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|  <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>BODY PARTS PROTOCOL</p> | <p>BODY PARTS AND TISSUES – STANDARDS TO BE MET</p> | <p>Policy 6.3.9 Protocol 1</p> |
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STANDARDS TO BE MET

1. Medical / Nursing and / or Midwifery Staff are to ensure that:

- 1.1 Patients are informed, on admission or prior to any procedure, of their right to the return of their body tissue in accordance with the Code of Health and Disability Consumers' Rights 2004
- 1.2 Patients are advised that all body tissue is disposed of, unless the patient requests its return.
- 1.3 With the informed consent of the patient, whanau and significant others may be involved in the decision making process.
- 1.4 Patients requesting the return of body parts and tissues must complete the Authorisation for Release / Disposal of Body Part / Tissue form. This is held in the patient health record.
- 1.5 Patients, who have signed the above form and whose body tissue is sent for laboratory analysis, receive a copy of the Information for patients requesting Return of Body Parts or Tissue brochure. This also contains written instructions on safe handling and safe disposal of the tissue.
- 1.6 Arrangements for the collection of tissue are discussed with the patient / patient representative prior to discharge of the patient.
- 1.7 In the case of the transfer of the patient to another ward or hospital there is clearly stated documentation that body tissue is requested / or being held for collection.
- 1.8 For management of placentas refer to MAT.P3.6

2. The Consultant or their Delegate Will Explain:

- 2.1 The possible requirement for further investigation / analysis of the body tissue.
- 2.2 That the delay in return of the body tissue to the patient may be up to 3 weeks.
- 2.3 That refusal to consent to the investigation / analysis taking place may, in some instances, compromise future decisions with regard to individual treatment.
- 2.4 That laboratory specimens may be too small to be returned.
- 2.5 The circumstances, as outlined in 5.2 that may result in body tissue not being returned.

3. Documentation

- 3.1 The decision to return body tissue must be fully documented in the patient health record to inform all staff of the patient's decision / request and must be clearly communicated to respective services involved. Documentation is made on the Authorisation for the Release / Disposal of Body Part / Tissue.
- 3.2 When body tissue is returned, clear guidance must be given regarding safe disposal. This is the responsibility of the doctor, maternity carer or laboratory personnel and should be given to the receiver in writing (Information for patients requesting Return of Body Parts or Tissue brochure).


4. Public Health Issues

- 4.1 Body substances will not be returned to the patient.
- 4.2 Infectious material will not be returned if there is any risk to public safety.
- 4.3 Used clinical equipment (e.g. surgical drains) associated with the care of the patient should not be regarded as body tissue. Such devices fall outside the meaning of body tissue and are associated with additional and unnecessary infectious risk.

5. Storage, Management and Disposal

- 5.1 Body parts and tissues will be held in one of the following areas as appropriate: Theatre (Whakatane Hospital only) – refer to Policy 6.3.9- Protocol 2, Maternity Unit (refer MAT.P3.6), Pathlab, Body Storage Facility (Tauranga Hospital only).

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| <p>Protocol Steward: Nurse Educator, Perioperative</p> | <p>Authorised by: Medical Director</p> | |

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- 5.2 When a person is unable to state their wishes concerning the return of body tissue, and the family / whanau cannot be contacted, the tissue is retained and stored until a decision is made by the patient / whanau / family. If sent to the laboratory, tissue will be stored as outlined in 5.5.
- 5.3 Body tissue, not requiring laboratory analysis, will be stored for no longer than 7 days, as it is expected that arrangements for return will be made prior to surgery or procedure.
- 5.4 When the return of body parts or tissues is requested these will be placed in an appropriate container and given to the patient / whanau.
- 5.5 Body tissue sent for laboratory analysis will be stored for 6 weeks.
- 5.6 Packaging will conform to the standard: NZS 5433: 1999 Transport of Dangerous Goods on Land.
- 5.7 Disposal will occur if not collected within seven days after the relevant department advises the patient by telephone.
- 5.8 A foetus with skin integrity e.g. 14 - 20 weeks gestation may be treated as a stillbirth.

