Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

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28 April 2021

9(2)(a)
[redacted]

[redacted]

RE Official Information Act request CDHB 10589

I refer to your email dated 13 April 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- **Please tell me how post-operative and pathology body parts and tissue are got rid of.**

Anatomical Waste is removed from areas by the orderlies. It is boxed and labelled with all the patient information and dates and taken to the Mortuary. From there it is put into a freezer for approx. 3 months.

Once this period of time has passed the Orderlies contact the Clinical Waste provider who then comes and picks it up and takes it to a Crematorium in Rangiora.

Please find attached the following Canterbury DHB policies:

Appendix 1 Management of Healthcare Waste Policy
Appendix 2 Human Tissue Disposal Procedure
Appendix 3 Return of Tissue/Body Parts to Patients

I have also attached as **Appendix 4** an Official Information Act response from earlier this year which will provide you with additional information. This response contains a list and number of body part items returned to patients by Canterbury Health Laboratories during calendar years 2018 – 2020.

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

Contents

Policy

The Canterbury District Health Board (CDHB) shall:

- Be committed to the protection of the environment.
- Accept responsibility for and comply with all relevant environmental legislation.
- Actively promote environmental care throughout the CDHB.
- Be committed to the internationally recognised waste management practice of source reduction, reuse, recycling, resource recovery and environmentally safe residue disposal.

- Be committed to the Treaty of Waitangi and its concern regarding the protection of the water bodies from contamination.
- Ensure that cultural groups are consulted.

Purpose

To maintain an appropriate waste management and disposal plan that minimises potential hazards to healthcare workers, public health and the environment.

To comply with the NZ Standard for Management of Health Care Waste (NZS 4304:2002) so that healthcare waste can be managed and disposed of in accordance with these standards.

Scope/Audience

All staff employed by the CDHB.

All facilities owned or leased by the CDHB.

All contractors employed by the CDHB

Definitions

Body parts

Human or animal body parts, tissue and/or organs, fetuses and placentae.

Bund

Containment via a secure wall, ridge or depression of sufficient integrity to completely contain liquid within, or run-off from waste stored within its confines.

Collection

The aggregation of waste from primary sources or storage areas for movement to a waste holding area or from waste holding areas for movement to pre-disposal storage.

Controlled Waste

Healthcare waste that is recognisable as coming from a healthcare facility, suitable for disposal at a Sanitary Landfill, which:

a) May be contaminated or soiled with potentially infectious human or animal body fluids which shall not be expressible under compaction; or

b) Is not infectious but may be considered culturally or aesthetically offensive.

Cytotoxic waste

Waste cytotoxic drugs or material that is, or may be, contaminated with a cytotoxic drug. Cytotoxic drugs are toxic compounds known to have carcinogenic, mutagenic and/or teratogenic (causing foetal and/or neonatal abnormalities) potential.

Dangerous Goods

Substances having the properties described in Table A of the Land Transport Rule: Dangerous Goods and include packaging and empty containers that have not been cleaned after containing dangerous goods – refer to Appendix B of the New Zealand Standard Management of Healthcare Waste NZS 4304:2002.

General waste

Non-hazardous waste deemed disposable to Landfill without any controls.

Healthcare Waste

Waste generated by healthcare services.

Infectious Waste

Substances known to contain, or reasonably expected to contain, pathogens. Infectious waste includes, but is not limited to, the following:

- Discarded laboratory specimens, cultures and materials that have been in contact with them;
- Sharps other than those categorised as radioactive or cytotoxic;
- Receptacles containing body fluids;
- Waste containing expressible body fluids;
- Waste from isolation rooms that is deemed infectious;
- Any disposable article that is contaminated with expressible blood or body fluid.

Hazardous Waste

A component of the waste stream exhibiting characteristics posing a threat or risk to public health, safety or the environment.

Pathogens

Micro-organisms (including bacteria, viruses, rickettsiae, parasites, fungi) or recombinant micro-organisms (hybrid or mutant) capable of causing disease.

Personal Protective Equipment

Equipment provided by the employer to protect employees from identified potential hazards while performing employment duties, eg gloves, apron, goggles etc.

Radioactive waste

Material whatever its physical form, arising from the medical or research use of radionuclides and for which no further use is foreseen that contains radioactive substances and has an activity (or activity concentration) higher than the clearance level from regulatory authority

Recyclable

Non-hazardous waste, including any products, package or element thereof that can be diverted from Landfill and, through existing processes, be collected and processed to use in the form of raw materials or products.

Sanitary Landfill

A landfill that provides for disposing of solid waste on land in a manner that protects the environment e.g. compacting and layering and covering with soil by the end of each day and facilities that enable the evacuation of the gases produced.

Segregation

The process of separating wastes by waste category at their generation point, while keeping the different categories apart during handling, interim storage and transportation, prior to disposal.

Shall and Should

In this document, Shall is used in places where there is a requirement to achieve the desired result. It is used to alert the reader to the need for that element to be included. Should is used as a way of indicating a preference. It does not indicate a mandatory requirement as other alternatives could achieve an equivalent result.

Storage

The accumulation of waste, after segregation, in a specified container in a specific area.

Waste stream

A single or multiple selection of waste managed as a single entity rather than by components. A waste stream may comprise of waste from a subset of one category, waste from a single category, or waste from two or more categories. Where waste from two or more categories is managed as a single stream, the management controls shall be the most stringent requirements for all the categories present.

Roles and responsibilities

General

Compliance with the waste management policy shall be audited by designated person/s.

Document Review

When policies, systems, plans, codes of practice, training manuals and similar documents are written, reviewed and updated, waste management aspects should be considered and incorporated where possible.

The Waste Management policy shall be reviewed every two years.

Contracts

Contract documents for works and services should incorporate requirements for the protection of the environment in relation to waste management. Organisations that seek to supply the CDHB with goods, works and services should be made aware of the CDHB's Waste Management Policy.

Purchasing

The CDHB should implement, where appropriate, practical and cost effective purchasing strategies that are designed to choose environmentally friendly products, products that are reusable, (except where this would contravene the Single Use Instruments and Equipment Policy) products made with recycled materials, products designed to be recycled and products with minimal or returnable packaging.

Conservation of Energy

The CDHB should follow strategies that minimise energy consumption and minimise impacts on the environment.

