act 2006

Domestic and Family Violence Protection Act 2012

Drugs Misuse Act 1986

Environmental Protection Act 1994

Environmental Protection Regulation 2019

Evidence Act 1977

Financial and Performance Management Standard 2019

Gene Technology (Queensland) Act 2016

Guardianship and Administration Act 2000

Health Regulation 1996

Health (Drugs and Poisons) Regulation 1996

Health Ombudsman Act 2013

Health Practitioner Regulation National Law Act 2009 (Qld)

Hospital and Health Boards Act 2011

Human Rights Act 2019

Information Privacy Act 2009
Limitation of Actions Act 1974
Liquor Act 1992
Mental Health Act 2016
Police Powers and Responsibilities Act 2000
Powers of Attorney Act 1998
Private Health Facilities Act 1999
Public Guardian Act 2014
Public Health Act 2005
Public Health (Infection Control for Personal Appearance Services) Act 2003
Radiation Safety Act 1999
Radiation Safety Regulation 2010
Supreme Court of Queensland Act 1991
Transport Operations (Road Use Management) Act 1995
Uniform Civil Procedure Rules 1999
Work Health and Safety Act 2011
Work Health and Safety Regulation 2011
Youth Justice Act 1992

Commonwealth legislation

Australian Organ and Tissue Donation and Transplantation Authority Act 2008 (Cth)
Cancer Australia Act 2006 (Cth)
Civil Aviation Safety Regulations 1998 (Cth)
Competition and Consumer Act 2010 (Cth)
Family Law Act 1975 (Cth)
Gene Technology Act 2000 (Cth)
Gene Technology Regulations 2001 (Cth)
Health Insurance Act 1973 (Cth)
National Cancer Screening Register Act 2016 (Cth)

National Health Act 1953 (Cth)

Poisons Standard July 2020 (Cth) [Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)]

Privacy Act 1988 (Cth)

Therapeutic Goods Act 1989 (Cth)

Therapeutic Goods Legislation Amendment (2019 Measures No.1) Regulations 2019 (Cth)

Therapeutic Goods Regulations 1990 (Cth)

Therapeutic Goods (Manufacturing Principles) Determination 2020 (Cth)

Therapeutic Goods (Medical Devices) Regulations 2002 (Cth)

Transport Safety Investigation Regulations 2003 (Cth)

Veterans' Entitlements Act 1986 (Cth)

Published materials from Australian government departments and professional bodies including, but not limited to, standards, guidelines, policies and codes

Australian Charter of Healthcare Rights: Australian Commission on Safety and Quality in Health Care

Australian code of good wholesaling practice for medicines in schedules 2, 3, 4 & 8: National Coordinating Committee on Therapeutic Goods

Australian Code for the Responsible Conduct of Research: National Health and Medical Research Council (NHMRC), the Australian Research Council and Universities Australia

Australian Government Biotechnology Ministerial Council

Australian Human Rights Commission

Australian regulatory guidelines for medical devices (ARGMD): Therapeutic Goods Administration

Australian Research Council

The Australian Vigilance and Surveillance System for Organ Donation for Transplantation: Organ and Tissue Authority

Capital Infrastructure Requirements (CIR): Queensland Health

Chief Psychiatrist Policies

Clinical evidence guidelines – Medical devices: Therapeutic Goods Administration

Clinical practice guidelines for the prevention, early detection and management of colorectal cancer: National Health and Medical Research Council (NHMRC)

Consumer Product Safety Recall Guidelines: Australian Competition & Consumer Commission

Credentialing and defining the scope of clinical practice for medical practitioners and dentists – a best practice guideline: Queensland Health

Good Manufacturing Practice (GMP): Therapeutic Goods Administration

Good medical practice – a code of conduct for doctors in Australia: Australian Health Practitioner Regulation Agency (AHPRA)

Guide to the Mental Health Act 2016: Queensland Health

Guideline – Clinical and related waste: Department of Environment and Science

Guidelines on dental records: Dental Board of Australia

Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures: Australian Health Practitioner Regulation Agency (AHPRA)

Informing a National Board about where you practise: Australian Health Practitioner Regulation Agency (AHPRA) Guideline

Mental Health Statement of Rights and Responsibilities: Safety and Quality Partnership Subcommittee of the Mental Health Standing Committee of the Standing Council on Health

National Association of Testing Authorities (NATA)

National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding: Department of Health and Cancer Council Australia

National framework for recovery-oriented mental health services: Department of Health

National Pathology Accreditation Advisory Council (NPAAC)

National Practice Standards for the Mental Health Workforce: Department of Health

National safety priorities in mental health – a national plan for reducing harm: National Mental Health Working Group

National Safety and Quality Health Service (NSQHS) Standards: Australian Commission on Safety and Quality in Health Care

National Standards for Mental Health Services: Department of Health and Ageing

National Statement on Ethical Conduct in Human Research: National Health and Medical Research Council (NHMRC), the Australian Research Council and Universities Australia

Non-reusable containers for the collection of sharp medical items used in health care areas: Australian Standard (AS 4031: 1992)

Paramourcy of public protection when administering the National Scheme: Council of Australian Governments (COAG) Health Council

Patient Safety Health Service Directive: Queensland Health

Quality management systems – Requirements: Australian/New Zealand Standard International Organisation for Standardisation Standard (AS/NZS ISO 9001: 2016)

Queensland Biotechnology Code of Ethics: Department of Environment and Science

Reprocessing of reusable medical devices in health service organisations: Australian/New Zealand Standard (AS/NZS 4187: 2014)

Requirement to consult with patient safety bodies and health care consumer bodies on every new and revised registration standard, code and guideline: Council of Australian Governments (COAG) Health Council

Short term training in a medical specialty pathway: Australian Health Practitioner Regulation Agency (AHPRA) Guideline

Uniform recall procedure for therapeutic goods (URPTG): Therapeutic Goods Administration

Published materials from international professional bodies including, but not limited to, standards, guidelines, policies and codes

Electroconvulsive Therapy Entrustable Professional Activity (EPA): Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level (WHA65/10): World Health Organisation (WHO)

Guide to Australian HIV Laws and Policies for Healthcare Professionals: Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

The International Customer Service Standard (ICSS: 2020-2025): International Council of Customer Service Organisations (ICCSO)

Management programs for medical equipment: Australian/New Zealand Standard (AS/NZS 3551:2012)

Medical devices–Application of risk management to medical devices: International Organisation for Standardisation Standard (ISO 14971: 2019)

Medical devices–Quality management systems–Requirements for regulatory purposes: International Organisation for Standardisation Standard (ISO 13485: 2016)

Medical laboratories–Requirements for quality and competence: International Organisation for Standardisation Standard (ISO 15189: 2012)

Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S)

Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia: Australian and New Zealand College of Anaesthetists (ANZCA)

Position Statement 74 – Electroconvulsive Therapy (ECT): Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Post-exposure Prophylaxis for HIV – Australian National Guidelines: Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)

Prevention of hospital-acquired infections – A practical guide: World Health Organisation (WHO)

Professional practice guidelines for the administration of electroconvulsive therapy: Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Reusable containers for the collection of sharp items used in human and animal medical applications: Australian/New Zealand Standard (AS/NZS 4261: 1994)

Section for Electroconvulsive Therapy and Neurostimulation (SEN): Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Training and Assessment Regulations: Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The Universal Declaration of Human Rights (UDHR)

APPROACH TO COMPARISONS WITH SCHEDULES FOR OTHER JURISDICTIONS

The Health Sector provides essential services to the people of Queensland and it is vital that public records are created, kept and managed to provide evidence of these transactions and to protect the rights and entitlements of individuals. The *Health Sector (corporate records) retention and disposal schedule* has been developed to cover a wide variety of public records created, kept and managed by the Health Sector in Queensland and to ensure that these public records are kept for a sufficient minimum period of time to:

- meet the business and legal needs of the Health Sector
- meet the expectations of the community
- protect individual rights and entitlements
- provide documentary evidence of the history of the provision of services by the Health Sector in Queensland.

The following schedules from the New South Wales and Victorian jurisdictions were considered during the development of this schedule, despite some differences in the legislative environment of these jurisdictions when compared with Queensland and differences in their approach to protecting rights and entitlements of individuals:

New South Wales

Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44)

Health Services, Public: Administrative records (GDA21)

Health System, Public: Departments of Forensic Medicine (GDA19)

Health Services, Public: Patient/Client records (GDA17)

Victoria

PROS 09/10 Aged Care Functions RDA

PROS 15/01 Cemetery and Crematoria RDA

PROS 04/06 Nurses Board of Victoria [records created to 30 June 2010] RDA

PROS 05/05 Mental Health Tribunal RDA

PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA

PROS 08/15 Public Health Functions RDA

PROS 04/04 Victorian Cervical Cytology Registry RDA

PROS 17/04 Hospital Administrative Functions RDA

PROS 18/01 National Registration and Accreditation Scheme for Health Practitioners RDA

PROS 12/05 Statewide Health Services RDA

Additionally, schedules from New York State and Nevada State (USA) were considered during the development of this Health Sector schedule due to similarities with Queensland in legislation relating to public records and in schedule structure for the management of public records across these jurisdictions.

| Title | Scope Note |
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| <p>ACCREDITATION, CREDENTIALING AND CERTIFICATION</p> | <p><i>This function covers:</i></p> <ul style="list-style-type: none"> • <i>the ongoing training and certification of professional staff working within the Health Sector, such as ongoing professional development of specialised doctors and student placements required for the completion and final award of a medical degree</i> • <i>accreditation for specialised health facilities including, but not limited to, pathology laboratories and specialised hospital wards</i> • <i>credentialing of health practitioners – including, but not limited to doctors, nurses, midwives and allied health professionals – so they may undertake unsupervised medical practice in a health facility.</i> <p><i>See WORKFORCE MANAGEMENT in the General retention and disposal schedule (GRDS) for records relating to workplace monitoring.</i></p> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

Activity

FACILITY LICENSING AND ACCREDITATION

The activity of licensing, accreditation or certification for health facilities.

Includes:

- *licensing, accreditation or certification from non-government agencies to demonstrate that the health facility has met professional or industry standards for the operation of the health facility and/or the provision of specialised medical services at the health facility*
- *applications, authorisations and declaration of authorised mental health services to provide voluntary and involuntary mental health treatment and care to patients under the Mental Health Act 2016 (Qld).*

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2568</p> <p><i>Biotechnology – accreditation and certification</i></p> <p>Records relating to accreditation and certification, in accordance with the <i>Gene Technology (Queensland) Act 2016</i>, required for conducting biotechnology research.</p> <p>Disposal action: Permanent.</p> <p>Transfer to QSA after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>The federal government started investing into biotechnology in the 1980s and broadened their investment in the 1990s. Today, biotechnology is a significant element of Commonwealth research within all industries, including the Health Sector. These records are created for:</p> <ul style="list-style-type: none"> • agency reference • complying with ethical standards • legal purposes and reference for potential, future legal actions • scientific reasons. <p>These records also give context to the history of biotechnology research in Queensland and are evidence of the accreditation and certification of facilities to operate for biotechnology research purposes.</p> <p>Why the records are retained for this retention period:</p> <p>Due to the heavily regulated nature of biotechnology research, and sensitivity surrounding this research, it is necessary to keep these records permanently. Biotechnology research in the Health Sector is used in significant research areas including, but not limited to, the development of new drugs, new vaccines and genetically engineered genes.</p> <p>These research areas generate a wide variety of public opinions due to potential questions around morals, ethics and religion. Ensuring that the accreditation and certification records for biotechnology research are available for agency reference and for ongoing secondary uses will give the wider community confidence that there is transparency concerning the nature of the biotechnology research and adherence to ethical conduct when biotechnology research is undertaken in the Health Sector.</p> <p>This minimum retention period is proposed to ensure that there is an ongoing history of the biotechnology research projects undertaken by the Health Sector in Queensland. Biotechnology research is important work that can have many long-term benefits for the community, and it is essential that records relating to the accreditation and certification of these projects are available for reference by the agency and by others. This minimum retention period will ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the accreditation or certification of individual projects • audit or review of accreditation and certification processes for biotechnology research by Queensland Health or by other agencies |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • future legal proceedings, including claims or appeals, that may request access to records on the accreditation or certification of biotechnology research projects • protecting the individual rights and entitlements of persons impacted by biotechnology research projects. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>QSA permanent appraisal characteristics:</p> <p>These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> • 3 – enduring rights & entitlements • 4 – significant impact on individuals • 6 – environmental management & change. <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) and the Health Services, Public: Administrative records (GDA21) for New South Wales.</p> |
| <p>Disposal authorisation number:</p> <p>2569</p> <p><i>Hazardous substances – licensing</i></p> <p>Records relating to the licensing to administer and handle hazardous substances including, but not limited to, radioactive substances.</p> <p>Includes applications and documentation for the management and disposal of hazardous substances submitted by:</p> | <p>Why are these records created:</p> <p>These records relate to the licensing for health facilities regarding the use of hazardous substances, including radioactive substances. These records provide evidence of the initial and ongoing licensing of health facilities to administer and handle hazardous substances at the health facility.</p> <p>Why the records are retained for this retention period:</p> <p>In accordance with the Radiation Safety Council, and legislation such as the <i>Radiation Safety Act 1999</i>, any premise operating and using any radioactive machinery and materials must be licensed to do so. All licensed premises must adhere to the strict guidelines set out by the authorising body.</p> <p>Because of the strict guidelines around the licensing and use of hazardous materials, it is essential that these records are kept for a suitable length of time to be available for agency reference and for ongoing secondary uses. Hazardous substances can present a high-risk of harm to individuals, the community and the</p> |

| Disposal Authorisation | Justifying the retention period |
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| <ul style="list-style-type: none"> • licensees • contractors employed by, or acting on behalf of, licensees • non-licensees, including members of the public. <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>environment if they are not handled and managed correctly. Licensing to administer and handle hazardous substances is undertaken to ensure the protection of individuals, the community and the environment and to ensure that the use of hazardous substances is strictly regulated.</p> <p>This minimum retention period is proposed to ensure that records relating to the licensing of hazardous substances are available for a sufficient period of time to:</p> <ul style="list-style-type: none"> • review or appeal decisions relating to licensing for the use and handling of hazardous substances • audit or review licensing processes for hazardous substances by Queensland Health or by other agencies • provide evidence for future legal proceedings, including claims or appeals, that may request access to records on the licensing of hazardous substances for use in a health facility • protect the individual rights and entitlements of persons impacted by the use and availability of hazardous substances • provide evidence of the use and handling of hazardous substances, including evidence of the potential environmental impact of these substances over time. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the PROS 12/05 Statewide Health Services RDA for Victoria.</p> <p>Previous schedule references: QDAN 276 v.1 Queensland Health (Environmental Health Branch records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • DD Dentists [authorities and approvals under Poisons Regs] • DD Vets [authorities and approvals under Poisons Regs]. |
| <p>Disposal authorisation number: 2570</p> <p>Facility licensing and accreditation</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. Certain medical procedures or activities within the Health Sector are required to be specially licensed</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Records relating to the licensing and accreditation of health facilities and/or medical services to meet licensing or accreditation requirements in accordance with legislation and standards.</p> <p>Includes records relating to:</p> <ul style="list-style-type: none"> the declaration of an authorised mental health service to provide treatment and care to patients under the <i>Mental Health Act 2016</i> (Qld), including, but not limited to, mental health services that are authorised to use restrictive practices and/or regulated treatment any applications for facility licensing and accreditation that have been denied, including, but not limited to, applications for authorisations under the <i>Mental Health Act 2016</i> (Qld) that have been denied. <p>Excludes records relating to:</p> <ul style="list-style-type: none"> facility licensing and accreditation matters that lead to significant changes in policy and/or set a precedent facility licensing and accreditation matters that involve significant public interest or controversy. | <p>including, but not limited to:</p> <ul style="list-style-type: none"> mental health facilities, including mental health services that are declared as a high security unit under the <i>Mental Health Act 2016</i> (Qld) the administration of Electroconvulsive Therapy (ECT) research facilities the manufacture and supply of poisons the manufacture and supply of restricted drugs. <p>These records are created to demonstrate that the appropriate licences have been applied for, and granted, to enable health facilities to undertake certain medical procedures or activities. This class also includes records which provide evidence of denied licensing applications to allow the Health Sector to refer back to these applications and the reason(s) for the denial of licensing.</p> <p>These facility licensing and accreditation records are important to demonstrate which facilities in the Health Sector are licensed to undertake certain medical procedures or activities and to ensure compliance with relevant legislation and standards.</p> <p>Why the records are retained for this retention period:</p> <p>Certain health facilities and medical services require strict regulation and licensing to ensure that patient treatment and care is appropriately administered, and patient rights are protected. Certain treatments and drugs administered to patients can be harmful if incorrectly applied. Under the <i>Human Rights Act 2019</i>, a health facility has a duty to ensure that it acts and makes decisions in a way that is compatible with human rights.</p> <p>The legislation governing the licensing of medical procedures or activities undertaken by the Health Sector include, but are not limited to, the <i>Mental Health Act 2016</i> (Qld) and the Health (Drugs and Poisons) Regulation 1996. For example, under the <i>Mental Health Act 2016</i> (Qld), it is an offence to perform electroconvulsive therapy unlicensed and/or in an unlicensed facility. Additionally, under the Health (Drugs and Poisons) Regulation 1996, it is a requirement that the Chief Executive Office is responsible for all approvals, denials and/or renewals of applications for supply of restricted drugs or poisons.</p> <p>The Health (Drugs and Poisons) Regulation 1996 requires certain persons to obtain an approval or licence to perform certain regulated activities with Schedule 8 medicines (drugs of dependence) in Queensland. Schedule 8 restricted drugs can include medicines such as oxycodone, alprazolam, methylphenidate and medicinal cannabis. These restricted drugs require specific licensing for manufacturing and/or supply because they carry the greatest risk of misuse and are considered to be highly addictive. Electroconvulsive</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Health facilities and medical services may include, but are not limited to:</p> <ul style="list-style-type: none"> • mental health facilities, including mental health services that are declared as a high security unit under the <i>Mental Health Act 2016</i> (Qld) • electroconvulsive therapy facilities • research facilities • manufacture and supply of poisons and/or restricted drugs. <p>Disposal action: 15 years after licence or permit is denied, lapsed, expired or withdrawn.</p> <p>Date authorised: 4 November 2020</p> | <p>therapy (ECT) has a long and complex history of medicinal use and is highly regulated under the <i>Mental Health Act 2016</i> (Qld) due to the potential long-term effects on individuals.</p> <p>Accreditation and licensing ensures that there is transparency in the use of medical services and drugs for the treatment and care of patients at a health facility. Accreditation and licensing also regulates the use of medical services and drugs which can reduce the risk to patients of harm from inappropriately applied medical treatment and care. As there is the potential for a legal claim or other legal action to be brought concerning patient treatment and care, it is essential that records that document the licensing and accreditation of health facilities and medical services are retained for a sufficient length of time. Under the <i>Limitation of Actions Act 1974</i> and the <i>Civil Liability Act 2003</i>, a patient can commence legal action relating to their treatment and care.</p> <p>It is also important that records which provide evidence of denied applications for the accreditation or licensing of health facilities and medical services are retained for a sufficient period of time for agency reference. As an application may be denied due to a health facility not meeting legislative requirements and/or standards for the provision of certain medical services, it is necessary to refer to these records should the health facility wish to rectify the issue(s) that have resulted in a denied application and apply again for the licensing and accreditation of the health facility.</p> <p>This minimum retention period is proposed to ensure that records relating to facility licensing and accreditation are available for a sufficient period of time to:</p> <ul style="list-style-type: none"> • review or appeal decisions relating to facility licensing and accreditation • audit or review licensing and accreditation processes by Queensland Health or by other agencies • provide evidence for future legal proceedings, including claims or appeals, that may request access to records on the licensing and accreditation of health facilities and medical services. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA, the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA and the PROS 12/05 Statewide Health Services RDA for Victoria.</p> |

Activity

SPECIALISED TRAINING AND ACCREDITATION

The activity of undertaking specialised training to maintain licensing, credentialing and accreditation for medical staff and any other staff employed at health facilities.

