

SESLHD PROCEDURE COVER SHEET



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| NAME OF DOCUMENT | Health Records (Paper based) Disaster Management |
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| FORMER REFERENCE(S) | SESLHDPD/192 |
| EXECUTIVE SPONSOR | Director Clinical Governance and Medical Services |
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| POSITION RESPONSIBLE FOR THE DOCUMENT | Chairs of the SESLHD Medico-legal and Health Records Committee Antony.Sara@health.nsw.gov.au Leonie.Patterson@health.nsw.gov.au |
| FUNCTIONAL GROUP(S) | Disaster Management Records Management – Health |
| KEY TERMS | Disaster management, disaster recovery, medical records, health care record, fire, water damage. |
| SUMMARY | To provide a framework for implementation and maintenance of a thorough and effective Health Records Disaster Management Plan for paper based health records. The Health Records Disaster Management Plan is in conjunction with each hospital's Disaster Response Plan. The procedure focuses on the four recognised elements of disaster management: prevention, preparedness (pro- active), response and recovery (reactive). |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Procedure content cannot be duplicated.**

1. POLICY STATEMENT

The Local Health District has a responsibility to ensure all patient health care records are safeguarded and retrievable.

Under the *State Records Act 1998* (NSW), Part 2 Section 10, “the Chief Executive Officer has a duty to ensure that their public office complies with the requirements of the Act and the regulations with respect to State Records”. Part 2 Section 11 states that “each public office must ensure the safe custody and proper preservation of the State Records that it has control of.”

It should be noted that this document relates to paper records and that electronic medical records disaster management falls under the responsibility of Digital Health.

It should be noted that Corporate Records are managed in line with [SESLHDHB/022 - Corporate Records Management Framework](#) and associated procedures. SESLHD’s Corporate Records are described as any record that does not form part of a patient record as they relate to the business activities of the district. SESLHD Corporate records must be managed and disposed of in accordance with the *State Records Act 1998* (NSW).

2. SCOPE

Applies to all services that store paper medical records.

3. BACKGROUND

All facilities holding paper medical records have a risk of having unexpected events occur which will impact the condition of the paper medical records. Such events could include flood, humidity, mould, heating, fire, electrical faults, physical security, human error, ventilation, vermin, external events and hazardous materials. Due to these factors, contingency / emergency processes need to be in place to minimise the damage and/or destruction to the paper medical records.

4. DEFINITIONS

Disaster: Unexpected events with destructive consequences, including small and large scale events.

Disaster Management: Term given to strategies for the prevention, preparedness and response to disasters and the recovery of operations following disasters.

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

Health Record: A Health Care Record is a documented account of a patient’s / client’s health evaluation, diagnosis, illness, treatment, care, progress and health outcome that provides a means of communication for all health care personnel during

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each visit or stay at a health service. It is the primary repository of all information regarding patient/client care.

The record is used to care for the patient/client during an episode of care but may also be used for future episodes of care, communication with external health care providers and regulatory bodies, planning, research, education, financial reimbursement, quality improvement and public health. The health care record may also become an important piece of evidence in protecting the legal interests of a patient/client, clinician or Health Service.

The health care record may be in hard copy, electronic or other form, and unless otherwise indicated, the provisions of this procedure apply only to paper based records.

See **Appendix 1** of this document for a list of all components of the Health Records according to NSW State Records Public Health Services: Patient/Client Records GDA17 (May 2019).

Disaster Response Plan: Plan created by every hospital to prepare for and respond to potential disasters.

Medical Records Department/Clinical Information Department: Hospital department responsible for the storage and custody of Medical Records.

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

5. RESPONSIBILITIES**5.1 Employees will:**

- Alert line managers should they see any situation where the paper medical records are under threat.
- Take initial action to reduce the impact of the threat e.g. place plastic sheeting over affected areas should flooding be the threat.

5.2 Health Information Managers will:

- Promptly respond to any threat to paper medical records by contacting relevant department e.g. Engineering
- Take any preventative actions necessary to reduce the risk
- Notify senior management of the potential damage to records
- Follow the site's Disaster Management Plan

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5.3 District Managers/ Service Managers will:

- Promptly respond to any escalated notifications of threats to paper medical records
- Support and approve the escalation of damage control to the external companies specialising in paper records disaster management

6. PREVENTION

6.1 Identify Risks

Methods to eliminate or reduce risk should be implemented whenever possible. The prevention phase should involve:

- identification and assessment of buildings and areas where records are stored
- Identification and assessment of likely causes for concern, e.g. heating, fire, electrical faults, flood, physical security, human error, ventilation, mould, vermin, external events and hazardous materials.

6.2 Identify Records

Identify and document records to be protected.

Note which documents can be disposed of according to [NSW State Records Public Health Services: Patient/Client Records GDA17](#). Records which may be disposed need not be considered for recovery.