6. Collection of Body Tissue

- 6.1 Once body tissue has been made available, as outlined in 5.3 and 5.5, the patient or their representative must collect the body tissues:
- Whakatane - within 24 hours (contact the Duty Nurse Manager).
 - Tauranga - within 48 hours (contact the Orderlies).
- 6.2 **Return of the tissue to the patient / representative is carried out in a location identified as appropriate by those involved.**
- 6.3 Body tissue as outlined in 5.5 will be made available 2 weeks post-surgery or procedure. The patient must contact PathLab to arrange collection.
- 6.4 The person collecting body tissue must be the patient or a person authorised in writing to do so.
- 6.5 All persons collecting body tissue must have clear proof of identification.
- 6.6 The Authorisation for the Release / Disposal of Body Part / Tissue form must be completed when body tissue is collected. The completed form is returned to Health Records for filing in the patient's health record.

7. Disposal

- 7.1 Large body parts shall be double bagged prior to disposal. Body tissue, including laboratory specimens and prosthetic devices, must be put in a yellow container for hazardous, infectious material.
- 7.2 A contractor collects these containers and the contents are disposed of appropriately

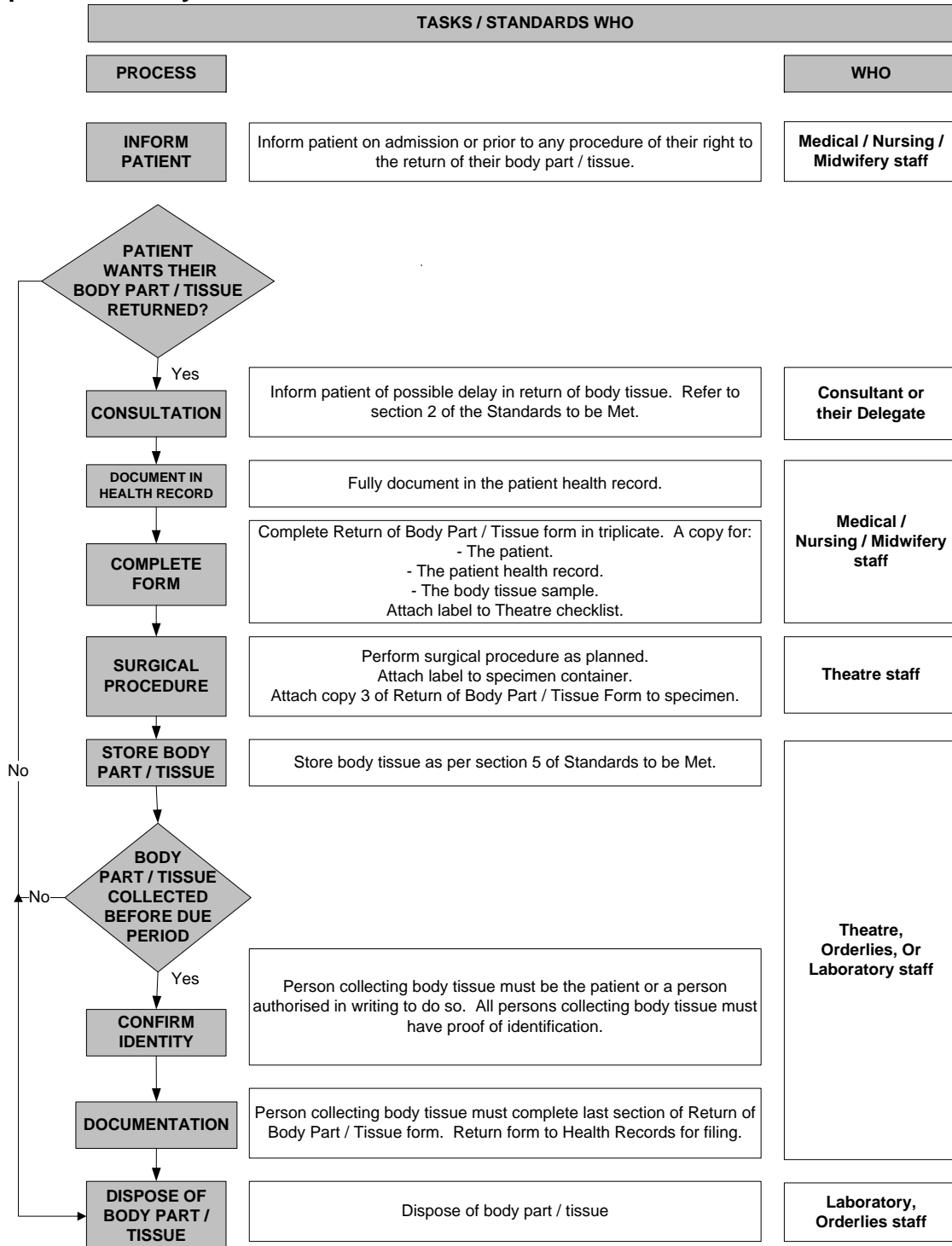
ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 6.3.9 Body Parts and Tissues](#)
- [Bay of Plenty District Health Board policy 1.1.1 Informed Consent](#)
- [Bay of Plenty District Health Board policy 5.1.11 protocol 1 Hazardous Substances Management - Compliance](#)
- [Bay of Plenty District Health Board Maternity Service protocol MAT.P3.6 Placenta Management \(Including At Risk Babies\)](#)
- [Bay of Plenty District Health Board Policy 6.3.9 Protocol 2 Disposal of Body Parts and Fluids in Perioperative Department](#)
- Bay of Plenty District Health Board Authorisation for the Release / Disposal of Body Part / Tissue (115432) – *order from Oracle*

