




Guideline for Creation and Disposal of Hard Copy Patient lists

Is this document a:

Policy Procedure Protocol Guideline

Insert Service Name(s), Directorate and applicable Location(s):

Title of PPPG Development Group:	HSE Short Life Working Group		
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1.0 INITIATION

1.1 Purpose

All staff working in the HSE is legally required under EU and Irish legislation to ensure the security and confidentiality of all personal data they collect and process on behalf of service users and employees.

In line with the GDPR principle of **Integrity and Confidentiality**, personal data, must be processed, by the HSE only in a manner that ensures the appropriate level of security and confidentiality for the personal data. To achieve this end, the HSE has developed this guidance as an organisational measure to protect against unauthorised or unlawful processing and against accidental loss, destruction, or damage of patient lists.

The purpose of this document is to provide guidance to enable HSE services to develop robust local SOP's for the creation, management and disposal of patient lists, to avoid any unauthorised disclosure or loss of personal data.

1.2 Scope

- 1.2.1 The scope of this guidance includes all hard copy patient lists generated for operational purposes.
- 1.2.2 This guidance is intended for all service areas that generate hard copy patient lists for daily operational purposes.
- 1.2.3 The guidance applies to all clinical and non-clinical HSE staff provided with hard copy patient lists for operational purposes.

1.3 Objective(s)

- 1.3.1 The objective is to provide guidance for the secure creation, use and disposal of hardcopy patient lists, generated for operational purposes, and which, must be accounted for, over the lifetime of the record and disposed of securely at the end of the shift or day.

1.4 Outcome(s)

The expected outcome of the guidance is that

- SOP's will be developed in all health and social care services where hardcopy patient lists are generated for operational purposes.
- That hardcopy patient lists are only generated as needed
- That the minimum information required is recorded on the list

- The list is disposed of securely at the end of the shift or day.

1.5 Supporting Evidence

- The General Data Protection Regulation (GDPR) May 2018
- Data Protection Acts 1988-2018
- The following documents set out the purpose of how personal information is collected, used and the measures that are taken to protect that information by the HSE as data controller
 - HSE Data Protection Policy (2019)
 - HSE Private Notice – Patients & Service Users (2020)
 - Information Classification & Handling Policy (2013)

1.6 Guidance Principles

- 1.6.1 Hard copy patient lists should contain the minimum amount of personal data possible
- 1.6.2 A process to track patient lists issued should be put in place to ensure that all lists issued to recipients are listed and accounted for at the end of all shifts and monitored on a daily basis by the person-in-charge
- 1.6.3 Patient lists should contain the date of issue and name of the person who printed the list, so that in the event of loss or unintended disclosure, the patient list it can be traced back to the area where it originated. The recipient (owner) of the list should also manually add their name to the list.
- 1.6.4 The list owner should dispose of the patient lists securely at the end of the shift, and the tracking system updated accordingly.
- 1.6.5 The assigned person-in-charge on a daily basis should monitor the tracking log.
- 1.6.6 The security of the patient list remains the responsibility of the list owner until it is disposed of at the end of the shift and the tracking system updated. List owners should take precautions throughout the shift to ensure patient lists are safe and secure and that the loss of a patient list is reported as soon as possible in line with the HSE Data Breach Policy.
- 1.6.7 Lists should only be retained for the retention period specified in the SOP and should only be disposed of in secure confidential bins on the HSE site.

1.7 Local SOP and Risk Assessment

- 1.7.1 It is the responsibility of each service area to develop a local SOP for the creation, management and disposal of hard copy patient lists, generated for operational purposes.
- 1.7.2 It is the responsibility of each service area to ensure staff are aware of the SOP and each staff member should acknowledge their understanding of the SOP with their manager (using existing local systems and processes).
- 1.7.3 The potential risk of loss and/or unauthorised disclosure should be recognized, and a local risk assessment completed, outlining the process and the measures in place to mitigate against such a risk.
- 1.7.4 The disposal of the patient list and the personal data retained on the logging system/mechanism to monitor the patient lists should be in line with the HSE Records Retention Policy.
- 1.7.5 If the use of patient lists are extended for operational purposes longer than the end of a shift or a day, the service must undertake a robust risk assessment and implement documented controls to ensure the security of the list until its secure disposal, to avoid any unauthorised disclosure or loss of personal data.

1.8 Training

- 1.8.1 HSE staff who process personal data as part of their role must complete the online awareness programme *The Fundamentals of GDPR* on HSELand.
- 1.8.2 Staff should take the opportunity to complete additional training modules, which are relevant to this guidance

1.9 Data Breaches

- 1.9.1 Where an unauthorised disclosure or loss of personal data is reported, the HSE Data Breach Policy should be followed and the data breach reported to the local Deputy Data Protection Officer (DDPO), immediately.

1.10 Compliance.

- 1.10.1 A means of audit of this guidance should be in place in all health and social care services.