[](http://depts.washington.edu/labweb/i)

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| **University of Washington,**  **Harborview Medical Center**  **325 9th Ave. Seattle, WA, 98104**  **Transfusion Services Laboratory**  **Policies and Procedures Manual** | **Original Effective Date:**  **March 10, 2014** | **Number:**  **C5005-1** |
| **Revision Effective Date:** | **Pages: 3** |
| **TITLE: Discarding Autologous Bone** | | |

**Purpose**

To provide instruction for processing returned autologous bone and discarding autologous bone.

**Procedure**

**A: Monitoring Inventory and Discard Criteria**

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| **Step** | **Action** | **Related Documents** |
| **Monitor Inventory** | | |
| 1. | Weekly:  Inspect inventory for:   * Bone that exceeds the 24 month storage limit. * Damage or loss of integrity of a bone package. * Quarantine storage area for bone packages under investigation for possible discard * Complete QIM and PSN if bone package fails visual inspection. | * Quality Improvement Monitoring form (QIM) * Patient Safety Net (PSN) |
| 2. | Proceed to Discarding Bone section. |  |
| **Returned Autologous Bone** | | |
| 1. | OR staff returns bone package **within 20 minutes**:   * Inspect bone package for integrity and clear labeling * Update Tissue Tracking Record and Autologous Bone Tracking Log with “returned to inventory, date/time, tech ID” * Place bone package in storage * File Tissue Tracking Record in Inventory binder, alphabetically. |  |
| 2. | OR staff returns bone package **after 20+ minutes**:   * Ask OR staff if re-implantation is anticipated. Note response on Quarantine form. * Rubber band a time stamped Quarantine form to the autologous bone package * Place bone package in the Quarantine storage area * Complete QIM and PSN * Proceed to Discarding Bone section. | * Quality Improvement Monitoring form (QIM) * Patient Safety Net (PSN) |
| 3. | Shipped Bone Package to an outside facility is returned   * Inspect transport container for intact seals, adequate dry ice, and closure integrity. * Note condition “acceptable / unacceptable, date/time, tech ID on the Quarantine form * Rubber band a time stamped Quarantine form to the autologous bone package. * Place bone package in the Quarantine storage area * Complete QIM. * Proceed to Discarding Bone section | * Quality Improvement Monitoring form (QIM) |

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| **Step** | **Action** | **Related Documents** |
| **Positive Cultures** | | |
|  | * Positive aerobic or anaerobic culture results * Review completed Notification of Release of Non-Conforming Autologous Bone form attached to the Tissue Tracking Record. Physician marked:   + Use this Product: Move bone package to non-conforming area of the ultra low freezer   + Decline to use this product/please discard: Proceed to Discarding Bone section. | Notification for Release of Non-Conforming Autologous Bone form |
| **Patient Expires** | | |
|  | Weekly:   * Review the Deceased Patient Notification forms. * Compare to the Autologous Bone Tracking Log |  |
|  | If patient has autologous bone in storage:   * Attach a time stamped Quarantine form to the bone package * Note on form “Expired (date), Tech ID” * Relocate autologous bone package * Proceed to Discarding Bone section. * *Note: Autologous Bone from expired patients will be held in quarantine a minimum of 2 weeks from the date of death in case the patient’s family requests the bone.* |  |
| **Temperature failure of the storage device such that the tissue is out of temperature.** | | |
|  | * Every effort will be made to move autologous bone to the back up ultralow freezer. * Additional efforts may include temporary storage in other freezers or on dry ice. * Quarantine Autologous Bone packages that are out of temperature for > 20 minutes until a determination can be made by the TS Medical Director about their final disposition.   + Rubber band a time stamped Quarantine form.   + Move the bone package to a Quarantine storage area.   + Complete QIM and PSN   + Proceed to Discarding Bone section. | * Quality Improvement Monitoring form (QIM) * Patient Safety Net (PSN) |
| **Autologous Bone will not be Re-implanted** | | |
|  | Notification by phone, letter, and/or email that Autologous Bone will not be re-implanted:   * Attach a time stamped Quarantine form to the bone package * Note on form “Will not be re-implanted per (clinical staff), date/time, Tech ID” * Relocate autologous bone package to Quarantine storage area * Proceed to Discarding Bone section. |  |

**B: Discard**

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| **Step** | **Action** | | **Related Documents** |
| **Discarding Bone** | | | |
| 1. | **Complete Notification for Discard form**   * + Electronic form   + Save to Lilith 2 folder * Patient and Bone Package information   + Date/Time   + Patient Name and MRN number   + Unique Identification number of bone package   + Collection date/time * Check Reason for Discard   + Exceeds the 24 month storage limit   + Out of temperature monitored freezer for longer than 20 minutes with no intent to re-implant at that time   + Damage or loss of integrity of bone package   + Patient expired   + Failure of the temperature monitored storage freezer   + Product returned to TSL after transport to outside facility   + Other * Print 2 copies. * Complete Notification Letter. * Forward form to the neurosurgeon along with a Notification Letter requesting a signature and return to TSL. * Staple a copy to the Tissue Tracking Record. * File in the Autologous Bone Pending notebook. | On Lilith2:   * Notification Letter * List of neurosurgeons’ contact information | |
| 2. | Weekly:   * Review the pending notifications. * If no response in 2 weeks, re-send the notification to the neurosurgery attending. * If no response, forward to Medical Director. |  | |
| 3. | Once the signed notification is returned to TSL or 4 weeks has passed:   * + Forward to TSL Manager/Medical Director for signature.   After TSL Manager/Medical Director signature:   * + Update the Tissue Tracking Database, Tissue Tracking Record, and the Autologous Bone Tracking Log.   + A 2nd tech verifies and reviews all paperwork and bone package label against the discard form.   + Discard bone package in a grey tissue disposal bin in the OR dirty utility room.   + Staple the completed form to the Tissue Tracking Record.   + Move Tissue Tracking Record to the Tissue Discard binder. |  | |

**References:**

Standards for Blood Tissue Banking, Current Edition, American Association of Tissue Banks. AATB, Bethesda, MD.