6.3 Health Records Disaster Management Plan (see appendix 2)

When risks cannot be eliminated, they need to be managed. Establish and maintain a Health Records Disaster Management Plan. This plan is included as a part of each hospital's Disaster Response Plan. This Plan identifies the most appropriate way to:

- initially respond to a disaster
- maintain business process during the disaster
- respond and recover quickly after the disaster.

The Health Records Disaster Management Plan should also include:

- how to access lists of health records
- lists of recovery materials and contacts that can be used in a disaster
- where recovered files can be re-located to
- tracking of files as they are recovered and relocated
- testing and reviewing the plan
- training staff in the use of the plan.

Consultation with staff regarding the Health Records Disaster Plan should be regular and feedback used to revise same.

Facilities of SESLHD are to use the Health Records Disaster Management Plan to develop site-specific plans that are to be endorsed by site General Managers.

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7. PREPAREDNESS

While planners can attempt to define every conceivable risk scenario, the preferred strategy is to plan for the worst-case scenario.

- All potential risks to records, their possible causes and consequences are identified
- Identify the best way to respond to each type of threat, e.g. freeze water-damaged files
- Train staff in their response and the location of disaster-recovery kits and resources
- Conduct regular risk audits of the building and its surroundings
- Identify and list relevant authorities, consultants and extra staff needed for the response and recovery team.

8. RESPONSE

Response includes activation of the plan and taking practical steps to respond quickly and appropriately to safeguard paper records against damage and loss. It includes contacting the response and recovery team and relevant authorities, securing areas and accessing recovery resources.

9. RECOVERY

The final phase of disaster management is recovery, which includes those activities associated with restoring resources and operations following a disaster so that normal operations can resume.

- Return and track files as appropriate
- Investigate causes and if necessary escalate the need for revision to the SESLHD Health Records and Medico-legal Committee.

Detailed information on the four phases of Disaster Management for records is available from State Records at –

<https://www.nsw.gov.au/nsw-government/recordkeeping/secure-and-store/disaster-management> – Recordkeeping disaster management overview.

10. AUDIT

Audits are not required however sites to provide updates to the SESLHD Health Records and Medico Legal Committee

11. REFERENCES

- ISO 9001:2000 Standard 4.2.4
- [State Records Act 1998 \(NSW\)](#)
- [NSW Health Policy Directive PD2025_035 - Health Care Records - Documentation and Management](#)
- [State Records NSW - Recordkeeping disaster management overview](#)

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12. VERSION AND APPROVAL HISTORY

| Date | Version | Version and approval notes |
|-------------------|---------|---|
| January 2008 | 1 | Document created by Health Information Management Committee, based on the Area PD 022 Records Management – Disaster Management Policy (September 2005) and the State Records NSW Standard on Disaster Management for Records (November 2001). Approved by Elizabeth Koff, Director Clinical Operations and Area Executive Team 29 January 2008. |
| August 2012 | 1.1 | Revised by the SES/ISLHD Health Records Committee. Endorsed by Tony Sara Director |
| November 2017 | 1.2 | Revised by the SESLHD Health Records & Medico legal Working Group |
| February 2018 | 1.2 | Endorsed by Mark Shepherd - Director Programs, Performance Chair SESLHD Clinical Informatics Steering Committee |
| February 2018 | 1.2 | Formatting reviewed by Executive Services. |
| April 2020 | 1.2 | Executive Sponsor updated. |
| Sep 2020 | 1.3 | Minor review to update contact details and section 6.1.2. Revised and endorsed by the SESLHD Health Records and Medico Legal Committee. |
| February 2021 | 1.3 | Approved by Executive Sponsor. |
| 31 July 2023 | 1.4 | Minor review to update hyperlinks. Revised and endorsed by the SESLHD Health Records and Medico Legal Committee. Approved by Executive Sponsor. |
| 14 November 2024 | 1.5 | Amendment to edit the Review Date to July 2025. |
| 19 September 2025 | 1.6 | Minor review: changed from SESLHDPD/192 to procedure document type; minor updates. Approved by the by Health Records and Medico-Legal Committee and Executive Sponsor. |
| 19 September 2025 | 1.7 | Correction to cover page. |

Appendix 1: Components of the Health Record

Records relating to the provision of treatment and care to a patient/client include (but are not limited to) records relating to or of a patient's/client's:

