

NIH POLICY MANUAL

1744 - NIH VITAL RECORDS PROGRAM

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1. **Explanation of Material Transmitted:** This chapter contains new policy and procedures for NIH offices to follow in carrying out their vital records responsibilities.
2. **Filing Instructions:**

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A. Purpose:

This chapter establishes policy, procedures, and responsibilities for developing and implementing the NIH Vital Records Program for the protection, use and recovery of NIH records. These records may be maintained on a variety of media including paper, electronic, audiovisual and microform.

B. Background:

The Vital Records Program is the central focus of the currently proposed National Archives and Records Administration (NARA) requirement for development of agency Records Disaster Prevention and Recovery Plans. Although specific guidance for these Plans will be forthcoming, agencies are now required to develop and implement a vital records program to ensure availability of emergency operating records and rights and interests records (defined in [Part D](#)).

The establishment and maintenance of a Vital Records Program is governed by laws and regulations which require that Federal agencies maintain and protect: 1) records that are identified as essential to the continued functioning of an organization during and after an emergency, and 2) records essential to the protection of the rights and interests of the organization and the individuals for whose rights and interests it has responsibility as set forth in 36 CFR Part 1236.

C. Methodology:

Each ICD will identify those records considered to be vital to the organization, i.e., emergency operating records and rights and interests records.

1. Vital records program. The record inclusion should be flexible and take into consideration emergencies ranging in scope from minor risks to major disasters (i.e., potential hazards including: fire, flood, theft, explosion, sabotage, war or sudden attack, structural building failures, and environmental emergencies).

Each ICD vital records program should address:

- (a) What basic operations must continue during an emergency;
- (b) What rights and interests records are critical/ essential to the organization;
- (c) The responsibilities of staff under such conditions; and
- (d) What records are required to support those responsibilities and to resume basic functions following the emergency.

2. Records protection. ICD staff will identify and implement suitable protective measures for ICD vital records. Such measures include, but are not limited to, using fire-rated filing equipment; providing an on-site vault to store records required for continuing ICD operations or those deserving more than routine protection; transferring records to off-site storage not subject to the same disaster; conducting regular facility and security inspections of records storage areas, including off-site inactive storage and records holding areas, to identify potential hazards; duplicating records at the time of creation, including ADP "backup;" using existing duplicates routinely created in the normal course of business; or microfilming required records.

For electronic information systems, ICDs should be aware of the protective measures prescribed by the Computer Security Act of 1987 (40 U.S.C. 759, Public Law 100-235) and OMB Circular A-130.

3. Additional policy. Each ICD will be responsible for issuing internal guidelines establishing program objectives, responsibilities, and authorities for the protection of their ICD vital records. Copies of the

guidelines should be disseminated throughout the ICD as appropriate.

4. Training. DMS will coordinate training sessions for appropriate ICD personnel at all levels on policies, responsibilities, and techniques to protect ICD Vital Records.

D. Definitions:

Vital records. Records necessary to maintain the continuity of operations during an emergency, to recover full operations following an emergency, and to protect the legal rights and interests of that organization and of the individuals directly affected by its activities.

The two basic categories of vital records are: 1) emergency operating records, and 2) rights and interests records.

(1) Emergency operating records. Records (regardless of media) essential to the continued functioning or reconstitution of an organization during and after an emergency. Included are emergency plans and directives, delegations of authority, staffing assignments, and related records of a policy or procedural nature that provide staff with guidance for conducting operations under emergency conditions and for resuming normal operations after an emergency.

(2) Rights and interests records. Records (regardless of media) essential to protect the legal and financial rights and interests of an organization and of the individuals directly affected by its activities. Included are records having such important value that their loss would significantly impair the completion of essential ICD activities, to the detriment of the legal or financial rights of the organization or individuals directly affected by its activities. Examples include: accounts receivable records, social security records, payroll/leave records, retirement records.

Inventory of emergency operating records. An inventory of records needed to support emergency operations identified by ICDs.

Emergency operating center. A location (building, specialized vehicle, office space) to coordinate the NIH response to an emergency and provide a consolidation point for information pertinent to the emergency.