Associated documents

CDHB Manuals

- Canterbury District Health Board - Infection Prevention & Control Policies and Procedures
- Canterbury District Health Board - Clinical Manual (Volume 11)

  Human Tissue Disposal Procedure
- Volume 6 - Health and Safety
  Personal Protective Equipment

Divisional Manuals

- Christchurch Hospital The Hazardous Materials Response Plan
- Canterbury Health Labs: Mercury Spills Procedure, CHL Sharepoint, Safety Manual.

Forms

- Safety 1st (electronic reporting system)
- Fixed Asset Disposal (FA3)

Legislation

- Waste Minimisation Act 2008 (reviewed 17/03/16)
- Resource Management Act 1991

- Hazardous Substances & New Organisms (HSNO)Act 1996
- Hazardous Substances (Disposal) Regulations 2001
- Radiation Protection Act 2016
- Radiation Protection Regulations 1982
- Ministry of Health - Codes of safe practices for radiation use CSP1 Unsealed Radioactive Materials.
- Biosecurity Act 1993
- Land Transport Rule, Dangerous Goods 2005
- Land Transport Act 1998
- Health and Safety in Employment Act 2015
- Building Regulations 1992 Schedule 1 (A-H)
- NZ Building Act 2004

Local Authority Regulation

- Christchurch City Council Trade waste by-law 2015

Standards

- NZS 4304:2002 Management of Healthcare Waste
- NZS 8134.3:2008 Infection Control
- NZS 5433:2005 Transportation of Dangerous Goods on Land
- AS/NZS 4452:1997 The Storage and Handling of Toxic Substances
- AS/NZS 4261:1994 Reusable Containers for the Collection of Sharp Items used in Human and Animal Medical Applications
- SAA/SNZ HB76:2010 Dangerous Goods - Initial Emergency Response Guide plus Amendments.
- NZS 7603:1979 Specifications for Refuse Bags

Guidelines

- OSH Guidelines for the Safe Handling of Pharmacy Drugs: June 2003

Approved Codes of Practice

- Management of Substances Hazardous to Health 2015

Other Documents/Links

- Emergency Flipcharts (Hazardous Substance Spill)
- CDHB Intranet – Wellbeing, Health & Safety/workplace safety/HSNO

  www.chemwatch.net

Policy statement

1. Waste Management Requirements

1.1 Storage

The CDHB waste storage areas shall comply with the following minimum requirements as set out in the NZS 4304:2002 (*Section 5*)

1.2 Security

Waste holding areas and pre-disposal areas shall be suitably sited, be enclosed and separated from habitable spaces, supply/store rooms and food preparation areas, easy to secure and access by the public must be restricted.

1.3 Design

The area shall be vermin proof with easily cleaned walls and floors. Walls and floors shall be of impervious material and floors bunded or graded to a valved sewer outlet. There must be easy access to materials for managing spills, suitable personal protective equipment and hand-washing facilities.

Note: all waste water from cleaning process shall be discharged into a sump and treated to the satisfaction of the local authority prior to being discharged into the sewer.

Cleaning and wash-down water shall not be discharged into storm water drains.

1.4 Access

There shall be adequate space for movement in the waste storage area. There shall be direct access for vehicles removing waste from the storage area and access should be limited to approved persons only.

1.5 Lighting

There shall be adequate lighting in compliance with New Zealand Building Code for cleaning effectively and reading information on containers and documents.

1.6 Ventilation

There shall be adequate ventilation in compliance with New Zealand Building Code to remove odours. Exhaust vents shall be sited to prevent exhaust entering public buildings or areas to which the public have access.

1.7 Signage

The area shall be identified with signs appropriate to the categories of waste stored in that area as per New Zealand Building Code requirements. Also refer to Signage Requirements - Hazardous Substances (Identification) Regulations

1.8 Cleaning

The area shall have readily accessible materials for cleaning any spills. Refer to Wellbeing, Health & Safety Management Systems on the intranet

The area shall be equipped with suitable personal protective equipment and hand-washing facilities.

Refer to Standard Precautions Policy on the intranet

1.9 Waste Tracking

The waste transporter and waste generator shall put in place a means of tracking hazardous and controlled waste complying with NZS 4304:2002.

See below: 2 Procedure/Guidelines.

1.10 Staff Responsibility

All employees involved with transporting and disposing of infectious waste shall be trained in the requirements of the NZS 4304:2002. This education should be documented.

Individual managers are responsible for ensuring that all waste generated in their area is disposed of in line with this policy.

1.11 Transporter

The transporter shall meet the requirements out in section 6, Transporters' Responsibilities of NZS 4303:2002 (Ref Appendix B).

1.12 Equipment for Waste Management

Transport trolleys

Spill kits – mercury, cytotoxic substances, blood & body fluids and general waste spills

Personal Protective Equipment

Waste transport labels

Appropriate waste containers/bags/trays

High strength ratchet ties

Sharps containers

Waste Bags

Recycle bags

Recycle paper trays

Mobile garbage bins

Appropriate waste signage

Waste forms and log book

Appropriate Material Safety Data Sheet (for Chemical waste)

2. Procedure/Guidelines

2.1 Procedure for waste generated at point of use through to disposal:

1. Standard precautions apply when dealing with waste. Hand hygiene must be performed after handling all waste categories. Refer to CDHB Standard Precautions on the intranet
2. Personal Protective Equipment (PPE) should be used/worn when handling waste. (Determined by the nature of the waste)
3. Waste shall be separated into categories by the waste generator and placed in bags/containers/bins at point of generation and identified as per waste stream *(table 1)*
4. Tie off waste bags with ratchet ties to ensure that bags remain tied securely during handling and transport.
5. Waste bags/containers should be picked up by designated staff from an interim storage area and placed in a hard-shell container/bin or on a designated waste trolley and moved at times that do not coincide with the transportation of clean materials or food to a central waste storage area.
6. Waste bags/containers should be transported to pose minimum risk of damage or leakage. Bags/containers should be kept upright at all times.
7. Transport trolleys should be capable of containing accidental leakage from waste bags/containers.
8. Hazardous Waste collection trolleys shall not be left unattended in public areas.
9. Segregation of hazardous, controlled and non-hazardous waste shall be maintained during the movement and handling of waste. If waste is mixed or loses identification during movement, it shall be uniformly treated at the highest level of risk category for that load.
10. Waste bags/containers shall be placed according to their category in the appropriate central storage area.

2.2 Waste Bags

Waste bags should:

- not be moved unless secured or sealed correctly.
- not be carried against the body.
- not be sealed with staples.
- not be supported by hand underneath.
- not be more than two-thirds full.