- admission, including medical and nursing records
- history (medical and social of the patient or their family)
- examination results (physical or other)
- transfer, referral or assessment documentation
- correspondence between the patient or their representative and the health care service
- consultation reports (medical or other)
- principal diagnosis and any other significant diagnosis
- medication or drug orders and medication administered or prescribed (including oral, parenteral and incident reports)
- nursing care (including all versions or revisions of nursing care plans) and clinical pathways observations
- counselling, allied health, social work or other health care professional notes
- allergies or special conditions
- doctor's or physician's orders
- all observations and progress notes (including those recorded on separate sheets)
- problem lists (master or other)
- requests for and results of all laboratory, diagnostic or investigative tests or procedures performed (including pathology, X-ray or other medical imaging examinations), including procedure and test results stored in information systems
- consent or authority to carry out any treatment, procedure or release of information and certification that consent is informed (including removal or donation of tissue or organs, consent to special procedures etc. See also [NSW Health Consent to Medical and Healthcare Treatment Manual \(Consent Manual\)](#))
- refusal of treatment or withdrawal of consent
- prenatal, obstetric, newborn and perinatal treatment, care and outcomes (includes newborn records and perinatal morbidity statistics)
- surgical procedure or operation (including pre-operative checklists, anaesthetic records and peri operative nurses reports, including instrument and swab count records and post-operative observations)
- all therapeutic treatments or procedures (including anti-coagulant, diabetic, dialysis, electric shock therapy (EST) and electro convulsive therapy (ECT))
- statements made for the Police and Coronial Inquest Reports
- Incident Information Management System records of notification with reference number
- discharge (includes final diagnosis, operative procedures, summary or letter of discharge and discharge at own risk or against advice)
- death (includes autopsy or post-mortem reports)
- Microfiche and records in other media.

APPENDIX 2

| | |
|-------------------------|---|
| NAME OF DOCUMENT | Health Records Disaster Management Plan |
| FACILITY | [facility] Hospital |
| DATE OF ISSUE | [to be updated] |
| REPLACES | August 2012 |
| FUNCTIONAL GROUP | Applies to all locations with paper health care records. |
| SUMMARY | To prepare this facility for the impact of any disaster to health care records. |
| DEVELOPED BY | South Eastern Sydney Local Health District |

Primary Contact in the Event of a Disaster:

[xxx , Health Information Manager]

Ph W [] Ph H [] Mob []

Second Contact: []

Ph W [] Ph H [] Mob []

Further contacts see section 5.1

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1 AUTHORISATION

This plan has the endorsement of the [Manager] of [] Hospital. It is a sub-plan to the site Disaster Response Plan, viewable at <URL>.

All relevant staff are requested to familiarise themselves with its contents and, in the event of a disaster affecting the records of hospital, follow the procedures contained within it.

Signed: _____ [Manager]

Date: _____

This plan has been authorised by the Facility General Manager.

Signed: _____ [Manager]

Date: _____

1.1 Distribution

Staff that are required to read and become familiar with the contents of this Health Records Disaster Management Plan (“the Plan”):

- Health Information Managers
- Health Records Disaster Management Team
- [facility] Manager

All staff should be familiar with the disaster contact person and initial “emergency” responses.

1.2 Confirmation form

I have read and understood this version of the [Hospital] Health Records Disaster Management Plan.

Signed: _____

Position: [Health Information Manager]

Date: _____

Note: A copy of this page will be retained by the [Health Information Manager] as part of the record of staff who have read and understood the plan.

2 ABOUT THIS PLAN

The Purpose and Scope of the SESLHDPR/192 Health Records Disaster Management Policy is to provide a framework for implementation and maintenance of an effective and

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efficient Health Records Disaster Management Plan. This Plan will detail how **[this facility]** will prevent, prepare for, react to and recover from disasters affecting Health Records.

2.1 Purpose

The purpose of this plan is to:

- document the main risks to the hospital's Health Records
- outline measures and responsibilities required to mitigate risks or minimise the impact of potential disasters
- allow hospital staff to respond quickly and appropriately to recover records after a disaster
- maximise the chance for continued operation of the Medical Records Department, during and after the disaster clean-up
- ensure that the best use is made of hospital and external resources in disaster preparedness and recovery activities.

2.2 Plan review

It is Hospital policy to review the Health Records Disaster Management Plan every two years. The **[Health Information Manager]** is responsible for carrying out the review.

A checklist of questions is available in Appendix 1 to help gauge the efficacy of planning.

2.3 Training and Testing

The **[Health Information Manager]** is responsible for ensuring that all personnel with responsibilities in this plan are made fully aware of those responsibilities and are capable of carrying them out. Initially, walk-throughs will help with familiarity of the Plan and to check its accuracy and workability. It will check whether staff can perform their required tasks and give the opportunity for feedback. **Subsequently, regular tests of the plan will be run every twelve months using a simulated disaster. The Health Records Disaster Management Team meets once every twelve months to review the Plan, their roles and responsibilities.**

2.4 Accessibility

Copies of the Plan are available on the SESLHD intranet web site with the site Disaster Plan at the Fire Indicator Board/Fire Control Panel, stored in **[Health Information Department]** and available to **[Fire and Security]** personnel, along with copies of the **[Emergency Procedures manual]**.