Includes:

- *licensing, accreditation or certification from non-government agencies to demonstrate that medical staff employed at health facilities have met professional or industry standards for the performance of medical treatments and/or medical procedures during the course of their employment*
- *applications, authorisations and declaration of authorised administrators for mental health facilities to provide voluntary and involuntary mental health treatment and care to patients under the Mental Health Act 2016 (Qld).*

See WORKFORCE MANAGEMENT – Training in the General retention and disposal schedule (GRDS) for all other records relating to routine training for staff employed at health facilities.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2571</p> <p><i>Registrations and declarations – mental health services</i></p> <p>Records relating to the:</p> <ul style="list-style-type: none"> • registration of authorised psychiatrists appointed by mental health services in accordance with the <i>Mental Health Act 2016 (Qld)</i> • declaration of an authorised mental health services administrator to ensure the operation of the service and treatment and care of patients | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>An authorised psychiatrist must be registered under the <i>Health Practitioner Regulation National Law Act 2009 (Qld)</i> and the <i>Mental Health Act 2016 (Qld)</i> as a medical practitioner in the speciality of psychiatry. All psychiatrists, including authorised psychiatrists, must undertake regular licensing, accreditation and credentialing to keep their license active.</p> <p>Under section 338 of the <i>Mental Health Act 2016 (Qld)</i>, an authorised mental health service (AMHS) administrator may, by instrument in writing, appoint an authorised doctor. In doing this, the administrator must be satisfied that the psychiatrist has the competencies, stated in the Chief Psychiatrist Policy, necessary to be an authorised doctor under the Act. Under section 339 of the <i>Mental Health Act 2016 (Qld)</i> if the AMHS administrator is a psychiatrist, the administrator is an authorised doctor under the Act. The authorised psychiatrist has the functions, powers and duties conferred on an authorised psychiatrist under the Act or any other Act.</p> <p>These records are created, in accordance with legislation, to document:</p> <ul style="list-style-type: none"> • the registration of authorised psychiatrists appointed by mental health services |

| Disposal Authorisation | Justifying the retention period |
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| <p>complies with the <i>Mental Health Act 2016</i> (Qld).</p> <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <ul style="list-style-type: none"> the declaration of an authorised mental health services administrator. <p>Why the records are retained for this retention period:</p> <p>Due to the nature of these roles, and the further delegation of functions and powers for these positions under the <i>Mental Health Act 2016</i> (Qld), it is recommended that these records are retained for a minimum period of 100 years after business action completed. This minimum retention period is proposed to ensure that, for the length of the individual's life, there is an ongoing history of these registrations and declarations. The authorised psychiatrist and the AMHS administrator both have important roles with great responsibility, and it is essential that records relating to the appointment of these roles is available and can be called upon during the course of their professional career.</p> <p>This minimum retention period is proposed to ensure that records relating to the registration of authorised psychiatrists and the declaration of an AMHS administrator are available for a sufficient period of time to:</p> <ul style="list-style-type: none"> review or appeal decisions relating to registrations and declarations for these roles audit or review registration processes and declaration processes by Queensland Health or by other agencies provide evidence for future legal proceedings, including claims or appeals, that may request access to records on the registration of authorised psychiatrists or the declaration of an AMHS administrator protect the individual rights and entitlements of persons impacted by the use of functions and powers conferred on an authorised psychiatrist or an AMHS administrator. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2572</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. These records are created to document the credentialing and scope of clinical practice for health</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p><i>Credentialing and scope of clinical practice</i></p> <p>Records relating to the credentialing issued to health professionals which defines the scope of clinical practice for the employment of a health professional in a health facility.</p> <p>Health professionals may include, but are not limited to:</p> <ul style="list-style-type: none"> • medical practitioners • dentists • nurses, including research nurses • midwives • allied health professionals. <p>Disposal action:</p> <p>40 years after staff accreditation is denied, lapsed, expired or withdrawn</p> <p>OR</p> <p>40 years after the staff member leaves employment or is terminated, whichever is later.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>professionals employed at a health facility and to provide evidence that health professionals are suitably qualified to work in the roles they are employed in at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>A practitioner's scope of clinical practice is defined by the health service. It is dependent on the practitioner operating within the bounds of their qualifications, education, training, current experience and competence, and within the capability of the facility or service in which they are working. This is achieved by formal credentialing of health practitioners so they can undertake unsupervised practice. Health practitioners include, but are not limited to, doctors, nurse practitioners, midwives and allied health practitioners.</p> <p>This minimum retention period is proposed to ensure that there is an ongoing history of the credentialing and scope of clinical practice for health professionals employed at a health facility for the length of the health professional's working life. Health professionals undertake essential work to provide treatment and care to the community. There have been past instances in Australia of health professionals continuing to work on restricted licences, or without proper accreditation, in health facilities and in private practice. Retaining credentialing and scope of clinical practice records for a sufficient period of time will ensure that there is evidence that health professionals employed at a health facility are qualified to perform their roles and that this evidence can be called upon during the course of their professional career. Even after a health professional leaves employment, or is terminated, these records may be called upon to provide evidence of their employment at a health facility for a future legal proceeding.</p> <p>This minimum retention period allows for records of the credentialing and scope of clinical practice for health professionals to be available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the credentialing and scope of clinical practice of individual health professionals • audit or review of credentialing and scope of clinical practice processes by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records on the credentialing and scope of clinical practice of individual health professionals. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>This class was compared with classes covering similar records in the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) and the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 04/06 Nurses Board of Victoria [records created to 30 June 2010] RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2573</p> <p>Accreditation – analysts and scientists Records relating to the accreditation of analysts and scientists authorised by the Governor-In-Council or by his/her delegate.</p> <p>Disposal action: 30 years after staff accreditation is denied, lapsed, expired or withdrawn OR 30 years after the staff member leaves employment or is terminated, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. In most instances, the certification and accreditation of analysts and scientists expires after 4 years. It is essential that all analysts and scientists working in the Health Sector remain up-to-date with their training and accreditation. These records are created to document the accreditation of analysts and scientists employed at a health facility and to provide evidence that analysts and scientists are suitably qualified to be employed at a health facility.</p> <p>Why the records are retained for this retention period: This minimum retention period is proposed to ensure that there is an ongoing history of the accreditation and certification of analysts and scientists working in the Health Sector for the length of the individual's working life. These analysts and scientists undertake important work, including testing and evaluating samples and specimens, and it is essential that records relating to the accreditation and certification of these analysts and scientists is available and can be called upon during the course of their professional career. Even after an analyst or scientist leaves employment, or is terminated, evidence of their accreditation may be called upon as part of a future legal proceeding relating to their work when employed at a health facility. This minimum retention period allows for an accreditation history of analysts and scientists to be available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the accreditation of individual analysts and scientists • audit or review of accreditation processes by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records on the accreditation of individual analysts and scientists to verify accreditation and/or professional credentials. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) and the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2574</p> <p>Student placements Records relating to the placement of students within a health facility for training and professional development activities.</p> <p>Disposal action: 25 years after the qualification is awarded to the student OR 25 years after the student withdraws from the course, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>While a student is studying medicine or pharmaceutical sciences, they are required to undertake a placement to gain further experience in the field they are studying. Health facilities offer a certain number of placements per year to students. These are monitored and assessed based on their performance while in the placement. These records are created to document student placements at health facilities.</p> <p>Why the records are retained for this retention period:</p> <p>It is a legislative requirement that a student must undertake a placement where they can be assessed and graded before they can graduate in the field of medicine or pharmacy.</p> <p>This minimum retention period is recommended to ensure that records remain available for a sufficient length of time should an investigation or potential legal action occur relating to the completion of a student placement or the assessment of the student that is undertaken at a health facility.</p> <p>This minimum retention period allows for records relating to student placements at a health facility to be available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the conferral of a student’s degree following completion of a student placement at a health facility • audit or review of student placement processes by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records about a student placement at a health facility. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>This class was compared with classes covering similar records in the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) and the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2575</p> <p>Specialised training Records relating to employee attendance and participation in training seminars, nationally accredited courses and workshops to receive specialist training. Includes cosmetic, medical or surgical training and training of pharmacotherapy providers.</p> <p>Disposal action: 10 years after staff accreditation is denied, lapsed, expired or withdrawn OR 10 years after the staff member leaves employment or is terminated, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. It is essential that all medical professionals in the Health Sector remain up-to-date with the training required to maintain the accreditation, certification and other professional credentials required for their profession. This may include specialised training that is offered by a Registered Training Organisation (RTO) or by other organisations that provide specialist training to medical professionals. These records are created to document the attendance and participation of medical professionals in specialist training seminars, courses and workshops.</p> <p>Why the records are retained for this retention period: It is a legal requirement that a medical professional – or the health facility where the medical professional is employed – must be able to produce evidence of certification, accreditation and training at all times. This minimum retention period is recommended to ensure that records remain available for a sufficient length of time should an investigation or potential legal action occur where records to verify the completion of specialist training by medical professionals employed at a health facility is required. This minimum retention period allows for records relating to the specialist training of medical professionals employed at a health facility to be available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the conferral of certification or accreditation following completion of specialist training by a medical professional • audit or review of specialist training processes by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records about the completion of specialist training by a medical professional employed at a health facility. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>This class was compared with classes covering similar records in the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) and the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 12/05 Statewide Health Services RDA for Victoria.</p> |

| Title | Scope Note |
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| FACILITIES AND EQUIPMENT | <p><i>This function covers:</i></p> <ul style="list-style-type: none"> • <i>past, current and future health facility infrastructure development and infrastructure maintenance encompassing asset design, construction, improvement and maintenance throughout the asset's lifecycle</i> • <i>equipment purchasing and management including, but not limited to, the ongoing maintenance, auditing and checking of equipment.</i> <p><i>Infrastructure assets can include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>health facilities, including hospitals, medical suites and offices</i> • <i>aged care facilities, including nursing homes</i> • <i>car parks and toilet blocks</i> • <i>land purchases.</i> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

Activity

FACILITIES AND EQUIPMENT MANAGEMENT

This activity covers:

- *commissioning an asset and ensuring construction or installation is performed in accordance with the design intent*
- *the testing and verification of equipment, facility, infrastructure and/or other assets which are currently in existence, have been installed or are near completion of installation*
- *the maintenance of infrastructure and equipment owned or leased by a health provider*
- *decommissioning, including placing an asset into care and maintenance mode, for the purpose of selling, removing or disposing of the asset.*

Equipment, facility, infrastructure and/or plant assets may include, but are not limited to:

- *CT scanners, MRI machines, surgical robots, electroconvulsive therapy equipment, anaesthetic equipment and LINACs*

- health facilities, including hospitals, medical suites and offices
- aged care facilities, including nursing homes.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2576</p> <p>Significant medical equipment Records relating to the management of significant medical equipment used for the provision of medical services in a health facility.</p> <p>Includes records relating to the:</p> <ul style="list-style-type: none"> • commissioning and decommissioning of significant medical equipment • testing and verification of significant medical equipment • maintenance of significant medical equipment • recall of significant medical equipment. <p>Excludes records relating to:</p> <ul style="list-style-type: none"> • medical equipment that contains radioactive material • medical equipment that produces radiation, such as x-ray machines. <p>Significant medical equipment includes, but is not limited to:</p> <ul style="list-style-type: none"> • CT scanners | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Significant medical equipment plays a critical role in the provision of patient treatment and care at a health facility and includes medical equipment that is used to sustain life.</p> <p>These records are created to document the management of significant medical equipment used for the provision of medical services at a health facility.</p> <p>This class also covers records that document recalls of significant medical equipment under the Uniform Recall Procedure for Therapeutic Goods (URPTG) where a recall has been ordered to resolve a problem with a therapeutic good already supplied in the Australian market. Problems that lead to recalls can include, but are not limited to, issues, deficiencies or defects in relation to the safety, quality, efficacy (performance) or presentation of the therapeutic good.</p> <p>Why the records are retained for this retention period:</p> <p>Under AS/NZS 3551:2012, the definition of a medical device is:</p> <p>“Any instrument, apparatus, or appliance, including software, whether used alone or in combination, together with any accessories necessary for correct operation, which makes physical or electrical contact with the patient, or transfers energy to or from the patient, or detects such energy transfer to or from the patient, or is intended to diagnose, treat or monitor a patient.”</p> <p>In accordance with the requirement relating to the safe application of medical equipment which is set out in AS/NZS 3551:2012, these records are recommended to be retained for a minimum of 20 years after the decommissioning or disposal of the medical equipment. Disposal includes where the medical equipment is sold to another agency, company or state. This minimum retention period is also consistent with state legislation and federal legislation which applies to the management of medical equipment and exceeds the requirements under the National Pathology Accreditation Advisory Council (NPAAC) guidelines.</p> <p>All equipment must be regularly maintained and tested in accordance with the manufacturer’s warranty and recommendations to ensure operational efficiency and public safety. If equipment is not maintained or tested as recommended, there is a high risk to public safety and a failure to meet community expectations and</p> |

| Disposal Authorisation | Justifying the retention period |
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| <ul style="list-style-type: none"> • MRI machines • surgical robots • anaesthetic equipment • medical equipment for electroconvulsive therapy treatment • LINACs. <p>Disposal action: 20 years after the decommissioning or disposal of the medical equipment.</p> <p>Date authorised: 4 November 2020</p> | <p>applicable regulatory requirements. In accordance with the Therapeutic Goods (Medical Devices) Regulations 2002 (Cth), Part 4.8 stipulates that the manufacturer is to keep records of the specific equipment for 5 years after the last device is made and declared as conforming to quality standards. This legislative requirement ensures that the manufacturer’s records concerning medical equipment will be available for comparison with records managed by a health facility relating to medical equipment maintenance and use. This legislative requirement also ensures that the manufacturer’s records are available for review and audit should there be any future investigation of medical equipment defects.</p> <p>In accordance with the findings of the Queensland Audit Commission Report 10: 2016-17, it was determined that Queensland Health was not keeping records for a sufficient length of time to determine whether significant medical equipment was being used to its full capacity and whether this use was cost efficient. The proposed minimum retention period will ensure that records relating to the management and use of significant medical equipment are retained for a sufficient length of time for agency reference, as well as the creation of advice and reports on the use and cost efficiency of significant medical equipment.</p> <p>This minimum retention period also allows for records relating to the management of significant medical equipment to be available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • audit or review of the maintenance and use of significant medical equipment by Queensland Health or by other agencies • compliance with standards, guidelines and legislation which govern the management of medical equipment • future legal proceedings, including claims or appeals, that may request access to records about the management of significant medical equipment to support an action brought by a patient or employee of a health facility. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) and the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA for Victoria.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Other comments/factors for consideration:</p> <p>Queensland Audit Commission Report 10: 2016-17 Efficient and effective use of high value medical equipment.</p> |
| <p>Disposal authorisation number:</p> <p>2577</p> <p>Other medical equipment and supplies</p> <p>Records relating to the management of medical equipment and supplies used for the provision of medical services in a health facility that are not covered by disposal authorisation 2576.</p> <p>Includes records relating to the:</p> <ul style="list-style-type: none"> • commissioning and decommissioning of medical equipment and supplies • testing and verification of medical equipment • maintenance of medical equipment • recall of medical equipment and supplies. <p>Other medical equipment and supplies include, but are not limited to:</p> <ul style="list-style-type: none"> • tongue suppressors • thermometers • any medical device that is not implanted or used to sustain life. | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. Medical equipment and supplies play a critical role in the provision of patient treatment and care at a health facility. These records are created to document the management of medical equipment and supplies used for the provision of medical services at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>Under AS/NZS 3551:2012, the definition of a medical device is:</p> <p style="padding-left: 40px;">“Any instrument, apparatus, or appliance, including software, whether used alone or in combination, together with any accessories necessary for correct operation, which makes physical or electrical contact with the patient, or transfers energy to or from the patient, or detects such energy transfer to or from the patient, or is intended to diagnose, treat or monitor a patient.”</p> <p>Under the National Pathology Accreditation Advisory Council (NPAAC) guidelines, records relating to medical equipment should be retained for a minimum of 4 years after the life of the equipment to ensure that records are available for a sufficient period of time for agency reference and use.</p> <p>All medical equipment must be regularly maintained and tested in accordance with the manufacturer’s warranty and recommendations to ensure operational efficiency and public safety. If medical equipment is not maintained or tested as recommended, this presents a risk to public safety and a failure to meet community expectations and applicable regulatory requirements. Keeping records relating to the maintenance and use of medical equipment for 5 years after the decommissioning or disposal of the medical equipment ensures that records are retained for a sufficient length of time to meet guidelines, standards and regulatory requirements. This minimum retention period also allows for records relating to the management of medical equipment and supplies to be available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • audit or review of the maintenance and use of medical equipment and supplies by Queensland Health or by other agencies • compliance with standards, guidelines and legislation which govern the management of medical |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal action: 5 years after the decommissioning or disposal of the medical equipment.</p> <p>Date authorised: 4 November 2020</p> | <p>equipment and supplies</p> <ul style="list-style-type: none"> • future legal proceedings, including claims or appeals, that may request access to records about the management of medical equipment to support an action brought by a patient or employee of a health facility. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) and the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> <p>Other comments/factors for consideration: Queensland Audit Commission Report 10: 2016-17 Efficient and Effective use of high value medical equipment.</p> |

| Title | Scope Note |
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| LABORATORY | <p><i>The laboratory function relates to all laboratory services offered to patients while in the care of a health facility.</i></p> <p><i>For clinical records relating to the treatment of patients while in the care of a health facility, refer to the Health Sector (clinical records) retention and disposal schedule.</i></p> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

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| <p>BLOOD BORNE VIRUSES & SEXUALLY TRANSMITTED INFECTIONS (BBVSTIS)</p> <p><i>Records relating to blood borne viruses (BBV) and sexually transmitted infections (STI) testing and registers.</i></p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2578</p> <p><i>HIV/AIDS case management files – high risk patients</i></p> <p>Records relating to the confidential case management files for patients with HIV/AIDS that are classified as high risk under the Queensland Health guideline.</p> <p>Disposal action: Permanent in agency.</p> <p>Date authorised:</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Once a patient is diagnosed with HIV/AIDS, they are placed onto a treatment plan so that they lower the risk of the spread of disease to other people. At times, a patient will be found to be participating in risky behaviour. These patients are classified as high risk under the Queensland Health guideline and a different process is used to manage these cases.</p> <p>This class covers records created and managed as part of confidential case management files for patients with HIV/AIDS that are classified as high risk.</p> <p>Why the records are retained for this retention period:</p> <p>It is a criminal offence to knowingly have HIV/AIDS and to intentionally spread it by not undertaking low risk behaviour. Due to the risk and significance of the potential spread of HIV in the community, it is essential that these records are kept permanently by the agency to assist with managing serious public health concerns.</p> <p>This minimum retention period is proposed to ensure that there is an ongoing history of case management</p> |

| Disposal Authorisation | Justifying the retention period |
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| 4 November 2020 | <p>files for patients with HIV/AIDS that are classified as high risk. HIV/AIDS is a serious public health concern that must be appropriately managed and, where possible, the spread of HIV should be minimised. The community expectation would be that there are guidelines and protocols in place to mitigate the risk of exposure to serious illness where individuals knowingly put the community at risk through their high risk behaviour. There have been previous instances in Australia of individuals wilfully participating in high risk behaviour that could, and did, spread HIV in the community. Retaining these records will assist with managing any potential outbreak of HIV/AIDS that could occur through high risk behaviour and ensure that the records are available for ongoing reference by the agency and by other health or safety organisations. This minimum retention period will ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the classification and management of high risk patients under the Queensland Health guideline • audit or review of processes for the management of confidential case management files for high risk patients with HIV/AIDS that are undertaken by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records about patients with HIV/AIDS that are classified as high risk under the Queensland Health guideline • protecting the individual rights and entitlements of persons impacted by HIV/AIDS. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the PROS 08/15 Public Health Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2579</p> <p><i>Blood borne viruses (BBV) and sexually transmitted infections (STI) – case management files</i></p> <p>Records relating to the confidential case management files for patients with blood borne viruses (BBV) or</p> | <p>Why are these records created: This class covers records created and managed as part of confidential case management files for patients with blood borne viruses (BBV) or sexually transmitted infections (STI) that are not classified as high risk.</p> <p>Why the records are retained for this retention period: These records may be used to assist with the management of patients after a blood borne viruses (BBV) or sexually transmitted infections (STI) is diagnosed and to monitor the incidence of these illnesses in the community. Identified data and de-identified data from these records is also important for the development of reports, statistics and analysis on the incidence of BBV and STI cases in the community. Retaining these</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>sexually transmitted infections (STI) not covered by disposal authorisation 2578.</p> <p>Includes records relating to:</p> <ul style="list-style-type: none"> • reportable or non-reportable BBVSTIs • identified or de-identified reports on BBVSTIs. <p>BBVSTIs may include, but are not limited to:</p> <ul style="list-style-type: none"> • Syphilis • Gonorrhoea • HPV • Chlamydia • Herpes • HIV/AIDS • Hepatitis A, B or C. <p>Disposal action: 10 years after business action completed OR 10 years after client turns 18, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>records for a minimum of 10 years after business action completed or 10 years after the client turns 18 (whichever is later) aligns with the minimum retention period for the clinical file of the patient and ensures that the records are available for a sufficient period of time for agency reference and analysis for statistical purposes.</p> <p>This minimum retention period will ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the classification of patients, and the management of patient records, where the patient has been diagnosed with a BBV or STI • audit or review undertaken by Queensland Health or by other agencies concerning the processes and protocols for the management of confidential case management files, including the provision of information about patients for the creation of reports and statistics about the incidence of BBV or STI cases in the community • future legal proceedings, including claims or appeals, that may request access to records about patients that have been diagnosed with a BBV or STI • protecting the individual rights and entitlements of persons impacted by the diagnosis of a BBV or STI. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the PROS 08/15 Public Health Functions RDA for Victoria.</p> <p>Previous schedule references: QDAN 315 v.1 Queensland Health (Patient Questionnaire Forms) retention and disposal schedule: 1. HIV/AIDS, Intravenous Drug Use, Needle Exchange Program & Methadone Patients questionnaire forms.</p> |

Activity**CROSS JURISDICTION DATA LINKAGE**

Data linkage means the bringing together or linkage of records of an individual, household, business unit or other entity from either within or across several datasets based on common features present in those sources.