2.3 Sharps

Sharps shall:

- be collected and transported in sharps hard-shell containers.
- be kept out of infectious waste bags/bins.

- not be moved unless sealed or secured correctly.
- not be carried against the body.
- not be past the maximum full level.

2.4 Waste Tracking

A Waste Tracking log book for hazardous and controlled waste should be completed and signed by the contractor at pick up.

Volumes should then be reconciled against charges made by the contractor.

Dangerous Goods Forms shall be completed appropriately and provided to transport contractor at pick up to convey waste to processing/disposal site.

Waste contractor shall return to the generator (designated person), documentation verifying that waste has been disposed of in the agreed manner. The waste generator shall file documentation confirming waste disposal and records shall be kept for ten years.

2.5 Spills and other incidents or emergencies involving healthcare waste

Spill kits shall be readily available to clean up related waste spills.

- For Mercury spills in Hospital locations: refer to your Division specific Emergency Flipchart (Hazardous Substance Spills)Management of healthcare waste2
- For Mercury spills in Canterbury Health Labs refer to the Mercury Spills Procedure, CHL Sharepoint, Safety Manual.
- See related document Chemwatch SDS Mercury
- Hazardous Substances & New Organisms (HSNO)
- For cytotoxic spills refer to Procedures - Spill Management - Spill Management Procedure on the intranet
- For radioactive spills, call Radiation Advisory Officer, Medical Physics, Christchurch Hospital

For all the above spill types a CDHB Safety 1st entry must be completed.

2.6 Sustainability

CDHB supports sustainabile practices wherever possible and measures to reduce waste to landfill must be implemented where facilities permit.

As a minimum all areas must provide waste facilties that enable paper, cardboard, plastic, glass and can recycling.

In office areas central waste areas are to be provided for all waste streams, under desk bins are not permitted.

Policy Owner	Support Services Manager
Policy Authoriser	EMT
Date of Authorisation	November 2017

Table 1 - Waste Streams

Waste Category	Stream	Example	Bag/Container /Collection	Protocol/Referrals	Disposal Method
General	**NON HAZARDOUS**	**Healthcare waste including** • Paper and Plastic (not suitable for recycling) • Wrappings • Paper hand towels • Other items that are not suitable for recycling • Food scraps • Broken glass/crockery, securely wrapped • Flowers	Black Plastic Bag Bags/containers shall meet the required specification (available through Supply Department)	Seal with ratchet ties. Bags shall not be filled past the 2/3 mark	Compacted and buried at Landfill Via Transfer Station
Recyclables	**RECYCLE**	Paper - (non confidential) Box packaging Cardboard	Recycling trays. Green wheelie bins.	Contact Support Services Department for further information	Recycled
		Milk Containers Plastics Plastic drinking cups Aluminium Cans Glass	Milk Crates White-opaque or clear liners for plastics and all recyclables including plastics, cans and unbroken glass Orderly/designated person to collect	**Note:** All recyclable material in this category must be rinsed/clean and not contaminated with food/drink or toxic chemicals etc.	

Waste Category	Stream	Example	Bag/Container /Collection	Protocol/Referrals	Disposal Method
Recyclables	**RECYCLE**	Toner Cartridges *Metal** *Heavy metal** Steel cans Aerosol cans Gas Cylinders *Electronic waste (old PCs etc)** *Instruments/implants that have been sterilised** *Healthcare domestic equipment**	Collection bins/boxes (labelled) Orderly/designated person to collect or via site maintenance Instruments for disposal should be sent to Sterile Services via the blue bin and clearly labelled “for disposal”	** Confirm if item requires a Fixed Asset Disposal Form (FA3) before discarding.* Contact Support Services for further information Christchurch/Burwood Operating Theatre and Home Dialysis have specific recycling programmes for Single Use Medical Devices, PVC products, clean Kimguard and Peritoneal Dialysis waste – refer to department location documents.	Parts recycled at various outlets.
Recyclables	**RECYCLE**	Confidential Documents	Blue document destruction bins for shredding. Bins collected by Orderly/designated person.	Patient and health information should be disposed of in a manner ensuring confidentiality. Any confidential correspondence, old labels or other documentation identifying patients, authorised to be discarded, should go in the blue security bins to be shredded.	Shredded and recycled.

Waste Category	Stream	Example	Bag/Container /Collection	Protocol/Referrals	Disposal Method
Medical / Infectious	**HAZARDOUS**	• Intravenous tubing, oxygen masks & tubing. • Disposable personal protective equipment. • Empty drainage bags. • Disposable sheeting. • Disposable patient care equipment. • Patient dressings • Discarded medical prothetics (ie hip joints)	Yellow Plastic Bag - 3 sizes Small, Medium, & Large Bags collected by Orderly/designated person. Bags/containers shall meet the approved specifications (available through Supply Department)	Refer to NZS 4304:2002 Waste in this category should be secured in a lidded receptacle. Christchurch/Burwood Operating Theatre and Home Dialysis have specific recycling programmes for Single Use Medical Devices, PVC products, clean Kimguard and Peritoneal Dialysis waste – refer to department location documents.	Autoclaved and buried at Sanitary Landfill.
	HAZARDOUS	Dressings heavily soiled with **expressible** blood or body fluids Any body fluid receptacles, liners that cannot be emptied safely i.e. drainage bottles & disposable suction. Blood giving set tubing if the spike is contained within the blood bag. All infectious isolation room waste. Unidentifiable tissue.		Bag shall not be filled past the 2/3 mark Seal with ratchet ties. Waste in this category should be secured in a hazardous bin designated for infectious waste. Dangerous Goods Declaration Form completed	

