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Tissue Competency and Continuing Education Process Instruction

Policy:

Technical staff must demonstrate competency in the particular operations for which they have received training, including a thorough understanding of the policies, procedures, process controls, and regulatory requirements, and to which they are assigned. As part of maintaining competency, technical staff are required to perform an annual review of Clinical Process Instructions (CPI) for which they have been trained, including safety procedures and annual attendance at hazardous materials training.

Tissue clinical staff shall participate in continuing education, which may include training courses, technical meetings, and any other educational programs pertaining to assigned functions. Such participation shall be documented in the training files.

Process:

General

- 1. The purpose of this procedure is to describe how Trillium Gift of Life Network (TGLN) manages its competency and continuing education programs
- 2. It is the responsibility of TGLN to provide and implement a competency and continuing education program. This includes processing requests for continuing education, providing assistance in meeting program requirements, and maintaining all required documentation.

Competency

- 3. The TGLN preceptor shall assess the staff member for competence prior to independent practice using the appropriate competency assessment tool for the particular job function and recommend approval for independent practice to the manager or designate. See Exhibits 2 11. Results of the competency assessment and any opportunities for development shall be shared with the staff member being assessed.
 - 3.1 Using a scale of 1 4, each performance element of the task will be rated and assigned the appropriate score in the rating box on the skills checklist.
 - 3.2 A rating of 1 Limited knowledge or ability to demonstrate required competency (not competent).
 - 3.3 A rating of 2 Demonstrates partial knowledge or ability to demonstrate competency, but not in all required aspects (basic or novice).
 - 3.4 A rating of 3 Mostly demonstrates knowledge or ability of competency but needs guidance occasionally (mostly competent).



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- 3.5 A rating of 4 No guidance/prompting required to demonstrate knowledge of or ability to perform competency (fully competent).
- 4. The manager or designate reviews all competency forms submitted by preceptors and approves the staff member for independent practice if their score meets expectations. The manager or designate will complete the appropriate competencies record and date it (See Exhibits 13-15).
- 5. In cases, where not all performance elements are deemed at a level 4, the trainee may still be deemed competent if there is a minimum of level 3 and they have scored 80% or higher in total.
- 6. The manager or designate reviews all competency forms, discusses opportunities for development and confirms any need for retraining with the preceptor as required.
- 7. Education and Professional Practice archives competency assessment records. Results of competency assessments and any follow up shall be maintained in the training file.
- 8. Competency assessments of technical staff for the in situ recovery procedure are completed by the Eye Bank of Canada (EBC) (See Sample 1) prior to independent practice and henceforth on an annual basis.

Competency Exemption

- 9. Technical staff may be exempt from the competency assessment for one of the following reasons:
 - 9.1. Technical staff who are trained for an activity that is not a part of their job description or regular activities may receive an exemption from competency assessment on the basis that they will be required to be retrained before conducting the activity again in the future.
 - 9.2. Technical personnel who develop a competency assessment and who provide training for that competency are exempt from the assessment.
- 10. To record an exemption, complete the Training Qualification and Exemption Form for the applicable staff member. See Exhibit 11. The completed form shall be maintained in the training file.

Annual Competency

11. An annual competency assessment shall be completed for all tissue technical staff for core job functions identified. The manager or designate is responsible for identifying the core job functions to be evaluated. See Appendix 1 and Exhibits 2 - 10.



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Continuing Education

- 12. It is the responsibility of each employee to identify gaps in education and/or need for retraining, participate in educational opportunities, once certified to maintain certification as per his/her job requirements.
- 13. TGLN provides educational opportunities in house regularly for Tissue Coordinators (TCs), Multi-Tissue Recovery Coordinators (MTRCs) and Tissue Recovery Coordinators (TRCs).

TGLN Instructional Personnel

14. Only qualified personnel are to be involved in planning and conducting continuing education sessions.

Certificates of Participation/Completion for TGLN Continuing Education

- 15. All programs or TGLN departmental designates providing in-house or external continuing education shall issue certificates for participants that have completed the program or session requirements.
- 16. Education and Professional Practice and/or the tissue administrative team will provide certificates upon completion of the education session and submission of an attendance record.

