

	<b>POLICY</b>  Number: 7311-25-006 Title: Disposal of IT Assets
Authorization  [ ] President and CEO [X] Vice President, Finance and Administration	Source: Director, Information Technology Services Cross Index: 7311-75-010 Date Approved: August 10, 2012 Date Revised: Date Effective: August 24, 2012 Date Reaffirmed: Scope: SHR & Affiliates

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## OVERVIEW

Information Technology (IT) assets can store large amounts of internal or confidential information, including Personal Health Information (PHI). As a trustee of this information, Saskatoon Health Region (SHR) and its employees must ensure that IT assets are redeployed and disposed of in a secure, transparent, and responsible manner.

Facilities and Engineering Services (FES) handles collection, storage, redeployment, sale, donation, and disposal of all surplus assets not classed as IT (Information Technology) assets. For relevant policy and procedures for these other types of assets, please refer to SHR policy 7311-95-002, Management of Surplus Assets.

Clinical Engineering is responsible for ensuring that PHI is removed from medical equipment before its disposal. Clinical Engineering is the subject matter expert regarding these devices and oversees all other aspects of medical equipment including acquisition, deployment, and maintenance.

## DEFINITIONS

**All Staff** means SHR employees, practitioner staff, professional staff, affiliates, contractors, vendors, students and volunteers.

**IT (Information Technology) Assets** means computer hardware (e.g. desktop computers, laptops, tablet PCs, etc.), printers, MFPs (Multi-Function Printers), printer ribbons, fax machines, cell phones, smart phones, desktop telephones or electronic storage that could store (or may reasonably be expected to store) internal/confidential SHR information (i.e. information that is not in the public domain) such as USB keys, CDROMs, DVDs, and VHS or cassette tapes. IT Assets can sometimes contain environmentally hazardous material.

**Medical Equipment** means instruments used in diagnostic and treatment procedures of patients/clients and classified as Class III or IV medical device by Health Canada. Examples

include, but are not limited to, intravenous pumps, ventilators, cardiac monitors, and other diagnostic equipment. *This policy does not apply to these types of assets.*

**Surplus Assets** means all medical and non-medical devices including furnishings, equipment and building fittings; includes obsolete surplus assets. *This policy does not apply to these types of assets.*

## 1. PURPOSE

The purpose of this policy is to establish SHR's requirements for:

- Redeploying IT assets that are no longer required due to changes in policies/procedures, functions or usage patterns; and
- Disposing of IT assets, which can contain both internal/confidential information and hazardous materials, in a secure and responsible manner.

## 2. PRINCIPLES

- 2.1 SHR has a responsibility to dispose of surplus IT assets securely & responsibly.
- 2.2 Redeployment and disposal of surplus IT assets reduces SHR storage costs as well as environmental costs associated with landfills and solid waste.
- 2.3 Improper disposal of IT assets could lead to the disclosure of internal or confidential data, including but not limited to PHI.
- 2.4 Donation of obsolete IT assets, even when concerns regarding internal or confidential data are addressed, leads to unsustainable expectations of technical support after the fact. Recycling of computer hardware is the preferable disposal option.

## 3. POLICY

- 3.1 All staff must ensure that surplus, obsolete, or non-repairable IT assets that contain (or may reasonably be expected to contain) internal or confidential information are returned to Information Technology Services to be redeployed or securely and responsibly disposed of.
- 3.2 Surplus or obsolete IT assets shall not be sold, donated or otherwise transferred directly to staff, individuals, or external organizations. All redeployment or disposal of IT assets must adhere to approved methods (see procedure).
- 3.3 To ensure transparency in the management of IT assets, ITS will keep records of the recycling or disposal of IT assets with a value > \$100.

## 4. ROLES AND RESPONSIBILITIES

### 4.1 All Staff

Ensure surplus IT assets are identified and disposed of in accordance with this policy and procedure.

#### **4.2 Managers/Supervisors**

Ensure staff are aware of this policy and procedure and handle IT assets accordingly.

#### **4.3 Information Technology Services (ITS)**

ITS handles collection, redeployment, and secure and responsible disposal of IT assets.

### **5. POLICY MANAGEMENT**

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Information Technology Services.

### **6. NON-COMPLIANCE/BREACH**

Non-compliance with this policy will result in a review of the incident. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR. Violations involving PHI may also result in significant legal fines and/or imprisonment<sup>1</sup> for the offending individual(s).

### **7. REFERENCES**

For further information on *The Health Information Protection Act (HIPA)* or *The Local Authority Freedom of Information and Protection of Privacy Act (LA FOIP)*, please contact Privacy or visit Saskatoon Health Region's website at [http://www.saskatoonhealthregion.ca/about\\_us/privacy\\_access.htm](http://www.saskatoonhealthregion.ca/about_us/privacy_access.htm)

SHR Policy *Information Classification, Labelling, and Handling*

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<sup>1</sup> HIPA Section 64(2)(a)

## PROCEDURE

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Scope: SHR & Affiliates

## 1. PURPOSE

The purpose of this procedure is to establish a process for redeploying or disposing of IT assets, which can contain both sensitive information and hazardous materials.

