

Clinical Process Instruction Manual

Multi-Tissue Post-Recovery Procedures Process Instruction

Policy:

Multi Tissue Recovery Coordinators (MTRC) are responsible for tissue donor post-recovery procedures including donor reconstruction, completion of documentation, post-recovery packaging, storage and transportation of tissue to the processing bank, disposal or return of equipment and supplies, and notification of recovery completion to hospital/coroner and Provincial Resource Centre (PRC).

Process:

1. This process instruction is meant to describe the practices tissue recovery staff are required to follow once tissue recovery has been completed.
2. This document contains instructions for packaging tissue in preparation for transport. Logistics for transportation of tissue to the receiving tissue bank are in *Tissue Transportation and Drop Off Post Recovery Process Instruction, CPI-9-541*.

Packaging Skin

3. The MTRC shall ensure each transport cooler is closed and sealed appropriately.
4. A validated transport cooler for skin shall be prepared with wet ice.
5. Skin tissue shall be placed on top of the first bag of ice (2 lbs).
6. The second bag of ice shall be placed on top of the tissue (9.5 lbs).
7. The *Donated Human Tissue for Transplant* label shall be completed and attached to the transport cooler indicating the host facility, its civic address and a contact person at the facility.
8. The transport cooler shall be labelled with the transport box label, ensuring that the address is visible.
9. The zipper of the skin transport cooler shall be zip tied.
10. Any uncontaminated, unopened solutions and unused supplies shall be returned to the plastic supply tray. Do not return the used spray bottle or items from the kit.

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11. The outside of the transport container shall be wiped down with CaviWipes®.

Packaging Musculoskeletal Tissue – RegenMed/MSAT

12. Tissues placed on wet ice must be placed into its final storage temperature within 72 hours from the time the tissue is placed on wet ice.
13. A validated transport cooler for musculoskeletal tissue shall be prepared with wet ice.
14. A large plastic bag shall be inserted into the cooler, flush with the sides of the shipping container to prevent leakage. A bag thickness of 1.2 mil or greater is recommended.
15. Musculoskeletal tissue shall be placed on top of the first bag of ice (10 lbs).
16. The second bag of ice shall be placed on top of the tissue (13 lbs).
17. The large plastic bag shall be tied. Close the inner insulated container by replacing the styrofoam lid.
18. The packaging and shipping information shall be documented in the donor chart, in the transportation section.
19. Any recovery related paper documents shall be placed in a clear plastic bag between the Styrofoam lid and cardboard box before closing the box and taping it shut. Required documents include the following:
 - *Recovered Tissue Package Insert* and Medical Director Authorization letter placed on top of the other documentation below
 - Multi-Tissue recovery information if documented manually on forms
 - *Multi-Tissue Recovery Form* if documented manually on forms
20. The TRC shall ensure the shipping container is labeled with the *Donated Human Tissue For Transplant Exterior Transport Label* and any other appropriate shipping labels.

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Packaging Heart Valves – Sick Kids

21. The TRC shall ensure each transport cooler is closed and sealed appropriately. A validated transport cooler for heart valves shall be prepared with wet ice.
22. Heart tissue shall be placed on top of the first bag of ice (2 lbs).
23. The remaining ice shall be placed on top of the tissue (14 lbs).
24. The *Donated Human Tissue for Transplant* label shall be completed and attached to the transport cooler. Indicating the host facility, its civic address and a contact person at the facility.
25. The transport cooler shall be labelled with the transport box label, ensuring that the address is visible.
26. The zipper of the heart valve transport cooler shall be zip tied.
27. The outside of the transport container shall be wiped down with CaviWipes®.

Preparing the Blood Samples for Shipping – RegenMed/MSAT

28. The TRC shall ensure each tube is labeled appropriately according to *CPI-9-511 Blood Collection*.
29. Blood samples are sent and packaged as per *CPI-9-511 Blood Collection* and sent with the tissue shipment in the validated cooler.

Preparing Culture Swabs for Shipping– RegenMed/MSAT

30. Each labeled culture swab shall be placed into a bag. See Exhibits 1 and 2 for samples of culture tube labels.
31. The culture swabs are placed into the tissue cooler and sent with the tissue.

Deceased Body

32. The donor shall be reconstructed to restore normal appearance as much as possible unless there is a specific request from the coroner, pathologist or funeral home. See *Donor Reconstruction After Multi Tissue Recovery Process Instruction, CPI-9-531*.