The cross jurisdiction linked data activity assists in meeting service delivery goals by providing policy and research insights from the analysis of data received from other jurisdictions. Includes identified data and de-identified data derived from linked data sources that may be managed by an Administering Organisation and that may be subject to a Deed of Agreement.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2580</p> <p>De-identified data Records relating to all de-identified data created at a health facility from original linked data received by the health facility.</p> <p>Disposal action: 10 years after business action completed OR Retain as per the activity that the information relates to, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: This class covers records relating to de-identified data that is created from the original data that is received at a health facility for the purpose of cross jurisdiction data linkage to provide policy and research insights for the health facility from the analysis of data received from other jurisdictions.</p> <p>Why the records are retained for this retention period: Cross Jurisdiction Data, previously known as Australian Early Development Census (AEDC) data, can be used for data linkage projects. Data linkage (also called data integration) is the process of matching two or more datasets for the purpose of analysis and comparative research. Cross Jurisdiction Data can be linked to other datasets specifically for statistical, research and policy purposes. Data needs to be de-identified after it has been used by a health service. This can be subject to a user agreement generated by the custodians of the data.</p> <p>The recommended minimum retention period for these records will ensure that all agency processes relating to the analysis and reporting on de-identified data can be completed and that the records are retained for a sufficient time for agency review and reference. This minimum retention period also ensures that records are kept by the health facility in accordance with applicable legislation and standards.</p> <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> <p>Previous schedule references:</p> <p>QDAN 313 v.1 Queensland Health (Corporate Support Services Branch) retention and disposal schedule: 1. National Women’s Health Program Minimum Data Set ‘Direct Service Enquiry’ forms.</p> <p>QDAN 716 v.1 Australian Early Development Census Linkage retention and disposal schedule: 1.1.2 De-identified Data.</p> |
| <p>Disposal authorisation number: 2581</p> <p>Identified data</p> <p>Records relating to identified linked data, administering organisation confidential information or other linked AEDC data created and received by a health facility.</p> <p>Disposal action:</p> <p>Until identified data (linkage variables) have been used to facilitate data linkage</p> <p>OR</p> <p>As specified in the data sharing agreement, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This class covers records relating to identified data that is created and received by health facilities that can be used for data linkage projects.</p> <p>Why the records are retained for this retention period:</p> <p>Australian Early Development Census (AEDC) data, now referred to as Cross Jurisdiction Data, can be used for data linkage projects. Data linkage (also called data integration) is the process of matching two or more datasets for the purpose of analysis and comparative research. Data can be linked to other datasets specifically for statistical, research and policy purposes. Identified data is often sent to a health facility for the purpose of sending out letters or reminders. Once letters or reminders are sent to the patient, the data is to be de-identified.</p> <p>The recommended minimum retention period for these records will ensure that all agency processes relating to the use of identified data can be completed and that the records are retained for a sufficient time for agency review and reference. This minimum retention period also ensures that records are kept by the health facility in accordance with applicable legislation and standards.</p> <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Previous schedule references:</p> <p>QDAN 313 v.1 Queensland Health (Corporate Support Services Branch) retention and disposal schedule: 1. National Women’s Health Program Minimum Data Set ‘Direct Service Enquiry’ forms.</p> <p>QDAN 716 v.1 Australian Early Development Census Linkage retention and disposal schedule: 1.1.1 Identified Data.</p> |

| Activity |
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| <p>DENTAL SERVICES</p> <p><i>The dental services activity includes non-clinical records relating to dental services provided to patients at a health facility.</i></p> <p><i>See FINANCIAL MANAGEMENT – Accounting in the General retention and disposal schedule (GRDS) for the management of financial records relating to the provision of dental services at a health facility.</i></p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2582</p> <p><i>Dental moulds</i></p> <p>Records relating to the preparation of dental moulds that will be used to provide additional dental services to a patient at a health facility.</p> <p>Includes dental moulds required for the construction of:</p> <ul style="list-style-type: none"> • full or partial dentures, mouthguards and bridges • dental implants • crowns and dental | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>This class covers records relating to the preparation of dental moulds for a patient at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>Public dental services are delivered via a range of facilities including mobile dental clinics, school dental clinics and community dental clinics. All dental services are offered to patients as required. Cosmetic elective surgeries are not offered.</p> <p>The proposed minimum retention period ensures that records relating to the preparation of dental moulds are retained for a sufficient length of time to provide dental services to patients at a health facility. These records are not required to be kept for a longer period of time as evidentiary records of patient treatment are retained as part of the clinical file of the patient. For any future dental services that require the preparation of dental moulds to provide treatment to a patient at a health facility, a new request and a new dental mould will be completed.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>inlays/outlays</p> <ul style="list-style-type: none"> any other permanent, temporary or removable dental aid or appliance. <p>Disposal action: Until business use ceases.</p> <p>Date authorised: 4 November 2020</p> | <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> |

Activity**GENERAL PATHOLOGY**

The general pathology activity includes all general pathology laboratory records and specimens, as well as pathology laboratory records and specimens relating to clinical chemistry and chemical pathology.

See the Forensic and scientific services retention and disposal schedule for any other laboratory records relating to the Forensic and Scientific Services Unit.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2583</p> <p><i>Cytology slides – gynaecological (cervical)</i></p> <p>Records relating to slides of gynaecological (cervical) cytology specimens.</p> <p>Disposal action: 15 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: This class covers records relating to slides of gynaecological (cervical) cytology specimens that are created for gynaecological testing at a health facility.</p> <p>Why the records are retained for this retention period: Cytology slides are generated from an aspiration, better known as a smear, that is then placed into a cytojar and tested. Cytology tests are performed for a variety of reasons, including gynaecological testing. These tests are performed to investigate if a female has any precancerous lesions. Smears are recommended to be taken every 5 years.</p> <p>Because of the usual 5 year cycle for testing of gynaecological (cervical) cytology specimens, it is recommended that these records are retained for a minimum of 15 years after business action completed. This will ensure a sufficient length of time for the historical review of previously tested samples should any further investigation or re-testing be required for health monitoring of the patient, including instances where a positive or negative result may be called into question.</p> <p>This proposed minimum retention period is also consistent with obligations set for health facilities by the Federal Health Department and the National Pathology Accreditation Advisory Council (NPAAC).</p> <p>This minimum retention period will ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of testing results for a patient at a health facility where new or additional evidence calls the original results into question • audit or review undertaken by Queensland Health or by other agencies concerning the processes and protocols for gynaecological testing at a health facility |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • future legal proceedings, including claims or appeals, that may request access to records about patients that have undertaken gynaecological testing at a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales.</p> <p>Previous schedule references:</p> <p>QDAN 614 v.1 Queensland Health (Pathology Laboratory Records) retention and disposal schedule: 3.3 Gynaecological (Cervical) Cytology Slides.</p> |
| <p>Disposal authorisation number: 2584</p> <p><i>Pathology – anatomical, haematology and cytology</i></p> <p>Records relating to the pathology testing, analysis and results of anatomical pathology processes, haematology processes and cytology processes.</p> <p>Includes pathology records relating to:</p> <ul style="list-style-type: none"> • pathology specimens taken for anatomical purposes • autopsies performed by an anatomical pathologist • slides of bone marrow specimens • blood donations | <p>Why are these records created:</p> <p>This class covers records relating to the pathology testing, analysis and results of anatomical pathology processes, haematology processes and cytology processes.</p> <p>Why the records are retained for this retention period:</p> <p>These pathology records assist in the investigation, diagnosis and treatment of illness or disease using macroscopic, microscopic, biochemical, immunologic and molecular examination of organs and tissues. Samples may be collected from living patients or deceased persons at a health facility to complete pathology testing and analysis, including analysis that assists with determining the cause of death of an individual.</p> <p>This proposed minimum retention period is also consistent with obligations set for health facilities by the Federal Health Department and the National Pathology Accreditation Advisory Council (NPAAC). The NPAAC requires that these pathology records are retained for a minimum of 10 years for adults and a minimum of 7 years after the age of 18 for minors. This minimum retention period is also consistent with the minimum retention period for the clinical records that would be retained as part of the clinical file for the patient.</p> <p>As it is not always possible for pathology units to determine whether a sample has been received from an adult or a child, the longest minimum retention period should be applied to these records to ensure that regulatory requirements are met. This minimum retention period will ensure that these records are available</p> |

| Disposal Authorisation | Justifying the retention period |
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| <ul style="list-style-type: none"> • blood samples and blood product samples • administration of blood and blood products to patient/clients • cytology slides and the reports of the analysis of cytology specimens • exfoliative cytology and fine needle aspirations (FNAs) of cytology specimens. <p>Disposal action: 10 years after business action completed</p> <p>OR</p> <p>10 years after client turns 18, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>for a sufficient length of time for:</p> <ul style="list-style-type: none"> • the review or appeal of pathology testing and analysis, including reviews where the validity of the original analysis or result is called into question • audit or review undertaken by Queensland Health or by other agencies concerning the processes and protocols for pathology testing and analysis at a health facility • future legal proceedings, including claims or appeals, that may request access to records about pathology testing, analysis and results for a patient at a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> <p>Previous schedule references: QDAN 614 v.1 Queensland Health (Pathology Laboratory Records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • 1.1 Quality Control/Assurance – Pathology Laboratory Specimens • 1.3 Pathology Request Forms • 1.4 Laboratory Report Records • 6.1.2 Report Records – Minors. |
| <p>Disposal authorisation number: 2585</p> <p>General pathology Records relating to general pathology.</p> <p>Disposal action: 4 years after business action completed.</p> | <p>Why are these records created: General pathology crosses a large span of records that will assist health professionals with the treatment and care of patients at a health facility. This class covers all general pathology records that are not covered elsewhere in this schedule, in the Health Sector (clinical records) retention and disposal schedule or in the Forensic and scientific services retention and disposal schedule.</p> <p>Why the records are retained for this retention period: Laboratories that perform pathology testing and analysis need to be able to show competence, impartiality</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Date authorised: 4 November 2020</p> | <p>and consistent operations through the retention of a variety of different records. These records may be used to demonstrate the laboratory's compliance with legislative and regulatory requirements and to support quality patient treatment and care at a health facility which meets the expectations of the community. Implementing and following laboratory processes and protocols that meet these standards and requirements will enable swift and accurate diagnosis for patients at a health facility and ensure that further investigation and/or testing can be sought in a timely manner to support quality patient treatment and care.</p> <p>This proposed minimum retention period is consistent with the requirements for general pathology records outlined by the National Pathology Accreditation Advisory Council (NPAAC) and will ensure that the records are available for a sufficient length of time for agency review and reference.</p> <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> <p>Previous schedule references:</p> <p>QDAN 614 v.1 Queensland Health (Pathology Laboratory Records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • 1.1 Quality Control/Assurance – Pathology Laboratory Specimens • 1.2 Laboratory Methods/Procedures Manuals • 1.3 Pathology Request Forms • 1.4 Laboratory Report Records • 8.2 Laboratory Report Records. |
| <p>Disposal authorisation number: 2586</p> <p><i>Pathology – other specimens</i> Records relating to general pathology specimens and/or general pathology samples not covered by disposal</p> | <p>Why are these records created:</p> <p>When performing pathology testing, there are other records that are generated or that assist in the performance of pathology testing which are only required to be retained for a short period of time. These records can include, but are not limited to, tissue, organs and specimens that are received in liquid-based fixative.</p> <p>Why the records are retained for this retention period:</p> <p>General pathology samples and specimens are collected for the provision of general pathology services.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>authorisation 2583 or by disposal authorisation 2584.</p> <p>Other pathology specimens and samples may include, but are not limited to:</p> <ul style="list-style-type: none"> • specimens and slides for immunofluorescence studies • specimens received in a liquid-based fixative • haematology blood samples and blood films • frozen tissue blocks of immunology specimens stored at -70°C • blood and blood products examined by pathology laboratories • specimens for genetics studies, including fixed chromosome preparations • tissue cultures • plasma, serum and urine used for biochemical genetics and DNA extracts • genetic samples/specimens including karyotypes and microscopic slides of genetic specimens. <p>Includes pathology laboratory records relating to:</p> <ul style="list-style-type: none"> • microbiology. <p>Disposal action:</p> | <p>Legislative and regulatory requirements for the management and disposal of general pathology samples and specimens are set out by the Federal Health Department and the National Pathology Accreditation Advisory Council (NPAAC). For the purposes of completing general pathology testing and analysis in accordance with standards, guidelines and legislation – and to ensure that samples and specimens are retained in a viable form to complete general pathology testing and analysis – the NPAAC requires these records to be retained for minimum retention periods ranging from one day to one year. The proposed minimum retention period for these records will ensure that they are available for a sufficient length of time to:</p> <ul style="list-style-type: none"> • complete general pathology testing and analysis at a health facility • be available for agency reference, review and audit • meet obligations for the retention and disposal of general pathology samples and specimens as outlined by standards, guidelines and legislation. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> <p>Previous schedule references:</p> <p>QDAN 614 v.1 Queensland Health (Pathology Laboratory Records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • 1.5 Laboratory Samples/Specimens • 2.5 Frozen Tissue Blocks • 2.6.1 Containers (No Residual Tissue) • 2.6.2 Unblocked Tissue Removed at Surgery • 2.6.3 Unblocked Tissue Retained at Autopsy • 3.2 Exfoliative Cytology and FNA Specimens • 3.4 Specimens Received in Liquid Based Fixative • 4.1 Reported Blood Films – Significant Findings |

| Disposal Authorisation | Justifying the retention period |
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| <p>In accordance with the National Pathology Accreditation Advisory Council (NPAAC) standards relevant to the sample or specimen</p> <p>OR</p> <p>Until business use ceases, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <ul style="list-style-type: none"> • 4.2 Blood Samples • 4.3 Bone Marrow – Slides and Reports • 5.1 Frozen Tissue Blocks • 6.1.1 Report Records – Adults • 7.1.1 Wet Preparations • 7.1.2 Gram Stains • 7.1.3 Immunofluorescence Slides • 7.1.4 Other Stained Slides • 7.2.1 Clinically Significant [cultures] • 7.2.2 Not Clinically Significant [cultures] • 7.3.1 Sera (except antenatal) • 7.3.2 Antenatal Sera • 7.3.3 Syphilis (reactive) • 8.3 Patient Information/Karyotypes • 8.4 Microscope Slides • 8.5 Original Specimen and Container • 8.6 Fixed Chromosome Preparation (Blood, Bone Marrow) • 8.7 Tissue Cultures/Cell Cultures Lines • 8.8 Plasma/Serum/Urine (Biochemical Genetics) • 8.9 DNA Extracts (Molecular Genetics) • 8.10 DNA Extracts (Molecular Genetics) – Controls/Definitive Testing Not Possible. |

Activity**GENETICS**

The genetics activity includes all pathology laboratory records relating to genetics that are not covered by the General Pathology activity in this Schedule.

See the Forensic and scientific services retention and disposal schedule for any pathology laboratory records relating to genetics that are kept and managed by the Forensic and Scientific Services Unit.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2587</p> <p>Laboratory reports – genetics Records relating to the preparation and submission of pathology laboratory reports on the testing and analysis of genetic samples or genetic specimens. Testing and analysis includes, but is not limited to, constitutional genetic testing and somatic genetic testing.</p> <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: These records are created to identify the genetic make-up of a person and to undertake laboratory testing and analysis for processes including, but not limited to, constitutional genetic testing and somatic genetic testing.</p> <p>Constitutional genetic testing is performed on the reproductive cells that have been incorporated into the DNA of a person. This type of genetic testing can be performed to prove if a genetic mutation has been passed down from parents or grandparents to their children or grandchildren.</p> <p>Somatic genetic testing is performed on cancer cells so that medical specialists can learn more about the cancer that a patient has. This type of genetic testing can help tailor patient treatment to better target and treat cancers – such as identifying which treatments may reduce the growth or spread of certain cancers – and to ensure the best medical outcomes for the patient following diagnosis.</p> <p>Why the records are retained for this retention period: Certain cancers and diseases have a proven genetic link that increases a person's chance of developing the disease or the cancer at some point in their lifetime. Constitutional genetic testing can assist with determining the likelihood that genetic illnesses and genetic disorders may be passed on to the children and grandchildren of an individual. Additionally, there can be genetic links for the presence of an intellectual disability and genetic testing may uncover the link for inheritance of the gene and the likelihood of passing this gene onto future generations.</p> <p>Somatic genetic testing is undertaken to prove the pattern of the mutated genes in cancer cells. Generally, these results are highly individualised as patient cancer cases tend to differ in respect of diagnosis, prognosis and treatment. The detection of somatic mutations in patient cancer cases enables medical specialists to</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>create a detailed diagnosis and treatment plan for the patient to better target and treat the cancer.</p> <p>A minimum retention period of 100 years after business action completed will ensure that these records are available for ongoing historical reference and review and to assist with genetic testing processes that may be required for close family members in future generations such as children and grandchildren. This proposed minimum retention period is consistent with obligations set for health facilities by the Federal Health Department and the National Pathology Accreditation Advisory Council (NPAAC).</p> <p>This minimum retention period will ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • the review or appeal of genetic testing and analysis, including reviews where the validity of the original analysis or result is called into question • audit or review undertaken by Queensland Health or by other agencies concerning the processes and protocols for genetic testing at a health facility • future legal proceedings, including claims or appeals, that may request access to records on the genetic testing of a patient that has been undertaken at a health facility • protecting the individual rights and entitlements of persons impacted by genetic illness or genetic disorders. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales.</p> <p>Previous schedule references:</p> <p>QDAN 614 v.1 Queensland Health (Pathology Laboratory Records) retention and disposal schedule: 8.1 Laboratory Records.</p> |

