A counter disaster Records Management Plan shall be developed and maintained for all Queensland Health Facilities.

Counter disaster records management plans shall be linked to relevant Emergency Preparedness and Continuity Management Plans (refer to Emergency Preparedness and Continuity Management Policy: 28028).

Emergency preparedness and continuity management: Implementation Standard for the management of records

1. Purpose
This Implementation Standard identifies the minimum requirements for the management of records in preparation for, and response to, events such as disasters, emergencies and accidents. This standard has been developed in accordance with the Emergency Preparedness and Continuity Management Policy.

2. Scope
Compliance with this standard is mandatory for all Queensland Health employees and for all Queensland Health facilities.

This standard is relevant to the management of all records including administrative, clinical and functional records.

3. Definition of Terms

- Facilities: For the purposes of this standard, Queensland Health facilities include all buildings and organisations subject to the provisions of the Health Services Act 1991 and any location in which Queensland Health records are permanently or temporarily housed.

- Events: As defined by the Emergency Preparedness and Continuity Management Policy (28028).

- Employee: Refers to all Queensland Health employees (permanent, temporary and casual) and all organisations and individuals acting as its agents, including Visiting Medical Officers and other partners, contractors, consultants and volunteers.

- Record: A record refers to an item which falls under the definition of a Public Record as described by Queensland State Archives.
4. Supporting Documents

- Queensland Health Implementation Standard 3: Risk Management Matrix (QHEPS document ID: 31237)
- Queensland Government Information Standard IS31: Retention and Disposal of Public Records
- Emergency Preparedness and Continuity Management Policy (28028)
- Retention and Disposal of Clinical Records Policy (QHEPS 9442)
- Queensland Health (Clinical Records) Retention and Disposal Schedule : QDAN 546 v.3
- Information Security Policy (v. 4.2) (QHEPS 3485)

5. Requirements

5.1 Preparedness and prevention

- Vital Records

- Risk Assessment
  - As one element of a counter disaster record management plan, a risk analysis and risk mitigation process shall be conducted. This risk analysis shall follow the processes set out in Queensland Health Implementation Standard 3: Risk Management Matrix (QHEPS document ID: 31237)

- Planning
  - A counter disaster records management plan shall be developed and maintained for all Queensland Health facilities.
  - A counter disaster record management plan shall contain (at minimum):
    1. a list of vital records
    2. steps that detail a process for managing records to minimise damage or loss. These steps may include actions such as duplication, dispersal, and storage of records.
    3. a list of facilities covered under the plan (where a facility plan covers multiple, perhaps smaller, facilities or sites)
    4. a list (including contact details where appropriate) of experts or tradespeople available to assist in recovery of damaged records.
    5. local governance and reporting hierarchy in relation to the management of records. This shall include details of the individuals/positions responsible
for implementing a counter disaster records management plan and approving any other measures to protect, retrieve and or treat records.

6. response and recovery steps for managing records following an event

7. a review schedule that describes when and by whom the plan was last updated and when and by whom the next review shall be conducted.

- A copy of all individual facility counter disaster records management plans shall be held together in one location in each district.
- Individual counter disaster records management plans shall be held in a minimum of two locations: at the relevant facility and at a separate site.
- Any actions or measures to protect records or treat damaged records shall comply with the principles set out in Information Security Policy (v. 4.2) (QHEPS 3485)

- Recovery kits
  - A disaster recovery kit (for records) shall be readily accessible to each facility (refer to Counter disaster records management plan (Template and checklists)).

- Local area emergency and continuity plans
  - Counter disaster records management plans shall be linked to relevant Emergency Preparedness and Continuity Management Plans (refer to Emergency Preparedness and Continuity Management Policy: 28028).
  - Counter disaster record management plans shall be reviewed at the same time as relevant Emergency Preparedness and Continuity Management Plans or at least six monthly.

- Prevention
  - Responsible or accountable officers identified in the counter disaster records management plan shall be contacted when an event is anticipated.
  - Recovery teams and/or relevant tradespeople/document recovery experts/suppliers shall be contacted when an event is anticipated.