## 2. PRINCIPLE

Ethical management of IT assets requires consistency among sites and transparency of the process.

## 3. PROCEDURE

For an overview of the decision process that should be followed when redeploying or disposing of IT assets, please refer to **Appendix A – IT Asset Disposal Workflow**. The specific details of this process are discussed in more detail below.

### 3.1 Identification

- 3.1.1** Surplus assets are determined either by the department or by Information Technology Services. If surplus IT assets are redeployed within a department, that department/unit/sector/program (department) is responsible for communicating the new location and user of that asset to the ITS Service Desk.
- 3.1.2** Once an IT asset is deemed surplus and has left the department, the “donor” has ceded all right to that item. Assets will not be held indefinitely and cannot be returned to the originating unit/area.
- 3.1.3** For IT assets that are difficult to ship (e.g. computer hardware such as desktop computers, laptops, tablet PCs, and printers), the department will download and complete an IT Work Order Request Form (available on the [Forms](#) page of the ITS Infonet).

The ITS Deployment & Break-Fix Team will arrange with the department to have the IT asset picked up or shipped.

- 3.1.4 For IT assets that are of relatively small size (e.g. smart phones, printer ribbons, or electronic media that could contain internal or confidential SHR information), the department will securely pack the IT asset and forward it via inter-office mail to "ITS Deployment – SCH", clearly marking the package "FOR DISPOSAL".
- 3.1.5 The ITS Deployment & Break-Fix Team will inspect the asset to determine the appropriate action plan.
- 3.1.6 Items appropriate for surplus storage must be tagged with the day's date. Whoever places the item into storage is responsible to take measurements and a brief description and relay that information to ITS admin support to aid in the redeployment process.

### **3.2 Redeployment**

- 3.2.1 For hardware and printers that meet current minimum ITS standards for that type of device, the ITS Deployment & Break-Fix Team will inspect the IT asset to determine that it still functions.
- 3.2.2 Printer ribbons or electronic media that could be storing internal or confidential SHR information shall be securely disposed of and shall not be redeployed.
- 3.2.3 Functional IT assets that meet current minimum ITS standards may be redeployed to other departments or facilities within SHR or utilized as loaners. Such transfers are at no cost to either department/facility (other than moving costs where necessary).
- 3.2.4 If fax machines or multi-function devices with fax capability are redeployed, their page headers shall be changed to reflect the new "from" phone number and sender name.
- 3.2.5 IT assets that do not meet current minimum ITS standards, are not functional, or are not re-deployed within 30 days<sup>2</sup> shall be securely recycled or disposed of by ITS.

### **3.3 Sale or Donation of IT Assets Not Allowed**

IT assets shall not be sold, donated, or ownership otherwise transferred. If an IT asset is no longer required, the only approved options are redeployment (see section 3.2) or secure disposal (see section 3.4).

### **3.4 Disposal of IT Assets (Recycling/Discarding)**

- 3.4.1 Primary responsibility for IT asset recycling is that of the ITS Deployment & Break-Fix Team.

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<sup>2</sup> This is at the discretion of the ITS Deployment & Break-Fix Team or delegate. 30 days is the suggested **minimum** to allow for redeployment.

**3.4.2** IT assets that are not deemed suitable for redeployment will be securely erased by ITS and then recycled (preferable) or disposed of.

- After internal/confidential data has been removed, computer desktops & monitors are given to SARCAN, the recycling division of the Saskatchewan Association of Rehabilitation Centres (SARC). SARCAN Recycling collects end-of-life electronics for environmentally and socially responsible recycling in accordance with the Province of Saskatchewan's Environmental Management and Protection Act. The cost of recycling these electronics is funded by the fees we pay at time of purchase to the Saskatchewan Waste Electronic Equipment Program (SWEEP).
- Desktop telephones are also to be given to SARCAN.
- Computer laptops, tablet PCs, printers, or other leased devices are returned at the end of their lease to the lease provider. SHR has confidentiality agreements in place with our lease providers that ensure these third parties will securely remove internal/confidential data from former SHR devices before reselling or disposing of them.
- Printer ribbons, cell phones, smart phones, or electronic media that could be storing internal or confidential SHR information shall be securely disposed of by ITS as per ITS current standard operating procedures.

### **3.5 Reporting**

**3.5.1** To ensure transparency in the management of IT assets, ITS will keep records of the recycling or disposal of IT assets with a value >\$100.

## **4. PROCEDURE MANAGEMENT**

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Information Technology Services.

## **5. NON-COMPLIANCE/BREACH**

Non-compliance with this procedure will result in a review of the incident. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR. Violations involving Personal Health Information may also result in significant legal fines and/or imprisonment<sup>3</sup> for the offending individual(s).

## **6. REFERENCES**

ITS Asset Disposal – Standard Operating Procedure

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<sup>3</sup> HIPA Section 64(2)(a)

# Appendix A – IT Asset Disposal Workflow