Activity**MORGUE AND MORTUARY MANAGEMENT**

The morgue and mortuary management activity includes the collection and storage of bodies of deceased persons at a health facility.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2588</p> <p>Body movement Records relating to the movement of a deceased person's body at a health facility. Includes collection of a deceased person's body from the health facility morgue by the employees of a funeral home.</p> <p>Disposal action: 10 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. This class covers records which document the movement of a deceased person's body at a health facility.</p> <p>Why the records are retained for this retention period: When a person passes away at a health facility, the body of the deceased is transferred to the facility's mortuary. From there, the relatives of the deceased or the next-of-kin will make arrangements for the body to be sent to the funeral home. Any personal items belonging to the deceased are usually returned to the next-of-kin or relatives while at the health facility. If the death requires additional investigation, the body of the deceased will be transferred to the Coroner. Records for death investigations assigned to the Coroner are managed under the Forensic and scientific services retention and disposal schedule.</p> <p>The proposed minimum retention period for these records is 10 years after business action completed. This minimum retention period will ensure that records are available for a sufficient period of time to manage the transfer of the body of the deceased and to manage the return of personal items belonging to the deceased. This minimum retention period will also ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • the review or appeal of decisions relating to the movement of the body of the deceased to the mortuary at the health facility, to the Coroner for further investigation relating to the death or to the funeral home to prepare and organise burial or cremation of the deceased • audit or review undertaken by Queensland Health or by other agencies concerning the processes and protocols for the movement of deceased persons at a health facility • future legal proceedings, including claims or appeals, that may request access to records on the movement of the deceased person's body. <p>Applicable legislation/standards:</p> |

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| | <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health System, Public: Departments of Forensic Medicine (GDA19) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 15/01 Cemetery and Crematoria RDA for Victoria.</p> |

| Title | Scope Note |
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| <p>MENTAL HEALTH</p> | <p><i>The mental health function relates to mental health treatments and services offered to patients at a health facility. Mental health treatments and services include drug and alcohol services for patients at a health facility. The mental health function also assists with provision of reports and information to support court and tribunal proceedings relating to persons with mental illness or intellectual disability.</i></p> <p><i>See the Health Sector (clinical records) retention and disposal schedule for the management of clinical records relating to mental health.</i></p> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

Activity

COURT AND TRIBUNAL ADMINISTRATION

This activity relates to Health Sector public records for the general administration of the Mental Health Court and the Mental Health Review Tribunal.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2589</p> <p><i>Mental Health Court and Mental Health Review Tribunal – registers</i> Health Sector public records, data and information provided to the Mental Health Court and the Mental Health Review Tribunal, including Health Sector public records that are</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. This class covers Health Sector public records, data and information provided to the Mental Health Court and the Mental Health Review Tribunal, including Health Sector public records that are managed as a register of matters and hearings before the Court or before the Tribunal which are kept in accordance with the <i>Mental Health Act 2016</i> (Qld).</p> <p>Why the records are retained for this retention period: Due to the nature of the matters and hearings that may be before the Mental Health Court and the Mental Health Review Tribunal, it is essential that a summary record of these proceedings is retained permanently to</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>managed as a register of matters and hearings before the Court or before the Tribunal which are kept in accordance with the <i>Mental Health Act 2016</i> (Qld).</p> <p>Includes records, data and information that:</p> <ul style="list-style-type: none"> is kept as a register of patient records by the Mental Health Court or the Mental Health Review Tribunal in accordance with the <i>Mental Health Act 2016</i> (Qld) in systems such as the Consumer Integrated Mental Health Application (CIMHA) provides evidence of the scheduling of matters to be heard before the Mental Health Court or the Mental Health Review Tribunal is received by Queensland Health from the Queensland Wide Interlinked Court (QWIC) system in accordance with a Memorandum of Understanding between Queensland Health and the Queensland Court Service. <p>Disposal action: Permanent. Transfer to QSA after business action completed.</p> | <p>provide evidence of the matters and hearings before the Court or before the Tribunal.</p> <p>This minimum retention period will ensure that these records are available for a sufficient length of time to provide evidence:</p> <ul style="list-style-type: none"> of decisions on matters and hearings before the Mental Health Court of the Mental Health Review Tribunal for audit or review of Court or Tribunal processes that may occur at a future date if systemic issues are identified for future legal proceedings, including claims or appeals, that may request access to summary details of previous matters or hearings before the Court or the Tribunal protecting the individual rights and entitlements of persons who appear before the Mental Health Court or the Mental Health Review Tribunal. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>QSA permanent appraisal characteristics: These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> 2 – primary functions & programs of government 3 – enduring rights & entitlements 4 – significant impact on individuals. <p>Comparisons with other schedules: This class was compared with classes covering similar records in the PROS 05/05 Mental Health Tribunal RDA for Victoria.</p> <p>Other comments/factors for consideration:</p> <ul style="list-style-type: none"> Similar records relating to the administration of the Tribunal have temporary value (5 years after last action) and permanent value under the <i>Mental Health Review Tribunal retention and disposal schedule</i> (QDAN 603 v.1). Some of the factors which account for this difference in value include, but are not limited to, whether the data set comprises summary details of matters, hearings and outcomes for applications or whether the files and data sets comprises of administrative details about matters, |

| Disposal Authorisation | Justifying the retention period |
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| <p>Date authorised: 4 November 2020</p> | <p>hearings and applications.</p> <ul style="list-style-type: none"> • Australia is a signatory to the Mental Health Action Plan 2013 – 2020 of the World Health Organisation. |
| <p>Disposal authorisation number: 2590</p> <p><i>Mental Health Court and Mental Health Review Tribunal</i></p> <p>Health Sector public records, data, information provided to and/or relates to any proceedings, matters and hearings of the Mental Health Review Tribunal, Mental Health Court or the Magistrates Court that are undertaken in accordance with the <i>Mental Health Act 2016</i> (Qld).</p> <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. This class covers Health Sector public records, data, information provided to and/or relates to any proceedings, matters and hearings of the Mental Health Review Tribunal, Mental Health Court or the Magistrates Court that are undertaken in accordance with the <i>Mental Health Act 2016</i> (Qld).</p> <p>Why the records are retained for this retention period: The administration of the Mental Health Court and the Mental Health Review Tribunal is undertaken to assist with the preparation of hearings and proceedings before the Court or before the Tribunal. All agencies that provide services for the Mental Health Court and the Mental Health Review Tribunal have shared databases to access the information required to administer hearings and proceedings before the Court or before the Tribunal. These databases are maintained and updated regularly to provide accurate information about hearings and proceedings before the Court or before the Tribunal. Schedules are also produced for the Mental Health Court and the Mental Health Review Tribunal to provide relevant information on the person who is the subject of the hearing or the proceeding before the Court or before the Tribunal. The proposed minimum retention period for these records is 100 years after business action completed to ensure that there is a comprehensive history of matters heard before the Mental Health Court or before the Mental Health Review Tribunal that is held for a sufficient length of time. These records are important as evidence of:</p> <ul style="list-style-type: none"> • ongoing or repeat patterns of behaviour for individuals who have been before the Mental Health Court or the Mental Health Review Tribunal • the general history and progress of an individual over time, including details of any order(s) that the person is or has been subject to. <p>This minimum retention period will ensure that these records are available for a sufficient length of time to provide evidence:</p> <ul style="list-style-type: none"> • of decisions on matters and hearings before the Mental Health Court or the Mental Health Review Tribunal • for audit or review of Court or Tribunal processes that may occur at a future date if systemic issues are identified • for future legal proceedings, including claims or appeals, that may request access to records of |

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| | <p>previous matters or hearings before the Court or the Tribunal</p> <ul style="list-style-type: none"> protecting the individual rights and entitlements of persons who appear before the Mental Health Court or the Mental Health Review Tribunal. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 05/05 Mental Health Tribunal RDA for Victoria.</p> <p>Other comments/factors for consideration:</p> <ul style="list-style-type: none"> Similar records relating to the administration of the Tribunal have temporary value (5 years after last action) and permanent value under the <i>Mental Health Review Tribunal retention and disposal schedule</i> (QDAN 603 v.1). Some of the factors which account for this difference in value include, but are not limited to, whether the data set comprises summary details of matters, hearings and outcomes for applications or whether the files and data sets comprises of administrative details about matters, hearings and applications. Australia is a signatory to the Mental Health Action Plan 2013 – 2020 of the World Health Organisation. |

Activity**MENTAL HEALTH AND ALCOHOL, TOBACCO AND OTHER DRUGS SERVICES**

This activity covers services offered to patients at a health facility relating to alcohol, tobacco and other drugs programs and mental health treatment and care. Includes restrictive programs and intervention programs offered to assist patients at a health facility.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2591</p> <p><i>Mental health services – prisons</i></p> <p>Health Sector public records relating to the services offered to prisoners and offenders who are referred to Prison Mental Health Services.</p> <p>Services provided to prisoners and offenders include, but are not limited to:</p> <ul style="list-style-type: none"> • assistance transitioning from custody to living in the community • support for culturally and linguistically diverse prisoners and offenders • aged care support for prisoners and offenders • support for prisoners and offenders with intellectual or other disability • mental health services • alcohol and drug use intervention. | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>The Prison Mental Health Services are state-wide and provide multi-disciplinary mental health in-reach service to people affected by mental health problems and are currently incarcerated in a Queensland Correctional Centre.</p> <p>The purpose of this service is:</p> <ul style="list-style-type: none"> • the early identification of mental illness in people who are in prison • to provide the equivalence of mental health care otherwise provided in the community • to provide ongoing high-quality mental health assessment, treatment and care, including transfer to a community hospital for treatment if necessary • to ensure referrals/transfer of clients to identified and appropriate services including QLD Community Mental Health services • to facilitate continued access to mental health services as required upon release from custody • to establish partnerships with community and government organisations to assist in better meeting the needs of patients. <p>Why the records are retained for this retention period:</p> <p>A prisoner who is also a classified patient under the <i>Mental Health Act 2016</i> (Qld) may still be eligible for parole. The administrator of the Prison Mental Health Service where the prisoner is receiving treatment must, at least seven days before the end of the prisoner's period of imprisonment or parole eligibility date, give written notice of the ending or parole date to the Director of Mental Health. At the eligibility date, the prisoner will cease to be a classified patient, unless awaiting the start or continuation of other legal proceedings for an offence. The prisoner may, however, continue to be held as an involuntary patient under other sections of the <i>Mental Health Act 2016</i> (Qld). Once parole is approved, the prisoner is transitioned back into the community to live a normal life. The Prison Mental Health Services also assist parolees to continue treatment and to</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>access support networks following release.</p> <p>These records are recommended to be kept for a minimum retention period of 100 years after business action completed. This will ensure that an ongoing history of the mental health services accessed by a prisoner during incarceration and mental health services accessed through the assistance of the Prison Mental Health Services following release on parole will be available. These records are important for identifying ongoing or repeat patterns of behaviour in prisoners and parolees and to provide information about past mental health treatment and care which will help with decision-making around current or proposed mental health treatment and care.</p> <p>This minimum retention period will ensure that these records are available for a sufficient period of time to provide evidence for:</p> <ul style="list-style-type: none"> • the review or appeal of decisions relating to individual prisoners, individual offenders and individual parolees, including instances where new or additional evidence calls the original decision into question • audit or review of the processes or protocols for Prison Mental Health Services • future legal proceedings, including claims or appeals, that may request access to records concerning the services offered to prisoners, offenders and parolees who are referred to the Prison Mental Health Services • protecting the individual rights and entitlements of prisoners, offenders and parolees. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA and the PROS 09/10 Aged Care Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2592</p> <p><i>Alcohol and other drugs – intervention</i></p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Health facilities can offer services to patients that have an addiction to alcohol and other drugs. These programs aim to rehabilitate the patient and to try and prevent current or future addictions escalating and causing further health problems for the patient.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Records relating to services for alcohol and other drugs intervention offered in a health facility that are not covered by disposal authorisation 2591.</p> <p>Includes records relating to patients who:</p> <ul style="list-style-type: none"> • are at risk of substance-related harm • have mild to moderate problematic substance use • have clinically significant symptoms, including dependence, relevant to the use of alcohol and other drugs • have co-occurring disorders such as mental illness or other medical conditions. <p>Disposal action: 50 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>This class covers records relating to services for alcohol and other drugs intervention offered at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>Substance addiction can be a lifelong struggle for an individual and the person may seek services and treatment for a long period of time or multiple times over an extended time period. It is important that these records are retained for a sufficient period of time to allow for agency review and reference and to ensure that a comprehensive history of the patient's access to alcohol and other drugs intervention services at a health facility are available to access. Ongoing reference to these records will assist with the provision of services to the patient and can have an impact on the effectiveness of the services offered by providing insight into past use of the available services. The recommended minimum retention period for these records is 50 years after business action completed. Retaining these records for this minimum period will ensure that these records are available for a sufficient period of time to provide evidence for:</p> <ul style="list-style-type: none"> • the audit or review of alcohol and other drugs intervention services offered at a health facility • future legal proceedings, including claims or appeals, that may request access to records concerning the provision of alcohol and other drugs intervention services at a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA for Victoria.</p> <p>Other comments/factors for consideration:</p> <p>Australia is a signatory to the Mental Health Action Plan 2013 – 2020 of the World Health Organisation.</p> |
| <p>Disposal authorisation number: 2593</p> <p><i>Independent patient rights advisers</i></p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Records relating to the services provided by independent patient rights advisors to advise patients of their rights under the <i>Mental Health Act 2016</i> (Qld).</p> <p>Includes records relating to details of:</p> <ul style="list-style-type: none"> • advice on patient rights provided to patients and their families, carers, support persons and clinical teams • meetings, including information about the person(s) present • other services accessed during meetings, including, but not limited to, interpreter services • concerns raised by the patient (or their representative) about patient rights, treatment and care. <p>Disposal action: 10 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>At all times, a patient may take an independent patient rights adviser with them to assist with their understanding of the proceedings of a meeting and to advise of their rights under the <i>Mental Health Act 2016</i> (Qld).</p> <p>An independent patient rights adviser can talk with the patient about the meeting and explain their rights and obligations following the meeting. Independent patient rights advisers can undertake a variety of other roles to assist patients including, but not limited to:</p> <ul style="list-style-type: none"> • attending medical appointments or general appointments with the patient • requesting advice on behalf of the patient prior to the patient signing a legal document. <p>This class covers records relating to the services provided by independent patient rights advisors.</p> <p>Why the records are retained for this retention period:</p> <p>The role and functions of independent patient rights advisors are specified in the <i>Mental Health Act 2016</i> (Qld). Independent patient rights advisors have an important role in protecting the individual rights and entitlements of patients that are outlined in the <i>Mental Health Act 2016</i> (Qld). Although independent patient rights advisors provide support to the patient, they do not have the capacity to provide legal or medical advice to the patient. Retaining these records for a minimum of 10 years after business action completed will ensure that these records are available for a sufficient period of time to:</p> <ul style="list-style-type: none"> • review or appeal decisions relating to patients, including instances where new or additional evidence calls the original decision into question • audit or review of the processes or protocols relating to services provided by independent patient rights advisors • provide evidence for future legal proceedings, including claims or appeals, that may request access to records concerning the services provided by independent patient rights advisors to provide evidence of the advice given to the patient • protect the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Wales jurisdictions for comparison.</p> <p>Other comments/factors for consideration:</p> <p>Australia is a signatory to the Mental Health Action Plan 2013 – 2020 of the World Health Organisation.</p> |
| <p>Disposal authorisation number:</p> <p>2594</p> <p><i>Mental health and alcohol, tobacco and other drugs services – advertising</i></p> <p>Records relating to the advertisement of mental health services and alcohol, tobacco and other drugs services offered at a health facility that is provided to patients, prospective patients and members of the public. Includes records relating to medical advice on:</p> <ul style="list-style-type: none"> • access to medical treatment for voluntary and involuntary mental health patients • potential effects of a mental health treatment regimen on a patient or prospective patient at a health facility. <p>Disposal action:</p> <p>10 years after business action completed.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>All health facilities must be equipped with printed advertising material that can be handed out to patients and/or their carers. This material should have clear messaging to advise patients and/or their carers on all support and services available that is specific to their condition.</p> <p>This class covers records relating to the advertisement of mental health services and alcohol, tobacco and other drugs services offered at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>These records provide detailed advice on the mental health services and alcohol, tobacco and other drugs services offered at a health facility. It is recommended to retain these records for a minimum of 10 years after business action completed to ensure that the advertising materials are available for a sufficient period of time for agency reference and review. Retaining these records for the minimum retention period will also ensure that these records are available for a sufficient period of time to:</p> <ul style="list-style-type: none"> • audit or review the advertising material provided about mental health services and alcohol, tobacco and other drugs services offered at a health facility • provide evidence for future legal proceedings, including claims or appeals, that may request access to records about the advertisement of mental health services and alcohol, tobacco and other drugs services offered at a health facility • protect the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA for Victoria.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Other comments/factors for consideration: Australia is a signatory to the Mental Health Action Plan 2013 – 2020 of the World Health Organisation.</p> |

Activity**MENTAL HEALTH QUALITY ASSURANCE**

The mental health quality assurance activity covers the operations of the Mental Health Alcohol and Other Drugs Quality Assurance Committee which was established to improve the safety and quality of mental health services and to provide recommendations on improvements to patient care.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2595</p> <p><i>Mental Health Alcohol and Other Drugs Quality Assurance Committee</i></p> <p>Records relating to the operation of the Mental Health Alcohol and Other Drugs Quality Assurance Committee.</p> <p>Includes records relating to:</p> <ul style="list-style-type: none"> • assessments, evaluations and recommendations about significant matters concerning mental health services, mental health facilities and patient care • evidence of the governance and review of mental health services, mental health facilities and patient care undertaken by the Mental Health Alcohol and Other Drugs Quality Assurance Committee to ensure best practice policies and standards | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Mental health is subject to many committees to govern the best practice and approach to standards, policies, information that is published and the treatments given to patients. The quality assurance committee ensures that a health facility is meeting the required standard for the treatment and care provided to patients at the health facility. This committee governs and reviews all quality issues.</p> <p>This class covers records relating to the operation of the Mental Health Alcohol and Other Drugs Quality Assurance Committee.</p> <p>Why the records are retained for this retention period:</p> <p>This is a significant committee that governs best practice for the provision of services relating to mental health, alcohol and other drugs that are offered at health facilities. It is important that these records are retained for a sufficient length of time for agency review and reference and to protect the individual rights and entitlements of patients who receive treatment and care at health facilities. It is recommended that these records are retained permanently to ensure that these records are available for a sufficient length of time to provide evidence:</p> <ul style="list-style-type: none"> • of assessments, evaluations and recommendations made by the Mental Health Alcohol and Other Drugs Quality Assurance Committee • for audit or review of services relating to mental health, alcohol and other drugs offered at health facilities that may occur if systemic issues are identified at a future date • for future legal proceedings, including claims or appeals, that may request access to records of assessments, evaluations and recommendations made by the Mental Health Alcohol and Other Drugs Quality Assurance Committee • protecting the individual rights and entitlements of patients who access services relating to mental |

| Disposal Authorisation | Justifying the retention period |
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| <p>are maintained by health facilities.</p> <p>Disposal action: Permanent. Transfer to QSA after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>health, alcohol and other drugs offered at health facilities.</p> <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>QSA permanent appraisal characteristics: These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> • 3 – enduring rights & entitlements • 4 – significant impact on individuals. <p>Comparisons with other schedules: This class was compared with classes covering similar records in the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA for Victoria.</p> <p>Other comments/factors for consideration: Australia is a signatory to the Mental Health Action Plan 2013 – 2020 of the World Health Organisation.</p> |

| Title | Scope Note |
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| <p>PATIENT AND CLIENT SERVICES</p> | <p><i>This function covers the services that patients receive while in the care of a health facility.</i></p> <p><i>Health facilities include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>hospitals and medical suites</i> • <i>aged care facilities, including nursing homes</i> • <i>mental health facilities</i> • <i>any other health facility which offers patient services.</i> <p><i>Patient services offered by health facilities include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>patient food services and patient transportation</i> • <i>specialised cleaning of health facilities and medical equipment</i> • <i>public health notifications</i> • <i>health programs, including public health programs.</i> <p><i>See the Health Sector (clinical records) retention and disposal schedule for clinical records displaying evidence of clinical care and health status.</i></p> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

Activity

CLEANING & HYGIENE SERVICES

The activity of cleaning and undertaking specialised hygiene services at health facilities that provide patient services.

