|  |
| --- |
|  |
| Template for Records Management Protocol |
| State Your Unit’s Name Here  |
|  |
|  |
|  |

**Version Control**

|  |  |  |
| --- | --- | --- |
| **Policy Name** | Template for Records Management Protocol |  |
| **Unit Owner**  | Office of the Chief Operations Officer |
| **Version Reference** | **Original Version 1.0** | **Reviewed Version (N/a)** |
| **Approved by** | Risk & Compliance Officer | N/a |
| **Effective Date** | July 6th 2022 | N/a |

Contents Page

[1. Purpose 2](#_Toc108012817)

[2. Scope 2](#_Toc108012818)

[3. Ownership of Records 3](#_Toc108012819)

[4. Management of Unit Records 3](#_Toc108012820)

[5. Responsibilities 4](#_Toc108012821)

[6. Procedures 4](#_Toc108012822)

[7. Developments 5](#_Toc108012823)

[8. Protocol Review 6](#_Toc108012824)

[Appendix 1 – Unit Record Retention Schedule 6](#_Toc108012825)

### Purpose

The objective of this protocol document is to set out the scope, guidelines and standards for the administration of University records under the care of UNIT’S NAME, (hereinafter referred to as ‘Unit records’). There are many factors to consider when addressing the issue of document management and due consideration must also be given to statutory and regulatory compliance. As document storage incurs a real cost to the University a logical guide to document management is desirable.

This protocol will set out the principles & procedures to be followed for the creation, retention and disposal of Unit records and will ensure their preservation where necessary. It will also provide for continued access to historical Unit records for the reasons detailed below.

* To meet the requirements of the Revenue Commissioners in relation to the retention of documents, especially those of a financial nature.
* To process requests for documentation from both external and internal auditors.
* To address the audit requirements of funding bodies.
* To deal with ad-hoc and other queries which may require access to documentation.

This protocol will also establish guidelines for the use of electronic media as technology develops. In addition in considering the issue of document management all staff should be aware of the need to ensure the protection, privacy and confidentiality of documents that they may come into contact with in the course of their duties.

2. Scope

Information created or received by UNIT NAME, or by unit staff in the course of their duties on behalf of the University, will exist in the form of records. These are within the scope of this protocol and it applies to all Unit records regardless of the type of medium in which they are stored. Records can exist in a variety of formats including:

* ***Paper records (both written and printed format);***
* ***Electronic records (e.g. PDFs, Word files, databases, spreadsheet files, emails and electronic data on any other media etc.)***

The specific sub-units or departments under the scope of this protocol are as follows:

1. ***Name Sub-Unit 1***
2. ***Name Sub-Unit 2***

### **3. Ownership of Records**

All records, irrespective of format, (i.e. both paper and electronic, including emails) created or received by University officers or employees in the course of their duties on behalf of the University, are the property of the University and are subject to its overall control. Employees leaving the University or changing positions within the University are required to leave, and provide, all available records to their successors and are also required to engage with any formal handover procedures as required by management.

4. Management of Unit Records

1. **Paper Records**

All paper records created or received by Unit management & staff in the course of their duties on behalf of the University are to be retained for as long as they are required to meet the legal, administrative, financial and operational requirements of the University. After this period they are to be either destroyed or transferred to the University Archives as indicated in the appendices to this document. The appendices specify the minimum period that records must be retained although Unit management & staff may, at their discretion, keep the records for a longer period of time if deemed necessary.

1. **Electronic Records**

The record management principles and protocols set out in this document also apply equally to electronic records under the control of UNIT NAME. However, the technological nature of electronic records requires that special consideration be given to matters such as authenticity, accessibility, version control, preservation and disposal.

Effective electronic records management is only possible through the use of electronic records management software in the context of an overall records management programme defining classification schemes, retention schedules, metadata standards, access rights, etc. In other words, electronic documents must be managed from creation through to final disposition or erasure.

In the absence of an electronic records management systems staff should employ good housekeeping practices in the management of electronic documents i.e. employ a naming convention, have a backup schedule, delete regularly (especially emails), use passwords, produce paper copies if required to maintain the integrity of manual files, etc.

