PURPOSE: To outline the requirements for implantable tissue and the traceable documentation method necessary for investigation of adverse events and recalls.

I. POLICY
A. All vendors providing, storing, and transporting of Human cellular and tissue-based products (HCT/P’s) as defined by the FDA must be registered as a Tissue Establishment by the FDA, accredited by the American Association of Tissue Banks (AATB), and licensed as a Tissue Bank by the State of California. Refer to Attachment: Tissue Supplier Requirements.
B. Tissue is received by Supply Chain Management or Surgical Services Designee.
C. All tissue will be stored at the instructed manufacturer’s temperature requirements in a secured area designated for this purpose.
D. All documentation of use and disposition of tissue is recorded in the electronic medical record (eMR) or Related Form C: Tissue Tracking Log.

II. DEFINITIONS
A. HCT/P: Human cellular and tissue-based products containing or consisting of human cells or tissues and intended for implantation, transplantation, infusion, or transfer into human recipients, including investigational products as defined by the U.S. Food and Drug Administration (FDA).
B. Tissue: Human and non-human cellular based transplantable and implantable products whether classified by the U.S. Food and Drug Administration (FDA) as a tissue or a medical device. If the end product contains cellular elements, the standards apply. NOTE: If the end product is acellular then the standards do not apply even though it may have been originally extracted from human or animal cellular products. Collagen and tissue products derived from plastics and polymers are not considered cellular-based products and are not evaluated under these standards.

III. PERSONNEL
A. Surgical Services Registered Nurses (RNs)
B. Supply Chain Management
C. Surgical Coordinators
D. Operations Supervisor
E. Surgical Services Leadership
F. Vendors

IV. PROCEDURES
A. Receipt of Tissue
   1. Tissues are received by designated personnel (e.g., Supply Chain Management or Surgical Services Designee).
   2. Verify package integrity and the expiration date of the product at the time of receipt. Any defective or damaged packaging or product will be rejected.
   3. Verify that the temperature range was controlled during transport and acceptable for tissue requiring a controlled environment.
4. Document in the “receipt” section in the eMR or Tissue Tracking Log:
   a. Date and time the Tissue is received
   b. Package integrity is acceptable
   c. Transport temperature range has been maintained, if applicable
   d. Tissue type and description of tissue
   e. Tissue ID, Serial number, Lot number
   f. Manufacturer
   g. Site location
   h. Signature of the person receiving the tissue

5. The Tissue Tracking Log and delivery ticket will be attached to the tissue package.

B. Storage of Tissue
   Tissue is stored according to manufacturer’s instructions.
   1. Refrigerators and freezers used to store tissue will be maintained at a controlled
      temperature, continuously monitored, and have functional alarms.
   2. Temperatures of tissue refrigerators will be checked and recorded daily. Exception:
      Tissue requiring no greater control than ambient temperature (defined as the
      temperature of the immediate environment) for storage do not require temperature
      monitoring.
   3. In the event of refrigeration failure or power outage, notify Surgical Services leadership
      immediately. After hours, the Operations Supervisor will be notified to contact the
      tissue vendor representative. The tissue vendor representative will transport the
      tissue to their facility to maintain the HCT/P at the correct storage temperature.

C. Use of Tissue
   1. Before use, package integrity is verified by the circulating RN. Any tissue or packaging
      found to be damaged will not be used.
   2. Tissue is used according to manufacturer’s instructions for handling, reconstitution (as
      indicated), and implantation.
   3. A copy of the manufacturer’s instructions for use may be accessed using OneSource.
   4. Document the following in the implant section of the eMR or Tissue Tracking Log:
      a. Any materials/solutions used to prepare or process the tissue for use.
      b. Tissue use:
         i. Detailed description of the type of tissue
         ii. Unique tissue identification or lot number
         iii. Size (if applicable)
         iv. Company and catalog number (when applicable)
         v. Expiration date (when applicable)
         vi. Quantity and site of implantation
      c. The Circulating RN will document the following:
         i. Date tissue is used.
         ii. Time tissue is removed from freezer or refrigerator (not applicable for tissue
             stored at ambient temperature)
         iii. Time tissue is implanted.
         iv. Verification that package integrity
         v. Name of staff issued the tissue.
vi. Name of staff who prepared the tissue.
vii. Verification that tissue was prepared in accordance with manufacturer’s guidelines and instructions for use.
viii. Amount and type of reconstitution fluid, start and end time of reconstitution, and lot number of reconstitution fluid as applicable in accordance with manufacturer’s guidelines and instructions for use.
ix. Name of surgeon
x. Final disposition of tissue (Refer to Section D below)

5. Circulating RN will complete any Tissue Usage cards or records for return to the supplier.

D. Disposition of Tissue will have the following outcomes:
   1. Tissue was implanted.
   2. Tissue was received but not implanted. Document as:
      a. Wasted
      b. Returned to vendor.
   3. The person disposing the tissue will document final disposition.