Health facilities include, but are not limited to:

- *hospitals and medical suites*
- *aged care facilities, including nursing homes*

- *mental health facilities*
- *any other health facility which offers patient services.*

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2596</p> <p><i>Specialised cleaning for health facilities and medical equipment – high risk</i></p> <p>Records relating to the specialised cleaning of health facilities and medical equipment for the purposes of decontamination and infection control. Includes specialised cleaning and decontamination of medical equipment, examination rooms and operation rooms/theatres in a health facility which is undertaken due to exposure to a highly infectious disease or other hazardous substance.</p> <p>Medical equipment that requires specialised cleaning includes, but is not limited to:</p> <ul style="list-style-type: none"> • medical equipment that comes into contact with mucus membranes • medical equipment that comes into contact with bodily tissue due to surgical entry • other medical equipment used for invasive examinations or | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>To ensure that diseases are not spread from patient to patient or patient to staff, it is essential that specific cleaning processes and protocols are undertaken. To ensure that cleaning is completed thoroughly, different equipment requires different sterilisation. In order to be able to track and audit cleaning processes, it is essential that these records are created and kept.</p> <p>Why the records are retained for this retention period:</p> <p>A common issue that can occur relating to the use of significant medical treatment for patient treatment and care is hospital-acquired infections. In 2004, Nicholas Graves wrote that “approximately 1 in 10 hospitalised patients will acquire an infection after admission”. Additionally, Denis W Spelman states that “most surgical wound infections result from contamination of the surgical wound with the patient’s own flora or that of operating-room personnel or environment at the time of the surgery”.</p> <p>Inadequate disinfection of significant medical equipment can allow for the easier spread of infections. These infections could include, but are not limited to:</p> <ul style="list-style-type: none"> • Hepatitis C • Mycobacterium tuberculosis • other mycobacteria. <p>If a more serious infection is acquired, inadequate disinfection of significant medical equipment can also result in the death of the patient.</p> <p>While most infections will present symptoms within 5 years of the time of infection, there are other infections that have a longer latency period before symptoms are present. Retaining specialised cleaning records for a sufficient length of time will ensure that there is evidence of the specialised cleaning undertaken for the purposes of decontamination and infection control.</p> <p>It is recommended that these records are retained for a minimum of 100 years after business action completed to ensure that records are available for a sufficient period of time for:</p> <ul style="list-style-type: none"> • agency reference and review |

| Disposal Authorisation | Justifying the retention period |
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| <p>procedures.</p> <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <ul style="list-style-type: none"> • formal audit or review of specialised cleaning processes and protocols undertaken at a health facility • future legal proceedings, including claims or appeals, that may request access to records relating to the specialised cleaning of significant medical equipment and/or specialised cleaning of a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> <p>Other comments/factors for consideration: Graves, Nicholas. Economics and preventing hospital-acquired infection. <i>Emerging Infectious Diseases</i>. Volume 10, Issue 4. April 2004 Spelman, Denis W. Hospital-acquired infections. <i>MJA Practice Essentials: Infectious Diseases</i>. Volume 176, Issue 6. March 2002.</p> |
| <p>Disposal authorisation number: 2597</p> <p><i>Specialised cleaning for health facilities and medical equipment – low risk</i></p> <p>Records relating to the specialised cleaning of health facilities and medical equipment for the purposes of decontamination and infection control that are not covered by disposal authorisation 2596. Includes, but is not limited to, records</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. To ensure that diseases are not spread from patient to patient or patient to staff, it is essential that specific cleaning processes and protocols are undertaken. To ensure that cleaning is completed thoroughly, different equipment requires different sterilisation. In order to be able to track and audit cleaning processes, it is essential that these records are created and kept.</p> <p>Why the records are retained for this retention period: The medical equipment covered by this class is not used for invasive medical procedures. These medical procedures consist of skin contact and do not have any mucous- or blood-related contact. Although there is still the possibility that a hospital-acquired infection can be passed skin to skin, there is a lesser risk than mucous- or blood-related contact. Specialised cleaning of medical equipment, specialised cleaning of the health facility and protocols for infection control are still essential as some infections can live on surfaces for</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>relating to:</p> <ul style="list-style-type: none"> the planning, management, operation and review of sanitation processes in a health facility specialised cleaning and decontamination of medical equipment, examination rooms and operation rooms/theatres in a health facility which is undertaken due to exposure to an infectious disease the cleaning and sanitation of patient laundry in a health facility. <p>Medical equipment that requires specialised cleaning includes, but is not limited to:</p> <ul style="list-style-type: none"> medical equipment that comes into contact with skin, including injection through intact skin medical equipment used for non-invasive examinations or procedures medical equipment that is cleaned using autoclave sterilisation including, but not limited to, pathology equipment medical equipment used for extra-oral dental examination. <p>Disposal action:</p> | <p>up to 6 hours after the initial contact.</p> <p>Inadequate disinfection of medical equipment and health facilities can allow for the easier spread of infections. These infections could include, but are not limited to:</p> <ul style="list-style-type: none"> Methicillin-resistant <i>Staphylococcus aureus</i> Vancomycin-resistant enterococci Influenza Varicella <i>M. tuberculosis</i> <i>E. coli</i> other viruses and bacterial infections. <p>It is recommended that these records are retained for a minimum of 25 years after business action completed to ensure that records are available for a sufficient period of time for:</p> <ul style="list-style-type: none"> agency reference and review formal audit or review of specialised cleaning processes and protocols undertaken at a health facility future legal proceedings, including claims or appeals, that may request access to records relating to the specialised cleaning of medical equipment and/or specialised cleaning of a health facility protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> <p>Other comments/factors for consideration:</p> <p>Graves, Nicholas. Economics and preventing hospital-acquired infection. <i>Emerging Infectious Diseases</i>. Volume 10, Issue 4. April 2004</p> <p>Spelman, Denis W. Hospital-acquired infections. <i>MJA Practice Essentials: Infectious Diseases</i>. Volume 176,</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>25 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Issue 6. March 2002.</p> |
| <p>Disposal authorisation number: 2598</p> <p>Health facility audits</p> <p>Records relating to audits undertaken to assess any services or processes at a health facility that may impact on patient treatment or patient care at the facility.</p> <p>Disposal action: 25 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. This class covers records relating to audits undertaken to assess any services or processes at a health facility that may impact on patient treatment or patient care at the facility.</p> <p>Why the records are retained for this retention period:</p> <p>Throughout government, it is a requirement to be subject to regular auditing. This is necessary to ensure:</p> <ul style="list-style-type: none"> • the transparency of actions and decisions of the agency • the maintenance of public trust • the efficient and effective operation of the agency • adherence by the agency to regulatory and legislative requirements. <p>When undertaking an audit of a health facility, certain factors need to be considered and any non-compliance issues remedied. A health facility audit is important as it has potential impact relevant to public and environmental health. Recommendations and findings of a health facility audit may be far-reaching and take time to implement. For this reason, it is recommended that the minimum retention period for health facility audit records is 25 years after business action completed. This minimum retention period will ensure that records are available for a sufficient period of time for:</p> <ul style="list-style-type: none"> • agency reference and review • future legal proceedings, including claims or appeals, that may request access to records of health facility audits • protecting the individual rights and entitlements of staff, patients and visitors to health facilities. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number:</p> <p>2599</p> <p><i>Disposal of medical waste</i></p> <p>Records relating to the management and removal of medical waste.</p> <p>Medical waste includes, but is not limited to:</p> <ul style="list-style-type: none"> • discarded sharps • human tissue waste • animal waste • laboratory waste. <p>Disposal action:</p> <p>15 years after business action completed.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>These records are created to document and monitor the management and disposal of medical waste from a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>Clinical waste is defined in the Environmental Protection Regulation 2019 as:</p> <p style="padding-left: 40px;">“Clinical waste means waste that has the potential to cause disease, including, for example, the following—</p> <ul style="list-style-type: none"> (a) animal waste (b) discarded sharps (c) human tissue waste (d) laboratory waste.” <p>Clinical waste falls under category 1 of the Environmental Protection Regulation 2019.</p> <p>Under the Environmental Protection Regulation 2019, records relating to the management of clinical waste must be kept for a minimum of 5 years. Retaining records relating to the disposal of medical waste for a minimum of 15 years ensures that the Health Sector are exceeding legislative and regulatory requirements for these records and that there is transparency surrounding the management and disposal of medical waste by health facilities which is expected by the community.</p> <p>This minimum retention period ensures that records relating to the management and disposal of medical waste are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • audit or review of the management and disposal of medical waste by Queensland Health or by other agencies • compliance with standards, guidelines and legislation which govern the management and disposal of medical waste • future legal proceedings, including claims or appeals, that may request access to records about the management and disposal of medical waste. |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> |

Activity**COMMUNITY HEALTH**

The activity of providing community health services and programs to assist and support the needs of patients at a health facility. Includes the provision of community health services to assist and support the wider community.

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| <p>Disposal authorisation number: 2600</p> <p>Call contact centres</p> <p>Records relating to advice and support provided through a call contact centre which provide acute medical advice, medical support, general advice and support or counselling services to individuals.</p> <p>Includes:</p> <ul style="list-style-type: none"> • calls to contact centres in any format and using any device • voice- or video-recorded group conversations to contact centres • voice- or video-recorded individual conversations to contact centres. <p>Excludes:</p> <ul style="list-style-type: none"> • calls to contact centres which record details of incidents, allegations, disclosures or | <p>Why are these records created:</p> <p>This class covers records relating to advice and support provided through a call contact centre which provide acute medical advice, medical support, general advice and support or counselling services to individuals.</p> <p>Why the records are retained for this retention period:</p> <p>Health departments across Queensland offer telephone services to the public to be able to call in for general enquiries and in cases of emergency. These calls are recorded and are also often transcribed in part or in full. However, the recording is deemed to be the original record that must be retained for evidentiary purposes.</p> <p>Many of the calls taken by these telephone services are for the provision of medical advice to patients over the phone. It is therefore essential that the records are retained for a sufficient length of time for potential clinical reference, as well as ensuring that records are available to meet any legal liability or civil liability requirements. For many of the calls taken by these telephone services, details such as date of birth of the patient are recorded to ensure that the medical advice provided is appropriate for the age of the patient. As such, the recommended minimum retention period for these records is 10 years after business action completed OR 10 years after the child turns 18, whichever is later. This minimum retention period is consistent with the minimum retention period for the clinical records of patients and will ensure that records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency reference and review, including identification of calls relating to vulnerable persons that should be managed under disposal authorisations relating to vulnerable persons • formal audit or review of processes and protocols for the provision of call contact centre services • future legal proceedings, including claims or appeals, that may request access to records relating to calls placed to call contact centres • protecting the individual rights and entitlements of patients. |

| Disposal Authorisation | Justifying the retention period |
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| <p>investigations of abuse relating to vulnerable persons.</p> <p>Service delivery by health call contact centres includes, but is not limited to:</p> <ul style="list-style-type: none"> • triage services • 13Health • child health services • chronic disease services • Quitline • Way to Wellness • Rapid Response • Medical Aids Subsidy Scheme (MASS). <p>Disposal action:</p> <p>10 years after business action completed</p> <p>OR</p> <p>10 years after the child turns 18, whichever is later.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> <p>Previous schedule references:</p> <p>QDAN 130 v.1 Queensland Health (Poison Information Records) retention and disposal schedule: 1.0 Poison Information Call Records.</p> |
| <p>Disposal authorisation number:</p> <p>2601</p> <p>Public health promotion programs</p> <p>Records relating to the planning, advertising and provision of public health promotion programs.</p> <p>Includes network events and public</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Health facilities and services across Queensland offer a range of health promotion programs for members of the public. These health promotion programs can include, but are not limited to:</p> <ul style="list-style-type: none"> • mental health programs • maternal and child health programs • needle syringe programs. |

| Disposal Authorisation | Justifying the retention period |
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| <p>events for public health promotion programs.</p> <p>Public health promotion programs include, but are not limited to, programs for:</p> <ul style="list-style-type: none"> • mental health • maternal and child health • family violence counselling and support • drug and alcohol counselling and support. <p>Disposal action:</p> <p>10 years after business action completed.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Each health promotion program can offer a range of support mechanisms and benefits for the community. This class covers records relating to the planning, advertising and provision of public health promotion programs.</p> <p>Why the records are retained for this retention period:</p> <p>Public health promotion programs are regularly reviewed and updated. At times, an agency may need to refer back to records about public health promotion programs to assist with the revision or update of program materials and advertising. Planning records are also useful for agency reference for programs that are regularly scheduled to make planning and scheduling of public health promotion programs more efficient.</p> <p>The proposed minimum retention period for these records is 10 years after business action completed. This minimum retention period will ensure that records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for the provision of public health promotion programs • future legal proceedings, including claims or appeals, that may request access to records relating to public health promotion programs • protecting the individual rights and entitlements of public health promotion program participants. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) and the Health Services: Statewide health services, quality assurance, reporting, education and training (GDA44) for New South Wales and the PROS 09/09 Mental Health, Alcohol and Drugs Services Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number:</p> <p>2602</p> <p><i>School immunisation program – consent records</i></p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>This class covers completed consent cards that are received by the Health Sector to support the operation of the School Immunisation Program (SIP).</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Records relating to consent to participate in the school immunisation program.</p> <p>Disposal action:</p> <p>10 years after the child turns 18 OR 10 years after the finalisation of medico-legal action, whichever is later.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Why the records are retained for this retention period:</p> <p>The National Health and Medical Research Council recommends vaccination for people of all ages from infants through to older persons. The SIP is a convenient and equitable way of delivering recommended vaccines to eligible adolescents who can otherwise be difficult to reach.</p> <p>The <i>Public Health Act 2005</i> requires school principals to disclose student details – including information about the parent/legal guardian/other authorised person who is providing consent for immunisation of the student – to approved school immunisation providers to allow them to:</p> <ul style="list-style-type: none"> • reconcile returned consent cards for the SIP against eligible students • follow-up with the parent/legal guardian/other authorised person of students who have not returned a consent card to offer them the opportunity to participate in the SIP • assist families to resolve concerns about their child’s immunisation needs. <p>Schools are not required to disclose student information until Queensland Health advises them of their approved school immunisation provider. It is anticipated this notification will usually occur once per year, either early in the school year or at the end of the previous school year.</p> <p>This minimum retention period is consistent with the minimum retention period for patient clinical records and will ensure that the records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for authorising consent for participation in the SIP • future legal proceedings, including claims or appeals, that may request access to records which provide evidence of informed consent to student immunisation • protecting the individual rights and entitlements of students. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> |

Activity**ENFORCEMENT MATTERS**

The activity of managing reportable enforcement events which relate to patients at health facilities.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2603</p> <p>Reporting suspected abuse Records relating to reporting suspected neglect and/or abuse – including suspected physical abuse or sexual abuse – of an individual presenting at a health facility. Includes reporting complaints received from patients and/or visitors concerning the actions of a medical officer or other staff member at a health facility.</p> <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. All health professionals have a responsibility to ensure that any person who presents to a health facility is kept safe. Health professionals have an obligation to report any suspected cases of assault, neglect or abuse to the correct authorities for further investigation. This class covers records relating to reporting suspected neglect and/or abuse – including suspected physical abuse or sexual abuse – of an individual presenting at a health facility.</p> <p>Why the records are retained for this retention period: Suspected abuse and neglect is a serious matter and any report must be investigated. These records would be required as part of the initial investigation and would also be required if the matter proceeded to Court. These records may also assist as evidence to establish a pattern of incidents or behaviour over time for matters that include, but are not limited to:</p> <ul style="list-style-type: none"> • domestic violence • child safety • potential class action against an individual with multiple abuse victims. <p>The proposed minimum retention period for these records is 100 years after business action completed. This minimum retention period will ensure that records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for reporting cases of suspected abuse • future legal proceedings, including claims or appeals, that may request access to records relating to reports of suspected abuse • protecting the individual rights and entitlements of persons who may be subject to abuse or neglect. <p>Applicable legislation/standards:</p> |

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| | <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales.</p> |
| <p>Disposal authorisation number:</p> <p>2604</p> <p><i>Enforcement matters and patient safety</i></p> <p>Records relating to orders issued to a health facility by Queensland Police Service (QPS), or issued by a nominated agent or officer, for the detention of patients.</p> <p>Includes, but is not limited to, records relating to:</p> <ul style="list-style-type: none"> • requests received from QPS to seize patient property at a health facility • visitor exclusions, including requests from patients for visitor exclusions, at a health facility • registers that identify excluded visitors and any other visitors that are not permitted on the premises of a health facility. <p>Disposal action:</p> <p>15 years after business action completed.</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>All health professionals have a responsibility to ensure that any person who presents to a health facility is kept safe. One method used to keep persons safe at a health facility is to record details of persons excluded from visiting a health facility. Authorised health facility representatives have an additional responsibility to assist police with enforcement matters.</p> <p>Federal or state police may request an authorised health facility representative to seize the personal effects of a patient at a health facility. This will occur if the personal effects of the patient are suspected to be evidence of an alleged crime. Alleged crimes may include, but are not limited to, crimes relating to:</p> <ul style="list-style-type: none"> • illegal drugs • stolen property • unlicensed weapons • child pornography. <p>An authorised health facility representative can also request the short-term detention of a patient if they are suspected to have taken part in an alleged crime, or if they are a victim or witness to a crime.</p> <p>This class covers records relating to orders issued to a health facility by Queensland Police Service (QPS), or issued by a nominated agent or officer, for the detention of patients and other records relating to patient safety.</p> <p>Why the records are retained for this retention period:</p> <p>It is an offence for someone to be searched, have property seized or to be detained against their will unless the police have reasonable doubt to suspect that the person has committed, or is connected to, an alleged crime. It is therefore important that these records are retained for a sufficient length of time as evidence of the legality of the action relating to an enforcement matter at a health facility. It is also important to retain records relating to excluded visitors for a sufficient length of time to ensure that they are available as evidence should they be required for an investigation or future legal proceeding.</p> |

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| <p>Date authorised: 4 November 2020</p> | <p>Retaining these records for a minimum of 15 years after business action completed will ensure that records are available for a sufficient period of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for enforcement matters and patient safety at a health facility • future legal proceedings, including claims or appeals, that may request access to records relating to enforcement matters or patient safety at a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> |

Activity**FACILITY SERVICES**

The activity of providing facility services at a health facility to assist and support patients and their families.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2605</p> <p>Patient meals</p> <p>Records relating to the planning and provision of meals to patients at a health facility.</p> <p>Includes records relating to individual patient meal requests for:</p> <ul style="list-style-type: none"> • special dietary requirements, including food allergies and food intolerances • specific religious requirements for food preparation and provision • any other patient meal requests that require specific planning, preparation and service. <p>Disposal action: 10 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Health services provide meal service for patients at a health facility. Each patient will be asked to provide details of any food or meal provision requirements that they have. Medical staff may also make requests for specific food or meal provisions for patients based on medical needs. Patients may have special dietary requirements based on food intolerances or food allergies, or there may be specific religious requirements for the preparation and provision of food for the patient.</p> <p>This class covers records relating to the planning and provision of meals to patients who are admitted at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>It is essential to maintain records relating to the planning and provision of meals to patients admitted at a health facility to ensure that there is evidence that:</p> <ul style="list-style-type: none"> • the correct meals were provided to patients based on patient requests and medical requirements • the times that patients have eaten meals are known to assist with the management of planned and unplanned surgeries for patients • the amount and type of food eaten by the patient is known to help medical staff with tracking nutrition for assessment and evaluation of patient health and care • where possible, appropriate measures have been taken during food preparation and food provision to minimise the risk of patients with serious food allergies being exposed to food allergens. <p>It is the responsibility of health facilities to ensure that patients have quality treatment and care at a health facility, which includes ensuring that proper food safety and nutrition is maintained for patients admitted at a health facility. It is recommended that these records are retained for a minimum of 10 years after business action completed. Retaining records for this minimum retention period will ensure that records are available</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for the preparation and provision of patient meals at a health facility • future legal proceedings, including claims or appeals, that may request access to records relating to the preparation and provision of patient meals at a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number:</p> <p>2606</p> <p>Reception and switchboard logs</p> <p>Records relating to reception and switchboard logs created by reception and/or switchboard staff at a health facility to record routine calls and/or visitors to the health facility.</p> <p>Disposal action:</p> <p>2 years after business action completed.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>A health facility will transfer and take calls for patients or staff at a health facility. Switchboard logs are unidentified, and the calls are not voice-recorded. However, the volume of calls through the switchboard are monitored and the number is recorded for statistical purposes. Visitor logs are also recorded for statistical purposes.</p> <p>This class covers records relating to reception and switchboard logs created by reception and/or switchboard staff at a health facility to record routine calls and/or visitors to the health facility.</p> <p>Why the records are retained for this retention period:</p> <p>It is recommended that these records are kept for a minimum retention period of 2 years for:</p> <ul style="list-style-type: none"> • agency reference and review • the creation and analysis of statistics required by health facilities. <p>Any reception and switchboard logs that directly relate to vulnerable persons and are required to be kept for a longer period of time, should be managed using the disposal authorisations relating to vulnerable persons in</p> |

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| | <p>the <i>General retention and disposal schedule</i> (GRDS).</p> <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 08/15 Public Health Functions RDA for Victoria.</p> |

Activity**MEDICAL AIDS SUBSIDY SCHEME**

The activity of providing subsidised medical aids to Queensland Health clients in accordance with the Queensland Health Medical Aids Subsidy Scheme (MASS).

