



LOMA LINDA  
UNIVERSITY  
MEDICAL CENTER

# LOMA LINDA UNIVERSITY MEDICAL CENTER

## OPERATING POLICY

<b>CATEGORY:</b>	MATERIALS MANAGEMENT	<b>CODE:</b>	G-34
<b>SUBJECT:</b>	DISPOSAL AND DESTRUCTION OF CONFIDENTIAL MEDIA	<b>EFFECTIVE:</b>	02/2016
		<b>REPLACES:</b>	11/2015
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### Related Policies:

[Information Classification and Protection \(E-12\)](#)

[Management of Wastes and Hazardous Materials \(T-9\)](#)

[Disposal of Used/Surplus Equipment and Other Items \(OG G-6\)](#)

[Waste Management \(OG G-10\)](#)

[Waste Disposal Charts](#)

### Introduction:

LLUMC provides various technology resources to its employees, authorized Medical Staff, faculty, and students-in-training (Users) to assist them with performing their job duties for LLUMC. Each User has a responsibility to use LLUMC's technology resources in a manner that increases productivity, enhances LLUMC's public image, and is respectful of other Users. Users are reminded that, in addition to the requirements of this policy, they are also subject to LLUMC's other privacy and security policies and any other applicable policies. Physicians are also subject to the requirements of the Medical Staff Bylaws.

### Definitions:

**Confidential media:** Includes any media or materials that contain, house, or store confidential information.

**Confidential information:** Includes any information defined by Policy [Information Classification and Protection \(E-12\)](#) as “confidential information,” “restricted information,” and “protected health information.”

**Disposal and destruction of confidential media:** Includes the disposal and destruction of paper waste, non-paper waste, and electronic media which includes confidential information.

### 1. General Provisions

1.1 LLUMC shall protect the confidentiality and integrity of confidential information as required by law, professional ethics, and accreditation standards.

1.2 Confidential information shall be disposed only by authorized means, to reduce the risk of accidental release to an outside party.

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1.3 The provisions of this policy shall apply to all LLUMC materials and property deemed to contain, house, or store confidential information, regardless of how the information is utilized or maintained.

a. Staff authorized to use confidential information off site shall adhere to the disposal and destruction methods authorized by this policy.

1.4 Waste shall be disposed of according to Policy [Management of Wastes and Hazardous Materials \(T-9\)](#).

2. Slides and syringes with attached needles disposed of in Sharps containers do not require obliteration of PHI. Refer to Waste chart for full list of items allowed to be disposed of in sharp waste containers

3. Waste to be incinerated (such as Pharmaceutical, Pathology/Tissue, Trace Chemo, and Hazardous Pharmaceuticals) does not require obliteration of PHI.

4. Biohazardous Waste items shall have any PHI obliterated (e.g., via Identihide labels) prior to disposal.

5. Confidential Paper and Non-paper Waste

5.1 Confidential paper and non-paper materials that are no longer required shall be considered confidential waste and shall be disposed of in designated receptacles in accordance with Administrative procedure [G-34.A](#). Confidential waste discarded in designated Confidential PHI receptacles does not require obliteration of PHI. Confidential waste shall be destroyed by shredding or alternate safe method approved in writing by the Compliance Department.

a. Examples of paper waste include patient records and monitoring strips, Talent Management Services Department documents, financial documents, business correspondence, mixed office documents, etc.

1) Employees shall, when possible, reduce the amount of confidential paper waste through increased usage of electronic documents. Reference Operational Guideline [Waste Management \(OG G-10\)](#).

b. Examples of non-paper waste include items such as addressograph cards, patient wrist bands, patient labels, photographs, and thermal label printer ribbons.

c. Items containing PHI that can't be disposed in designated confidential receptacles and therefore will need to be disposed of in appropriate non-confidential receptacles must have the PHI obliterated or covered with an Identihide label before disposal (reference [Waste Disposal Charts](#)).

d. Designated confidential receptacles shall not be used for disposal of recyclable items such as glass bottles, cans, paper cups or food or liquid items.

