

COVID-19 DOCUMENT RETENTION

Regulatory Source/ Requirements	Documents	Retention Period	Comments/ Recommendations
Federal			
F880-Infection Prevention & Control Program	COVID Specific Policies/Forms <ul style="list-style-type: none"> • Surveillance Policy • Communication Policy • Infection Control (Transmission-Based) Precautions Policy • Training/Education Policy (reflecting all COVID related policies and competencies, i.e. donning/doffing PPE, hand hygiene, etc.) • Screening Policy • Testing Policy (Resident, Staff, Visitors, if applicable, baseline, routine and outbreak) • Vaccination (Resident, Staff) Policy • PPE Plan (including contingency/crisis and surge capacity) • Staffing Plan (including contingency/crisis) • Visitation Policy (indoor, outdoor, window, compassionate care, non-essential personnel) • Dining and Group Activities Policy 	<ul style="list-style-type: none"> • No CMS policy retention requirement specified • Refer to OSHA 1910.502(c) requirement below • Resident Forms (consents for testing, vaccination, screening)-refer to Resident Records requirements below • Staff Forms (consents for testing, vaccination, screening)-Refer to OSHA requirements below • Training and In-service Records (education material, sign-in sheets, and employee competency check-offs)-no retention requirements 	Recommendations: <ul style="list-style-type: none"> • Policies should be maintained per facility’s policy protocol. • Revised and deleted policies should be retained at least 10 years. • If screening tools are considered part of the resident medical record and/or employee medical record, per facility policy, the screening tools should be maintained in the appropriate medical record for the length of time designated below. This should be addressed in the facility’s record retention policy. • If screening tools are not considered part of the resident and/or staff medical records, but are “operational” logs, these logs should be

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	<ul style="list-style-type: none"> • Beauty Salon Policy • On-site Gym/Fitness Policy • Respiratory Protection Program/Policy (OSHA) • Social Excursion Policy • Medically Necessary and Non-medically Necessary Appointments (off-site) Policy • COVID Management Plan (observation unit & COVID unit, care protocols, admission/readmissions, etc.) • Co-circulation of Influenza Virus an SARS-CoV-2 Policy • COVID Risk Assessment(s) • Community Transmission Data Collection and Review (prior to 9/2021 was community positivity rates). 		<p>maintained a minimum of one year or longer (from annual survey to annual survey). This should be addressed in the facility’s record retention policy.</p> <ul style="list-style-type: none"> • If screening tools are not considered part of the resident record, then a summary of the information findings from the screening tools should be documented in the resident’s medical record reflecting the dates (range), frequency (times per day), and results of the screening. Note that the information is being summarized from the operational screening logs. • Risk Assessments and community transmission and positivity rate data should be included with the QAPI COVID surveillance documents.
<p>F884-CDC/NHSN Reporting</p>	<ul style="list-style-type: none"> • Acknowledgements or screen shots of data entry 	<p>No retention requirements specified</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> • Maintain all correspondence regarding NHSN reporting for

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	<ul style="list-style-type: none"> • Communications regarding NHSN reporting (emails and documented phone calls with NHSN and others) 		a minimum of 1 year (annual survey to annual survey)
F885-COVID-19 Reporting to Residents, Resident Representatives and Families	<ul style="list-style-type: none"> • Letters, e-mails and texts to residents/representatives • Verbal resident/representative communications-noted in resident record 	No retention requirements specified	Recommendations: <ul style="list-style-type: none"> • Maintain all communications to residents and resident representatives for a minimum of 1 year (annual survey to annual survey)
F886-COVID-19 Testing (Residents, Staff and Visitors)	<ul style="list-style-type: none"> • Testing policy • Testing acknowledgement/declination • Test results 	<ul style="list-style-type: none"> • No retention requirement for Testing policy • Employee testing acknowledgement/declination/results-refer to OSHA requirements • Resident testing acknowledgement/declination/results-refer to Resident Record requirements • Visitor Testing acknowledgement/declination/results-no retention requirements 	Recommendations: <ul style="list-style-type: none"> • Policies should be maintained per facility’s policy protocol. • Revised and deleted policies should be retained at least 10 years. • Resident testing consents/declinations and results should be maintained in the medical record. • Staff testing consents/declinations and results should be maintained in the medical record. • Visitor testing consents/declinations and results should be maintained in a secure, locked file.

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<p>F887-COVID-19 Vaccinations</p>	<ul style="list-style-type: none"> Resident Vaccine Education (risk/benefits), Vaccine Policy and Consent/Declination Form Staff Vaccine Policy and Consent/Declination Form Vaccine Education Staff (may use sign-in education sheets) 	<ul style="list-style-type: none"> Resident vaccine education and consent/declination part of the medical record. Refer to Resident Records below. Staff vaccine consent/declination part of the medical record. Refer to OSHA Employee Medical Records requirements below. No Georgia retention requirements. Staff vaccine education-Refer to OSHA COVID Plan requirements below. 	<p>Recommendations:</p> <ul style="list-style-type: none"> Policies should be maintained per facility’s policy protocol. Revised and deleted policies should be retained at least 10 years. Resident vaccine consents/declinations should be maintained in the medical record. Staff vaccine consents/declinations should be maintained in the medical record.
<p>F865-QAPI</p>	<ul style="list-style-type: none"> COVID-19 meeting minutes COVID-19 Surveillance/Audit Documents COVID-19 Performance Improvement Plans 	<p>No QAPI retention requirements</p>	<p>Recommendations:</p> <ul style="list-style-type: none"> Maintain QAPI documents for a minimum of 1 year (annual survey to annual survey)
<p>F842-Resident Records</p>	<p>Resident Medical Record:</p> <ul style="list-style-type: none"> Resident COVID Screening Resident COVID Testing Resident COVID Vaccination Consent/Declination Resident COVID Education 	<ul style="list-style-type: none"> 5 years from the date of discharge when there is no requirement under State Law. Retain not less than 10 years from date created: Georgia Health Records Rule 31-33-2 10 years: Federal False Claim Law. 	

