



HOSPITAL EPIDEMIOLOGY AND  
INFECTION PREVENTION:  
**POLICY AND PROCEDURES FOR  
TISSUE BANKS**

**POLICY 5.4**  
**Issued: 11/05**  
**Last Approval: 7/22**

Office of Origin: Department of Hospital Epidemiology & Infection Prevention (HEIP)

### **I. PURPOSE**

1. To identify implantable tissues that are at risk for transmitting communicable diseases to the potential recipients
2. To identify patients who have received implanted tissues that have been identified as contaminated or potentially contaminated, in order to offer early surveillance or treatment as necessary.

### **II. POLICY**

UCSF Medical Center has established a process whereby implanted tissue suspected or confirmed to be contaminated with infectious pathogens is identified, surveillance investigation is initiated, and notification is made in accordance with the UCSF Medical Center Product Recall Notices and Procedure, General Administrative Policy 1.01.16 <https://powerdms.com/link/UCSFMedCen/document/?id=559570>

This policy applies to cellular-based (including synthetic) elements, tissues including, but not limited to:

Arteries	Cartilage	Heart valves and conduits
Artificially prepared	Cord blood	Skin
non-human products made from coral.	Corneas	Sperm embryos
Bone	Dura	Stem cells
Bone marrow	Eggs	Tendons
	Fascia	Veins

This policy does not apply to synthetic tissue products derived from plastic, vascularized human organs (solid organs) such as kidney, liver, heart, lung or pancreas or Blood Bank.

(NOTE: This policy is intended to comply with the Joint Commission (TJC) Standard PC.17.30 pertaining to implanted tissue suspected or confirmed to be contaminated with infectious pathogens.)

### **III. PROCEDURES**

- A. Prevention of handling errors that could lead to pathogen growth in transplantable tissues: Other policies govern appropriate vendor selection, ordering, receiving, storing, issuing tissues, and documentation of holding temperatures of tissues. These policies include verifying packaging integrity, logging the tissue into the facility, handling it according to supplier/manufacturer instructions, monitoring and recording storage temperatures, providing for alarms and emergency backup storage, and complying with state and federal regulations. *Please refer to individual department policies:*
  - a. *IVF Lab CNC x80187*
  - b. *Adult BMT Lab CNC x80055*
  - c. *Pediatric BMT lab CNC x80181*
  - d. *OR Autografts CNC x80431*
  - e. *OR Allografts CNC x80252*
- B. Surveillance of infections associated with implanted tissues:
  1. Clinicians are required to report implanted tissue-related infections to HEIP (415-353-4343).
  2. Surgical site infections (SSI) in recipients of implanted tissue will be analyzed and reported to the Risk Management and the Infection Prevention Committee.



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3. Unexpected rates or distribution of SSI, or unusual or unexpected organisms cultured from said surgical sites, will be investigated and reported to the appropriate UCSF bodies, and local, state, or federal agencies as required, and to the vendor or source facility.
- C. Recall procedure (*see* General Administrative policy 1.01.16, Product Recall Notices and Procedures):
1. Upon notification of implanted tissue contamination, the Director of HEIP (415-353-4343) will be notified.
  2. All remaining tissue will be sequestered by the department in possession of the tissue, along with its accompanying documentation, until notified by the Director of HEIP or the Director of Material Services.
  3. The Clinical Leaders of the affected services will provide the following information of all patients who received the implicated tissue(s) for infection surveillance and follow-up:
    - a. Patient name
    - b. MRN
    - c. Date of procedure
    - d. Surgeon
  4. HEIP will notify the appropriate surgeons or their offices of potential or known tissue contamination, and collect the following information:
    - a. Recipients' surgical wound and overall status
    - b. History of antibiotic use for surgical procedure follow-up.
  5. Depending upon the situation, the recipient may be notified of the tissue contamination by their surgeon, primary care physician, letter sent by UCSF or other means of notification as determined appropriate by UCSF.
  6. HEIP will report investigation findings internally to the appropriate bodies, and will follow recall instructions for reporting to external agencies.

**IV. HISTORY OF POLICY**

Reviewed 11/05, 4/07, 1/12, 3/16, 7/22

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**Appendix**

The U. S. Food and Drug Administration (FDA) published Good Tissue (handling) Practices in 2004, and The Joint Commission (TJC) published revised tissue standards, effective July 2005. Instances of tissue-borne infection in recipients of donor tissues are well-documented. Examples include HIV, Hepatitis B and C, Creutzfeldt-Jakob disease, rabies and others. Recipients may also contract bacterial or fungal infections through contamination of tissue products during collection, transportation, storage, or handling.

Effective communication of an adverse event directly related to tissue use is critical to patient safety. UCSF may become aware of an adverse event directly related to tissue use through external notification or internal detection. Prompt investigation of each event provides response and treatment to recipients affected by the infected tissue and prevents further implantation of the infected tissues.