2.5 Acknowledgement

Much of the information in this plan is taken from State Records *Guidelines on Counter Disaster Strategies for Records and Recordkeeping Systems*, June 2002. This plan has also been developed according to the information in the (now superseded) Australian Standard AS4390-1996 *Records Management*, Part 6, *Storage*, Appendix B 'Contents of a model disaster response plan

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3 RESPONSIBILITIES

3.1 Responsibilities for protection measures

| Responsible officer | Role |
|---|---|
| [Facility General Manager] | Authorises Disaster Management for Health Records Policy and the facility’s Health Records Disaster Management Plan |
| [Site Manager/Director Clinical Services] | Authorises involvement and training of relevant staff Secures facility resources in response to risk assessments (provide funds) Authorises testing of the plans Authorises provision of equipment and supplies for disaster recovery |
| [Health Information Manager] | Drafts and reviews Health Records Disaster Management Plan (in liaison with other relevant staff) Establishes the Health Records Disaster Management team Allocates responsibilities to members of the team Organises training for staff according to their responsibilities Manages and undertakes the overall implementation of risk assessment and reduction measures for records Performs a “critical needs determination” to assess what would be required to keep the Medical Records Department running during a time of disaster |
| Health Records Disaster Management team (may include facilities managers with knowledge of the buildings) | Carries out risk assessment and reduction for records under supervision of records manager Undertakes regular training according to responsibilities Nominates a First Aid officer Undertakes photography and recording Organises supplies and transportation |

3.2 Risk Assessment and Prevention Measures

The hospital’s Health Records Disaster Management Plan is based on an understanding of risks to hospital property, people assets and records. Risk management underpins successful counter disaster strategies. Risks are reassessed [annually] by the [Disaster Management Team.] This stage also helps to calculate potential costs. Any cost effective methods of prevention are implemented.

Backup electrical supplies have been sourced in the case of power blackouts.

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The following table shows the main risks to this hospital's health records.

| | Risk | Risk Level | Prevention / treatment measures |
|---|--|------------|---|
| 1 | Natural disaster: earthquake, flood, bushfire | 3 | <ul style="list-style-type: none"> • Ensure all staff understand emergency and evacuation procedures • Fireproof buildings. Extinguishers. Smoke detectors. Sprinklers. • Liaison with Fire Brigade • Staff unplug electrical equipment during storms or when not in use • Copies of vital records (paper and electronic) stored offsite • Items stored at least 100mm off the floor • Records not stored below natural ground level that could easily flood |
| 2 | Building fault: leaking pipe, faulty sprinkler system, hazardous substances | 1 | <ul style="list-style-type: none"> • Regular maintenance checks of storage areas, plumbing and sprinkler system • Clean out guttering |
| 3 | Vermin | 1 | <ul style="list-style-type: none"> • Pest control measures |
| 4 | Other crime: theft, vandalism, arson | 2 | <ul style="list-style-type: none"> • Security review, alarm storage areas, auditable issue of keys and after hours passes to building • Regular patrol of hospital premises by [security] |
| 5 | Human error: destruction or damage | 3 | <ul style="list-style-type: none"> • Training for records staff in use of software and records handling • Training of contractors to take care in storage areas, e.g. not bumping sprinkler heads, turning off water as a precaution etc |
| 6 | Time: Deterioration of records, technologies superseded or break down | 1 | <ul style="list-style-type: none"> • Records handling procedures • Test accessibility of non-paper records |

Risk Level Key:

1=Prevention / treatment of these risks attracts the greatest investment of resources

4=Prevention / treatment of these risks attracts the least amount of resources

Risks to Hospital staff, property and health records have been assessed on the standard risk assessment matrix as described in State Records

<https://staterecords.nsw.gov.au/recordkeeping/advice/disaster-management/counter-disaster-reaction-and-recovery-plan>

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3.3 Records Location Areas

All areas, including secondary and off-site storage, are to be addressed by this Plan. For maps of the areas covered, see Appendix 2.

3.4 Off site storage of damaged records

[Facility] has organised off site storage for damaged records at [] and has ensured that records are easily retrievable from this off-site location.

3.5 Disaster Alarms/Warning systems/Alerts

[Who/what/how/when]

4 IDENTIFY VITAL RECORDS

[Print a current list of all health care volumes which are stored in each storage area as required. A report is available from iPM with a parameter choice of two- or four- terminal digit filing (RSE_MRT1008_TD2 or RSE_MRT1008_TD4). The report lists each patient with their volume/s in a current location in number order within terminal digit grouping.]

See Appendix 3 for a list of components of the health record, according to NSW State Records Public Health Services: Patient/Client Records GDA17 (May 2019).

