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9(2)(a)

RE Official information request CDHB 10327

I refer to your email received on 4 June 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. **Full disclosure on exactly on what is done once a woman has been through any type of abortion-type process (where a woman selects to terminate her pregnancy, regardless of the medical procedure undertaken or the timeframe within the 'normal' term of pregnancy. i.e. between 2 weeks and 40 weeks of 'termination')**
 - a. **what is done with the aborted baby tissue / cells / foetus (responsive or not upon arrival outside of the mother)?**

Canterbury DHB's Human Tissue Disposal Procedure applies to any foetus less than 20 weeks gestation and weighing less than 400 grams, placentas, membranes, cord and other products of conception are not recognised as a foetus.

The purpose of the procedure is to ensure that tissue, not indicated to be returned to the parents, is appropriately labelled, packed, recorded, tracked and disposed of in a respectful and safe manner according to New Zealand Standard 4304:2002.

A copy of Canterbury DHB's Human Tissue Disposal Procedure is attached as **Appendix 1**.

In relation to later gestation terminations, parents decide whether to take the baby/foetus home, engage a funeral director for burial/cremation or have the Canterbury DHB arrange for the cremation.

- b. **what is the immediate response to a foetus or baby still alive, and where exactly is this foetus / baby / cells / tissue taken / extracted / delivered from the mother taken post birth / delivery / extraction?**

The baby is wrapped in a blanket and held until it passes.

2. What is the procedure post delivery / extraction / post abortion and where, exactly, is this dead fetus / baby / foetal cells & tissue taken?

- a. If referred to as hazardous substance, please outline the specific process, procedures and policy on the collection, disposal and recording of such substance.**

Canterbury DHB does not classify the tissue as a hazardous substance.

- b. If not referred to as hazardous substance, please provide the same response on the removal, collection of and disposal, including the name/s of such removal / collection / disposal people, peoples or organisations (this latter request relates whether considered hazardous substance or not as a matter of law).**

As explained above in 1(a).

Human Tissue Disposal is handled by Interwaste. We are declining to provide the names of specific people pursuant to section 9(2)(a) of the Official Information Act i.e. *"...to protect the privacy of natural persons, including that of deceased natural persons"*.

3. Further, what other activities, products, events or medicinal related purposes are aborted babies / fetuses / cells / tissue used for?

No other activities.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

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



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Human Tissue Disposal Procedure

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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.

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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.

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Protocol

Action	Waste generating site
(A) - Tissue/body part packing procedure	
<p>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:</p> <p>Large parts:</p> <ol style="list-style-type: none"> Ensure all formalin is drained off prior to packing the human tissue/body part. All large human tissue/body parts for cremation must be double bagged and sealed into a 120 micron secondary plastic bag. 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). <p>Small parts:</p> <ol style="list-style-type: none"> Small recognisable human tissue/body parts are kept in the original pottle, with the formalin drained if possible. Small volumes of formalin are acceptable. 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	
<ol style="list-style-type: none"> Coded 120 L yellow wheelie bins are provided by waste contractor. The bin numbers are printed on the side of the yellow wheelie bin. Transcribe the CDHBCr bin number – referred to in Step 1 - to CDHB Cremation Record Form. 	

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Action	
<p>(C) - Recording of human tissue/body parts</p> <p>Record the following information on the Cremation Record Form at the time the tissue/body part is placed in the disposal bin:</p> <ul style="list-style-type: none"> • 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. <p>Notes:</p> <ul style="list-style-type: none"> • 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
<p>(D) - Arranging for waste collection/pick-up</p> <p>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.</p> <p>A Dangerous Goods Declaration Form is completed by the waste contractor at the time of waste pick-up.</p> <p>Bins from Christchurch Hospital are collected by the orderlies and taken to the Mortuary to be collected by the waste contractor.</p> <p>Other sites have to arrange directly with the waste contractor for the collection of the bins for disposal.</p>	

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Action	
(E) - Cremation Waste Tracking process	
<p>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.</p> <p>Notes:</p> <ul style="list-style-type: none"> All documents must be retained at the waste generating/pick-up site for a minimum period of 10 years. <p>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.</p> <p>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.</p> <p>The copy is retained at the CDHB waste generating/pick-up site for a minimum period of 10 years.</p>	Waste contractor & waste generating/pickup site
Process of disposal of ashes obtained from cremation process	
<p>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.</p>	

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

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