Maintaining TGLN and Accrediting Agency Generated Continuing Education Units (CEU) Records

- 17. Education and Professional Practice will archive attendance and completion records of courses held internally and externally.
- 18. TGLN generated CEUs records shall include:
 - course outline including learning objectives;
 - course handouts and other presentation materials;
 - course evaluation tools;
 - the applicable training packet; and
 - hardcopies or records in a database tracking system.



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Accrediting Agency CEUs and Recertification

- 19. CEUs for a Certified Tissue Bank Specialist (CTBS) will be offered when appropriate by the approved provider in accordance with the regulations set forth by the *American Association of Tissue Banks* (AATB) *Current Standards for Tissue Banking*.
- 20. Employees must apply for AATB CEUs by submitting the appropriate agency application and all supporting documentation.
- 21. The AATB website can be referred to for recertification guidelines.
- 22. It is the employee's responsibility to determine the requirements for recertification, obtain and retain required CEUs, and submit them as required by the applicable agency for recertification.

Records:

| Record Name | Form No. (if applicable) | Record Holder | Record Location | Record Retention Time (as a minimum) |
|--|-----------------------------|----------------------|----------------------|--|
| Training Attendance Form | CSF-9-176 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Tissue Coordinator Competencies Assessment | CSF-9-171 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Competency Assessment – Pre- Recovery/Post- Recovery and Safety – Ocular | CSF-9-222 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Competency Assessment – In Situ | CSF-9-158 | Tissue Department | Tissue Department | 16 years after termination of employment |



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| Competency Assessment – Enucleation | CSF-9-159 | Tissue Department | Tissue Department | 16 years after termination of employment |
|---|-----------|----------------------|----------------------|--|
| Competency Assessment – Skin Recovery | CSF-9-169 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Competency Assessment – Musculoskeletal Recovery | CSF-9-162 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Competency Assessment – Osteochondral (En bloc) Recovery | CSF-9-221 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Competency Assessment – Heart Valve, Pericardium and Descending Aorta | CSF-9-160 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Competency Assessment – Pre- Recovery/Post- Recovery and Safety | CSF-9-164 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Competency Assessment - Circulator in Recovery | CSF-9-157 | Tissue Department | Tissue Department | 16 years after termination of employment |
| Training Qualification and Exemption Form | CSF-9-180 | Tissue Department | Tissue Department | 16 years after termination of employment |

References:

• Standards for Tissue Banking, American Association of Tissue Banks, United States. J2.200 and J2.300.



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Appendix 1: List of Competency Assessments

Tissue Coordinator

- Professional Communication / Interaction
- Screening
- Family Approach / Telephone Authorization
- Donor Med/Soc History Questionnaire
- Case Coordination

Tissue Recovery Coordinators

- Pre-recovery
- Post recovery
- · Recovery Safety

Ocular

- Enucleation Recovery
- In-situ Ocular Recovery

Multi-Tissue

- Skin Recovery
- Heart Valve, Pericardium and Descending Aorta Recovery
- Musculoskeletal Recovery



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Exhibit 1: Training Attendance Form



CSF-9-176

TRAINING ATTENDANCE FORM

| Title of Session (If CPI, list CPI# and title) | Click or tap he | ere to enter text. | | Approximate Length of Session: | Click or tap here to enter text. |
|--|--|--|---------------------|--|--|
| Purpose of Session (Mark all that apply) | ☐ Meeting ☐ New CPI ☐ Other (Speci | ☐ HR Required ☐ Revised CPI fy): Click or tap here t | ☐ Software | ☐ Formal Training ☐ | Retraining |
| Tools/Methods Used (Mark all that apply) | ☐ CPI ☐ Worksheet ☐ Test ☐ Other (Speci | ☐ Discussion ☐ Demonstration ☐ Practice fy): Click or tap here t | Observation Lecture | ☐ Existing Training Prop ☐ Agenda/List of Object | |

^{**}The Trainer's signature indicates that the Trainer finds that the information presented is understood by the Trainee(s).