Subsidised medical aids may include, but are not limited to:

- *mobility aids, including wheelchairs*
- *continence aids*
- *communication aids*
- *oxygen equipment*
- *medical-grade footwear.*

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| <p>Disposal authorisation number: 2607</p> <p><i>Subsidised medical aids – client management files</i></p> <p>Records relating to client management files for the Queensland Health Medical Aids Subsidy Scheme (MASS). Includes client management files for MASS medical aids that have been returned or written off.</p> <p>Disposal action:</p> <p>10 years after business action completed</p> <p>OR</p> <p>10 years after the client turns 18, whichever is later.</p> | <p>Why are these records created:</p> <p>Queensland Health has a Medical Aids Subsidy Scheme (MASS) that enables eligible Queensland residents to access subsidised medical aids and medical equipment to assist with their treatment and care. Subsidised medical aids or medical equipment may be on loan to the patient or may be owned by the patient. Types of medical aids and medical equipment may include, but are not limited to:</p> <ul style="list-style-type: none"> • communication aids • continence aids • daily living aids, including mobility aids • oxygen supplies. <p>This class covers records relating to client management files for the Queensland Health Medical Aids Subsidy Scheme (MASS).</p> <p>Why the records are retained for this retention period:</p> <p>Client management files are kept for each person who successfully applies and is granted subsidised medical aids and/or medical equipment under the MASS. Medical equipment and medical aids may be required for use for a short period of time or for a longer duration, depending on the medical needs of the patient. For the time that the medical aid and/or medical equipment is in use by the patient, Queensland Health has an</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Date authorised: 4 November 2020</p> | <p>obligation to ensure that the aid or equipment is maintained and fit for use. In instances where the medical aid or medical equipment is believed to have caused harm to the patient or been the cause of an accident involving the patient, the matter must be investigated and records of the investigation and its outcome should be kept on the client management file.</p> <p>The proposed minimum retention period for the client management files is 10 years after business action completed or 10 years after the client turns 18, whichever is later. This minimum retention period is consistent with the minimum retention period for the clinical files of patients. Retaining records for this minimum time period will ensure that records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for the management and provision of the Queensland Health Medical Aids Subsidy Scheme (MASS) • future legal proceedings, including claims or appeals, that may request access to records relating to subsidised medical aids and/or medical equipment used by the patient • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> <p>Previous schedule references:</p> <p>QDAN 356 v.3 Queensland Health (Subsidised Medical Aid Records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • 1.1.1 Client Records–Accidents/Incidents Involving Minors – 3 years after client would have attained 18 years of age AND 5 years after return of medical aid to Qld Health. • 1.1.2 Client Records–Non Qld Health Assets – 5 years after last action. • 1.1.3 Client Records–Qld Health Assets–Returned – 5 years after return of medical aid to Qld Health. • 1.1.4 Client Records–Qld Health Assets–Written Off – 5 years after medical aid is written off as an asset of Qld Health. |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2608</p> <p><i>Subsidised medical aids – unsuccessful applications</i></p> <p>Records relating to unsuccessful applications for subsidised medical aids under the Queensland Health Medical Aids Subsidy Scheme (MASS).</p> <p>Disposal action: 1 year after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>Queensland Health has a Medical Aids Subsidy Scheme (MASS) that enables eligible Queensland residents to access subsidised medical aids and medical equipment to assist with their treatment and care.</p> <p>This class covers records relating to unsuccessful applications for the Queensland Health Medical Aids Subsidy Scheme (MASS).</p> <p>Why the records are retained for this retention period:</p> <p>If the eligibility criteria for the MASS is not met by the applicant, the application is denied. Applicants can reapply at any time, including if their circumstances change, for the MASS. It is recommended that records of unsuccessful applications for the MASS are kept for a minimum retention period of 1 year after business action completed to ensure that they are available for a sufficient length of time for agency reference and review, including in instances where a decision on eligibility for the MASS are reviewed.</p> <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> <p>Previous schedule references:</p> <p>QDAN 356 v.3 Queensland Health (Subsidised Medical Aid Records) retention and disposal schedule: 1.1.5 Client Records–Unsuccessful Applications – 1 year after last action.</p> |

Activity

MEDICAL SERVICES

The activity of providing medical services to the public.

Includes, but is not limited to:

- *statistical reporting and bookings for theatre rooms*
- *registers relating to the provision of medical services – such as the registers for Organ Donors and the Do Not Resuscitate Authority.*

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2609</p> <p><i>Surgically implanted devices and organ donation</i></p> <p>Records relating to surgically implanted devices and organ donation for patients at a health facility.</p> <p>Disposal action: 100 years after date of birth of patient.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Surgically implanted medical devices are man-made devices or instruments used to replace a damaged or missing biological structure inside a patient’s body and/or to assist with the long-term management of a medical condition. Surgically implanted medical devices may include, but are not limited to:</p> <ul style="list-style-type: none"> • cochlear implants • pacemakers • breast implants • eye implants • transvaginal mesh • defibrillators • blood clot filters, including IVC filters • artificial joints, including hip replacements and knee implants • other implants which deliver medication, monitor bodily functions and/or provide support to the patient’s organs and tissues. <p>Each surgically implanted medical device is recorded with its own identifying number and the corresponding patient details at the time of implantation.</p> <p>Organs and other biological tissue may be used for transplantation to replace a damaged or missing biological structure inside a patient’s body and/or to assist with the long-term management of a medical</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>condition. Registers for organ donors are created to document details of organ donors.</p> <p>This class covers records relating to surgically implanted devices and organ donation for patients at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>These records are recommended to be kept for 100 years after date of birth of patient to ensure that a record of the devices, organs and biological tissue used for implantation are available for the life of the individual. This minimum retention period will ensure that records are also available to assist with the long-term health monitoring for patients.</p> <p>Some surgically implanted medical devices are required to be replaced 10 years after implantation according to strict regulations and standards. Other surgically implanted medical devices are later found to be potentially damaging to the long-term health of patients due to a variety of factors. For instance, there are cases around the world concerning adverse side effects occurring for patients as a result of the implantation of transvaginal mesh and breast implants. These issues may not be immediately apparent and/or these issues may develop over time. Additionally, surgically implanted medical devices may be defective or fail and some patients may have a reaction to the materials used in medical devices after surgical implantation occurs. Tracing and managing defective surgically implanted medical devices is regulated by manufacturing standards and the Therapeutic Goods Administration. The implantation of organs and other biological tissue is also not without risk to patients, such as failure or rejection of the organ or tissue, and it is necessary to retain evidentiary records concerning the implantation of organs and/or other biological tissue.</p> <p>There is also a potential risk to patients who are required to undertake multiple surgeries over time to:</p> <ul style="list-style-type: none"> • replace surgically implanted medical devices at regular intervals • repair or move existing surgically implanted medical devices • remove surgically implanted medical devices that are defective, cause adverse reactions or do not improve the patient's quality of life • replace or remove organs and/or other biological tissue that is implanted to assist with the management of a medical condition. <p>This minimum retention period is recommended to provide evidence of the medical device, organ or other biological tissue that is used for implantation and to assist with the long-term health monitoring and assessment of the patient. Retaining these records for a sufficient length of time will ensure that records are available for:</p> <ul style="list-style-type: none"> • agency reference and review |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • formal audit or review of processes and protocols for the implantation of medical devices, organs and other biological tissue at a health facility • future legal proceedings, including claims or appeals, that may request access to records relating to implantation surgeries at a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> |
| <p>Disposal authorisation number: 2610</p> <p><i>Bookings – patient services, medical equipment, treatment rooms and theatres</i></p> <p>Records relating to bookings for patient services, medical equipment, treatment rooms and theatres at a health facility. Includes records relating to waiting lists and correspondence with patients about expected timeframes for proposed and future bookings.</p> <p>Disposal action: 15 years after business action completed.</p> <p>Date authorised:</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. Health facilities have limited access and availability for medical equipment and operating rooms. A booking system is in place to prepare in advance for planned patient services, including surgeries, and to assist with the management of bookings for unplanned or emergency patient services and surgeries as required. Details included in these booking records include, but are not limited to:</p> <ul style="list-style-type: none"> • the patient’s name • the treatment room or theatre booked at the health facility • nature of the service or surgery required • the medical equipment necessary to provide the patient service or surgery at the health facility. <p>This class covers records relating to bookings for patient services, medical equipment, treatment rooms and theatres at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>These records are recommended to be retained for a minimum retention period of 15 years after business action completed to ensure sufficient time for the records to be available for:</p> <ul style="list-style-type: none"> • agency reference and review, including statistical analysis that will assist with the commissioning and decommissioning of medical equipment |

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| 4 November 2020 | <ul style="list-style-type: none"> • formal audit or review of processes and protocols for: <ul style="list-style-type: none"> ○ managing patient waiting lists for treatment at a health facility ○ booking patient services, medical equipment, treatment rooms and theatres at a health facility ○ planning for, and managing availability of, medical equipment, treatment rooms and theatres at a health facility for use for emergency patient services and surgeries as required • future legal proceedings, including claims or appeals, that may request access to records relating to bookings for patient services, medical equipment, treatment rooms and theatres at a health facility • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> |

Activity**PATIENT ACCOMMODATION**

The activity of providing short-term or long-term patient accommodation to support the patients of a health facility. Includes the provision of medical equipment to support in-home accommodation and care of patients outside of a health facility.

Health facilities include, but are not limited to:

- *hospitals, medical suites and hospices*
- *aged care facilities, including nursing homes*
- *mental health facilities*
- *any other health facility which offers patient accommodation.*

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| <p>Disposal authorisation number: 2611</p> <p><i>Patient accommodation – long-term care and vulnerable persons</i></p> <p>Records relating to the long-term accommodation of patients at a health facility. Includes records relating to the temporary care or part-time care of patients at a health facility that are identified as vulnerable persons.</p> <p>Disposal action: 100 years after date of birth of patient.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>A health facility has the capacity to offer long-term patient accommodation and care. Long-term patient accommodation and care may be required in instances such as, but not limited to:</p> <ul style="list-style-type: none"> • patients with a serious or profound disability • hospice patients • patients with medical requirements that mean that they are unable to live in a home environment. <p>This class covers records relating to the long-term accommodation of patients at a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>Patients who have been admitted to long-term accommodation at a health facility are likely to require ongoing medical treatment as well as routine patient care. It is a requirement to have the full history of the patient, including the clinical records and the administration records, when making decisions and plans for the best medical treatment for the patient. It is therefore recommended to retain these records for a minimum period of 100 years after date of birth of patient to ensure that a comprehensive history of patient accommodation and care at the health facility is available for the life of the person. Retaining these records for this minimum retention period will ensure that records are available for a sufficient length of time for:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • agency reference and review • formal audit or review of: <ul style="list-style-type: none"> ○ processes and protocols for the provision of long-term patient accommodation and care ○ decisions made, and permissions granted, by a parent, guardian or other authorised personal representative of a patient for the provision of medical services or medical procedures to determine whether these decisions were made in the best interests of the patient ○ decisions made concerning patient accommodation and care where there was no parent, guardian or other authorised personal representative to act on the behalf of, and in the best interests of, the patient • future legal proceedings, including claims or appeals, that may request access to records about the long-term accommodation and care of the patient • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) and the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 09/10 Aged Care Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number:</p> <p>2612</p> <p><i>Patient accommodation – in-home care</i></p> <p>Records relating to the planning and management of patients who receive full-time, part-time or temporary in-home supported living and/or care.</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>The Health Sector provides support services to assist people with a disability and older persons to live in their own home. For eligible persons, support services can include, but are not limited to, basic help at home, assistance to attend appointments and activities in the community, and to provide temporary relief and respite for primary caregivers.</p> <p>This class covers records relating to the planning and management of patients who receive full-time, part-time or temporary in-home supported living and/or care.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal action: 25 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why the records are retained for this retention period:</p> <p>These records are recommended to be retained for a minimum retention period of 25 years after business action completed to ensure sufficient time for the records to be available for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for the planning, management and provision of in-home care for patients • future legal proceedings, including claims or appeals, that may request access to records relating to the provision of in-home care for patients • protecting the individual rights and entitlements of patients who access support services relating to in-home care. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 09/10 Aged Care Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2613</p> <p><i>Patient accommodation – planning and management</i></p> <p>Records relating to the planning and management of patient accommodation, including bed management, within a health facility.</p> <p>Disposal action: 10 years after business action</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Each health facility has a certain number of beds to allocate for the provision of accommodation to patients. Service plans are developed by health facilities to manage how many beds will be allocated to different services offered by the health facility.</p> <p>This class covers records relating to the planning and management of patient accommodation, including bed management, within a health facility.</p> <p>Why the records are retained for this retention period:</p> <p>These records are recommended to be retained for a minimum retention period of 10 years after business action completed to ensure sufficient time for the records to be available for:</p> <ul style="list-style-type: none"> • agency reference and review, including analysis of the planning and management of patient |

| Disposal Authorisation | Justifying the retention period |
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| <p>completed.</p> <p>Date authorised: 4 November 2020</p> | <p>accommodation to:</p> <ul style="list-style-type: none"> ○ support current and future strategic planning for patient accommodation allocations at a health facility ○ support future business cases which may request additional health facility funding or expansion of existing patient accommodation facilities ● formal audit or review of processes and protocols for the planning, management and provision of patient accommodation at a health facility ● future legal proceedings, including claims or appeals, that may request access to records relating to the allocation of patient accommodation at a health facility ● protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 09/10 Aged Care Functions RDA for Victoria.</p> |

Activity**PATIENT TRANSPORTATION**

The activity of providing patient transport services to assist patients and their families to attend appointments, move between health facilities or access emergency services. Includes patient transport services for patients and their families located in a regional or remote area.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2614</p> <p><i>Emergency vehicles and medical aircraft</i></p> <p>Records relating to the management, maintenance and use of medical aircraft or emergency vehicles, such as ambulances, for the transportation of patients to, from and between health facilities.</p> <p>Disposal action: 10 years after the decommissioning or disposal of the emergency vehicle or medical aircraft.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. Health facilities within Queensland own and operate aircraft to ensure ongoing rapid and clinically effective patient transfers. Helicopters from the Queensland Emergency Helicopter Network (EHN) may also be utilised by health facilities. For patients in rural and remote Queensland locations, health facilities may utilise the services of the Royal Flying Doctor Service (RFDS) to ensure that patients are reached quickly. This class covers records relating to the management, maintenance and use of medical aircraft or emergency vehicles, such as ambulances, for the transportation of patients to, from and between health facilities.</p> <p>Why the records are retained for this retention period:</p> <p>In accordance with requirements set out in the Civil Aviation Safety Regulations 1998 (Cth), aircraft records must be produced upon request at any time. It is recommended that these records are kept for a minimum retention period of 10 years after the decommissioning or disposal of the emergency vehicle or medical aircraft so that records are available for a sufficient period of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for the management, maintenance and use of emergency vehicles and medical aircraft • future legal proceedings, including claims or appeals, that may request access to records relating to the management, maintenance and use of emergency vehicles and medical aircraft • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> <p>Other comments/factors for consideration:</p> <p>Occupational Health and Safety Alert SA04/09 Safe Operations – Helicopter Landing Sites, 21/12/2009. Occupational Health and Safety Alert SA02/10 Safe Operations – Helicopter Landing Sites, 30/03/2010.</p> |
| <p>Disposal authorisation number: 2615</p> <p><i>Patient transportation</i></p> <p>Records relating to the transportation of patients to, from and between health facilities. Includes patient transportation that is subsidised by the State Government or the Federal Government.</p> <p>Disposal action:</p> <p>7 years after the financial year to which the records relate.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. Eligible patients are able to apply for a subsidy to assist with travel and accommodation costs accrued when accessing specialist medical services. There are different subsidy programs for patients that are available within Queensland. One of these programs is the Patient Travel Subsidy Scheme (PTSS) which is government-funded and administered through Queensland Health. This class covers records relating to the transportation of patients to, from and between health facilities.</p> <p>Why the records are retained for this retention period:</p> <p>It is recommended that these records are kept for a minimum retention period of 7 years after the financial year to which the records relate so that records are available for a sufficient period of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for: <ul style="list-style-type: none"> ○ decision-making on applications – approved or denied – for subsidised patient transportation where the original decision is called into question ○ the management of patient transportation services ○ the management of schemes for subsidised patient transportation • future legal proceedings, including claims or appeals, that may request access to records relating to patient transportation • protecting the individual rights and entitlements of patients. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 17/04 Hospital Administrative Functions RDA and the PROS 09/10 Aged Care Functions RDA for Victoria.</p> |