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33. The body shall be re-labelled with the original hospital or coroner identification (toe tag, wrist band or other).
34. The donor shall be transferred to a clean body bag in the supine position on the transport gurney. For coroner cases, the body is transferred back to the same body bag it came into to ensure evidence is preserved or the original body bag must be preserved and included in the clean bag with donor (in a clean bag). Put personal items removed from the body into a clean bag and place in the body bag. At hospitals, notify the charge nurse that the body is ready for transport. Once recovery is complete at the Forensic Services and Coroner's Complex, notify Provincial Dispatch staff. Ensure all items such as dentures, clothing, jewelry, amputated tissue, sentimental items, and medical paraphernalia removed with Coroner/Forensic Pathologist (FP) permission are returned to the body bag prior to notifying Provincial Dispatch staff that recovery is complete.
35. The TRC shall arrange for the deceased donor to be transported back to the morgue. TRCs may assist with escorting the body to the morgue or other location at the request of hospital or Coroner/FP (Provincial Dispatch) staff.
36. The PRC shall be notified that the recovery is complete.

Operating Room (OR)/Tissue Recovery Suite (TRS) at the Forensic Services and Coroner's Complex

37. The OR/TRS shall be cleaned to ensure that no supplies or waste/human matter are left in the room. The space should appear as it did before procurement. Ensure that the bed and tables are cleaned using disinfectant wipes and that no wet blood or solutions remain on the floor. All recovery paperwork is complete prior to departing the recovery site.
38. If the MTRC's are responsible for cleaning the recovery area, cleaning and documentation shall take place as per *Multi Tissue Recovery Environment and Preparation Process Instruction, CPI-9-542*.
39. The Lead TRC will inform the appropriate hospital/Provincial Dispatch personnel when recovery is complete and the OR/TRS no longer required.
40. The *Multi-Tissue Recovery Note* shall be completed. The Lead TRC will ensure that the *Multi-Tissue Recovery Note* is placed in the hospital patient's chart. A copy of the *Multi-Tissue Recovery Note* will be kept for Trillium Gift of Life Network (TGLN) records and uploaded into the donor chart.

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Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Multi-Tissue Recovery Note	CSF-9-147	PRC	PRC	16 years

References:

- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. D5.531, D5.800
- *Donor Reconstruction After Multi-Tissue Recovery Process Instruction, CPI-9-531*
- *Tissue Transportation and Drop Off Post Recovery Process Instruction, CPI-9-541*
- *Multi-Tissue Recovery Environment and Preparation Process Instruction, CPI-9-542*

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Exhibit 1: Sample Deceased Donor Culture Tube Labels (Musculoskeletal Tissues)

Deceased Donor Culture Tube Labels

CSF-9-143

Positive Control Donor #: Date/Time:	Left Post. Tibialis Donor #: Date/Time:	Left Achilles Tendon Donor #: Date/Time:
Right Fascia Donor #: Date/Time:	Right Peroneus Longus Donor #: Date/Time:	Right Hemi-Pelvis Donor #: Date/Time:
Left Fascia Donor #: Date/Time:	Left Peroneus Longus Donor #: Date/Time:	Left Hemi-Pelvis Donor #: Date/Time:
Right Gracilis Donor #: Date/Time:	Right Femur Donor #: Date/Time:	Right Humerus Donor #: Date/Time:
Left Gracilis Donor #: Date/Time:	Left Femur Donor #: Date/Time:	Left Humerus Donor #: Date/Time:
Right Semitendinosus Donor #: Date/Time:	Right Tibia w/BTB Donor #: Date/Time:	Donor #: Date/Time:
Left Semitendinosus Donor #: Date/Time:	Left Tibia w/BTB Donor #: Date/Time:	Donor #: Date/Time:
Right Ant. Tibialis Donor #: Date/Time:	Right Fibula Donor #: Date/Time:	Donor #: Date/Time:
Left Ant. Tibialis Donor #: Date/Time:	Left Fibula Donor #: Date/Time:	Donor #: Date/Time:
Right Post. Tibialis Donor #: Date/Time:	Right Achilles Tendon Donor #: Date/Time:	Donor #: Date/Time:

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Exhibit 2: Sample Deceased Donor Skin Culture Tube Labels

CSF-9-229

<p>L Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>_____</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>_____</p> <p>Donor ID: _____</p> <p>Date: _____</p>	<p>L Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>_____</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>_____</p> <p>Donor ID: _____</p> <p>Date: _____</p>	<p>L Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Trunk</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>L Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>R Posterior Leg</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>_____</p> <p>Donor ID: _____</p> <p>Date: _____</p> <p>_____</p> <p>Donor ID: _____</p> <p>Date: _____</p>
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