5.2 Response and recovery

- When a damaging event has occurred, the recovery steps outlined in the relevant counter disaster plan shall be implemented.
- In response to an event, the following steps shall be implemented:
  - Assess the adversely affected facility or space in which records are held to ensure it is safe to enter and recover records. The level of this assessment shall be proportionate to the apparent damage to the facility or likely danger posed by entering the facility.
  - Immediately begin recovery of records upon a facility or relevant area being assessed as safe to enter. Recovery shall occur within 48 hours of an event where a facility or area has been assessed as safe to enter.
  - Identify, record and prioritise damaged records for treatment.
  - Assess, treat where necessary, copy where necessary, and store records to rectify damage and minimise any ongoing degradation. Administrative and
Queensland Health Standard: Emergency preparedness and continuity management: Standard for the management of records

Dispose of records in accordance with the Public Records Act 2002. Principle 2 in Information Standard IS31: Retention and Disposal of Public Records clarifies the relevant section of the Public Records Act 2002 insofar as it states: The disposal (including the destruction, damage, abandonment, donation, amendment, sale or transfer) of public records (or part of a record) can only be performed with the written authorisation of the State Archivist or other legal authority. At a minimum, public authorities must:

- Dispose of public records in accordance with a Retention and Disposal Schedule approved by the State Archivist that is current at the time of disposal
- Ensure all disposal is endorsed by the Chief Executive or an authorised delegate
- Ensure the method of destruction of public records is appropriate to the sensitivity of the records and conforms with local environmental regulations, and
- Document the disposal of public records.

In addition to complying with the Public Records Act 2002 for all Queensland Health records, any administrative and functional records shall be disposed of in accordance with Queensland Health Standard - Appraisal and Disposal of Administrative and Functional Records. All clinical records shall be disposed of in accordance with the Retention and Disposal of Clinical Records Policy (QHEPS 9442).

Following an event, or a near event, review the implementation of the plan including local relevant records management practices. This review shall include evaluation of the counter disaster records management plan and may result in modification of the plan.

6. Review
This Standard shall be reviewed at least every two years but a review can be triggered at any time by changes in the policy environment.

7. History

<table>
<thead>
<tr>
<th>Date of new / revised policy</th>
<th>Amended to........</th>
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<tbody>
<tr>
<td>16 December 2010</td>
<td>New standard</td>
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</table>

8. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility(ies)</th>
<th>Accountabilities/Audit Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Chief Executive Officer</td>
<td>- Disseminate information on potential events.</td>
<td>- All district facilities have received information on and notification of potential events.</td>
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<td></td>
<td>- Collate and securely</td>
<td>- Individual facility counter disaster</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities</td>
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</tbody>
</table>
| Facility managers           | - Disseminate information on potential events and the content of this Standard.  
- Appoint an officer/officers to be responsible for implementing the requirements of this Standard.  
- Identify resources, both financial and non-financial, to support adequate measures to protect records.  
- Conduct risk analysis and mitigation processes to protect records and minimise the impact of events on records.  
- Staff are aware of their individual responsibilities in regard to the management of records.  
- Appointed officers are aware of their responsibilities as outlined in the Standard including the development, review and implementation of a relevant counter disaster management plan.  
- Accountable/responsible officers have resources available to enable their compliance with the requirements of this standard including the development, review and implementation of a counter disaster records management plan.  
- A counter disaster records management plan is documented for the relevant QH facility/ies.  
- Risk analyses and risk mitigation processes are documented.  
- A disaster recovery kit (for records) is present at the facility.  
- Officers and/or recovery teams/tradespeople identified in the plan are contacted at the appropriate times.  
- Response and recovery steps outlined in the counter disaster records management plan are implemented following events.  
- A review, as required by this standard, is documented of counter disaster records management plans. |
| Service managers            | - Provide guidance to staff on identification of vital records and the relative importance of other records.  
- Vital records have been identified, registered and appropriately protected. |
| **Emergency response coordinators** | - Include counter disaster records management planning in district and/or facility emergency preparedness and continuity management planning.  
- Comply with responsibilities allocated by relevant counter disaster records management plans. | - Counter disaster records management planning is evidenced within respective facility or district emergency preparedness and continuity management planning. |

| **All Queensland Health Staff** | - Comply with the requirements of this Standard in relation to identification, registration and protection of records.  
- Comply with responsibilities allocated by relevant counter disaster records management plans. | - All vital records have been afforded adequate protection in accordance with Guideline RM0001 2010. |

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**Terry Mehan and Deputy Director-General Performance & Accountability**

**Approval Date:** 16/12/2010  
** Implementation Date:** 16/12/2010