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<p>Appendix Z-42 CFR § 483.73 - Emergency preparedness</p>	<ul style="list-style-type: none"> • Emergency Plan 	<p>No retention requirement; must be updated annually.</p>	
<p>CMS Omnibus Staff Vaccination Rule</p>	<ul style="list-style-type: none"> • Staff vaccination documentation (vaccination status, proof of vaccination) • Exemption requests, supporting documentation and facility decision 	<p>No retention requirement specified in rule. Employee records are governed by OSHA. See below.</p>	<p>Recommendation:</p> <ul style="list-style-type: none"> • Employees – See OSHA Employee medical records • Contract Staff – Per facility document retention policy unless litigation is anticipated • Other Non-Employees – Per facility document retention policy
<p>OSHA-Employee Medical Records 1910.1020(d)(1)(i)</p>	<ul style="list-style-type: none"> • COVID logs • Vaccine consent/declination • Testing consent/declination and results 	<p>If records are made or maintained by physician, nurse, or other healthcare personnel or technician, then they must be retained for the duration of employment plus 30 years.</p>	
<p>OSHA-COVID Log 29 CFR § 1910.502(q)</p>	<ul style="list-style-type: none"> • COVID log 	<p>Logs are maintained as confidential personnel medical record and retained as long as the Healthcare Emergency Temporary Standard exists.</p>	
<p>OSHA Employment Logs/Forms 1910.502(q)(3)(iv)</p>	<ul style="list-style-type: none"> • 300 log • 300A and 301 Forms 	<ul style="list-style-type: none"> • 5 years following the end of the calendar year that these records cover. 	
<p>OSHA COVID Plan 1910.502(c)</p>	<p>COVID-19 Plan:</p>	<ul style="list-style-type: none"> • Retain all versions of the COVID-19 Plan implemented to comply with this 	<p>See above.</p>

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	<ul style="list-style-type: none"> • Hazard Assessment to identify potential COVID-19 workplace hazards • Employee Screening • Employee Testing • Employee Vaccination • PPE and Transmission Based Precaution Training • Respiratory Protection Program Training • Employee Sick Leave and Return to Work • Enhanced Cleaning and Disinfecting • Patient Screening and Management 	<p>section (1910.502(c)) while the Healthcare Emergency Temporary Standard remains in place.</p>	
Americans with Disabilities Act	<ul style="list-style-type: none"> • Employment records 	<ul style="list-style-type: none"> • Retain for 1 year from the making of the records 	
Equal Employment Opportunity Commission 29 CFR 1602	<ul style="list-style-type: none"> • Employment records 	<ul style="list-style-type: none"> • Retain for 1 year from the making of the records • In case of involuntary termination, retain employment records for 1 year from the date of termination. 	

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State			
31-33-2 Georgia Health Records	<ul style="list-style-type: none"> Medical Records 	<ul style="list-style-type: none"> Retain not less than 10 years from date created: Georgia Health Records Rule 31-33-2 	
111-8-56.11 Resident Records (Health Facility Regulation-Nursing Home)	<ul style="list-style-type: none"> Resident Records 	No retention requirement (see above).	
11-8-56.03 Administration-Personnel Records (Health Facility Regulation-Nursing Home)	<ul style="list-style-type: none"> Personnel records 	No retention requirement (see OSHA above).	
111-8-16.05 Special Requirements for Long-Term Care Facilities (Health Facility Regulation)	<ul style="list-style-type: none"> COVID Communications with residents/resident representatives Infection Control and mitigation policies Baseline testing 	No retention requirements. <ul style="list-style-type: none"> Policies must be updated annually Publish for residents/resident representatives all policies and procedures pertaining to infection control and mitigation Refer to F880 above Refer to F885 above 	See above.
111-8-16.06 Disaster Plans (Health Facility Regulation)	<ul style="list-style-type: none"> Disaster Plan Rehearsals of Plan Records of Incidences which required implementation of plan 	No retention requirements	

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<p>Georgia Department of Public Health Administrative Order</p>	<ul style="list-style-type: none"> • Reopening Plan • Line List of resident and staff COVID vaccination and post-COVID status (including treatment administration impacting vaccine administration) • Safe Water Plan (water sources not used > 30 days) • Refer to F880-Infection Prevention & Control Program documents • Reporting Requirements (CDC/NHSN, HFRD, DPH) 	<p>No retention except for resident and staff vaccinations:</p> <ul style="list-style-type: none"> • Refer to Resident Records above • Refer to Personnel Records above 	<p>See above.</p>
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Note:

- *The information presented above is current as of November 17, 2021. Please note that the regulatory requirements, guidance and recommendations on which the information is based are likely to continue to evolve over time as governmental agencies change, extend or let expire COVID-19 regulations. Accordingly, facilities should pay close attention to the authorities referenced above to ensure that their documentation retention policies reflect the most recent developments.*
- *Because the information presented has been reduced to a checklist of items, it may not capture all of the underlying regulatory requirements, guidance and recommendations, or the nuances thereof. Accordingly, facilities should independently review these source documents as part of their due diligence.*
- *The information in this document should not be construed as legal advice and is not a substitute for experienced legal counsel to assist in construing the cited regulations and developing appropriate policies and procedures to implement the requirements.*