

POLICIES, PROTOCOLS AND GUIDELINES

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Policy: Communicable Disease Records Retention Schedule

Originating Branch: Communicable Disease Prevention and Control

Approval Date: October 13, 2011

Review Date: October 2013

Approved by: Provincial Communicable Prevention and Control Committee
Chief Medical Officer of Health

POLICY STATEMENT

Public Health in the District Health Authorities (DHA's) shall manage the communicable disease and immunization records in their custody or under their control to comply with the Communicable Disease Records Retention Schedule as approved by the above authorities.

POLICY OBJECTIVES

To ensure that Public Health within the DHA's properly maintain the communicable disease records in their custody or under their control.

To ensure all client identifiable case management information related to Notifiable Disease and Conditions as per the Health Protection Act and immunization are filed and retained in accordance with the Communicable Disease Records Retention Schedule.

POLICY APPLICATION

This policy applies to all Public Health staff in the employ of, seconded to, or under contract to the DHA's who are involved in filing and maintaining communicable disease and immunization records.

POLICY DIRECTIVES

The person responsible for the management and/or coordination of the Communicable Disease Program in each DHA will communicate this policy to appropriate individuals.

Public Health Services in each DHA will follow the Communicable Disease Record Retention Schedule as outlined in the NS Communicable Disease Manual and the NS Immunization Manual.

ACCOUNTABILITY

Public Health staff within the DHA's are responsible to adhere to this policy.

The Public Health Services director or delegate is accountable to ensure this policy is communicated and Public Health staff in the DHA's are informed about this policy.

MONITORING

The Public Health Services director or delegate is responsible for monitoring of the implementation of this policy.

INQUIRIES

Branch/Section: Communicable Disease Prevention and Control
Nova Scotia Department of Health and Wellness
Email: CDPCRC@gov.ns.ca
Tel: (902) 424-6550
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COMMUNICABLE DISEASE

00000

Records documenting outbreaks and individual client identifiable case management information relating to the Notifiable Diseases and Conditions as well as immunization and treatment.

00000	Communicable Disease	ACT	SA	DIS
-01	Communicable Disease - General	FY+1	2	D
-30	Tuberculosis Case Files	SO+0	0	D
-31	Hepatitis B Case Files	SO+0	0	D
-32	Hepatitis C Case Files	SO+0	0	D
-33	HIV Case Files	SO+0	0	D
-34	Syphilis Case Files	SO+0	0	D
-35	Lymphogranuloma Venerum (LGV) Case Files	SO+0	0	D
-36	Creutzfeldt-Jakob Disease (CJD)	SO+0	0	D
-37	Sexually Transmitted Infection Other Than Hepatitis B, HIV, Syphilis and LGV Case Files	SO+0	7	D
-40	CDC Enteric Disease Case Files	SO+0	7	D
-41	Food-Borne Disease Outbreak Case Files	SO+0	7	D
-42	Disease Outbreak Other Than Food-Borne Case Files	SO+0	7	D
-50	Immunization Case Files	SO+0	0	D
-51	Adverse Effects Following Immunization (AEFI) Case Files	SO+0	0	D

Superseded/Obsolete Definition [File closed / Retention triggered / Deactivation begun]:

- 30 Infected person dies
- 31 Infected person dies
- 32 Infected person dies
- 33 Infected person dies
- 34 Infected person dies
- 35 Infected person dies
- 36 Infected person dies
- 37 Infection successfully treated or infected person recovered
- 40 Disease successfully treated or affected person recovered
- 41 Outbreak contained or mitigated
- 42 Outbreak contained or mitigated
- 50 Inoculated person dies
- 51 Affected person re-immunized without negative impact

ACT Active (Central Registry)
AR Archival Appraisal
D Destruction

DIS Disposition
DP Disposition Plan
FY Fiscal Year

OPR Office of Primary Responsibility
SA Semi-Active (Records Centre)
SO Superseded/Obsolete

Secondary Scope Notes

00000-01 General

Records documenting individual client identifiable case management information relating to Communicable Disease as a whole. Used for records which cannot be classified in any existing case file secondary. Examples: case report forms, nursing progress notes, contact tracing line lists, vaccine release forms, notification letters for vaccine-preventable diseases, diseases transmitted through direct contact or respiratory route, and zoonotic disease materials.