| Attendee/Trainee Name | Department | Attendee/Trainee Signature* | Date (DD/MM/YYYY) |
|--------------------------------------|--|--|------------------------------|
| Click or tap here to enter text. | □ Tissue □ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 2. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 3. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 4. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 5. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 6. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 7. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 8. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 9. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 10. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |
| 11. Click or tap here to enter text. | ☐ Tissue ☐ Other (Specify): Click or tap here to enter text. | ☐ Signature: ☐ N/A ☐ See attached document | Click or tap to enter a date |

^{*}The Trainee's signature indicates that information presented is understood and questions have been answered. <u>Do not</u> sign if further explanation is needed or unanswered questions exist. <u>Do not</u> sign until <u>after</u> training has been completed.



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Exhibit 2: Tissue Coordinator Competencies Assessment

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CSF-9-171

Tissue Coordinator Competencies Assessment

| Tissue Coordinator Competencies Assessment | | | |
|---|--|---------------------------|--|
| Task Assessed | Competency | Completion Signature/Date | |
| Professional Communication / Interaction | □Competent □Needs Retraining □Not Assessed | Preceptor Signature Date | |
| Initial Screening | □Competent □Needs Retraining □Not Assessed | Preceptor Signature Date | |
| Secondary Screening | □Competent □Needs Retraining □Not Assessed | Preceptor Signature Date | |
| Family or First-Person Approach / Telephone Authorization | □Competent □Needs Retraining □Not Assessed | Preceptor Signature Date | |
| Donor UDRAI or Med/Soc History Questionnaire | □Competent □Needs Retraining □Not Assessed | Preceptor Signature Date | |
| Case Coordination | □Competent □Needs Retraining □Not Assessed | Preceptor Signature Date | |
| Coroner/ Pathologist/MAID Investigator RN | □Competent □Needs Retraining □Not Assessed | Preceptor Signature Date | |



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Exhibit 3: Competency Assessment - Pre-Recovery/Post-Recovery and Safety - Ocular

Page 1



CSF-9-222

| Competency Assessment | | | | |
|---|----------------------|---|--|--|
| Procedure: Pre-Recovery/Post-Recovery and Safety – Ocular | | | | |
| Employee Name: Click or tap here to enter text. | | | | |
| Date of Assessment (DD/MM/YYYY): Click or tap here | to enter text. | | | |
| Assessor Name: Click or tap here to enter text. | | Title: Click or tap here to enter text. | | |
| Assessment Technique (e.g. case review, test, observed procedure | e etc.): Click or ta | pp here to enter text. | | |
| Training Type (Initial Training, Annual Competency, Other - Specify): | Click or tap her | e to enter text. | | |
| Case Number: Click or tap here to enter text. | | | | |
| Task | Score | Comments | | |
| Pre-Recovery | | | | |
| Locates and reviews donor referral case information on DMS | Select Score | Click or tap here to enter text. | | |
| Identifies proper authorization and special considerations | Select Score | Click or tap here to enter text. | | |
| Assembles supplies and equipment necessary for enucleation and in situ recovery. Documents supply list information appropriately | Select Score | Click or tap here to enter text. | | |
| Confirms that all supplies are within expiry dates and that all supply packaging is not damaged | Select Score | Click or tap here to enter text. | | |
| Reviews all available donor medical records and documents required details in DMS or other documentation and follows-up where necessary (i.e. contacting Tissue Consultant or EBC consultant) | Select Score | Click or tap here to enter text. | | |
| Verifies with donor chart that referral hemodilution calculation is correct or completes a new calculation | Select Score | Click or tap here to enter text. | | |
| Evaluates potential recovery site and makes corrections to recovery conditions and/or escalates issues where applicable | Select Score | Click or tap here to enter text. | | |
| Documents donor cooled and uncooled times | Select Score | Click or tap here to enter text. | | |

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Exhibit 4: Competency Assessment - In Situ