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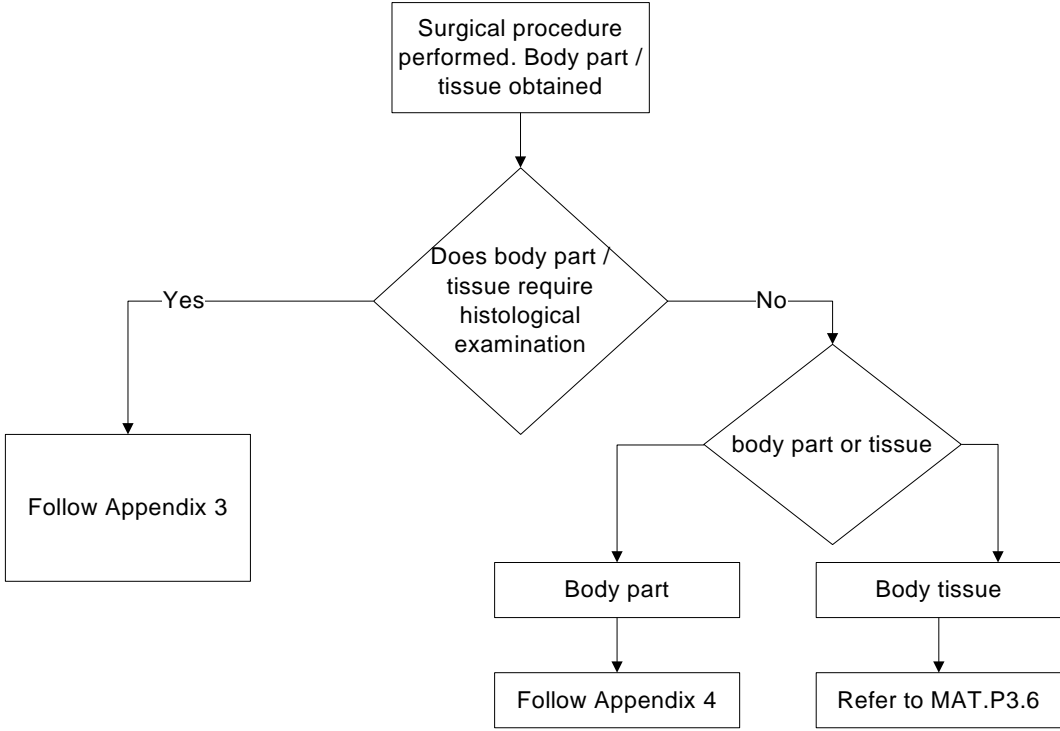
- [Bay of Plenty District Health Board Information for Patients Requesting Return of Body Parts or Tissue requiring Histological Examination](#) – viewable only – order from Design & Print Centre