OPR (Office of Primary Responsibility) [Owner/Custodian/Controller]:
District Manager for the Communicable Disease Program

00000-30 Tuberculosis Case Files

Records documenting individual client identifiable case management information relating to tuberculosis. Examples: case report forms (provincial and national); nursing progress notes; contact tracing line list form; lab report (s); chest x-ray report (s), e-mail correspondence; letter(s) to pharmacy regarding billing for medication (s); letter (s) to physician regarding PH recommendations; monthly medication compliance and side effect assessment form; TB skin test result form; ER reports and other medical documentation (i.e. consult letters)

OPR: District Manager for the Communicable Disease Program

00000-31 Hepatitis B Case Files

Records documenting individual client identifiable case management information relating to hepatitis B. Examples: case report form; nursing progress notes; lab report (s); e-mail correspondence; Immune Globulin/Vaccine release form; Immune Globulin/Vaccine reciprocal form; ER reports and other medical documentation (i.e. consult letters), look-back/trace-back forms and nursing notes.

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00000-32 Hepatitis C Case Files

Records documenting individual client identifiable case management information related to Hepatitis C. Examples: case report form; nursing progress notes; lab report (s); e-mail correspondence; vaccine release form; vaccine reciprocal form; ER reports and other medical documentation (i.e. consult letters), look-back/trace-back forms and nursing notes.

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00000-33 HIV Case Files

Records documenting individual client identifiable case management information related to HIV. Examples: case report form (provincial and national); nursing progress notes; lab report (s); e-mail correspondence; HIV strain and drug resistance surveillance form; ER reports and other medical documentation (i.e. consult letters), look-back/trace-back forms and nursing notes.

OPR: District Manager for the Communicable Disease Program

00000-34 Syphilis Case Files

Records documenting individual client identifiable case management information related to syphilis. Examples: case report form; nursing progress notes; lab report (s); e-mail correspondence; ER reports and other medical documentation (i.e. consult letters)

OPR: District Manager for the Communicable Disease Program

00000-35 Lymphogranuloma Venerum (LGV) Case Files

Records documenting individual client identifiable case management information related to LGV. Examples: case report forms (provincial and national); nursing progress notes; lab report (s); e-mail correspondence; ER reports and other medical documentation (i.e. consult letters)

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SO Superseded/Obsolete

00000-36 Creutzfeldt-Jakob Disease

Records documenting individual client identifiable case management information related to CJD. Examples: case report forms; nursing notes; lab reports; e-mail correspondence; other medical documentation.

OPR: District Manager for the Communicable Disease Program

00000-37 Sexually Transmitted Infection Other Than Hepatitis B, HIV, Syphilis and LGV Case Files

Records documenting individual client identifiable case management information related to sexually transmitted infection other than Hepatitis B, HIV, Syphilis and LGV case files. Examples: case report form; nursing progress notes; lab report (s); e-mail correspondence; letter (s) to pharmacy regarding billing for medication; ER reports and other medical documentation (i.e. consult letters)

OPR: District Manager for the Communicable Disease Program

00000-40 CDC Enteric Disease Case Files

Records documenting individual client identifiable case management information related to CDC enteric disease. Examples: case report forms; nursing progress notes; lab report (s); e-mail correspondence; exclusion and return to work letter (s) to employer; exclusion and return to work letter (s) to employee; notification letter to daycare/school; sporadic communicable disease in returning travelers form; referral form to department of agriculture; national questionnaire (e.g. listeriosis); ER reports and other medical documentation (i.e. consult letters)

OPR: District Manager for the Communicable Disease Program

00000-41 Food-Borne Disease Outbreak Case Files

Records documenting individual client identifiable case management information related to food-borne disease outbreak case files. Examples: case report forms; nursing progress notes; lab report (s); e-mail correspondence; exclusion and return to work letter (s) to employer; exclusion and return to work letter (s) to employee; notification letter to daycare/school; sporadic communicable disease in returning travelers form; referral form to department of agriculture; contact line list form; letter(s) to contacts; epidemiology analysis document (s); ER reports and other medical documentation (i.e. consult letters)