Page 1



CSF-9-158

| Traini | ing and Com | petency Assessment |
|---|----------------------|---|
| | Proced | ure: In Situ |
| Employee Name: Click or tap here to enter text. | | |
| Date of Assessment (DD/MM/YYYY): Click or tap here | to enter text. | |
| Assessor Name: Click or tap here to enter text. | | Title: Click or tap here to enter text. |
| Assessment Technique: (e.g. case review, test, observed procedu | re etc.): Click or t | ap here to enter text. |
| Training Type (initial Training, other - specify): Click or tap here | | |
| Case Number: Click or tap here to enter text. | | |
| Other pertinent assessment info: In Situ in adherence | with CDL-9-520 | |
| other pertinent assessment into. In situ in adherence | WITH CF1-3-320 | |
| Task | Score | Comments |
| Preps orbital area and drapes the donor as per CPI-9-518 | Select Score | Click or tap here to enter text. |
| Inserts speculum so as not to damage epithelium or surrounding ocular structures | Select Score | Click or tap here to enter text. |
| Performs peritomy and blunt dissection of conjunctiva | Select Score | Click or tap here to enter text. |
| Scrapes off remaining conjunctiva within 5mm from the limbus | Select Score | Click or tap here to enter text. |
| Uses trephine to make a partial incision 2-4mm from the limbus, 360° around the globe without penetrating the underlying tissue | Select Score | Click or tap here to enter text. |
| Uses a scalpel to make an incision through the sclera 2- 4mm from the limbus without perforating the choroid | Select Score | Click or tap here to enter text. |
| Uses scissors to make a 360° incision parallel to limbus around the corneoscleral disc keeping rim size aligned with the trephine marking | Select Score | Click or tap here to enter text. |
| Uses forceps to carefully remove cornea from remaining eye structure without introducing stress lines to cornea | Select Score | Click or tap here to enter text. |
| Carefully transfers cornea to storage media container using hand-under-cornea technique in case tissue is dropped | Select Score | Click or tap here to enter text. |

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Exhibit 5: Competency Assessment – Enucleation

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CSF-9-159

| Network | | |
|--|----------------------|---|
| | Competen | cy Assessment |
| | Procedure | e: Enucleation |
| Employee Name: Click or tap here to enter text. | | |
| Date of Assessment (DD/MM/YYYY): Click or tap here | to enter text. | |
| Assessor Name: Click or tap here to enter text. | | Title: Click or tap here to enter text. |
| Assessment Technique: (e.g. case review, test, observed procedu | re etc.): Click or t | ap here to enter text. |
| Training Type (Initial Training, Annual Competency, Other - Specify): | Click or tap her | e to enter text. |
| Case Number: Click or tap here to enter text. | | |
| Other pertinent assessment info: Enucleation in adher | ence with CPI-9 | 9-512 |
| Task | Score | Comments |
| Inserts speculum so as not to damage epithelium or surrounding ocular structures | Select Score | Click or tap here to enter text. |
| Performs peritomy and blunt dissection of conjunctiva | Select Score | Click or tap here to enter text. |
| Clamps medial rectus muscle to gain control of eye during removal of whole globe (optional) | Select Score | Click or tap here to enter text. |
| Uses muscle hook to locate and identify the 4 rectus muscles (medial rectus, superior rectus, lateral rectus and inferior rectus). Severs rectus muscles with scissors | Select Score | Click or tap here to enter text. |
| Uses enucleation scissors to sever optic nerve leaving $\mbox{\ensuremath{\$^{1}}}$ - $\mbox{\ensuremath{\$^{1}}}$ inch stump | Select Score | Click or tap here to enter text. |
| Lifts globe using hemostat and cuts any remaining connective tissue if necessary | Select Score | Click or tap here to enter text. |
| Carefully transfers whole eye to sterile container using hand-under-whole eye technique in case tissue is dropped | Select Score | Click or tap here to enter text. |
| Segregates contaminated instruments or instrument parts from sterile instruments throughout procedure | Select Score | Click or tap here to enter text. |
| Performs Donor reconstruction as per CPI-9-512 | Select Score | Click or tap here to enter text. |

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Exhibit 6: Competency Assessment – Pre-Recovery/Post-Recovery and Safety – Multi-Tissue

