Data Storage and Retention Policy	Manual: Reference Number: *102*
	Effective Date: Jan 1, 2017
Approving Authority: *Keith Dewar*	Revision Dates: *Date reviewed.*
Classification: *Governance*	
Contact for Interpretation: *Director, Research and Performance Support*	
Source: *Research and Performance Support*	

See related Policies: Conflict of Interest
Scholarly Integrity
Intellectual Property
The Ethical Conduct of Research and Other Studies Involving Human Participants

See related Procedure: Procedure for Policy on Data Storage and Retention

1.0 Policy

1.1 Research records must be documented appropriately, archived for defined periods of time (as outlined in the related *Procedure for Policy on Data Storage and Retention*), and be made available for review if required in the following situations:

1.1.1 For auditing purposes, to ensure compliance with related policies, regulations, or contractual agreements;

1.1.2 To protect the rights of research team members to access records from research in which they participated;

1.1.3 To assist in proving and/or securing intellectual property rights;

1.1.4 To allow for the investigation of allegations of breaches of related policies such as the Conflict of Interest policy, the Scholarly Integrity policy, or the Intellectual Property policy; and

1.1.5 To assist and enable other administrative or legal proceedings involving the RQHR and/or researchers, or its/their interests, related to their research.

1.2 Research records must be recorded or preserved in accordance with the highest standard of scientific and academic practice and procedures.

1.3 The Principal Investigator (PI) is responsible for the collection, maintenance, and secure retention of research records in accordance with the associated data storage

and retention procedures and applicable privacy legislation. The PI should also ensure that all personnel involved with the research understand and adhere to established practices that are consistent with these procedures.

1.4 This policy applies to:

- All employees of the RQHR, including full-time, part-time, casual, and contract employees;
- Any persons training or teaching within the RQHR who are not employees; and
- Any persons or discoveries made outside of the RQHR with the use of RQHR data.

2.0 Purpose

2.1 This policy is designed to govern the storage and retention of research records in the Regina Qu'Appelle Health Region (RQHR).

2.2 The Data Storage and Retention policy is necessary and important to maintain the highest ethical standards in the collection and retention of research records. The procedures relating to this policy are meant to meet the requirements set out in the Tri-Agency Framework[i] for conducting responsible research, and to provide clear guidelines for integrity in research and dissemination.

3.0 Responsibilities

3.1 Region personnel will inform Research and Performance Support at the RQHR of any research collaborations with internal or external partners which involve RQHR resources or facilities.

3.2 The RQHR Research and Performance Support Department is responsible for reviewing the contracted terms that involve the use of regional resources and outside agencies to ensure they are consistent with this policy.

3.3 It is the responsibility of all investigators and research personnel to be familiar with the *Freedom of Information and Protection of Privacy Act* (FOIPPA), the *Local Authority Freedom of Information and Protection of Privacy Act* (LA FOIP), the *Health Information Protection Act* (HIPA), the *Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans* (TCPS 2), and other relevant legislation and requirements concerning confidentiality.

3.4 The Principal Investigator and the RQHR are jointly responsible for the collection, maintenance, and retention of research data according to the procedures outlined in the associated document, *Procedures for Policy on Data Storage and Retention*.

4.0 Definitions

4.1 **Intellectual Property ("IP") –** refers to an expressed idea or "creation of the mind," or a manifested but intangible asset, over which an individual has an exclusive claim.

4.2 **Intellectual Property Rights** – various avenues through which to acknowledge and secure intellectual property, such as copyright, trademarks, trade secrets, computer coding, and industrial designs.

4.3 **Personal Information** – defined in the TCPS 2 (p. 58) as being "*identifiable information about an individual.*" Such information may include, but is not limited to: name, address, age, birthdate, ethnicity, social insurance number, educational background, employment history, life experience, religion, or social status.

4.4 **Personal Health Information ("PHI")** – any information about an individual's physical or mental health gathered in the course of providing a health service. It includes personal health information on computers, in paper files, on microfilm, on x-ray film, and anywhere the personal health information is stored by a data trustee. Examples of personal health information include health background, health care provider's name, MRN, HSN, medical history, lab test results and X-rays, doctor/nurse notes, or medical diagnosis. Sources of personal health information may include a medical record held by a physician, a patient record held by a hospital, registration information held by the Ministry of Health to register individuals for insured services, information about lab tests being performed for an individual, or records of prescriptions filled by a pharmacist.

4.5 **Research Records** – any documents and other records and materials recorded by or for an investigator that are necessary to document, reconstruct, evaluate, and validate research results and the events and processes leading to the acquisition of those results. Research records may be in many forms including, but not limited to: laboratory notebooks, survey documents, questionnaires, interview notes, transcripts, machine-generated data or performance outputs, recruitment materials, consent forms, correspondence, other documents, computer files, audio or video recordings, photographs including negatives, slides, x-ray films, samples of compounds, organisms (including cell lines, microorganisms, viruses, plants, animals) and components of organisms.

4.6 **RQHR Resources and Facilities** – include, but are not limited to: physical structures, laboratories, capital equipment, human biological materials, personal health information, services, and personnel.

4.7 **Region Personnel** – any person employed, training, teaching, or using RQHR resources or facilities, including but not limited to:

a) RQHR employees;
b) practitioner staff;
c) contractors;
d) students;
e) residents;
f) volunteers; and
g) RQHR research associates.

4.8 **Research Integrity** – a commitment to the fundamental values of honesty, trust, fairness, and responsibility while conducting any research activity.

4.9 **Research Activity** – research, scholarship, and/or creative activity carried out in the course of work or training in the RQHR. This may include any of the following: written material, laboratory work, computer work, coding, research materials, research results, oral reports, presentations, or reporting.

5.0 Revision History

This is a new policy.

[i] Tri-Agency Framework: Responsible Conduct of Research (2011; http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/#footnote1)