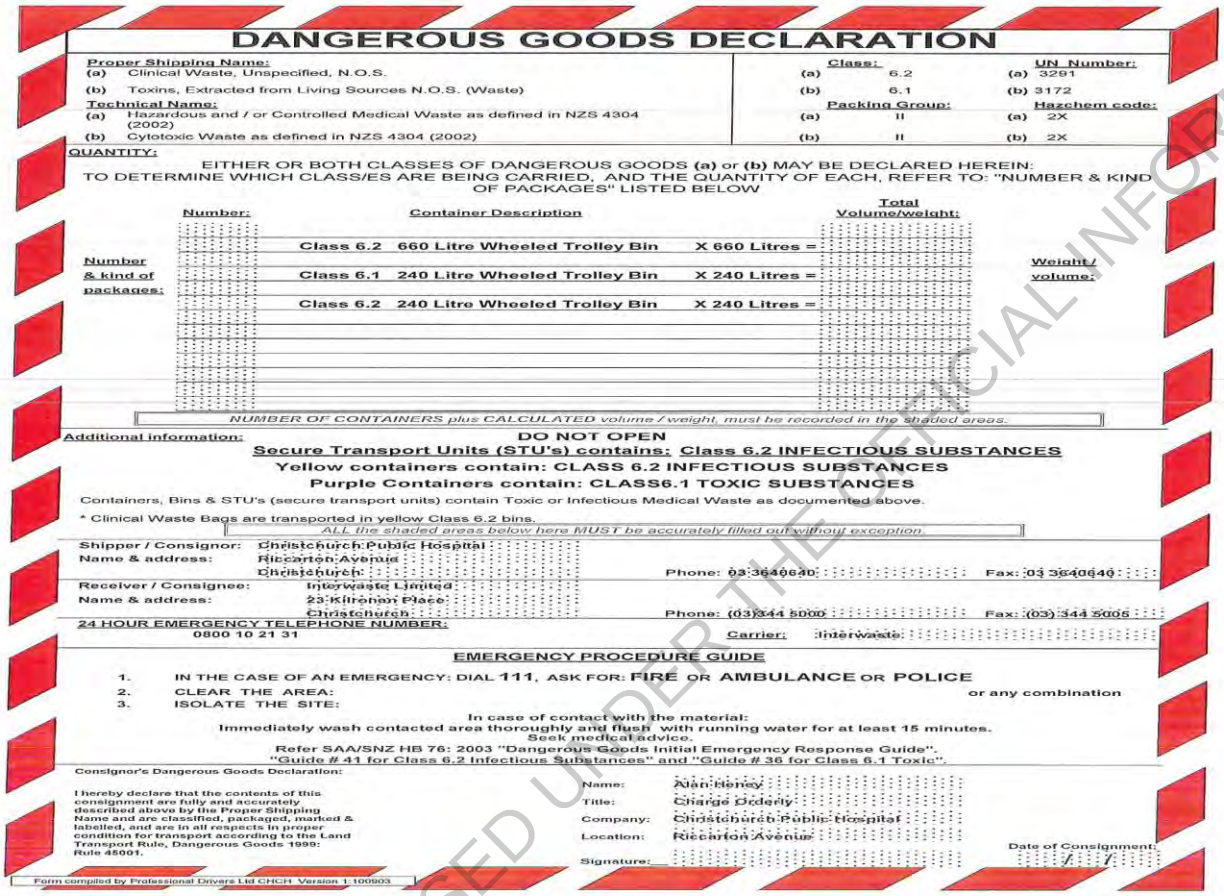
Waste Category	Stream	Example	Bag/Container /Collection	Protocol/Referrals	Disposal Method
Body Parts	**HAZARDOUS (FOR CREMATION)**	Limbs and identifiable body parts for cremation, except for body parts that are to be returned to the patient/whanau. For parts that are requested to be cremated on an individual basis, see 'Disposal or Return of Body/Tissue Parts' policy.	Yellow bin with red lid. Containers collected by Orderly/designated person. Containers shall meet approved specification (available through Supply Department).	All items in this category shall be documented. Refer to Human Tissue Disposal Protocol for documentation requirements. NB: for return of body parts to patient/whanau, refer to 'Return of Body/Tissue Parts' Policy Dangerous Goods Declaration Form completed	Cremated and ashes sent to Sanitary Landfill.
Sharp Waste	**HAZARDOUS**	Any sharp instrument (needles, giving set spikes etc). Glass IV bottles containing residue drug activities Rubber topped vials with medication residue Sharp waste should not include any bulky metal items that cannot be ground	Yellow hard shell sharps container - various sizes. Containers collected by Orderly/designated person. Keep sharp containers separate from infectious waste, i.e. do not put into yellow wheelie bin. Bags/containers shall meet the approved specifications (available through Supply Department)	Container shall be sealed shut prior to disposal. Container shall not be filled past the 2/3 mark or designated fill line. Sharps containers should be placed in designated hard shell hazardous waste container. Dangerous Goods Declaration Form completed	Autoclaved, ground and buried at Sanitary Landfill

Waste Category	Stream	Example	Bag/Container /Collection	Protocol/Referrals	Disposal Method
Cytotoxic Waste	**HAZARDOUS**	Waste from cytotoxic drug therapy. Sharps from cytotoxic drug therapy.	Purple plastic bag. Purple sharps Container. Containers collected by Orderly/designated person. Containers shall meet approved specification (available through Supply Department).	All procedures for the handling of cytotoxic waste shall comply with the OSH Guidelines for the Safe Handling of Cytotoxic Drugs: Guidelines for safe handling of cytotoxic drugs and related waste - 13 Sept 2013 and NZS 5433:1999 Transport of Dangerous Goods on Land. Dangerous Goods Declaration Form completed	Packed and Shipped to Specialist Disposal Plant off shore
Hazardous Chemical Waste	**HAZARDOUS**	Pharmaceutical or laboratory waste. Substances which may be toxic, mutagenic, carcinogenic, teratogenic, explosive, flammable, corrosive, oxidising or radioactive.	Storage shall be in an appropriate area (e.g. flammables cupboard, dangerous goods store, Hot Lab) away from incompatible chemicals. Containers shall meet approved specification (available through Supply Department).	Disposal of hazardous substances shall be in accordance with the Hazardous Substances (Disposal) Regulations 2001 and through a registered waste disposal company. Refer to NZS 5433:1999, NRL C3, OHS Approved Code of Practice for the Management of Substances Hazardous to Health (1997). Refer to the product's Material Safety Data Sheet and/or manufacturer. Dangerous Goods Declaration Form completed	Where applicable, some substances may be disposed of through the sewer within the limits of the discharge agreement with the local Council. Otherwise through a registered waste disposal company