Page 1



| Train | ing and Com | petency Assessment |
|---|-------------------|------------------------------------|
| Procedure: Pre-Red | covery/Post- | Recovery and Safety - Multi-Tissue |
| Employee Name: Click or tap here to enter text. | | |
| Date of Assessment: Click or tap here to enter text. | | |
| Assessor Name/Title: Click or tap here to enter text. | | |
| Assessment Technique: (e.g. case review, test, observed procedu | | · |
| . , | : Click or tap he | ere to enter text. |
| Case Number: Click or tap here to enter text. | | |
| Task | Score | Comments |
| | Pre-F | Recovery |
| Appropriate identification of donor | Select Score | Click or tap here to enter text. |
| Blood draw: determining number of specimens per tissue processor and completing post mortem blood draw, blood labelling and packaging | Select Score | Click or tap here to enter text. |
| Donor physical assessment | Select Score | Click or tap here to enter text. |
| Pre-cleaning of recovery room: disinfection process to decrease bioburden on surfaces prior to opening of sterile supplies | Select Score | Click or tap here to enter text. |
| Recovery Site Inspection | Select Score | Click or tap here to enter text. |
| Prepares donor by cleansing, wet shaving, and containing possible areas of contamination (presurgical wash) | Select Score | Click or tap here to enter text. |
| Using appropriate aseptic technique, opens sterile supplies, sets-up backtables/mayo stand, labelling, and necessary equipment | Select Score | Click or tap here to enter text. |
| Open outside packaging of sterile gloves and gown in a manner that avoids contamination | Select Score | Click or tap here to enter text. |



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Exhibit 7: Competency Assessment – Skin Recovery

Page 1



| Train | ing and Com | petency Assessment | | |
|---|-------------------|----------------------------------|--|--|
| Procedure: Skin Recovery | | | | |
| Employee Name: Click or tap here to enter text. | | | | |
| Date of Assessment: Click or tap here to enter text. | | | | |
| Assessor Name/Title: Click or tap here to enter text. | | | | |
| Assessment Technique: (e.g. case review, test, observed procedu | re etc): Click or | tap here to enter text. | | |
| ☐ Initial Training ☐ Annual Competency ☐ Other | : Click or tap he | ere to enter text. | | |
| Case Number: Click or tap here to enter text. | | | | |
| Task | Score | Comments | | |
| Understands supplies and equipment necessary for a skin recovery | Select Score | Click or tap here to enter text. | | |
| Adequately performs initial washing and shaving of donor | Select Score | Click or tap here to enter text. | | |
| Set up backtable and amalgatome for skin recovery | Select Score | Click or tap here to enter text. | | |
| Perform surgical prepping and draping of donor for skin | Select Score | Click or tap here to enter text. | | |
| Assesses and maps tissue of donor in order to maximize yield and recovers skin using amalgatome | Select Score | Click or tap here to enter text. | | |
| Aseptically packages skin and passes out of the sterile field to be labelled | Select Score | Click or tap here to enter text. | | |
| Correctly disassembles amalgatome and disposes of amalgatome blade safely | Select Score | Click or tap here to enter text. | | |
| Ensures that proper reconstruction is performed post recovery and ensured donor ID is replaced on donor | Select Score | Click or tap here to enter text. | | |
| Package skin for shipment | Select Score | Click or tap here to enter text. | | |



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Exhibit 8: Competency Assessment – Musculoskeletal Recovery

Page 1



| Train | ing and Com | petency Assessment | | | |
|---|-------------------|----------------------------------|--|--|--|
| Procedure: Musculoskeletal (MS) Recovery | | | | | |
| Employee Name: Click or tap here to enter text. | | | | | |
| Date of Assessment: Click or tap here to enter text. | | | | | |
| Assessor Name/Title: Click or tap here to enter text. | | | | | |
| Assessment Technique: (e.g. case review, test, observed procedu | | · | | | |
| | : Click or tap he | re to enter text. | | | |
| Case Number: Click or tap here to enter text. | | | | | |
| Task | Score | Comments | | | |
| Understands supplies and equipment necessary for a MS recovery | Select Score | Click or tap here to enter text. | | | |
| Set up side table and recovery instruments on back table | Select Score | Click or tap here to enter text. | | | |
| Surgical prepping and draping of donor | Select Score | Click or tap here to enter text. | | | |
| Recovers Fascia Lata | Select Score | Click or tap here to enter text. | | | |
| Recovers tendons | Select Score | Click or tap here to enter text. | | | |
| Recovers long bones of the upper limbs | Select Score | Click or tap here to enter text. | | | |
| Recovers long bones of the lower limbs | Select Score | Click or tap here to enter text. | | | |
| Recover Achilles with talus and calcaneus | Select Score | Click or tap here to enter text. | | | |
| Recover ilium or hemi-pelvis | Select Score | Click or tap here to enter text. | | | |
| Culture, wrap, package, and label MS grafts in sterile field | Select Score | Click or tap here to enter text. | | | |