5 ACTIVATING THE PLAN: RESPONSE AND RECOVERY

5.1 Who to contact and responsibilities for recovery

The contacts below are for the Disaster Team. These are available to staff in the Records Recovery Plan. In the event of a disaster, the person locating the problem should call the first person on this list. If there is no answer, the next person should be contacted and so on down the list until **one** person on the Disaster Team is informed.

| Position | Role | Contact details |
|--|--|---------------------------|
| [Network General Manager] | Overall responsibility for disaster recovery processes In charge of media liaison Authorises use of cold site/other resources if required Compiles post-disaster report | Name (W) (M) (H) |
| [Site Manager/ Director Clinical Services] | Contacted in the event of a disaster Liaises with any off-site personnel who attend the disaster | (W) (M) (H) |
| Health Information Manager | Primary contact regarding records in the event of a health records disaster Initiates response and follows plan Keeps staff informed of progress of recovery and return to normal business Arranges appropriate personnel to monitor and treat the health and wellbeing of recovery staff | (W) (M) (H) |

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|---|---|--|
| Health Records Disaster Management team | Carries out disaster recovery activities for records, under supervision of Medical Records Manager Documents the disaster and movement of documents Nominated backup leader in absence of Medical Records Manager | Name (W) (M) (H) (W) (M) (H) |
|---|---|--|

5.1 Equipment and supplies

Equipment and materials for use in disaster salvage are in [3] disaster recovery bins/trolleys situated in the []. The disaster recovery bins/trolleys contain:

- | | |
|------------------------------|-------------------------|
| 100 A4 Manila folders | Paper/folder |
| 200 sheets of blotting paper | Paper towel |
| 2 buckets | Plastic clothes pegs |
| 200 butcher's paper | Pencil |
| 12 cotton gloves | Plastic aprons |
| Archive boxes | Plastic bin liners |
| Chux cloths | Plastic Canister |
| Disposable gloves | Plastic sheeting 2x10m |
| Dust coats size 3,4 & 5 | Post it notes |
| Dust masks | Power board |
| | Rubber gloves/boots |
| Extension cord | Scissors |
| First Aid kit - optional | Sponge |
| | Synthetic chamy |
| Freezer bags | Tags/ties |
| Hand towel | Torch and batteries |
| Heavy duty aprons | Trolley/bins |
| Squeeze Mop | Utility knife |
| Fire Blanket | Waterproof masking tape |
| | Water proof Marking pen |

5.2 Technical and specialist advice

Technical advice on salvaging and drying materials is provided in Section 8 of this plan. The preferred provider for disaster recovery services, including freeze drying, is also included in section 8 of this plan.

Ensure communication and action protocols have been established with emergency services, e.g. fire brigade.

5.3 Coordination Centre

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The disaster recovery operation will be managed from the [] office. If this office is affected or the building is evacuated, the recovery will initially be managed from the evacuation gathering point.

The Hospital has an arrangement for a cold site with []. In the event that the disaster that prevents re- entry to the building for several days, hospital operations will be conducted from this site. The [Health Information Manager] will determine the need for use of this site and make the necessary arrangements.

5.4 Insurers

The Hospital is insured by the Treasury Managed Fund. In the event of a disaster, this hospital is required to manage the disaster response and make a claim in due course. It is the responsibility of the [Site] Manager to contact the insurers when required.

This site may need to show that losses have been mitigated. Date/time stamped photographic evidence can be helpful when dealing with insurance companies.

6 RECORDS RECOVERY

Records should be recovered in accordance with vital records schedules and priorities set for each functional area. All current health records have first level priority. Vital records are listed in Appendix 4 of this plan.

6.1 Response and Recovery Steps for Disaster Team

The initial steps of the disaster response and recovery process for the Disaster Team are:

| | |
|----|---|
| 1. | The [Health Information Manager] or Team Leader should decide whether it is necessary to notify the police, hazardous material team or others. Evacuation of staff and visitors may be the first priority. Refer to Evacuation Procedures. If it is a fire and the alarms have activate, the Fire Brigade will turn up automatically. |
| 2. | Determine whether it is safe to re-enter buildings e.g. electric wires in contact with water. Seek advice from trained personnel/consultants. Once safe to re-enter, assess the situation. Can the records be protected where they are? What equipment is required? How can the records be moved? For example, if there is a burst water-pipe, would it be better to start removing records before attempting to shut off the water? |
| 3 | Notify senior facility staff [Site Manager/Director of Clinical Services] who will liaise with consultants, visitors, media etc |
| 4. | The [Health Information Manager] then notifies all members of the disaster team (or delegates this duty to someone reliable) |
| 5. | The [Health Information Manager] briefs the response team on the disaster, the necessary response to be undertaken and any contact numbers they may need. Equipment and supplies are gathered. |

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| 6 | Team members commence recovery activities using whatever staff and resources that are necessary and available. Use safe manual handling techniques. See Appendix 4 for priorities for recovery. |
| 7 | Maintain records of which files were sent off-site and where. Take Photographs as required. |

6.2 Safe Manual Handling Techniques

- Avoid excessive bending of the back
- Keep loads close to the body and use leg muscles to lift
- Avoid twisting or side-bending when lifting
- Use stools or ladders to move materials from the top shelves
- Vary the work so different muscles are used. Change tasks every 30 minutes

6.3 Recovery Planning

Assess which records to recover first. Consider:

- value of record
- amount of damage
- recoverability
- whether there are copies.