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SO Superseded/Obsolete

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00000-42 Disease Outbreak Other Than Food-Borne Case Files

Records documenting individual client identification case management information relating to outbreaks. Examples: case report forms; nursing progress notes; lab report (s); e-mail correspondence; exclusion and return to work letter (s) to employer; exclusion and return to work letter (s) to employee; notification letter to daycare/school; sporadic communicable disease in returning travelers form; referral form to department of agriculture; contact line list form; letter(s) to contacts; epidemiology analysis document (s); ER reports and other medical documentation (i.e. consult letters)

OPR: District Manager for the Communicable Disease Program

00000-50 Immunization Case Files

Records documenting individual client identifiable case management information related to immunization. Examples: Immunization reciprocal form, MCH9 cards, line listings from HINI clinics and seasonal influenza clinics Immunization consent form, nursing progress notes, email correspondence

OPR: District Manager for the Communicable Disease Program

00000-51 Adverse Effects Following Immunization (AEFI) Case Files

Records documenting individual client identification case management information relating to an adverse event following an immunization. Examples: AEFI report form, email correspondence, immunization reciprocal form, nursing notes, ER reports and other medical documentation (i.e. consult letters)

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SO Superseded/Obsolete

Guidelines for Notification of Laboratory Results

Date: June 28, 2010

Reaffirmed: July 30, 2015

Providing laboratory results to a client is within the scope of practice of a registered nurse in Nova Scotia. Public Health nurses are accountable to the legislation and regulations under the Registered Nurses Act to work within the RN scope of practice.

Public Health nurses are accountable to the legislation and regulations under the Health Protection Act.

In response to concerns expressed about relaying lab results to clients in the absence of a physician, discussions were held with the College of Registered Nurses of N.S. It was determined that there is a distinction between relaying a lab result and making a diagnosis. Providing laboratory results to a client is within the scope of practice of an RN. Making a diagnosis is not within the RN scope of practice.

This guideline will serve as part of case management for all notifiable diseases/conditions

- When a lab report indicates a positive result for a notifiable disease/condition, it is necessary to carry out case investigation, contact tracing, education, etc. with the client in relation to that disease/condition (as per the CDC Manual) in order to prevent transmission.
- The Public Health Nurse can contact the person and convey the lab result if the person's health care provider is not available, in order to carry out the responsibilities above.
- The client must be encouraged to seek medical follow up for the notifiable disease/condition.

TO: CDPC Program Network, Medical Officers of Health

FROM: Elaine Holmes, Director, Communicable Disease Prevention and Control Division,
Department of Health and Wellness

DATE: July 2, 2015

RE: Protocol for Release of Publicly Funded PPD

For the purposes of determining Tuberculosis (TB) infection, publicly funded PPD can be released by Public Health for the following indications:

- 1) contacts of people with active TB, as part of Public Health case follow-up
- 2) individuals with health conditions who may be at risk for TB e.g. transplant patients; those on immunosuppressing medications.
- 3) situations where testing is requested by Public Health.
- 4) clients undergoing medical surveillance as requested by the Medical Officer of Health (MOH).
- 5) clients who have resided in TB endemic countries and are referred from primary care practitioners in consultation with Public Health.
- 6) screening of new residents in Long Term Care facilities, who are less than 65 years of age and belong to one of the 'at risk' groups*.

*'At risk' population groups as listed in the Canadian TB Standards include the following:

- People with an active history for TB
- Former staff and residents of homeless shelters
- Former staff and inmates of correctional facilities
- Former injection drug users
- Aboriginal Canadians
- People infected with HIV
- People born or previously residing in countries with a high TB incidence in Asia, Eastern Europe, Africa and Latin America
- People with high risk conditions, including:
 - Organ transplantation (related to immune-suppressant therapy)
 - Silicosis
 - Chronic renal failure requiring hemodialysis
 - Carcinoma of head and neck
 - Abnormal chest x-ray (e.g.: fibronodular disease)

Publicly funded PPD is not to be used for other purposes e.g. occupational health or school entry screening.