Waste Category	Stream	Example	Bag/Container /Collection	Protocol/Referrals	Disposal Method
Radioactive Waste	**HAZARDOUS**	Waste from laboratory procedures involving radioisotopes, waste from patients undergoing radioisotope therapy (*not* Nuclear Medicine scan patients).	Yellow plastic bag or hard shell labelled as radioactive material. Containers shall meet approved specification (available through Supply Department).	Disposal shall comply with NRL C1 Code of safe practice for the use of unsealed radioactive materials, National Radiation Laboratory, 1996. Contact Radiation Advisory Officer, Medical Physics Dept for advice. (If unavailable, contact Nuclear Medicine Dept.).	Autoclaved and buried when activity reaches approved levels.
Important Note: A Controlled Waste stream is not functional on CDHB premises					

Policy Owner	Support Services
Policy Authoriser	EMT
Date of Authorisation	~~13 January 2005~~ ~~12 July 2006~~ November 2017
Date of next review	~~December 2009~~ October 2019

Example – Dangerous Goods declaration Form



DANGEROUS GOODS DECLARATION

Proper Shipping Name:
(a) Clinical Waste, Unspecified, N.O.S.
(b) Toxins, Extracted from Living Sources N.O.S. (Waste)

Technical Name:
(a) Hazardous and / or Controlled Medical Waste as defined in NZS 4304 (2002)
(b) Cytotoxic Waste as defined in NZS 4304 (2002)

Class: (a) 6.2 (b) 6.1

Packing Group: (a) II (b) II

UN Number: (a) 3291 (b) 3172

Hazchem code: (a) 2X (b) 2X

QUANTITY:

EITHER OR BOTH CLASSES OF DANGEROUS GOODS (a) or (b) MAY BE DECLARED HEREIN:
TO DETERMINE WHICH CLASS/ES ARE BEING CARRIED, AND THE QUANTITY OF EACH, REFER TO: "NUMBER & KIND OF PACKAGES" LISTED BELOW

Number & kind of packages:	Number:	Container Description	Total Volume/weight:	Weight / volume:
		Class 6.2 660 Litre Wheeled Trolley Bin	X 660 Litres =	
		Class 6.1 240 Litre Wheeled Trolley Bin	X 240 Litres =	
		Class 6.2 240 Litre Wheeled Trolley Bin	X 240 Litres =	

NUMBER OF CONTAINERS plus CALCULATED volume / weight, must be recorded in the shaded areas.

Additional information:

DO NOT OPEN
Secure Transport Units (STU's) contains: Class 6.2 INFECTIOUS SUBSTANCES
Yellow containers contain: CLASS 6.2 INFECTIOUS SUBSTANCES
Purple Containers contain: CLASS6.1 TOXIC SUBSTANCES

Containers, Bins & STU's (secure transport units) contain Toxic or Infectious Medical Waste as documented above.

* Clinical Waste Bags are transported in yellow Class 6.2 bins.

ALL the shaded areas below here MUST be accurately filled out without exception

Shipper / Consignor: Christchurch Public Hospital
Name & address: Riccarton Avenue, Christchurch — Phone: 03 3640640 — Fax: 03 3640640

Receiver / Consignee: Interwaste Limited
Name & address: 23 Kilronan Place, Christchurch — Phone: (03) 344 5000 — Fax: (03) 344 5005

24 HOUR EMERGENCY TELEPHONE NUMBER: 0800 10 21 31

Carrier: Interwaste

EMERGENCY PROCEDURE GUIDE

1. IN THE CASE OF AN EMERGENCY: DIAL **111**, ASK FOR: **FIRE** OR **AMBULANCE** OR **POLICE**
2. CLEAR THE AREA: or any combination
3. ISOLATE THE SITE:

In case of contact with the material:
Immediately wash contacted area thoroughly and flush with running water for at least 15 minutes.
Seek medical advice.

Refer SAA/SNZ HB 76: 2003 "Dangerous Goods Initial Emergency Response Guide".
"Guide # 41 for Class 6.2 Infectious Substances" and "Guide # 36 for Class 6.1 Toxic".

Consignor's Dangerous Goods Declaration:

I hereby declare that the contents of this consignment are fully and accurately described above by the Proper Shipping Name and are classified, packaged, marked & labelled, and are in all respects in proper condition for transport according to the Land Transport Rule, Dangerous Goods 1999: Rule 45001.

Name: Alan Honey
Title: Charge Orderly
Company: Christchurch Public Hospital
Location: Riccarton Avenue
Signature:
Date of Consignment: / /

Form compiled by Professional Drivers Ltd CHCH Version 1 100903

Human Tissue Disposal Procedure

Contents

Purpose

To ensure all human tissue or body part not indicated to be returned to the patient, is appropriately labelled, packed, recorded, tracked and disposed of in a respectful and safe manner.

Scope/Audience

All CDHB staff

Associated documents

Standards

NZS 4304:2002; Management of Healthcare Waste

Infectious Substances and Diagnostic Specimens Shipping Guidelines (IATA)

CDHB Manuals

Volume 2 - Legal and Quality
Waste Management Policy

Volume 10 - Infection Control
Standard Precautions
Blood, Body Fluid Exposure

Volume 11 - Clinical
Body Parts Policy

Site Specific Manual

The latest version of this document is available on the CDHB intranet/website only.

Printed copies may not reflect the most recent updates.

Histology Section Manual
Protocol for Return of Tissue from Histology Specimens from Anatomical Pathology

Ashburton Hospital Operating Theatre Policy and procedure Manual
Body Parts Returned Policy

CDHB Forms

Cremation Record Form (Ref 1025)
Cremation Waste Tracking Form or log book (Ref 1024)
CDHB Forms are available on the Intranet

External Forms

Dangerous Goods Declaration Form
(Provided and retained by the waste contractor)

Records of completed forms should be readily available for audit or inspection purposes when required, and retained for a minimum of 10 years.

Definitions

Body parts
Any body part or tissue removed from the body, excluding false teeth, artificial limbs, pacemakers, prostheses. Encompasses gross specimens, processed tissue, and tissue slices. Does not include blood or body fluids.

Products of conception
Any baby/foetus less than 20 completed weeks gestation and weighing less than 400grams, placentas, membranes, cord and other products of conception not recognised as a foetus.

Recognisable small parts
Any part containing bones or recognisable as being part of an organ.

Waste contractor
The party with whom the CDHB holds a contract for the waste disposal.

Waste generating site
The area where the tissue/body part is placed into the provided yellow wheelie bins with red lids for disposal and may also be the site from where the bins are picked up for disposal by the waste contractor. These sites could include, but are not limited to theatres, wards, birthing units and mortuaries.

Waste pick-up/collection site
The site from where the bins are collected by the waste contractor for disposal.