Appendix 1: Body Parts and Tissues Procedure



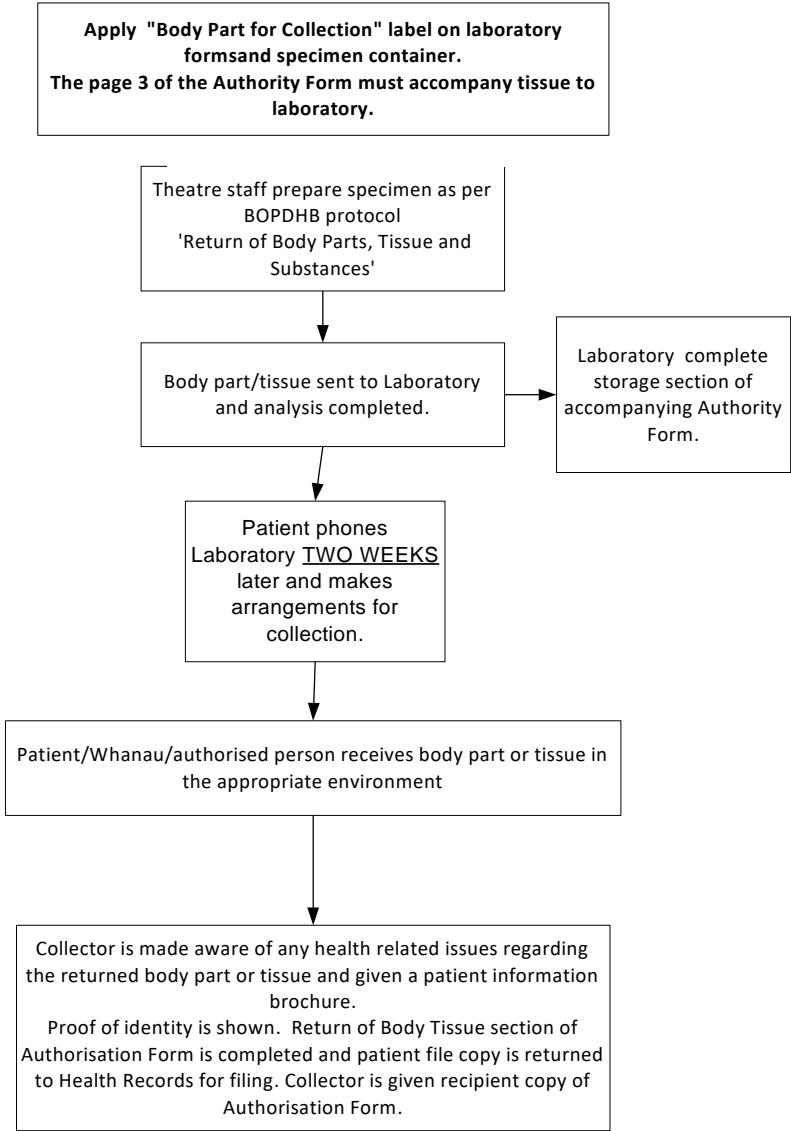
Appendix 2: Summary flowchart for Return of Body Parts / Tissues

Flowchart for the Return of Body Part / Tissue (Summary)



Appendix 3: Histological Examination – Return of Body Parts / Tissues

From Theatre To Laboratory To Authorised Person



Appendix 4: NOT for Histological Examination – Return of Body Parts

Flowchart For The Return Of Body Parts NOT for Histological Examination