What caused the damage?

What is the best recovery method? Do they need to be

frozen? Are any so bad they could be discarded?

Just paper or are there other types of records?

What materials are required?

Will the disaster affect the facility’s clinical functioning?

How many helpers will be required? Will Medical Records have to close?

If the required resources are not available, contact the preferred vendor for medical records DRP as soon as possible.

If there are large quantities of health records which will need freeze drying, contact the preferred freeze drying vendor as soon as possible with advice as to linear metres of records requiring treatment.

Where will the damaged records be taken, on-site or off-site?

If freeze drying is required for large quantities of records, ask the advice of the preferred freeze drying vendor as to the most appropriate freezing technology and size and have them supply it. This may include a refrigerated container or semi-trailer.

What needs to be documented? Documentation is essential for insurance records and claims, assisting recovery, keeping track of files for clinical purposes and re-evaluating the Plan. Include the cause of the disaster, which files are damaged, which files are destroyed, which files are salvaged by what method, costs of supplies used, cost of

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maintenance to facilities and staff time expended.

7 RESTORATION**7.1 Recovery methods:**

There are a number of stabilising and drying methods that can be used in the recovery phase of disaster management. 95% of all disasters result in water damage. Below are general tips on stabilising and drying water damaged paper-based materials.

Whichever method is chosen, dried materials should be monitored for potential mould growth.

IMPORTANT

The sooner recovery commences the greater the chance of restoring the records. Do not delay recovery.

Freezing, if it is required, should ideally occur within 3 hours of water exposure.

7.1.1 Air-drying

Air-drying is the preferred recovery method if time space and staff allow and if the records are damp but not wet. If the number of water damaged records is fairly small, air-drying can be attempted if it is within two days of the disaster and if material is not soaked. If papers are left damp for two days or more, mould will start to grow. Items that are suitable should be frozen. Air-drying may result in some distortion of items and should not be used for items with soluble inks. Mould is retarded by limiting humidity to 60% RH or less and by ensuring good air circulation.

Air-drying requires a large space with good air circulation and temperatures below 21°C. Circulation may be encouraged by positioning fans and opening windows. If available, dehumidifiers can be used in the drying process to reduce relative humidity (ideally to 25-35%, do not open windows in this instance). Do not use heated dryers.

Screening material such as window screens can provide an excellent compact drying surface which allows for air circulation (although metal mesh will rust in contact with moisture).

Standard paper files can be interleaved with blotter or butcher's paper and laid out flat in small piles. Bundles can be interleaved and pressed under a light weight or pages turned regularly. Ensure that the original order is maintained for bundles of loose sheets. Use in conjunction with dehumidifying. Cool air can be directed onto the pages but ensure that it is directed upward rather than directly on the pages. Replace the interleaved sheets when they become wet.

Books can be interleaved (to about 20% of pages) and, if they are strong, stood up with their covers at 90 degree angles. If they cannot be stood, lay flat and interleave as above.

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If the paper has been in direct contact with water (water-spray or standing water) and is wet rather than damp, it should be freeze dried. Freezing inhibits mould attack, stabilises inks and dyes, prevents adhesion of leaves and allows extra time for consideration of options.

Records most suitable for freezing are:

- Standard paper files
- Coated paper
- Books/volumes.

Do not freeze the following records:

- Photographs, including film, microfilm and negatives
- Electronic media including diskettes, magnetic tapes, CD's, DVD's.

Mould growth is likely if papers are not dried within 48 hours. If water-damaged papers cannot be dried within 48 hours, use freezing method:

- Clean and dry as much as possible without delaying the freezing
- Place freezer plastic/paper in between individual records/jackets
- Do not attempt to separate individual files from a soaked pile
- Wrap books/files singly to support the document and prevent records from freezing together
- To pack wet files/books, place spine down (do not double-stack) or flat in milk cartons or boxes. Interleave between files.
- Do not attempt to force swelled books closed. Leave spaces at the top of boxes. Do not pack tightly.
- Note, wet boxes cannot be stacked as high as dry boxes. If archival boxes are wet, replace with dry boxes.
- Transport as soon as possible to the chosen freezer. Do not wait for all files to be prepared for shipping before shipping those that are ready.
- Identify records that contain photographs and ensure they are interleaved with silicon/wax paper to prevent sticking.