E. Record Keeping
   1. In the event of downtime procedures, pertinent paper forms and records will be scanned into the eMR. If used during a downtime event, the Tissue Tracking Log (Related Form C) is filed with the end of case paperwork. The Surgical Supply Chain Coordinator files the completed log in the Tissue Tracking Log File by year and manufacturer or as per protocol.
   2. All paper records relating to tissue implantation will be maintained according to regulatory requirements; refer to Record Retention and Destruction Schedule; SW-IM-0600 A (policy Record Retention, Storage, Retrieval, and Destruction; S-FW-IM-0600).

V. REFERENCES
   A. California Health and Safety Code
   C. Department of Health and Human Services, Food and Drug Administration
   D. The Joint Commission Hospital Accreditation Standards current edition

VI. RELATED PRACTICE DOCUMENTS
   A. Record Retention, Storage, Retrieval, and Destruction; S-FW-IM-0600 and Record Retention and Destruction Schedule; SW-IM-0600 A
   B. Recalls, Product Hazards and Alerts; S-FW-EC-6002
   C. Required Reporting to Regulating and Outside Agencies; Leadership Responsibilities; S-FW-LD-2002

VII. RELATED FORMS
   A. Implant Record, Downtime; 100-7420-772SW
   B. Intraoperative Documentation, Downtime; 100-NS7420-180SW
   C. Tissue Tracking Log; 100-NS8720-648SW
VIII. ATTACHMENT
Tissue Supplier Requirements

IX. SUPERSEDED
Implantable Tissue: Receipt, Storage, Use, and Documentation; S-FW-TS-0002, 12/20

<table>
<thead>
<tr>
<th>Document Chronology</th>
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<tbody>
<tr>
<td>Original: 09/14</td>
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<table>
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<tr>
<th>Development Summary</th>
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<tr>
<td>01/24 Revised:</td>
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<tr>
<td>- A copy of the manufacturer’s instructions for use may be accessed using OneSource. It no longer needs to be included in the medical record.</td>
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<tr>
<td>- Documentation includes amount and type of reconstitution fluid, start and end time of reconstitution, and lot number of reconstitution fluid as applicable in accordance with manufacturer’s guidelines and instructions for use</td>
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<tr>
<td>Clinical Mentor</td>
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<tr>
<td>ENC Representative</td>
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<td>LJ Representative</td>
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<td>MER Representatives</td>
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<tr>
<td>CFLI Representative</td>
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<tr>
<td>EMR Representative</td>
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<tr>
<td>Supply Chain Representative</td>
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<td>SMF/ASC Representative</td>
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<tr>
<th>Endorsements &amp; Approvals</th>
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<tbody>
<tr>
<td>Function</td>
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<tr>
<td>Executive Sponsor</td>
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<td>ID Council</td>
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<tr>
<td>Surgery Care Line</td>
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<tr>
<td>Corporate Quality (Interim Corporate Surgical Services)</td>
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<tr>
<td>Executive Cabinet</td>
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</table>
All tissue suppliers, or third party, that provides, stores, distributes, or transports HCT/Ps (as defined by the FDA) must provide proper documentation evidencing the following prior to entering a business relationship with Scripps Health.

1. A photocopy of registration as a certified Tissue Establishment by the FDA, accredited by AATB, and licensed as a Tissue Bank by the State of California.


3. Qualified shipping containers, with expiration dates (as defined by FDA), are used when transporting HCT/Ps.
   a. The transport pathway is under the auspices of an approved tissue supplier and that the containers are properly qualified.
   b. This includes documentation for any third-party suppliers that provide HCT/P products to any of Scripps’ facilities on the primary supplier’s behalf. If any third-party supplier does not have a California Tissue Bank license such third party supplier is prohibited by California law from bringing any HCT/P product into the state and any of Scripps Health’s facilities.

4. The transport temperature must be verified pursuant to the tissue type being transported. Proper temperature for the tissue was maintained throughout the transport pathway.

5. All HCT/Ps when they are received into the hospital must be accompanied with a package insert which specifies the accreditation / regulatory prescribed information including, but not limited to:
   □ Tissue description
   □ Documentation statement of testing and screening
   □ Storage requirements
   □ Preparations for use

6. A centralized logging record will be maintained at each site for the receipt and final disposition of all HCT/Ps (implanted, returned, and discarded). Documentation elements include the following:

<table>
<thead>
<tr>
<th>Receipt</th>
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<tbody>
<tr>
<td>Date</td>
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<tr>
<td>Time</td>
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<td>Received By</td>
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<td>Container Inspection(^1)</td>
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<tr>
<td>Transport Temperature Verification(^2)</td>
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</tr>
<tr>
<td>Package Insert Present(^3)</td>
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</tr>
</tbody>
</table>

\(^1\)Usable, Compromised
\(^2\)Verified, Not Verified
\(^3\)Present, Missing

7. All tissue usage information cards must be completed and returned to the tissue source / storage supplier when requested.

8. If the tissue container is damaged to where it adversely affects the tissue and/or the receiving temperature is not within transport parameters, the tissue will be rejected.