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Exhibit 9: Competency Assessment – Osteochondral (En bloc) Recovery

Page 1



| | - | npetency Assessment ondral (En bloc) Recovery |
|--|--------------------|--|
| Employee Name: Click or tap here to enter text. | | |
| Date of Assessment: Click or tap here to enter text. | | |
| Assessor Name/Title: Click or tap here to enter text. | | |
| Assessment Technique: (e.g. case review, test, observed proced | ure etc): Click or | tap here to enter text. |
| ☐ Initial Training ☐ Annual Competency ☐ Othe | r: Click or tap he | ere to enter text. |
| Case Number: Click or tap here to enter text. | | |
| Task | Score | Comments |
| Understands supplies and equipment necessary for an Osteochondral recovery | Select Score | Click or tap here to enter text. |
| Completes appropriate surgical prepping and | Select Score | Click or tap here to enter text. |
| draping of donor | | |
| Recovers En Bloc grafts of the upper limbs | Select Score | Click or tap here to enter text. |
| Recovers En Bloc grafts of the lower limbs | Select Score | Click or tap here to enter text. |
| Demonstrates safe handling practices when using bone and/or gigli saws | Select Score | Click or tap here to enter text. |
| Reconstitutes antibiotics and prepares packaging solution | Select Score | Click or tap here to enter text. |
| Culture, wrap, package, and label En bloc grafts in sterile field | Select Score | Click or tap here to enter text. |
| Package En bloc tissue and cultures for shipment | Select Score | Click or tap here to enter text. |
| Clean, spray and package and/or disposes of used | Select Score | Click or tap here to enter text. |
| recovery instruments for transport Comments: Click or tap here to enter text. | | |



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Exhibit 10: Competency Assessment – Heart Valve, Pericardium and Descending Aorta

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| Training and Competency Assessment | | | | | |
|--|-------------------|----------------------------------|--|--|--|
| Procedure: Heart Valve (HV), Pericardium and Descending Aorta | | | | | |
| Employee Name: Click or tap here to enter text. | | | | | |
| Date of Assessment: Click or tap here to enter text. | | | | | |
| Assessor Name/Title: Click or tap here to enter text. | | | | | |
| Assessment Technique: (e.g. case review, test, observed procedu | re etc): Click or | tap here to enter text. | | | |
| □ Initial Training □ Annual Competency □ Other: Click or tap here to enter text. | | | | | |
| Case Number: Click or tap here to enter text. | | | | | |
| Task | Score | Comments | | | |
| lask | Score | Comments | | | |
| Understands supplies and equipment necessary for | Select Score | Click or tap here to enter text. | | | |
| a heart valve, pericardium and descending aorta | | · | | | |
| recovery | | | | | |
| Set up backtable and OR/recovery suite for heart | Select Score | Click or tap here to enter text. | | | |
| valve, pericardium and descending aorta recovery | | | | | |
| Surgical prep & drape donor for heart valve, | Select Score | Click or tap here to enter text. | | | |
| pericardium and descending aorta recovery | | | | | |
| Dissects and recovers heart, pericardium and | Select Score | Click or tap here to enter text. | | | |
| descending aorta | | | | | |
| Rinse, package & label heart, pericardium and | Select Score | Click or tap here to enter text. | | | |
| descending aorta in sterile field | | | | | |
| Packages heart, pericardium and descending aorta | Select Score | Click or tap here to enter text. | | | |
| for shipment | | | | | |
| Clean, spray and package used recovery instruments | Select Score | Click or tap here to enter text. | | | |
| for transport | | | | | |