Specialist services for freeze drying are listed in 8.3 of this Plan.

7.1.3 Dry air purging or dehumidifying

Dry air purging can only be used if records are not soaking (moisture content of less than 20%). A building or site is sealed in plastic sheeting and dry air, at least 26°C and 15% relative humidity, is pumped in using desiccant or refrigeration equipment. The water vapour is then absorbed in the dry air. This method is rapid and has the advantage of being in situ, but is only useful when the whole site can be sealed off. Humidifiers need to be emptied regularly.

Interleave between and within files. Stack to allow good air flow.

7.1.4 Air Drying using Pressing

For still-damp files with wrinkles, cockling or creases, flatten by pressing them between blotter and boards with a light weight on top. Press several at a time; separate each with silicone or wax paper.

7.1.5 Card indexes

Card indexes should be removed from drawers, stack on sides loosely and supported at each end. Dish drainers are good for this, as are book ends.

7.2 Recovery of other specific media types

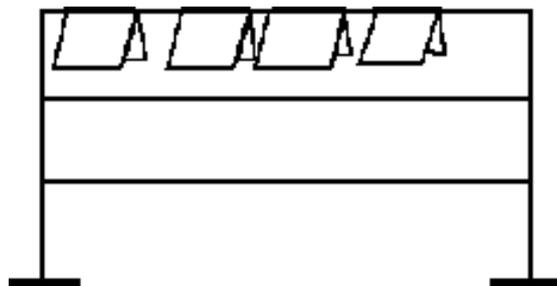
7.2.1 Books and Volumes

Books and volumes which can stand upright can be placed on paper towelling with their covers open to 90 degrees and their pages lightly fanned. Use small card wedges or interleaving to help the pages stay fanned.

Books that cannot be stood on end should be interleaved with absorbent material to about 20% of textblock and laid flat. Replace absorbent material regularly.

7.2.2 Pamphlets

Pamphlets, small files and loose pages can be hung on lines or improvised drying racks providing you have enough space and assistance. Do not hang heavy books/files.



Hanging small items
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7.2.3 Photographic prints

(most photos would be within the record, so are difficult to identify quickly)

If treated rapidly, photographic prints may be air dried. Photographs can be frozen if necessary but do not freeze dry as it may result in disfiguring marks on the surface of the photograph.

To air dry:

1. Remove photographs from mounts or separate from each other to prevent the emulsion sticking

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2. Rinse with cool water if necessary. Do not touch or blot surfaces
3. Place emulsion side up on blotters or lint free cloths or hang by placing clips on non-image areas, ensuring there is no overlap.

If wet, immerse in clean cold water in polyethylene bags. Send to a processing laboratory within 2-3 days for reprocessing and drying (except historic ones).

7.2.4 Floppy disks and diskettes

If floppy disks are wet, they should temporarily be placed upright in cold distilled water until recovery is possible. Do not dry or attempt to freeze them. If full backup copies exist, damaged media can be destroyed and replaced.

To salvage disks and diskettes:

1. Remove from water immediately
2. Remove from jacket
3. Rinse off dirt with clean distilled water. Do not soak.
4. Drip dry vertically in a disk drain or rack
5. Clean with a soft lintless cloth. Move perpendicular to grooves, not in a circular motion. Do not use hairdryers.
6. Place cleaned compact disk in clean jackets
7. Replace if mould or condensation is present or if there are deep scratches. Check playability and readability

7.2.5 Optical media (compact disks etc)

If full backup copies exist, damaged media can be destroyed and replaced.

1. Remove from water immediately
2. Remove from jacket
3. Rinse off dirt with clean distilled water. Do not soak.
4. Do not freeze
5. Drip dry vertically in a disk drain or rack, not flat
6. Clean with a soft lintless cloth. Move perpendicular to grooves, not in a circular motion. Do not use hairdryers.
7. Place cleaned compact disk in clean jackets
8. Replace if mould or condensation is present or if there are deep scratches. Check playability and readability.

7.2.6 Microfilms

If backup copies exist, damaged media can be destroyed and replaced.

Silver halide microfilm should be kept underwater and not allowed to dry out. It should be sent to a processing laboratory within 72 hours. Vesicular and diazo film should be

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separated and air dried:

1. Extract water affected records and dry separately
2. Do not freeze
3. Peg aperture cards up for drying
4. Unroll microfilms and air dry with the emulsion side up or send to film laboratory
5. Rewind film and store in dry containers.

If microforms cannot be dried immediately, they should be immersed in clean, cold water for no more than 2 to 3 days and taken to a laboratory. Duplication is recommended where possible.