Activity**PUBLIC AND ENVIRONMENTAL HEALTH**

The activity of identifying, and notifying about, public health issues that may have widespread and/or significant impacts on the community.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2616</p> <p>Cancer register</p> <p>Records relating to the register of cancer diagnosis. Includes registers of cancer diagnosis.</p> <p>Disposal action:</p> <p>Permanent. Transfer to QSA after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. This register is created to collect data which describes the nature and extent of cancer incidence in Queensland.</p> <p>Why the records are retained for this retention period:</p> <p>Under the <i>Public Health Act 2005</i>, it is a requirement for data to be collected about cancer notifications and to maintain a register. Due to the ongoing reference and research value of these records, it is recommended that this register is retained permanently to ensure that the data is available for a sufficient length of time to:</p> <ul style="list-style-type: none"> • assist with research projects studying the causes, treatment and prevention of cancer • assist in the planning and assessment of cancer treatment and prevention services • monitor survival rates for cancer patients • assist with the education of health professionals, and members of the community, on the incidence of cancer in Queensland • assist with formal audit or review of processes and protocols for: <ul style="list-style-type: none"> ○ the registration of cancer diagnoses ○ the ethical use of data about the nature and extent of cancer incidence in Queensland • maintain a historical record of the incidence of cancer in Queensland. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>QSA permanent appraisal characteristics:</p> <p>These records provide evidence of the following characteristics from the Queensland State Archives</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> • 3 – enduring rights & entitlements • 4 – significant impact on individuals • 5 – substantial contribution to community memory. <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 08/15 Public Health Functions RDA for Victoria and the Health Services, Public: Patient/Client records (GDA17) for New South Wales.</p> |
| <p>Disposal authorisation number:</p> <p>2617</p> <p><i>Public and environmental health – significant notifications and orders</i></p> <p>Records relating to public and environmental health notifications and orders that are issued following a significant public and environmental health event where the notification or order is triggered to prevent or minimise long-term effects on public health.</p> <p>Significant notifiable events that affect public and environmental health include, but are not limited to:</p> <ul style="list-style-type: none"> • the incidence of a significant notifiable disease or condition, including infectious diseases and conditions that are easily communicable, that affect animals or humans • the incidence of a significant | <p>Why are these records created:</p> <p>In Australia, there is an agreed list of communicable diseases where notification of infections is required. These communicable diseases are classified as notifiable diseases. To assist with the management of notifiable diseases, public and environmental health notifications and orders are issued so the state can investigate, monitor and control the spread of infectious diseases. Public and environmental health notifications and orders for notifiable diseases apply to animals as well as to humans. For more significant notifiable diseases – such as those that have significant and rapid spread in the community if unchecked – emergency notifications and orders may be used, along with a coordinated national response.</p> <p>Significant notifiable diseases include, but are not limited to:</p> <ul style="list-style-type: none"> • Measles • Influenza • H1N1 Swine Influenza • Meningococcal • Hendra Virus • Coronavirus Disease (COVID-19). <p>Besides incidents of notifiable diseases, it is also a requirement that notifications of pool immersion incidents (drowning/near drowning incidents in children under 5 years) and notifications about dust lung diseases are registered. There may be other public and environmental health events where notifications and orders are issued by the Health Sector that have not been described in this entry.</p> <p>This class covers records relating to public and environmental health notifications and orders that are issued following a significant public and environmental health event where the notification or order is triggered to prevent or minimise long-term effects on public health.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>recall, including significant food and drug recalls</p> <ul style="list-style-type: none"> the incidence of a significant environmental hazard event. <p>Disposal action:</p> <p>Permanent.</p> <p>Transfer to QSA after business action completed.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Why the records are retained for this retention period:</p> <p>The <i>Public Health Act 2005</i> aims to protect people from significant notifiable diseases. Methods used to control the spread of communicable diseases include, but are not limited to:</p> <ul style="list-style-type: none"> contact tracing infection control advice on the management and control of notifiable diseases, including the provision of relevant information to the community. <p>Due to the potential for significant impact on public health and the provision of health services to the community, it is recommended that these records are retained permanently so that they are available to:</p> <ul style="list-style-type: none"> help set priorities for the control and prevention of significant notifiable diseases assist with the ongoing assessment of the impact of significant notifiable diseases on the community be used as part of future research studies, including studies which assess the effectiveness of preventative measures used for the control and/or elimination of communicable diseases assist with formal audit or review of strategies, processes and protocols for the management of significant public health events future legal proceedings, including claims or appeals, that may request access to records relating to significant public health events protecting the individual rights and entitlements of members of the community. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>QSA permanent appraisal characteristics:</p> <p>These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> 4 – significant impact on individuals 5 – substantial contribution to community memory 6 – environmental management & change. <p>Comparisons with other schedules:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>This class was compared with classes covering similar records in the PROS 08/15 Public Health Functions RDA for Victoria.</p> <p>Previous schedule references:</p> <p>QDAN 276 v.1 Queensland Health (Environmental Health Branch records) retention and disposal schedule: Recalls - Food & Drug [correspondence and information relating to the recalls of foods, drugs and poisons].</p> |
| <p>Disposal authorisation number: 2618</p> <p><i>Customer service feedback – identified</i></p> <p>Records relating to surveys or other customer service feedback received by a health facility that identifies a specific staff member or specific patient.</p> <p>Disposal action: 15 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Health facilities regularly undertake surveys to collect customer service feedback. Although respondents are generally asked to remain anonymous when responding to surveys, there are times when a survey response may include information that identifies a staff member at a health facility or a patient who was admitted to the health facility. Health facilities may also receive other types of recorded customer service feedback that are not anonymous and/or identify individuals in the feedback response.</p> <p>This class covers records relating to surveys or other customer service feedback received by a health facility that identifies a specific staff member or specific patient.</p> <p>Why the records are retained for this retention period:</p> <p>It is recommended that these records are retained for a minimum period of 15 years after business action completed to ensure that records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for: <ul style="list-style-type: none"> ○ collecting customer service feedback ○ resolving issues identified in customer service feedback and/or customer complaints • formal investigation of customer feedback and/or customer complaints • the identification of potential patterns of repeat, unwanted behaviour by customers and/or staff at a health facility • future legal proceedings, including claims or appeals, that may request access to records about identified customer service feedback • protecting the individual rights and entitlements of customers and staff. <p>Applicable legislation/standards:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) and the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> |
| <p>Disposal authorisation number:</p> <p>2619</p> <p><i>Food and drug incidents</i></p> <p>Records relating to incidents that are caused by food, food products or prescribed drugs.</p> <p>Disposal action:</p> <p>15 years after business action completed.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>Why are these records created:</p> <p>Food and drug incidents can occur for a variety of different reasons including, but not limited to, poor compliance with food hygiene standards. When two or more people get the same illness from the same contaminated food or drink, the event is called a foodborne outbreak. A drug incident is any preventable event that may cause, or lead to, inappropriate medication use or patient harm while the use of the medication is in the control of a healthcare professional.</p> <p>This class covers records relating to incidents that are caused by food, food products or prescribed drugs.</p> <p>Why the records are retained for this retention period:</p> <p>There are provisions under the <i>Public Health Act 2005</i>, the Health (Drugs and Poisons) Regulation 1996, the <i>Therapeutic Goods Act 1989</i> (Cth) and the <i>Competition and Consumer Act 2010</i> (Cth) for the safety and protection of the community from food and drug incidents. Once reported and investigated, food and drug incidents can result in the recall of a defective product to minimise the risk to the community. A recent example of this was the foodborne outbreak linked to imported frozen berries where product recalls occurred due to the risk to the community of Hepatitis A infection. When a drug incident is reported, the relevant health facility(s) will be notified to minimise the risk to the community.</p> <p>It is recommended that these records are retained for a minimum period of 15 years after business action completed to ensure that records are available for a sufficient period of time for:</p> <ul style="list-style-type: none"> • agency reference and review • formal audit or review of processes and protocols for: <ul style="list-style-type: none"> ○ receiving details of, and notifying about, food and drug incidents ○ managing and investigating food and drug incidents ○ protecting the community, including minimising the risk of food and drug incidents to public health • formal investigation of food and drug incidents |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • the identification of potential patterns in food and drug incidents to minimise risk to public health • future legal proceedings, including claims or appeals, that may request access to records about food and drug incidents • protecting the individual rights and entitlements of the community. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the PROS 08/15 Public Health Functions RDA for Victoria.</p> <p>Previous schedule references: QDAN 276 v.1 Queensland Health (Environmental Health Branch records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • Recalls - Food & Drug [correspondence and information relating to the recalls of foods, drugs and poisons] • Complaints [copies of complaints relating to foods & drugs & poisons]. |
| <p>Disposal authorisation number: 2620</p> <p><i>National cancer screening register</i></p> <p>Records relating to the National cancer screening registers that are maintained by a health facility.</p> <p>National cancer screening registers may include, but are not limited to:</p> <ul style="list-style-type: none"> • cervical screening register • pap test register • breast cancer screening register • bowel cancer screening | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>Under the <i>National Cancer Screening Register Act 2016</i> (Cth), it is a requirement to retain a register to record information about cancer screening tests and to ensure that members of the public can be notified for regular screening and testing to occur within timeframes recommended under standards and guidelines. Abnormal cancer screening results generally trigger a shorter time period between testing cycles under current standards and guidelines. If an abnormality is detected at any stage in any tests, this is also noted in the register to ensure that members of the public are notified for more regular screening and testing to occur to closely monitor any potential change in results.</p> <p>Why the records are retained for this retention period: It is recommended that these records are retained for a minimum retention period of 15 years after business action completed. Retaining these records for a sufficient length of time will ensure that data is available to:</p> <ul style="list-style-type: none"> • support cancer screening programs |

| Disposal Authorisation | Justifying the retention period |
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| <p>register.</p> <p>Disposal action:</p> <p>15 years after business action completed.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <ul style="list-style-type: none"> • provide access to information about cancer screening processes • assist with research projects studying the causes, treatment and prevention of cancer • assist in the planning and assessment of the provision of cancer screening services • assist with formal audit or review of processes and protocols for cancer screening, including assessing the effectiveness of cancer screening services for the early diagnosis and treatment of cancers • future legal proceedings, including claims or appeals, that may request access to records about cancer screening • protecting the individual rights and entitlements of the community. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 04/04 Victorian Cervical Cytology Registry RDA for Victoria.</p> |
| <p>Disposal authorisation number:</p> <p>2621</p> <p><i>Public and environmental health – notifications and orders</i></p> <p>Records relating to the notification and reporting on the incidence of notifiable public and environmental health events that are not covered by disposal authorisation 2617.</p> <p>Disposal action:</p> <p>10 years after business action completed.</p> | <p>Why are these records created:</p> <p>In Australia, there is an agreed list of communicable diseases where notification of infections is required. These communicable diseases are classified as notifiable diseases. To assist with the management of notifiable diseases, public and environmental health notifications and orders are issued so the state can investigate, monitor and control the spread of infectious diseases. Public and environmental health notifications and orders for notifiable diseases apply to animals as well as to humans.</p> <p>Besides incidents of notifiable diseases, it is also a requirement that notifications of pool immersion incidents (drowning/near drowning incidents in children under 5 years) and notifications about dust lung diseases are registered. There may be other public and environmental health events where notifications and orders are issued by the Health Sector that have not been described in this entry.</p> <p>If a product or service presents a public safety risk, is non-compliant with regulations and standards, or has been banned for sale or use in Queensland, then a recall may occur. Notifications and orders relating to food recalls and drug recalls are issued by Public Health Units in Queensland.</p> <p>This class covers records relating to the notification and reporting on incidence of notifiable public and</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Date authorised: 4 November 2020</p> | <p>environmental events that are not significant.</p> <p>Why the records are retained for this retention period:</p> <p>Legislation, including the <i>Public Health Act 2005</i>, aims to protect public health from the impact of the potential spread of notifiable diseases and the occurrence of other notifiable public and environmental events through a system of notifications, orders, reporting and advice about these events. It is recommended that these records are kept for a minimum of 10 years after business action completed. This minimum retention period is consistent with the minimum period recommended for clinical records that may be created to document the provision of treatment and care to a patient following a notifiable public and environmental health event. Retaining these records for a minimum of 10 years will also ensure that records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • agency review and reference to: <ul style="list-style-type: none"> ○ set priorities for the control and prevention of notifiable public and environmental health events ○ assess the impact of notifiable public and environmental health events on the community • evidence of notifications and orders for food recalls, drug recalls or recalls of other products or services that have been available for sale and use in Queensland • future research studies, including studies which assess the effectiveness of preventative measures used for the control and/or elimination of communicable diseases • formal audit or review of strategies, processes and protocols for the management of notifiable public and environmental health events • future legal proceedings, including claims or appeals, that may request access to records relating to notifiable public and environmental health events • protecting the individual rights and entitlements of members of the community. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the PROS 08/15 Public Health Functions RDA for Victoria.</p> <p>Previous schedule references:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | QDAN 276 v.1 Queensland Health (Environmental Health Branch records) retention and disposal schedule: Recalls - Food & Drug [correspondence and information relating to the recalls of foods, drugs and poisons]. |

| Title | Scope Note |
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| <p>PHARMACEUTICAL</p> | <p><i>The pharmaceutical function covers the compounding and dispensing of pharmaceutical drugs to a health facility or service provider.</i></p> <p><i>Includes the compounding and dispensing of:</i></p> <ul style="list-style-type: none"> • <i>restricted drugs, drugs of addiction, radiation drugs and chemotherapy drugs</i> • <i>any pharmaceutical drugs for outpatients of a health facility or by a service provider.</i> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

Activity

COMPOUNDING AND SUPPLY OF DRUGS

The activity of compounding and supplying of drugs at a health facility. Includes dispensing restricted drugs and drugs of addiction at a health facility. Includes ensuring that compounded medicinal products are fit for their intended use and comply with the requirements of the marketing authorisation or clinical trial authorisation for the medicinal product.

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2622</p> <p><i>Restricted substances and drugs of addiction</i></p> <p>Records relating to the control and distribution of drugs of addiction or restricted substances.</p> <p>Disposal action: 10 years after business action</p> | <p>Why are these records created:</p> <p>This class covers records which document the control and distribution of drugs of addiction or other restricted substances.</p> <p>Why the records are retained for this retention period:</p> <p>Drugs of dependence and regulated restricted drugs are prescription medicines that have a recognised therapeutic need and benefit, but also a higher potential for misuse, abuse and dependence. Queensland regulation requires certain persons to obtain an approval or licence to perform certain regulated activities with these types of drugs. Additionally, the Health (Drugs and Poisons) Regulation 1996 stipulates that records relating to drugs of dependence and regulated restricted drugs are required to be kept and the Regulation outlines penalties for non-compliance.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>completed.</p> <p>Date authorised: 4 November 2020</p> | <p>According to the <i>Poisons Standard July 2020 (Cth)</i>, records concerning controlled drugs are required to be kept for a minimum of 5 years. Due to the risks associated with the use of these drugs, it is recommended that these records of control and distribution are retained for a minimum of 10 years.</p> <p>This minimum retention period allows for records relating to the control and distribution of drugs of addiction and restricted substances to be available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to the control and distribution of drugs of addiction and restricted substances • audit or review of processes for the control and distribution of drugs of addiction and restricted substances undertaken by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records about the control and distribution of drugs of addiction and restricted substances to determine whether lawful distribution occurred. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales.</p> <p>Previous schedule references:</p> <p>QDAN 276 v.1 Queensland Health (Environmental Health Branch records) retention and disposal schedule: PHD 01-13 Auth. Dangerous and Restricted Drugs [authorities under poison regs for DDs & RDs].</p> |
| <p>Disposal authorisation number: 2623</p> <p><i>Pharmaceutical compounding, supply and control</i></p> <p>Records relating to pharmaceutical compounding, supply and control of drugs that are not covered by disposal authorisation 2622 or by disposal</p> | <p>Why are these records created:</p> <p>This is an expanded class for the Health Sector (corporate records) retention and disposal schedule. This class covers records that document the pharmaceutical compounding, supply and control of drugs that are not classified as restricted substances or drugs of addiction.</p> <p>Why the records are retained for this retention period:</p> <p>Some authorised health facilities are equipped to be able to manufacture prescriptions. These facilities are known as a compound facility. A compound facility has strict protocols that they must adhere to. All equipment used to manufacture drugs must have a registered serial number. All products produced must</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>authorisation 2624.</p> <p>Includes:</p> <ul style="list-style-type: none"> • prescriptions and records of supply for cytotoxic drugs • manufacturing formulas and processes – including testing and sampling processes – used to compound a pharmaceutical product. <p>Disposal action:</p> <p>5 years after business action completed</p> <p>OR</p> <p>2 years after batch expiry, whichever is later.</p> <p>Date authorised:</p> <p>4 November 2020</p> | <p>have product names and reference codes as outlined in all applicable legislation and standard requirements.</p> <p>All facilities that manufacture, supply and dispense pharmaceutical drugs must keep records that include, but are not limited to:</p> <ul style="list-style-type: none"> • the prescriptions authorised by a certified doctor • registers of the drugs in stock and the drugs supplied • relate to the manufacturing of a drug by an authorised drug compound. <p>Due to requirements under legislation such as the Health (Drugs and Poisons) Regulation 1996, the <i>Therapeutic Goods Act 1989</i> (Cth), the <i>Evidence Act 1977</i> and the <i>Criminal Code Act 1899</i>, it is recommended that these records are kept for a minimum of 5 years after business action completed or 2 years after batch expiry, whichever is later. This proposed minimum retention period will ensure that these records are retained for a minimum of 5 years after business action completed for agency reference. This minimum retention period will also provide sufficient time for the audit and review of pharmaceutical compounding, supply and control at a health facility.</p> <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA and the PROS 08/15 Public Health Functions RDA for Victoria.</p> <p>Other comments/factors for consideration:</p> <p>Section 36 of the <i>Therapeutic Goods Act 1989</i> (Cth) allows the Minister for Health to determine manufacturing principles that are to be applied in the manufacture of therapeutic goods.</p> <p>Previous schedule references:</p> <p>QDAN 276 v.1 Queensland Health (Environmental Health Branch records) retention and disposal schedule: PHD 05-01 Pharmacies [regional pharmacy files – copies of pharmacy reports].</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2624</p> <p><i>Improper use/supply notifications – controlled drugs</i></p> <p>Records relating to notifications concerning the improper use of prescriptions for controlled drugs. Includes review of notifications about unlawful advertising or unsafe disposal of controlled drugs.</p> <p>Disposal action: 3 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>This class covers records relating to notifications concerning:</p> <ul style="list-style-type: none"> • the improper use of prescriptions for controlled drugs • the unlawful advertising of the ability to dispense controlled drugs • the unsafe disposal of controlled drugs. <p>Investigations that are commenced due to the receipt of a notification are not covered by this class.</p> <p>Why the records are retained for this retention period:</p> <p>It is a criminal offence under the <i>Drugs Misuse Act 1986</i> and the Health (Drugs and Poisons) Regulation 1996 to unlawfully dispense pharmaceutical drugs. If a person is found to be unlawfully writing prescriptions or dispensing drugs, they will be prosecuted. If a pharmacist suspects a prescription to be unlawfully written, or a person collecting a prescription to be attempting to use a false prescription or providing false information, the pharmacist has an obligation to report the incident to the Chief Executive Officer. It is also unlawful for any person to be advertising the ability to dispense pharmaceutical drugs.</p> <p>It is important that notifications are kept for a sufficient period of time to ensure that they can be referred to for decision-making on whether further investigation of the notification is required and to enable the identification of patterns of improper or unlawful behaviour relating to the use and supply of controlled drugs.</p> <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 17/04 Hospital Administrative Functions RDA for Victoria.</p> |

| Title | Scope Note |
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| <p>RESEARCH</p> | <p><i>The research function involves participation in state, country and worldwide discovery, treatment and analysis of diseases (both known and unknown). Medical research helps to improve the health of Australians by developing new medicines, treatments and devices.</i></p> <p><i>The research function includes, but is not limited to:</i></p> <ul style="list-style-type: none"> • <i>ethics in the use of humans and animals for trials</i> • <i>treatment and analysis of diseases</i> • <i>medical research funding.</i> <p><i>See the Forensic and scientific services retention and disposal schedule and the Laboratory function in this Schedule for the management of records relating to laboratory operations.</i></p> <p><i>See the Health Sector (clinical records) retention and disposal schedule for the management of clinical research records.</i></p> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