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6. Electronic Media

- 6.1 Electronic data shall be assumed to contain confidential information and shall be disposed in a manner that ensures confidentiality.
- 6.2 Employees shall contact Information Services Help Desk for assistance to ensure proper disposal and destruction of electronic media.
- 6.3 The department requesting destruction of the media shall deliver it to the Information Services Data Center.
- 6.4 Information Services shall destroy electronic media of the following types upon delivery of said media to the Information Systems Data Center:
  - a. Audiotapes
  - b. Computerized data/hard disk drives
  - c. Computer data/magnetic media
  - d. Computer diskettes
  - e. Memory cards
  - f. USB drives
  - g. Laser disks
  - h. Microfilm/microfiche
  - i. Videotapes
  - j. Copiers that use ribbons, cartridges from printers and fax machines
- 6.5 The destruction of media shall be accomplished through one, or a combination of, the following methods:
  - a. Data-wipe software that meets DOD standards (media can be reused)
  - b. Degaussing (media can be reused)
  - c. Shredding or other physical destruction
- 6.6 Administrative Procedure [G-34.B](#) shall be used for PC reuse and/or destruction.

APPROVED: Hospital Executive Leadership, LLUMC Chief Executive Officer



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## ADMINISTRATIVE PROCEDURE

**CATEGORY:** MATERIALS MANAGEMENT **CODE:** G-34.A  
**EFFECTIVE:** 02/2016  
**SUBJECT:** DISPOSAL AND DESTRUCTION OF **REPLACES:** 11/2015  
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INITIATOR OF ACTION	ACTION
Department head/administration	1. Provide employees with access to designated confidential receptacles (i.e., small blue containers).
Employees	2. Place confidential paper waste into designated confidential receptacles (i.e., blue containers). 3. Place confidential non-paper waste into designated confidential receptacles (i.e., blue Containers). 4. Discard biohazardous wastes that may have patient identifiable information in accordance with LLUMC policy <a href="#">Management of Wastes and Hazardous Materials (T-9)</a> . 5. Discard electronic media (to include thermal printer/fax ribbons, CDs, USB drives, hard drives, fax machines, computers, laptops, cameras, memory cards, other portable or removable media) by delivering to Data Center Operations MC-B737. 6. Report problems with disposal to Environmental Services. 7. Notify Housekeeping/Environmental Services when containers are full (routine pick-ups scheduled/arranged as needed).
Environmental Services	8. Provide containers for confidential wastes (paper and non-paper). 9. Empty desk containers into a secured, designated confidential waste container. 10. Collect full secured confidential waste containers in a designated area for vendor to collect and destroy.

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<b>INITIATOR OF ACTION</b>	<b>ACTION</b>
Confidential Waste Vendor	<ol style="list-style-type: none"><li data-bbox="634 321 1500 426">11. Notify the Office of Environmental Health and Safety (ext. 14019) for non-routine destruction (e.g., more waste received than usual).</li><li data-bbox="634 464 1500 499">12. Replace worn containers as necessary.</li><li data-bbox="634 537 1500 604">13. Supply labeled, locked containers with keys for the collection of confidential wastes.</li><li data-bbox="634 642 1500 747">14. Routinely collect containers with paper and non-paper confidential waste and destroy on-site the contents into unreadable waste.</li><li data-bbox="634 806 1500 842">15. Provide Certificate of Destruction for wastes destroyed.</li><li data-bbox="634 879 1500 915">16. Recycle unreadable paper and non-paper waste.</li></ol>



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## ADMINISTRATIVE PROCEDURE

**CATEGORY:** GENERAL MANAGEMENT

**CODE:** G-34.B

**SUBJECT:** PC REUSE AND/OR DESTRUCTION

**EFFECTIVE:** 02/2016

**REPLACES:** 11/2015

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INITIATOR OF ACTION	ACTION
Information Services	<ol style="list-style-type: none"><li>1. For computer devices: removes asset tag and updates asset tracking to location as "hardware room."<ol style="list-style-type: none"><li>1.1 If it is designated to be recycled, changes Location to "destroyed."</li><li>1.2 The hard drive is removed along with any reusable memory or internal components</li></ol></li><li>2. All electronic media deemed not re-deployable: turn media over to the Computer Operations / Director of DCM for destruction.</li></ol>
IS Computer Operations Director of DCM	<ol style="list-style-type: none"><li>3. Accepts electronic media for destruction.</li><li>4. Electronic media is collected in boxes for disposal</li><li>5. Places box in Computer Operations secure pickup area.</li><li>6. Notifies Electronic Media Disposal Vendor to pick up the items.</li></ol>
Electronic Media Disposal Vendor	<ol style="list-style-type: none"><li>7. Picks up items</li><li>8. Degausses and destroys the items.</li><li>9. Sends a Certificate of Destruction for the items listed to the Director of DCM (LLUMC).</li></ol>