E. References:

1. Public Law 93-579, 5 U.S.C. 552a, Privacy Act of 1974
2. Public Law 100-235, 40 U.S.C. 759, Computer Security Act of 1987
3. 36 CFR 1236--Vital Records During an Emergency
4. OMB Circular A-130, Management of Federal Information Resources

5. National Archives and Records Administration (NARA) Self Inspection Guide for Federal Agencies, Evaluating a Vital Records Program
6. PHS IRM Manual, Chapter 11-00-65 Vital Records Program
7. PHS/NIH Disaster Response Guides
8. Division of Safety Emergency Response Plan
9. NIH Manual [1743](#) "Keeping and Destroying Records"
10. NIH Manual [1342](#) "NIH Occupant Evacuation Plan"

F. Policy:

Each ICD shall establish a vital records program for the protection of records from loss due to potential disasters. Because each ICD is unique, general guidelines are provided.

The concept of "protection" is based on relative rather than absolute safety. The need for duplication and preservation of records will vary according to the value of the record, ability to relocate records prior to an emergency, and the number and relative safety of locations where copies are normally distributed.

G. Responsibilities:

1. Division of Management Support (DMS). The Division of Management Support, Office of Management Assessment, is responsible for providing oversight for the NIH Vital Records Program by:
 - a. developing NIH-wide policy and guidance governing the NIH Vital Records Program,
 - b. ensuring that an Inventory of Emergency Operating Records is developed and that the records identified are accurate and current. [NOTE: DMS has developed a suggested form to record the ICD inventory],
 - c. ensuring that rights and interests records maintained by the ICDs are identified in the NIH Records Control Schedule and that the records are properly protected and/or transferred to an off-site storage facility, and
 - d. conducting an annual review of the NIH Vital Records Program.
2. ICD Records Management Officer (RMO). The ICD RMO is responsible for implementing the NIH Vital Records Program within their ICD

by:

- a. assisting ICD staff to identify vital records necessary to support the continued functioning or reconstitution of their ICD during and after an emergency,
- b. assisting ICD staff to identify and implement suitable protective measures for ICD vital records,
- c. ensuring that an ICD "Inventory of Emergency Operation Records," is prepared and submitted to the NIH RMO based on consultation with ICD staff members, and
- d. ensuring that emergency operating records and other vital records are properly labelled, packaged, and/or transmitted to remote storage.
- e. assisting appropriate ICD staff develop and issue internal guidelines establishing program objectives, responsibilities, and authorities for the protection of their ICD vital records. Copies of the guidelines should be disseminated throughout the ICD as appropriate.

[NOTE: ICD RMOs will need to consult with other appropriate ICD staff including: Information Resources Management, ADP Systems Security, Facilities Management, Security, and Occupant Emergency Coordinators.]

3. Division of Safety. The Emergency Management Branch (EMB), Division of Safety, is responsible for coordinating the processes which will transpire in response to any emergency situation occurring on the NIH Bethesda campus. In addition, EMB is responsible for maintaining documents specific to the "emergency mission" of NIH during the duration of an emergency i.e., PHS/NIH Disaster Response Guides, Division of Safety Emergency Response Plan, and NIH Manual Chapter [1342](#), "NIH Occupant Evacuation Plan."

H. Procedures:

At the beginning of each fiscal year, DMS will request ICD RMOs to: 1) submit a new or updated inventory of emergency operating records, 2) review and update their records holdings of rights and interests records [DMS will update NIH Records Control Schedule (NIH Manual 1743, Keeping and Destroying Records) to note deletions/additions of ICD rights and interests records], and 3) coordinate the review of their own Vital Records Program.

1. Inventory of Emergency Operating Records. The records listed on this inventory are documents necessary to support essential "emergency operations."

a. Identifying emergency operating records. ICD RMOs will coordinate with appropriate program officials to identify records to be included on the inventory. In general, the records listed on the inventory should include:

- (1) Emergency operating plans and procedures required by emergency responders to mitigate the effects of the emergency;
- (2) Delegations of authority, as required;
- (3) Lists of key personnel, defined either by organizational entity, title or name.

b. Completing the inventory. DMS will require ICDs to review their current inventory of emergency operating records and submit an annual new/updated inventory. Detailed instructions for completing the inventory are printed on the back of the suggested format, Inventory of Emergency Operating Records, Appendix 1. [NOTE: Copies of the suggested format can be obtained from the Division of Management Support by calling 62832.]