| Activity |
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| <p>ETHICS</p> <p><i>The activity of ensuring ethical conduct in research is maintained, including the protection of all participants or specimens.</i></p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2625 Biobanking</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule. This class covers records that relate to the ongoing use of biological samples for research purposes.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Records relating to biological samples retained and/or supplied for research purposes. Includes records relating to samples deposited into a Biobank and those samples supplied directly for research purposes.</p> <p>Biobanking data may include, but is not limited to:</p> <ul style="list-style-type: none"> • clinical, demographic and other data relating to the sample • secondary data generated from analysis of the sample. <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>Why the records are retained for this retention period:</p> <p>Australian biobanks are largely autonomous and funded by local health care institutions, although some biobanks also receive funding from the National Health and Medical Research Council (NHMRC). The <i>National Statement on Ethical Conduct in Human Research</i> outlines ethical principles for the conduct of research in Australia, including prospective collection and the continued handling of personal information relating to the participant.</p> <p>This minimum retention period is proposed to ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • ongoing research use • review or appeal of decisions relating to consent for the creation of biological samples for short- or long-term research participation • audit or review of processes for consent to research participation by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records on consent for participation in research projects to determine whether consent was sought according to legislation and national standards. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>There were no apparent classes covering similar Health Sector records in the Victoria or the New South Wales jurisdictions for comparison.</p> |
| <p>Disposal authorisation number: 2626</p> <p><i>Consent for trial participation – legal orders</i></p> <p>Records relating to a court-issued approval for the participation of an individual in a research trial. Includes research trials that have been</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule. This class covers records that document legal orders for the consent to trial participation in a research trial for an individual. Generally, these records are created to provide evidence of consent to research where the participant has an impaired capacity to provide informed consent.</p> <p>Why the records are retained for this retention period:</p> <p>The National Statement on Ethical Conduct in Human Research outlines ethical principles for the conduct of research in Australia. This includes the ethical considerations concerning research that involves people highly dependent on medical care and whose capacity to give consent is limited or non-existent. In these instances,</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>reviewed by the Human Research Ethics Committee.</p> <p>Disposal action: 100 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>consent should be sought from people highly dependent on medical care wherever they are capable of giving consent and it is practicable to approach them. Where it is not practicable to approach a person highly dependent on medical care, or the person is not capable of making such a decision, consent should be sought from the participant’s guardian or the person or the organisation as authorised by law to act for the person with impaired capacity.</p> <p>The Queensland Civil and Administrative Tribunal (QCAT) plays a central role under the <i>Guardianship and Administration Act 2000</i> in the approval of research that involves participants with impaired capacity to make decisions. This is part of the ethical laws that must be adhered to for research where the participants may have impaired capacity to provide informed consent to ensure the protection of the individual rights and entitlements of the participant.</p> <p>Besides the National Statement on Ethical Conduct in Human Research produced by the National Health and Medical Research Council (NHMRC), the Australian Research Council and Universities Australia, there are legislative requirements that must be met when conducting research for the Health Sector. It is important that records relating to consent for research participation are retained for a sufficient period of time to ensure that they are available for reference and to meet all legislative requirements relating to research.</p> <p>This minimum retention period is proposed to ensure that these records are available for a sufficient length of time for:</p> <ul style="list-style-type: none"> • review or appeal of decisions relating to consent for research participation of participants with impaired capacity to provide informed consent • audit or review of processes for consent to research participation by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records on consent for participation in research projects to determine whether consent was sought according to legislation and national standards • protecting the individual rights and entitlements of impaired persons who are participants in research projects. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) and the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 08/15 Public Health Functions RDA and the PROS 12/05 Statewide Health Services RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2627</p> <p>Consent for trial participation Records relating to consent for the participation of an individual in a research trial that are not covered by disposal authorisation 2626. Includes research trials that have been reviewed by the Human Research Ethics Committee.</p> <p>Disposal action: 25 years after business action completed OR 25 years after the subject/participant turns 18, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>This class covers records that document the consent for trial participation of an individual in a research trial. This class also covers records relating to consent for a child to participate in a research trial where consent has been sought and received from the parent or guardian of the child.</p> <p>Why the records are retained for this retention period:</p> <p>The National Statement on Ethical Conduct in Human Research outlines ethical principles for the conduct of research in Australia, including principles for consent to research.</p> <p>In accordance with legislation, a person who is 18 years or older is deemed an adult competent to make medical decisions for themselves and to be able to give consent to participate in research trials. In accordance with legislation, consent for a child to participate in a research trial must be sought and received from the parent or guardian of the child as a child is considered to be limited in their capacity to provide informed consent. Before any person can consent to participating in a research trial, they require a reasonable understanding of what is involved, including a full explanation of the risks, for the research trial. Health professionals who are conducting research have a duty of care to warn participants of any material risk inherent in the proposed research trial. Additionally, it is both a civil and criminal liability if any health practitioner places a person in a research trial without their consent.</p> <p>The Australian Code for the Responsible Conduct of Research states that data from trials including consent to participate should be retained for a minimum of 15 years for adult studies or 25 years for paediatric studies. To ensure consistency in the retention of these records, the proposed minimum retention period is 25 years after business action completed or 25 years after the subject/participant turns 18, whichever is later.</p> <p>It is important that records relating to consent for research participation are retained for a sufficient period of time to ensure that they are available for reference and to meet all legislative requirements relating to research.</p> <p>This minimum retention period is proposed to ensure that these records are available for a sufficient length of time for:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • review or appeal of decisions relating to consent for research participation of participants • audit or review of processes for consent to research participation by Queensland Health or by other agencies • future legal proceedings, including claims or appeals, that may request access to records on consent for participation in research projects to determine whether consent was sought according to legislation and national standards. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Administrative records (GDA21) and the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 08/15 Public Health Functions RDA and the PROS 12/05 Statewide Health Services RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2628</p> <p><i>Research specimens</i></p> <p>Records relating to the use of specimens, animal or human, for the purposes of research.</p> <p>Includes records relating to:</p> <ul style="list-style-type: none"> • the monitoring and handling of all research specimens before, during and after testing procedures have concluded • the maintenance and care of research specimens • the data that is gathered as a result of the use of research specimens. | <p>Why are these records created:</p> <p>This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>This class covers records relating to the use of specimens for the purposes of research in the Health Sector.</p> <p>Why the records are retained for this retention period:</p> <p>While Queensland Health and other health facilities participates in research in many areas, research is often completed in collaboration with the World Health Organisation, the University Sector and other federal and national health departments both within Australia and internationally. The entire process of what is used in research, and how it is used, must be documented to ensure that there is transparency around the research project and to ensure that ethical standards and legislative requirements are adhered to. Health professionals participating in medical research also have an ethical duty to protect life, health, dignity, integrity, the right to self-determination, privacy and confidentiality.</p> <p>Research is undertaken using humans, animals, cadavers and body parts. Body parts may include, but are not limited to, tissue, stem cells and organs. High risk materials or controlled drugs may also be used while performing research. Specimens are collected and used for a variety of different research purposes. It is essential that these specimens are available for reference and use for as long as necessary to support the findings of the relevant research trial.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal action: 15 years after business action completed OR 15 years after the completion of the research trial, whichever is later.</p> <p>Date authorised: 4 November 2020</p> | <p>In accordance with legislation, international standards and the Declaration of Helsinki 2008, the minimum retention period for these records is recommended to be 15 years after business action completed or 15 years after the completion of the research trial, whichever is later.</p> <p>This minimum retention period is proposed to ensure that these records are available for a sufficient length of time for providing evidence for:</p> <ul style="list-style-type: none"> • the transparency, accountability, consistency and quality of research trials undertaken in the Health Sector • the ethical and unbiased nature of decision-making surrounding research trials and the use of research specimens • the adherence of the Health Sector to any standards, guidelines or legislation relevant to the collection and management of research specimens • the review or audit of processes and protocols relating to research specimens • future legal proceedings, including claims or appeals, that may request access to records on the use of research specimens. <p>Applicable legislation/standards: See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules: This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 08/15 Public Health Functions RDA, the PROS 15/01 Cemetery and Crematoria RDA and the PROS 12/05 Statewide Health Services RDA for Victoria.</p> |
| <p>Disposal authorisation number: 2629</p> <p><i>Suspension of trials</i> Records relating to the premature termination or suspension of a research trial for any reason which is not covered by disposal authorisation</p> | <p>Why are these records created: This is a new class for the Health Sector (corporate records) retention and disposal schedule.</p> <p>From time to time a research trial may be suspended. The suspension of a research trial must first be approved by the Human Research Ethics Committee. The Principal Investigator must formally write to the Chair of the Committee outlining the circumstances around the suspension of the trial, including an indication of when the research is likely to continue again. It is imperative that any suspension of the research trial does not have an adverse effect on the participants and that any future options for the participant are documented.</p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>2626 or by disposal authorisation 2627.</p> <p>Disposal action: 15 years after business action completed.</p> <p>Date authorised: 4 November 2020</p> | <p>This class covers records relating to the suspension of research trials that are not covered elsewhere in this Schedule.</p> <p>Why the records are retained for this retention period:</p> <p>Research trials may be suspended for a variety of reasons including, but not limited to, financial constraints or lack of staff required for the research trial. Research results from the suspended trial can be challenged at any time. This can include allegations of research misconduct relating to the suspended trial.</p> <p>The Australian Code for the Responsible Conduct of Research requires that all records relating to research trials are to be kept for a minimum of 15 years. Because of this, a minimum retention period of 15 years is recommended for these records. This minimum retention period is proposed to ensure that these records are available for a sufficient length of time for providing evidence for:</p> <ul style="list-style-type: none"> • the transparency, accountability, consistency and quality of research trials undertaken in the Health Sector • the ethical and unbiased nature of decision-making surrounding decisions to suspend research trials • the adherence of the Health Sector to any standards, guidelines or legislation relevant to the suspension of research trials • the review or audit of processes and protocols relating to the suspension of research trials • future legal proceedings, including claims or appeals, that may request access to records on the research trial and the reason(s) for the suspension of the research trial. <p>Applicable legislation/standards:</p> <p>See the list of applicable legislation and standards for public records created, kept and managed by the Health Sector located at the beginning of this appraisal log.</p> <p>Comparisons with other schedules:</p> <p>This class was compared with classes covering similar records in the Health Services, Public: Patient/Client records (GDA17) for New South Wales and the PROS 08/15 Public Health Functions RDA and the PROS 12/05 Statewide Health Services RDA for Victoria.</p> |

| Title | Scope Note |
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| LEGACY RECORDS | <p><i>This section covers legacy records of the Health Sector within Queensland.</i></p> <p><i>This retention and disposal schedule should be used in conjunction with Proactive Protection of Vulnerable Persons – Relevant Records in the General retention and disposal schedule (GRDS). For any records relating to vulnerable persons, the GRDS disposal authorisations should apply unless existing minimum retention periods in this schedule are greater than, or equal to, those specified in the GRDS.</i></p> |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2630</p> <p>Legacy health records from QDAN 122 v.1 Permanent value legacy records relating to leper stations and lazarets historically located in Queensland at Peel Island, Stradbroke Island and Fantome Island.</p> <p>Disposal action: Permanent.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: These records relate to public health of inmates and those that were at a leper station during the time period of c.1892–1974.</p> <p>Why the records are retained for this retention period: These records provide historical significance to the State of Queensland with information about the operation of leper stations in Queensland and the management of incidence of leprosy in Queensland.</p> <p>Applicable legislation/standards: <i>Public Health Act 2005</i></p> <p>QSA permanent appraisal characteristics: These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> • 4 – significant impact on individuals • 5 – substantial contribution to community memory. <p>Previous schedule references: QDAN 122 v.1 Queensland Health (Leper Station records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • 1. Leper Station Record Book – Leper Lazaret, Peel Island |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • 2. Leper Station Record Book – Leper Lazaret, Stradbroke Island • 3. Register of Inmates – Lazarets – Fantome Island • 4. Index – Lazaret Inmates • 5. Index – Lazarets Register – Peel Island. |
| <p>Disposal authorisation number: 2631</p> <p>Legacy health records from QDAN 210 v.1 Permanent value legacy records relating to the Far North Queensland Health Board.</p> <p>Includes permanent value records identified in QDAN 210 v.1 and already transferred to Queensland State Archives as part of transfer QS127/1.</p> <p>Disposal action: Permanent.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: These records relate to the public health system within the far north region of Queensland. Records include but not limited to decisions made, correspondence received and sent and operational plans.</p> <p>Why the records are retained for this retention period: These records provide historical significance to the far north region of Queensland in the formation and development of public health and the hospitals within that region. Records also include the development and care provided to the Indigenous communities within Far North Queensland.</p> <p>Applicable legislation/standards: <i>Public Health Act 2005</i> <i>Hospital and Health Boards Act 2011</i></p> <p>QSA permanent appraisal characteristics: These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> • 4 – significant impact on individuals • 5 – substantial contribution to community memory. <p>Previous schedule references: QDAN 210 v.1 Queensland Health (Far North Queensland Health Board) retention and disposal schedule:</p> <ul style="list-style-type: none"> • Correspondence files (prefix - Cor, number) • General Reports and Health Surveyors Reports to Individual Councils (prefix - Rpts, number) |

| Disposal Authorisation | Justifying the retention period |
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| | <ul style="list-style-type: none"> • Reports/Studies (prefix - Stu, number) created by outside agencies • Sundry reports/material (prefix - Sun, number) created by outside agencies • Correspondence for meetings – file • Contracts (signed originals) • Address of N A Gaupe (Administrator of Cook Shire Council) • Burke Shire Council. Administrator’s Handover report • Burke Shire Council, Report of Burketown Water Supply Investigation done by Queensland Water Resources Local Authority Planning Division • Gulf Savannah Territory – Report by Queensland Tourist and Travel Corporation • 2nd Draft – Torres Shire Council, Review of the Torres Planning Scheme schedule • Sec. Manager, final Meeting Papers • Corporate/Operational Plan • Cor 1/21, Minutes of Meetings. |
| <p>Disposal authorisation number: 2632</p> <p><i>Legacy health records from QDAN 362 v.1</i> Permanent value legacy records relating to hospitals, institutions, hospital boards and the Queensland Ambulance Transport Brigade.</p> <p>Disposal action: Permanent.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: These records relate to public health amenities between 1933–1982. Includes records relating to the establishment and closing of public health facilities within Queensland.</p> <p>Why the records are retained for this retention period: These records provide historical significance to the State of Queensland regarding the establishment or closure of a health facility.</p> <p>Applicable legislation/standards: <i>Public Health Act 2005</i> <i>Hospital and Health Boards Act 2011</i></p> <p>QSA permanent appraisal characteristics:</p> |

| Disposal Authorisation | Justifying the retention period |
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| | <p>These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> • 4 – significant impact on individuals • 5 – substantial contribution to community memory. <p>Previous schedule references:</p> <p>QDAN 362 v.1 Queensland Health (Miscellaneous Operational records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • 2-0-8 Queensland Ambulance Transport Brigade - State Subsidy to Ambulance Brigades • 21-32-3.2 Mareeba Hospitals Board Home for the Aged • 21-33-30 Maryborough Hospital Medical Officers • 21-34-0.3 Miles Hospital - Hospital District • 21-35B-0.1 Eidsvold Hospital - Hospital Reserve • 40-1-1 Constitution of Medical Board to 1958 • Authority Book (Miscellaneous Research Material) • General Correspondence Registers 1963-1967 • General Institutions Correspondence Registers 1964-1971 • Hospitals Correspondence Registers 1963-1971 • Institutions Correspondence Registers 1963-1972 • Correspondence Register (unbound) • Correspondence Register – Complaints • Correspondence Register – Air Travel • Correspondence Register – Air Travel/Health Complaints. |

| Disposal Authorisation | Justifying the retention period |
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| <p>Disposal authorisation number: 2633</p> <p>Legacy health records from QDAN 473 v.1 Permanent value legacy records relating to maternal and child welfare.</p> <p>Disposal action: Permanent.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: These records relate to the Maternal and Child Welfare homes in Queensland between c.1918–1985. Maternal and Child Welfare homes provided clinical treatment and advice to mothers and supported the welfare and development of children in Queensland.</p> <p>Why the records are retained for this retention period: These records provide historical significance to the State of Queensland regarding the history of the facilities and support that was given to the Maternal and Child Welfare programs.</p> <p>Applicable legislation/standards: <i>Public Health Act 2005</i> <i>Hospital and Health Boards Act 2011</i></p> <p>QSA permanent appraisal characteristics: These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:</p> <ul style="list-style-type: none"> • 4 – significant impact on individuals • 5 – substantial contribution to community memory. <p>Previous schedule references: QDAN 473 v.1 Queensland Health, Royal Children’s Hospital & District Health Service Community Child Health Service retention and disposal schedule:</p> <ul style="list-style-type: none"> • 1 Sandgate Home files 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 • 2 “Fifty Years with the Maternal & Child Welfare Service, 1918-1968” • 5 Maternal & Child Welfare Home, Sandgate Admission Cards • 11 Admission & Discharges book – Unara Home • 12 War Emergency Provisions files. |

Disposal authorisation number:

2634

Legacy health records from QDAN 551 v.1

Permanent value legacy records including, but not limited to, records relating to:

- religious and charitable organisations such as the Australian Inland Mission and the Blue Nursing Services
- research projects concerning legislation such as the *Drugs Standard Adopting Act 1976* and the *Cremation Act*
- patients at the Queensland Radium Institute
- the investigation into the administration of the Stanthorpe Hospital
- Hospital Boards
- awards for Mental Hospital employees
- Health Ministers' conferences and Premiers' conferences.

Disposal action:

Permanent.

Date authorised:

4 November 2020

Why are these records created:

These records relate to:

- religious and charitable organisations that provided medical support and services in Queensland
- research projects relating to legislation
- patients at the Queensland Radium Institute
- an investigation relating to the Stanthorpe Hospital
- Hospital Boards
- awards that recognise outstanding work of Mental Hospital employees
- conferences attended by Health Ministers and Premiers.

Why the records are retained for this retention period:

These records have historical significance for Queensland and provide information about:

- a significant hospital investigation
- research projects
- the history of selected health facilities and health staff
- the operation of Hospital Boards
- patients at selected health facilities.

Applicable legislation/standards:*Public Health Act 2005**Hospital and Health Boards Act 2011***QSA permanent appraisal characteristics:**

These records provide evidence of the following characteristics from the Queensland State Archives Appraisal Statement and should be retained as archival records for future research:

- 4 – significant impact on individuals
- 5 – substantial contribution to community memory.

Previous schedule references:

QDAN 551 v.1 Queensland Health (Miscellaneous Records) retention and disposal schedule:

| Disposal Authorisation | Justifying the retention period |
|------------------------|--|
| | <ul style="list-style-type: none"> • 1.1 1-0007-001-001 Conferences – Health Ministers • 1.2 1-0007-001-002 Conferences – Health Ministers • 1.3 1-0007-001-003 Conferences – Health Ministers • 1.4 1-0007-001-004 Conferences – Health Ministers • 1.5 1-0007-001-005 Conferences – Health Ministers • 1.7 1-0007-007-002 Conferences – Premiers’ Conferences • 2.2 0001-0020-003-025 ; 0001-0024-025A ; 0001-0020-003-034/034A ; 0001-0020-0325B & C ; 0001-0024-029-010/022 – Awards – Mental Hospitals Employees, etc, etc • 4.3 0021-0000-005 Hospitals – General – Boards General • 4.4 0021-0000-018-002 Hospitals – General – Bone Banks • 4.7 [Listed files have permanent value if the building is of historical significance, listed in the Heritage Register under the <i>Queensland Heritage Act 1992</i>, is included in the National Trust list, is listed with the Australian Heritage Commission, is of considerable significance to the local community, has been subject to controversy or has received architectural or design awards] • 4.11 0021-0050-000-004 Stanthorpe Hospital – Investigation into Administration of Stanthorpe Hospital • 4.14 0021-0066-004-002 Queensland Radium Institute – Patients • 5.1 0027-000-002, 0027-0004-001”1”, 0027-0006-000, 0027-0007-003-003, 0027-0009-001-001, 0027-0010-001-003, 0027-0011-001/001-001, 0027-0013-001 ; 0027-0014-001 – 013 ; 0027-0015-002 – 004 ; 0027-0017-001-001 & 002-001, 002-002, 003 ; 0027-0019-001-004, & 003-001, 003-009 ; 0027-0021-001 – 001 ; 0027-0022-001-002”B” ; 0027-0024-001 & 002-002 ; 0027-0025-001-001 ; 0027-0027-001, 003 ; 0027-0030-000-001, 001 ; 0027-0031-001-001 & 002 – Legislation |

| Disposal Authorisation | Justifying the retention period |
|---|---|
| | <p>– Research Project into Administrative Law (Tribunals), Legislation – Drug Standards Adopting Act, Legislation – The Cremation Act, etc, etc</p> <ul style="list-style-type: none"> • 6.1 0039-0002-000"1" Religious & Charitable Organizations – Australian Inland Mission • 6.2 0039-0011-001"OS" Religious & Charitable Organizations – Home Nursing Services – Blue Nursing Service. |
| <p>Disposal authorisation number: 2635</p> <p>Legacy health records from QDAN 683 v.1 Records relating to the National Immunisation Program Database retained by Queensland Health. Includes, but is not limited to, records, data and information relating to the administration of vaccinations in Queensland between 1996 and 2019 where the vaccination data has been added to the National Immunisation Program Database.</p> <p>Disposal action: Until entered into the National Immunisation Program Database AND Until quality assurance procedures have been completed and signed off by the appropriate delegate.</p> <p>Date authorised: 4 November 2020</p> | <p>Why are these records created: These records are duplicates of records, data and information on Queensland vaccinations that are entered into the National Immunisation Register and maintained by the Federal Government.</p> <p>Why the records are retained for this retention period: These records were originally retained under the Queensland Health (clinical records) retention and disposal schedule as a duplicate of the records, data and information contained in the National Immunisation Register. Since early 2019, the Chief Health Medical Officer has requested that all vaccinations given to a person within Queensland be entered directly into the National Immunisation Register. Once the information has been entered into the National Immunisation Register, there is no requirement for Queensland Health to retain and manage duplicate vaccination data.</p> <p>Applicable legislation/standards: <i>Public Health Act 2005</i> <i>Hospital and Health Boards Act 2011</i></p> <p>Previous schedule references: QDAN 683 v.1 Queensland Health (Clinical Records) retention and disposal schedule:</p> <ul style="list-style-type: none"> • 3.12 Vaccination Register • 3.13 Vaccination Register Forms. |