The EU’s independent data protection authority

Workshop on manual contact tracing

EDPS-DPO meeting 14 December 2021
DISCUSSION POINTS

- Data retention
- Interplay between contact tracing within an EUI and national health authorities
- Difference between staff, visitors and external contractors
- Declaration of Covid: voluntary (trust based) or an obligation?
Manual contact tracing - retention

EDPS Guidance on manual contact tracing

- ‘controllers are reminded that the data collected for contact tracing need to be stored only for the required amount of time needed to achieve the primary goal of such processing operation and thus to comply with the requirements of Article 4 (1)(e) of the Regulation.’

- ‘Thus following the complete tracing of the contacts of the affected data subject, the data collected for this specific purpose should be stored for a maximum of 14 days then be deleted in due time.’

- ‘The use of the manual contact tracing system for other purpose (“function creep”) must be avoided, it does not prevent the storage of such data for other compatible legitimate and duly documented medical or epidemiological purposes.’
Manual contact tracing - retention

Questions

Are there any challenges in terms of enforcement of retention period?

Survey

What is the retention period in your EUI?

- *Scan the QR code; or*
- Go to [https://www.menti.com/9sdndu88x1](https://www.menti.com/9sdndu88x1); or
- Please go to [www.menti.com](http://www.menti.com) and use the code 7809
Manual contact tracing - interplay EUI-NHA

EDPS Guidance on manual contact tracing

- ‘....the local health authority will probably request data from contaminated staff members in order to expand the contact tracing operation to the full social sphere of the infected individual’

- ‘Provided that the local health authority establishes that the request for transmission of personal data of the infected person falls within its legal duties to implement a contact tracing operation, it shall comply with the requirements of Article 9 (1)(a) of the Regulation’

- ‘EUIs as controller need to ensure that the personal data transmitted to the local health authority is limited to what is necessary to pursue a local contact tracing strategy’

- Local health authorities are normally entitled to know the infection status of non-staff contacts and should collaborate with the EUIs’ health service. Likewise, local health authorities may provide information to EUI medical service in order to trace staff members who have been in contact with
Manual contact tracing - interplay EUI-NHA

Questions

Are data shared with national health authorities (NHAs) in the context of contact tracing?

If yes, what safeguards are put into place?

Survey

Are National Health Authorities (NHA)s sharing personal data with your EUI in this context?

- Scan the QR code; or
- Go to https://www.menti.com/h937v1mwaz; or
- Please go to www.menti.com and use the code 2950
Manual contact tracing - Who’s traced?

EDPS Guidance on manual contact tracing

- ‘manual contact tracing by EUIs should be mainly limited to their staff and members of their household’

- ‘During normal day-to-day operation, EUIs may collect personal data such as access register or meeting lists of non-staff contacts regularly or occasionally visiting EUIs premises. This data might, incidentally, be of interest for contact tracing operations.’

- ‘The EDPS considers that informing a non-staff person that he or she may have been in contact with an individual who has been found to be infected can be considered as a processing necessary for the performance of a task carried out in the public interest under Article 5(1)(a) of the Regulation.’
Manual contact tracing - Who’s traced?

Survey

To whom does tracing apply? (Only staff? Staff family? Visitors?)

- Scan the QR code; or
- Go to https://www.menti.com/4gfs6guk5g; or
- Please go to www.menti.com and use the code 0875
Upon reception of a positive test for COVID-19, EUI’s staff member may have to:

1. Notify the dedicated (internal/external) health service of the EUI
2. Notify the relevant National Health Authority
Manual contact tracing - declaration of Covid

Questions

Have EUIs issued any ad-hoc procedure (including forms, email addresses) aimed to guide the staff on such a reporting?

Survey

Is declaration of a Covid infection to your EUI voluntary or an obligation?

- Scan the QR code; or
- Go to https://www.menti.com/jpcavc7fb8; or
- Please go to www.menti.com and use the code 1338
What other issues or challenges have you encountered?

- (...)
- (...)
- (...)
- (...)

DPOs’ questions
1. Key messages from the EDPS
2. Experiences & challenges in EUIs
3. Best practices & next steps
EUROPEAN DATA PROTECTION SUPERVISOR

The EU’s independent data protection authority
Contact tracing: What is the storage limit? Who has access to the data?

- **Data storage limit**: controllers are reminded that the data collected for contact tracing need to be stored only for the required amount of time needed to achieve the primary goal of such processing operation and thus to comply with the requirements of Article 4 (1)(e) EUDPR. Thus following the complete tracing of the contacts of the affected data subject, the data collected for this specific purpose should be stored for a maximum of 14 days then be deleted in due time.

- As for any data processing operation, **data protection by design and by default** set out in Article 27 EUDPR must be applied. EUIs must ensure that they safely collect and process only the minimum amount of data and use privacy-friendly technologies at all stages of the process.

This may include:
- Providing access only on a need-to-know-basis to agents briefed about confidentiality (what agents? HR/HoUs etc.?)
- Implementing accountability measures with regards to data access (e.g. logging);
- Storing the contact data on secured servers or on cloud services designed for storing health data.
Contact tracing: Who is in charge?

- **Manual contact tracing by EUIs** should be mainly limited to an EUIs’ staff and members of their household.
- Article 59(5) of the Staff Regulation plays a key role, as it clearly indicates that “the institution’s medical officer” plays a critical role in processing the information linked to contact tracing. Therefore, the processing of health data should remain under the control and supervision of the medical officer or other medical professionals who are bound by medical confidentiality;
- **Communication between medical officers of various EUIs**: in these cases, EUIs must comply with the requirements of Recital 21 of the EUDPR and ensure that the transmitted information is necessary for the implementation of an effective contact tracing strategy. Medical services should agree how to proceed in practice with these data exchanges with appropriate technical and organisational measures to guarantee the confidentiality of the transmission of data;
- **Data transmission with local health authority**: Provided that the local health authority establishes that the request for transmission of personal data of the infected person falls within its legal duties to implement a contact tracing operation, it shall comply with the requirements of Article 9(1)(a) EUDPR. An EUI as controller need to ensure that the personal data transmitted to the local health authority is limited to what is necessary to pursue a local contact tracing strategy.