Equipment and forms

- Cremation Record Form (Ref 1025)
- Cremation Waste Tracking Form or log book (Ref 1024)
- Patient labels, where available
- 120L yellow wheelie bin with red lid
- 120 micron plastic bags

Ordering details:

PACKAGING HOUSE, Blenheim Rd, Christchurch

Telephone: 03 - 3433244

- 120 micron clear 375 x 500 mm order number 1035841
- 120 micron clear 300 x 450 mm order number 300700 (50/pkt and 16pkt/box)

Infection Control Measures

Staff should follow standard infection control precautions at all levels. Refer to the Volume 10 Infection Control manual for standard precautions and blood/body fluid exposure.

Protocol

Action	
(A) - Tissue/body part packing procedure	**Waste generating site**
Use 120 micron plastic bags to double bag parts in such a way that, under normal conditions of transport, they cannot break, be punctured or leak their contents into the secondary packaging. Secondary packaging must be secured in outer packaging with suitable cushioning material or outer packaging. Any leakage of the contents must not substantially impair the protective properties of the cushioning material of outer packaging. Packing must be prepared as follows: ***Large parts:*** i. Ensure all formalin is drained off prior to packing the human tissue/body part. ii. All large human tissue/body parts for cremation must be double bagged and sealed into a 120 micron secondary plastic bag. iii. The parcel is to be labelled on the outside, ensuring it stays dry, with the identification of the patient (where available) and the nature of the human part (eg placenta). Patient labels could be used when available or by writing directly on bag or onto another plain sticky label. Place into bin (see C). ***Small parts:*** i. Small recognisable human tissue/body parts are kept in the original pottle, with the formalin drained if possible. Small volumes of formalin are acceptable. ii. No additional labelling is required, if specimen is already labelled with the patient's details and tissue identification. Place into bin (see C).	
(B) - Labelling of bins and forms	
1. Coded 120 L yellow wheelie bins are provided by waste contractor. The bin numbers are printed on the side of the yellow wheelie bin. 2. Transcribe the CDHBCr bin number – referred to in Step 1 - to CDHB Cremation Record Form.	

Action	
(C) - Recording of human tissue/body parts Record the following information on the Cremation Record Form at the time the tissue/body part is placed in the disposal bin: • Patient name/identification, where available (patient labels can be used on form). • Nature/description of tissue/part. • Date placed in disposal bin. • Signature of person who placed tissue/part in bin. **Notes:** • Ensure that the Cremation Record Form is labelled with the same number as the designated disposal bin. • Where established systems are in place for recording samples that were placed in disposal bins, the forms in use containing the details as mentioned above, could be attached to the Cremation Form instead. • The completed Cremation Record forms are to be retained by the waste generating site for a minimum of 10 years and are <u>not to be sent with wheelie bins.</u>	**Waste generating site**
(D) - Arranging for waste collection/pick-up The waste site representative would arrange with the waste contractor for appropriate times for bins to be collected for disposal by manner of cremation. Factors to consider when deciding on pick up times are health and safety and available storage space. A Dangerous Goods Declaration Form is completed by the waste contractor at the time of waste pick-up. Bins from Christchurch Hospital are collected by the orderlies and taken to the Mortuary to be collected by the waste contractor. Other sites have to arrange directly with the waste contractor for the collection of the bins for disposal.	

Action	
(E) - Cremation Waste Tracking process The cremation bins to be collected by the waste contractor have to be recorded on the CDHB Cremation Waste Tracking Form or a Waste Tracking logbook. **Notes:** • All documents must be retained at the waste generating/pick-up site for a minimum period of 10 years. The waste contractor will provide the Daily Summary Sheet on a monthly basis that would include the cremation bin number, the cremation number provided by the crematorium. The Daily Summary Sheet will be faxed to all areas involved to be checked against the CDHB Cremation Waste Tracking Form or logbook at each waste generating/pick-up site for correctness. The waste contractor must be informed of any discrepancies. The copy is retained at the CDHB waste generating/pick-up site for a minimum period of 10 years.	**Waste contractor & waste generating/pickup site**
Process of disposal of ashes obtained from cremation process The ashes from the cremation process are returned to the waste contractor who then disposes of the ashes via the compactor, which then goes to the landfill.	

Procedure Owner	Quality Manager, Laboratories
Procedure Authoriser	Clinical Board
Date of Authorisation	July 2009

Return of Tissue/Body Parts to Patients

Contents

Policy

- Patient/families/whanau have a right to have their tissue/body parts returned to them and will be consulted prior to surgery.
- All tissue/body parts for return will be stored (if requested) for 28 days then disposed of, if not collected by the patient/family.

Purpose

To outline the process required by Canterbury DHB staff for the return of tissue/body parts to the patient and their family/whanau.

Scope/Audience

This policy/ procedure applies to all laboratory, mortuary, nursing, medical, orderly & clerical staff involved in the removal & return of tissue/body parts within the CDHB.

Exclusion

Research department

Definitions

Tissue / Body Parts

Any tissue or body parts removed from the body. This encompasses gross specimens, processed tissue and tissue slices. It does not include blood, body fluids, screws or metal ware.

Products of Conception

Any baby/foetus less than 20 completed weeks gestation and weighing less than 400 grams, placentas, membranes, cord and other products of conception not recognized as a foetus.

Associated documents

CDHB Manuals

- Canterbury DHB Manual, Volume 2 - Legal and Quality
- Tikanga Policy
- Management of Healthcare Waste
- Canterbury DHB Manual, Volume 11 - Clinical
- Human Tissue Disposal Procedure
- Informed Consent Policy
- Return of Products of Conception/Pregnancy Tissue (Women's and Children's Health Policies. Ref 7260)
- Return of Tissue/Body Parts, Volume A, Burwood Policy/Procedure manual
- Placenta Tracking Procedure (Women's and Children's Health Policies Ref. 6952)

Patient Information Pamphlet

- Return of Tissue/Body Parts (Ref. 1053)
- Limb Amputation Surgery (Ref 1725)

Forms

- Agreement to Treatment (QMR002A)
- Laboratory Specimen Request Form (QF0050)
- Return of Tissue / Body Parts Form (C130007 Ref: 2461)

(carbonated with four copies)

- Placenta Tracking Form (Ref:8993)
- Patient Admission Form (C110001)
- Pre and Intra Operative Nursing Care (C170003)
- Day Surgery Documentation Form (C240229)

- Tissue to be Returned to Patient (orange sticker - Ref JG556)
- Specimen to be Returned to Patient (orange sticker- Ref JG317)
- Small quantities of the stickers are available from Anatomical Pathology - Phone 80594

Standards

- Code of Health and Disability Services Patients' Rights 1996
- Infection Control New Zealand Standards NZS8142-2000
- Management of Healthcare Waste - NZS4304-2000

1 Patient Information

Staff will provide information to the patient on the options available to them and offer the 'Return of Tissue/ Body Parts' pamphlet (Ref. 1053)

All patients who decide to have their tissue/body part returned are advised to read the patient information pamphlet, which covers storage requirements, safe handling of tissue/ body part if chemically preserved, burial options, spiritual and cultural needs and collection of the tissue/body part after discharge.