Electronic records should take on the same retention schedule as their paper counterparts.
In the case of electronic records stored in file servers or data stored in relational databases where the computer equipment is maintained by Information Systems & Services (ISS), the department which created or maintains theses records should formally agree backup and recovery procedures with ISS. This is to ensure that there is no ambiguity as to which department is responsible for records in the event of hardware failure or accidental deletion of records.

**(C) General Unit Records Storage Process**

1. Current documents (i.e. less than two years old) are to be stored in the Unit’s office cabinets.
2. Documents of 3 – 4 years are to be boxed, labelled or bar coded and stored initially within the Unit.
3. Documents of 5 years or more are to be transferred either to the Library Archive or to off campus storage provided by an approved office records storage company.
4. Inventories of boxes are to be maintained and updated as necessary with label name, bar code and location. The location of the inventories of boxes is L/ALL/Unit Archives.
5. Due to EU (e.g. ERDF, ESF, etc.) requirements some Unit records must be held longer than the minimum 7 years to ensure appropriate compliance. This requirement applies to all relevant research related documents and not just those relevant to the EU fund. The length of retention for such documents will usually be set out in the finding contract and staff must ensure that the funding retention requirements are implemented.
6. Documents may be moved to external storage (Glenbeigh Records Management) depending on space requirements.
7. No documents are to be destroyed unless authorised by Unit management.

### 5. Responsibilities

This protocol applies to all management & staff working within UNIT NAME regardless of whether they are employed by the University or by one of the subsidiary companies which are ultimately owned by the University.

It is the responsibility of the individual departments within the Unit to ensure that the appropriate security measures are observed for maintaining records containing personal or other confidential information. Where scheduled for destruction this material must be shredded or alternatively disposed of by using a confidential waste disposal service to ensure that such information is not disclosed unintentionally.

Operational responsibility for the application of this protocol rests with each Unit’s Manager(s) and / or Supervisor(s).

### 6. Procedures

In addition to the guidelines indicated elsewhere in this protocol the following specific record procedures are to be implemented:

**(A) Retention Schedules**

Each Unit sub-unit will draft a separate Records Retention Schedule for the Unit records under their remit that will define the length of time that specified types of records are to be retained in their active and semi-active phases, as well as their final disposition once they become inactive.

This Unit’s retention schedule is shown in Appendix 1.

Documents may only be stored in the following locations:

* Unit’s office cabinets
* DCU Library Archive storage facility
* Third party storage facility (e.g. Glenbeigh Records Management).

**(B) Destruction of records**

Once a Unit record has reached the end of its useful life, as specified in the relevant retention schedule, it must be disposed of in a secure manner. The method of disposal will depend upon the medium in which it exists.

All paper based records are to be disposed of using the services of a confidential waste disposal company or by shredding. Records held in an electronic format may be disposed of by deleting the record from the Unit’s Network database and / or from the device on which it is stored.

Ideally, all electronic records should be held on Unit systems and servers only, holding such records on local drives of PCs and or laptops is not advisable. However, where records are held locally, and they contain personal data, then the device or the record itself must be encrypted.

***Please Note: Electronic data stored on PCs, laptops or any other external storage devices***

When disposing of any IT hardware capable of storing records or data they must have their hard drive memories wiped or removed prior to disposal. ISS will provide this service on request.

1. **Security of records**

Unit records are valuable documents and due consideration should be given to their security. Confidential records should only be accessible to University staff with a legitimate business need to view or process the record or to individuals approved by the Unit. In addition, staff should ensure that Unit records are protected from loss due to fire, flood or theft by adhering to the relevant University policies and procedures which address these risks.

### 7. Developments

The introduction of a Unit specific ‘Tidy Desk Policy’ will further increase the security and confidentiality of documents.

### 8. Protocol Review

This protocol is a live document and will require regular updating as circumstance and technology change. The protocol will be reviewed and amended as necessary at least once in every three-year period.

### Appendix 1 – Unit Record Retention Schedule