7.3 Specialist Recovery Providers and contacts:

7.3.1 Preferred Provider for freeze drying:

BMSCAT/Steamatic Australia Sydney

Address: 113 Bonds Rd
Riverwood NSW 2210
Telephone: 1300 783 262
Facsimile: (02) 8525 8850

Email: help@steamatic.com.au Web site:

<http://www.steamatic.com.au> 24 hr emergency phone **1300 783**

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7.3.2 Specialist Recovery Contacts

| Contact | Specialty/Location |
|---|--|
| <p>Steamatic Sydney Total Restoration & Cleaning 113 Bonds Road Riverwood NSW 2210 Tel: 1300 783 262 Fax: 02 8525 8850 24/7 Hotline: 1300783 262 Website: http://www.steamatic.com.au/ Email: help@steamatic.com.au Principal contact: Business Development Manager</p> | <p>Provide 24/7 support nationally for dehumidification, drying, mould remediation, air quality control and general services.</p> <p>Full onsite & off site facilities support provided for all facets of disaster recovery. Small or large quantities</p> |
| <p>Microsystems Pty Ltd Unit 1, 2 Parramatta Road Granville NSW 2142 Tel:1800 634 054 Fax: (02) 9682 3390 E-mail: ask@microsystems.com.au Web Site: http://www.microsystems.com.au Contact: Stephen Wellington</p> | <p>Can recover damaged microfilms. Also offer scanning services.</p> <p>Location: Can work anywhere within Australia.</p> |
| <p>State Library of NSW Preservation Macquarie Street Sydney NSW 2000 Tel: (02) 9273 1683 Fax: ((02) 9273 1265 E-mail: hmansell@sl.nsw.gov.au Web site: https://www.sl.nsw.gov.au/research-and-collections-building-our-collections/caring-collections</p> | <p>Can offer advice, training and practical assistance with risk assessments, counter disaster plans and response and recovery procedures, as well as other aspects of preservation management.</p> <p>Location: Anywhere within Australia</p> |

8 POST-DISASTER REVIEW

After recovery from a disaster, the cause is identified and treated or managed. A report is to be prepared by the District [**Health Service Functional Area Controller or nominee**], not the disaster response team. It is not intended that this report apportions blame or finds a scapegoat. Rather it is designed to assess the:

- consequences
- the organisation's response
- effects of the disaster on personnel
- loss of any records and their subsequent restoration
- damage to infrastructure, buildings and equipment

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- interruption to services
- possible improvements to disaster planning, response and outcomes.

The findings of the report are used to modify the Plan and the responsibilities of the team.

It may be appropriate to debrief staff during and/or after the disaster and to provide counselling. Counselling Services are available from [\[Employee Assistance Program\]](#).

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Appendix A: Checklist to Assist with Planning

| Planning | |
|---|--|
| 1. Has the Health Records Disaster Management Plan been reviewed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has the Plan be ratified by senior management and integrated into District policies and procedures as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the plan been made available to all relevant staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have all staff who have a part in the plan been advised and trained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are there procedures to test and revise the disaster management plan based on current risk analysis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are there locations identified for re-location of recovered records? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are there ways to track retrieval and re-location of recovered records? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prevention – Health Record management practices | |
| 8. Are there ways to produce up-to-date inventories of all health records, their format, media-type, location, disposability etc? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are paper-based indexes of records protected against disaster? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Which records can be disposed according to GDA17? Other GDA's? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Do any records require special handling because they contain confidential or sensitive information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are such records stored securely and flagged to indicate restricted access? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are temporary, foreign and offsite health records included in the planning? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Are there procedures to regularly review and test the disaster management plan based on the latest risk analysis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Risk management | |

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| | |
|--|--|
| 15. Has your facility done risk assessments on actual and potential risks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Have all low-cost disaster-prevention measures been implemented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Are resources/strategies in place for the remaining risks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Are staff aware of and prepared to implement appropriate responses to the remaining identified risks and use the recovery equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Have the risks for records in other media been identified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Are there procedures and equipment for securing records not normally held in records storage areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Are there any other possible unforeseen consequences? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Are risk management strategies regularly reviewed to ensure they are effective? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Response | |
| 23. Do staff know their role in the response? Are there enough personnel or are consultants required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Do staff know the relevant contacts, consultants and authorities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Do staff know where disaster recovery resources are kept? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. How are damaged health records re-located and tracked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recovery | |
| 27. Has an impartial investigation been conducted and recommendations used to revise the disaster management plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Appendix B: List of Health Records

| Vital Records | Area responsible & location | Controlling System | Priority/ why vital? | Risks | Protection measures | Bac k-up? | GDA |
|---------------|-----------------------------|--------------------|----------------------|-------|---------------------|-----------|-----|
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