1.1 Preadmission and admission areas on admission and/or prior to procedure

1. On admission or during the pre-admission/pre-procedure consent process the patient is informed of their right to have their tissue/body part returned. The patient information pamphlet is given out and content discussed with the patient and/or their family/whanau as per patients' wishes to enable an informed decision.
2. If the patient requests a blessing or a visit from the Chaplaincy team, contact needs to be made as soon as possible, prior to surgery.
3. If the patient has indicated that they do not wish to receive their tissue/body part this decision should be confirmed prior to commencement of the procedure.

   If not for return, discuss tissue/body part disposal

   - Refer to Canterbury DHB Human Tissue Disposal Policy/Procedure
4. If health risk identified and/or return of tissue/body parts is not an option, cremation/burial may be discussed as options.
5. The decision for the return of tissue/body part is recorded on the Return of Tissue/ Body Parts Form (C130007) in the appropriate nursing assessment/care pathway and on the Pre and Intra

Operative Patient Nursing Care Plan (C170003) or Day Surgery Documentation Form (C240229).

6. Place an orange "Tissue to be returned to patient' sticker (JG556) on Pre & Intra Operative (C170003) or Day Surgery Documentation (C240229).

   Ensure patient ID stickers are on each copy of the form.

7. File remaining copies in the patient's clinical file(Patient copy to be given to patient at time of discharge)

1.2 Prior to Procedure

1. Check the patient's clinical record to confirm if tissue/body part is to be returned to the patient.
2. Identify if the tissue/body part requires laboratory analysis or preservation.
3. Place orange Laboratory sticker' Specimen to be Returned to Patient' (Ref JG317) on lab request form & forward with the specimen and the green copy of Return of Tissue/Body Part Form to the laboratory.

1.3 Following procedure- For samples not going to the laboratory

1. If the tissue/body part is smaller than 'half a hand' (approx. 10-15cm at widest diameter) and does not require laboratory analysis or preservation in formalin, it should be placed in a securely sealed appropriate container (i.e. not a food related container) and returned to the patient if required with the Return of Tissue/Body Parts Form as they leave the procedure area.
2. If the tissue/body part that is larger than 'half a hand' (approx.10-15cm at widest diameter) does not require laboratory analysis and is to be returned to the patient, it must be sent with the Return of Tissue/Body Part Form and forwarded to the mortuary, for the patient to collect at time of discharge

1.4 At time of discharge

1. White copy of Return of Tissue/Body Parts Form given to the patient.
2. Pink copy is retained at the collection point (ward of admission) then returned to Clinical Records, once the patient or their representative has signed it and the process is completed.
3. If patient is taking tissue at time of discharge-

   Ward/DSU Nursing Staff are to ensure that the yellow copy of the form has been completed and retained within the patient's clinical record and that the patient has taken the tissue or body part with them. The green copy of this form is to remain with the tissue/body part/specimen until it has been collected or disposed.

4. If the tissue has been sent for laboratory testing-

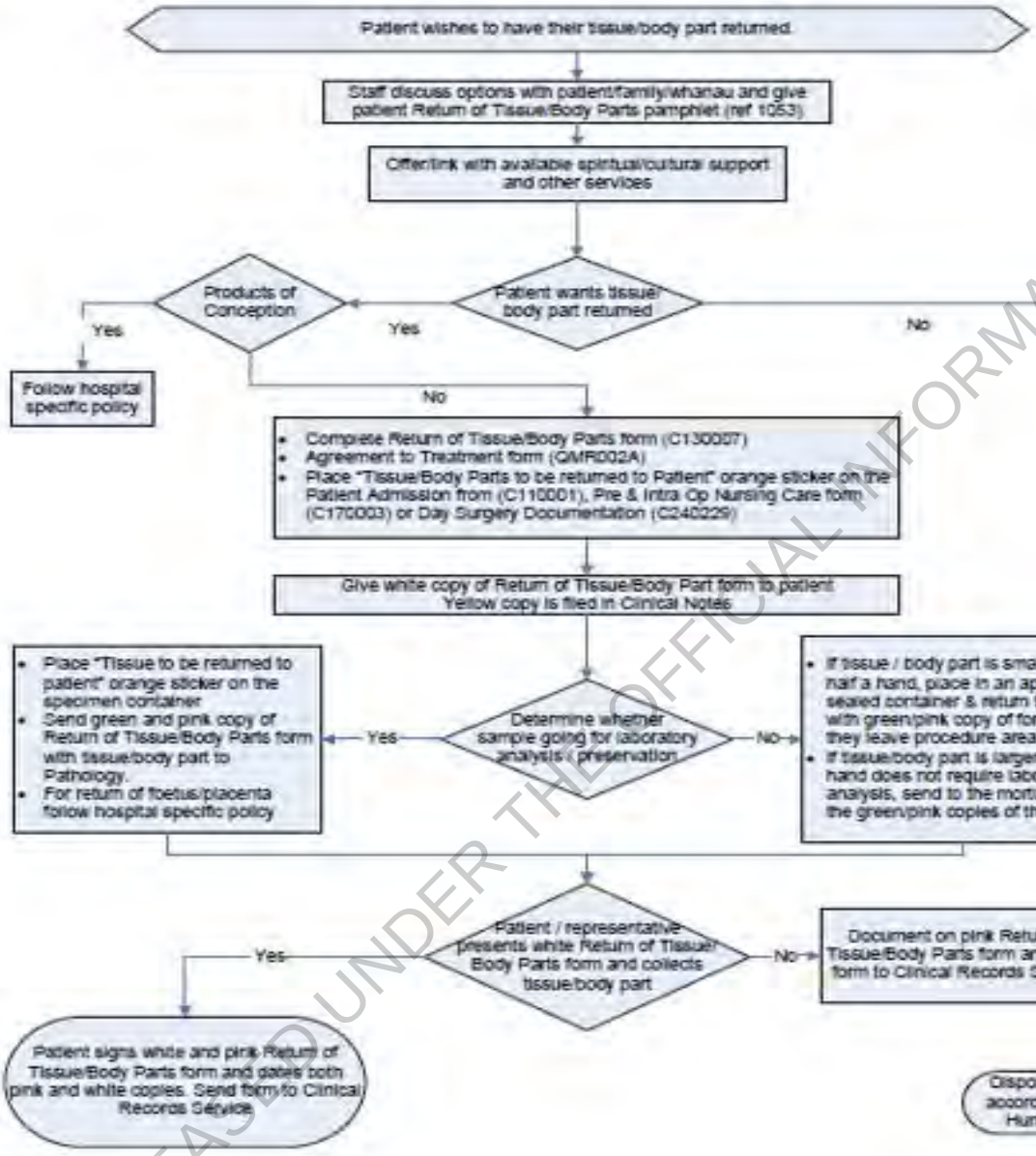
If the tissue/body part is to be returned to the patient at a later date reiterate that they will be contacted to return to the collection point to collect the tissue/body part and that the specimen must be collected within 28 days from being contacted.