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Exhibit 11: Competency Assessment - Circulator in Recovery



| Training and Competency Assessment | | | | | |
|--|--------------------|----------------------------------|--|--|--|
| Procedure: Circulator in Recovery | | | | | |
| Employee Name: Click or tap here to enter text. | | | | | |
| Date of Assessment: Click or tap here to enter text. | | | | | |
| Assessor Name/Title: Click or tap here to enter text. | | | | | |
| Assessment Technique: (e.g. case review, test, observed procedu | | | | | |
| | r: Click or tap he | ere to enter text. | | | |
| Case Number: Click or tap here to enter text. | | | | | |
| Task | Score | Comments | | | |
| Assist in side table and back table set up | Select Score | Click or tap here to enter text. | | | |
| Assist prepping and draping of donor | Select Score | Click or tap here to enter text. | | | |
| Review case paperwork to determine proper authorization and Mshx | Select Score | Click or tap here to enter text. | | | |
| Complete chart review and verify Hemodilution | Select Score | Click or tap here to enter text. | | | |
| Demonstrates knowledge of when to appropriately escalate chart and/or physical findings for medical consultation | Select Score | Click or tap here to enter text. | | | |
| Demonstrates aseptic consciousness to maintain/monitor the sterile field | Select Score | Click or tap here to enter text. | | | |
| Pass supplies into the surgical field aseptically | Select Score | Click or tap here to enter text. | | | |
| Set up supply table and pour sterile recovery and transport media | Select Score | Click or tap here to enter text. | | | |
| Verify recovery staff has obtained appropriate microbiology testing | Select Score | Click or tap here to enter text. | | | |
| Document all recovery activity in iTransplant or appropriate recovery form | Select Score | Click or tap here to enter text. | | | |



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Exhibit 12: Training Qualification and Exemption Form



CSF-9-180

TRAINING QUALIFICATION AND EXEMPTION FORM

| EMPLOYEE NAME: | | | | |
|--|--|--|--|--|
| DEPARTMENT: | | | | |
| POSITION/TITLE: | | | | |
| ORIGINAL HIRE DATE: | | | | |
| With respect to the subject(s) listed below, the Employee is (check all that apply): | | | | |
| ☐ Qualified to teach ☐ Exempt from training ☐ Exempt from Competency Assessment | | | | |
| List applicable subject(s): | | | | |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| Subject(s) qualification verified by (check all that apply): | | | | |
| ☐ Documented initial training on the task (internal or external training) | | | | |
| ☐ Documented competency for performing the task(s) | | | | |
| ☐ Documented training on the applicable CPI(s) (internal or external training) | | | | |
| ☐ Developed the process(es) and/or wrote the CPI(s) | | | | |
| □ Validated the process(es) | | | | |
| ☐ Revised the CPI(s) | | | | |
| □ Other | | | | |
| Quality Approval of Training Qualification/Exemption: | | | | |
| Initial/Date: | | | | |

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Exhibit 13: Multi-Tissue Recovery Coordinator Competencies Record