- (1) The ICD RMO will coordinate development of the inventory with ICD staff who are responsible for records considered essential to the ICD function/activity.
- (2) The ICD RMO will forward the completed inventory to the NIH RMO who will review and certify that the new/updated items on the inventory are correctly identified for recordkeeping purposes.
- (3) The NIH RMO will maintain a copy and forward the original to the ICD RMO.

c. Preparing and distributing emergency operating records. ICD staff will prepare and distribute records identified on the suggested inventory form to the preselected location identified on the form to ensure that the records will be available in the event of an emergency. ICD staff responsible for emergency operating records shall:

- (1) Ensure that to the degree possible, emergency operating records are paper copies that can be read without relying on any equipment. If records exist only in a form that requires equipment (ADP records or microforms) make sure that appropriate equipment is available.
- (2) Arrange and label the records in the order they appear on the inventory.

(3) Box the records in standard records center boxes (12 3/4 x 9 x 14 1/2) or envelopes, as appropriate, and address according to the location provided in Column 3 of the form.

(4) Distribute documents (identify documents by name) to a alternate storage location annually, semiannually, quarterly, monthly, weekly, as appropriate. [NOTE: Off-site copies of emergency operating vital records should be stored reasonably near the agency for immediate use in the event of disaster.]

2. Protection of rights and interests records. DMS will send out an annual reminder for ICDs to review their records holdings of rights and interests records to ensure that these records are identified and properly protected.

a. Identifying rights and interests records. The ICD RMO and program staff will identify and inform the NIH RMO of ICD rights and interests records. The NIH RMO will ensure that ICD rights and interests records are noted in the description of records portion of the NIH Records Control Schedule (NIH Manual 1743 "Keeping and Destroying Records.")

ICDs should apply a two-part test to identify rights and interests records:

(1) Records that are essential for preserving the legal rights and interests of an organization and of the individuals directly affected by its activities; and

(2) Records for which the Federal government (NIH Institutes, Centers, Divisions) is the statutory office of record, e.g., grants and contracts, and payroll and leave records (this may apply to Timekeeper's records for the current pay period).

[NOTE: Records that can be replaced or restored after an emergency through means such as affidavits are not vital records in this category.]

b. Preserving rights and interests records. Rights and interests records are not generally needed during emergency operations and therefore should not be maintained at emergency operations facilities/centers. However, copies should be available in case the originals are damaged or destroyed. To ensure that copies are available, ICD RMOs will:

(1) assist ICD staff to identify and document where duplicate copies of the vital records are ordinarily maintained, as in another DHHS/PHS/NIH component; or

(2) develop a mechanism to ensure that extra copies of records are created during the normal course of business and transfer these to an alternate storage site, such as a Federal Records Center (FRC).

[NOTE: Program officials who wish to use FRC's as an alternate storage location for rights and interests records should notify their ICD RMO who will coordinate the process with the NIH RMO.]

3. Annual Review. DMS will conduct an annual collaborative review of ICD vital records programs with ICD RMOs to ensure that appropriate modifications are made to reflect changes in mission, programs, or operations.

Appendix 1. Inventory of Emergency Operating Records:

APPENDIX 1 PAGE 1

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Inventory of Emergency Operating Records - Front

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Inventory of Emergency Operating Records - Back

Instructions for Preparing Inventory of Emergency Operating Records

ORIGINATING OFFICE. Show organization responsible for creating emergency operating records, e.g., NIH-ORS- DS-EMB.

PREPARED BY. Enter name of responsible program official (custodian of records) and the date prepared.

APPROVED BY. Each inventory shall be reviewed, signed and dated by the ICD Records Management Officer.

CERTIFIED BY. Each inventory shall be reviewed, signed and dated by the NIH Records Management Officer.

COLUMN 1. Number each new item consecutively.

COLUMN 2. Self-explanatory.

COLUMN 3. Indicate location of alternate storage site of records (e.g., other NIH building, contractor facility etc.).

COLUMN 4. Self-explanatory.

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