The patient/representative is to present the white (front page) copy when collecting tissue/body parts.

1.5 Storage and collection

1. All tissue/body parts must be stored in securely sealed containers and sealed plastic bags. There is no requirement for the specimens to be refrigerated unless specified.
2. Where formalin has been used as a preserving agent specific instruction must be given to the patient/family/whanau on the safe handling and correct disposal requirements. This information is included in the Return of Tissue/Body Parts Patient Information pamphlet (Ref 1053) and Formalin Information sheet provided by Pathology
3. The laboratory will return the tissue/body part to the collection point with the green copy of the Return of Tissue/Body Parts form.
4. On receipt of the specimen at the collection point, the ward clerk or delegated staff member will ring the patient and inform them their tissue/body part is ready for collection and will record all contacts or attempted contacts on the Return of Tissue/Body Parts Form.
5. On collection of the tissue / body part the patient/representative collecting the tissue/body part must present their white copy of the form and sign and date the white and pink copy of the form to acknowledge receipt. The staff member must record name, date and designation on the form. The designated staff member forwards the signed pink copy of form to Clinical Records Department for filing in the patient's clinical record.
6. If the tissue/body part is not collected within 28 days of patient notification, as per the form, it will be sent to the laboratory for hospital disposal. The pink form noting the outcome will be returned to Clinical Records Department for filing in the patient's clinical record.
7. Uncollected specimens should be disposed of by normal hospital procedure as outlined in the CDHB Policy Human tissue Disposal procedure (Volume 11 – Clinical).
8. Should a patient no longer wish to keep their tissue / body part, it should be disposed of by normal hospital procedure as outlined in the CDHB Policy Human Tissue Disposal procedure (Volume 11 – Clinical).

Return of Tissue/Body Parts Flowchart



The latest version of this document is available on the CDHB intranet/website only. Printed copies may not reflect the most recent updates.

Measurement/Evaluation

All patients having a surgical procedure will be offered the opportunity to have their tissue/body parts returned to them, as evidenced by clinical record audits.

Return of Tissue/Body Parts Form (C130007) will be completed for all patients who request return of tissue/body parts, as evidenced by clinical records audits.

References

- "A Guide for Removal, Retention, Return and Disposal of Maori Body Parts and Organ Donation." Hauora o te Tinana me ona Tikanga –Service Providers. Te Puni Kokiri Ministry of Maori Development 1999.
- Rangahau e pa ana ki te Maori Nga ahuatanga mo te whakahore me te pupuri I nga tauira me nga kowaewae Research Involving Maori Guidelines for Disposal or Retention of Samples and Specimens - Christchurch School of Medicine, Health and Sciences 2004.

Policy Owner	
Policy Authoriser	CMO & EDON
Date of Authorisation	September 2016

APENDIX 4

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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32 Oxford Terrace
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CHRISTCHURCH 8011

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28 January 2021

9(2)(a) [redacted]

RE Official information request CDHB 10520

I refer to your email dated 6 January 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- **The total number of body part items returned to patients by the DHB during the calendar years of 2020, 2019, and 2018, broken down by the specific type of body part (including but not limited to, body tissue, bones, organs, placentas/products of conception) returned each year.**

Please refer to **Appendix 1** which contains a list and number of body part items returned to patients by Canterbury Health Laboratories during the calendar years 2018 – 2020.

Please note: the data from Canterbury Health Laboratories is specifically from patients who have had procedures and surgeries that required Histological testing, as requested by clinical teams. Besides this, the Canterbury DHB does not have a central data system which records body part items returned to patients. This information is usually recorded in the patient's individual clinical notes and would require a substantial amount of research and time to collate across the DHB.
We are therefore declining to provide any further information in response to your request, pursuant to section 18(f) of the Official Information Act, i.e. "*that the information requested cannot be made available without substantial collation or research…"*

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

R LaSalle

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

Appendix 1:

Number and list of body part items returned to patients by Canterbury Health Laboratories during the calendar years 2018, 2019 and 2020.

Canterbury Health Laboratories: Number of Body Parts Returned to Patients by Year				
	2018	**2019**	**2020**	**Total**
Adrenal			1	1
Aorta	2			2
Appendix	17	17	19	53
Bladder		1		1
Bone	1	1	4	6
Bowel	8	7	5	20
Brain	2	1		3
Breast	4	2	5	11
Endometrium		4	1	5
Eye	1	1		2
Fallopian tube	33	27	48	108
Gallbladder	11	16	29	56
Kidney	1	1	1	3
Liver	1		1	2
Lung	1		5	6
Lymph node		1		1
Oesophagus			1	1
Ovary	18	4	22	44
Pancreas		2	1	3
Parathyroid	1			1
Placenta	82	91	78	251
Products of conception	72	64	93	229
Prostate	2	1		3
Skin	2	2		4
Soft tissue	2	5	8	15
Spleen	1		1	2
Testis	1	2	3	6
Thyroid	4	5	1	10
Tonsil	1			1
Trachea			1	1
Uterus	24	17	26	67
Total	**292**	**272**	**354**	**918**