CSF-9-256

Multi-Tissue Recovery Coordinator Competencies Record

| Name | |
|--|--|
| Ocular - whole globe | |
| Ocular - whole globe Clinical Specialist Sign-off | |
| Ocular - whole globe Clinical Specialist sign-off date | |
| Ocular - whole globe Manager Sign-off | |
| Ocular - whole globe Manager sign-off date | |
| Ocular - in Situ | |
| Ocular - in Situ Clinical Specialist Sign-off | |
| Ocular - In Situ Clinical Specialist Sign-off date | |
| Ocular - In Situ Manager Sign-off | |
| Ocular - In Situ Manager Sign-Off Date | |
| MT - Circulator | |
| MT – Circulator - Clinical Specialist Sign-Off | |
| MT - Circulator - Clinical Specialist Sign-Off Date | |
| MT - Circulator - Manager Sign-Off | |
| MT - Circulator - Manager Sign-Off Date | |
| Skin | |
| Skin Clinical Specialist Sign-off | |
| Skin Clinical Specialist Sign-off Date | |
| Skin Manager Sign-Off | |
| Skin Manager Sign-off Date | |
| Heart Valve | |
| Heart Valve - Clinical Specialist Sign-Off | |
| Heart Valve - Clinical Specialist Sign-Off Date | |
| Heart Valve - Manager Sign-Off | |
| Heart Valve - Manager Sign-Off Date | |
| Musculoskeletal | |
| Musculoskeletal - Clinical Specialist Sign-Off | |
| Musculoskeletal - Clinical Specialist Sign-Off Date | |
| Musculoskeletal - Manager Sign-Off | |
| Musculoskeletal - Manager Sign-Off Date | |
| Fresh Graft - En bloc bone | |
| Fresh Graft - En bloc bone - Clinical Specialist Sign-Off | |
| Fresh Graft - En bloc bone - Clinical Specialist Sign-Off date | |
| Fresh Graft - En bloc bone - Manager Sign-Off | |
| Fresh Graft - En bloc bone - Manager Sign-Off date | |
| Recovery Lead | |
| Recovery Lead - Clinical Specialist Sign-Off | |
| Recovery Lead - Clinical Specialist Sign-Off date | |
| Recovery Lead - Manager Sign-Off | |
| Recovery Lead - Manager Sign-Off | |
| Pre-Post Safety | |
| Pre-Post Safety - Clinical Specialist Sign-Off | |
| | |



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Exhibit 14: Tissue Coordinator Competencies Record



CSF-9-257

Tissue Coordinator Competencies Record

| Employee Name | |
|---|--------|
| | |
| Ocular | |
| Ocular - Clinical Specialist Sign-off | |
| Ocular - Clinical Specialist Sign-off Date | |
| Ocular - Manager Sign-off | |
| Ocular - Manager Sign-off Date | |
| Multi-tissue | |
| Multi-tissue Clinical Specialist Sign-off | |
| Multi-tissue Clinical Specialist Sign-off Date | |
| Multi-tissue Manager Sign-off | |
| Multi-tissue Manager Sign-off Date | |
| Tissue Lead | |
| Tissue Lead – Clinical Specialist Sign-off | |
| Tissue Lead – Clinical Specialist Sign-off Date | |
| Tissue Lead – Manager Sign-off | |
| Tissue Lead – Manager Sign-off Date | |
| Inactive | Yes/No |



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Exhibit 15: Tissue Recovery Coordinator Competencies Record



CSF-9-258

Tissue Recovery Coordinator Competencies Record

| Employee Name | |
|--|---|
| Ocular - whole globe | |
| Ocular - Whole Globe Clinical Specialist Sign-off | |
| Ocular - Whole Globe Clinical Specialist Sign-off Date | |
| Ocular - Whole Globe Manager Sign-off | |
| Ocular - Whole Globe Manager Sign-off Date | |
| Pre-Post Recovery and Safety | |
| Pre-Post Recovery and Safety Clinical Specialist Sign-off | |
| Pre-Post Recovery and Safety Clinical Specialist Sign-off Date | |
| Pre-Post Recovery and Safety Manager Sign-off | |
| Pre-Post Recovery and Safety Manager Sign-off Date | |
| CoVid-19 Swab | |
| CoVid-19 Swab Clinical Specialist Sign-Off | |
| CoVid-19 Swab Clinical Specialist Sign-off Date | |
| CoVid-19 Swab Manager Sign-Off | |
| CoVid-19 Swab Manager Sign-Off Date | |
| Ocular - In Situ | |
| Ocular - In Situ Clinical Specialist Sign-off | |
| Ocular - In Situ Clinical Specialist Sign-off Date | |
| Ocular - In Situ Manager Sign-off | |
| Ocular - In Situ Manager Sign-off Date | |
| MT - Circulator | |
| MT - Circulator Clinical Specialist Sign-off | |
| MT - Circulator Clinical Specialist Sign-off Date | |
| MT - Circulator Manager Sign-off | · |
| MT - Circulator Manager Sign-off Date | |
| Inactive | |