RELEASING REMOVED BODY PARTS (HUMAN TISSUE) TO THE PATIENT

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guidance is to be used on the occasions where a patient requests to take their removed body parts home (e.g. teeth, gallstones, placentae). This guidance relates to tissue that does not need 'fixing'. If a patient asks to take home tissue that requires 'fixing' then guidance should be sought from the Histopathology Consultant.

This guideline is for use by the following staff groups :

All staff

Lead Clinician(s)

Mathew Trotman	Clinical Director - Theatres Directorate Manager - Theatres
Guideline reviewed and approved at Theatres Governance Meeting on:	19th October 2022
Review Date: This is the most current document and is to be used until a revised version is available	19th October 2025

Key amendments to this guideline

Date	Amendment	By:
04.10.10	Guideline approved by the Theatre User Group	
08.12.10	Guideline approved by the Obstetric Clinical Governance and Risk Management Committee	
10.12.10	Guideline approved by Patient Safety & Quality Committee	
17.12.13	Extended without amendment and lead clinician updated	Mr N Hickey
02.02.16	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
Oct 16	Further extension as per TMC paper approved on 22nd July 2015	TMC
Nov 17	Document extended whilst under review	TLG
04.12.2017	Sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
14th August 2019	Document updated with staff names since last review. Approved at governance	Anaesthetics /Theatres Governance Meeting
19th October 2022	Document re-approved with no changes	Theatres Governance Meeting

RELEASING REMOVED BODY PARTS (HUMAN TISSUE) TO THE PATIENT

Introduction

On occasion, a patient requests to take their removed body parts home. The Human Tissue Act 2004 (The Act) Section 44 subsections (2) defines 'surplus tissue' and states that it shall be lawful for material to which applies to be dealt with as waste. Therefore where a patient has requested this material it will be lawful for the Trust to release it. The exception to this is where the removed tissue is classified as hazardous material. The normal practice as indicated by the Human Tissue Authority's Code of Practice 5 on Disposal of Human Tissue would be to incinerate the surplus material.

Separate guidance is in place for fetal tissue resulting from pregnancy loss.

Details of Guideline

Any material consisting of human cells removed as a result of a surgical procedure in the course of that patient receiving medical treatment or undergoing diagnostic testing can be treated as waste. There is no legal rule preventing the release of material to the patient. However, the proposed method of disposal must be lawful and safe.

The recipient should be made aware of any hazards associated with the material and the member of staff should check that the recipient can handle the material appropriately. The recipient should confirm that they will ensure that the material is ultimately disposed of in a lawful and safe manner. The Release of Human Tissue to Patient for Transfer from Hospital Premises form (appendix 1) should be completed and signed by the patient or carer for this purpose.

Section 54 of the Act confirms that a patient is free to deal with artificial or prosthetic parts that have been removed from their body as they wish.

Guidance on storage methods for transport

'Dry' material such as teeth, gallstones, may be given to the patient in a plastic pot or tissue. Guidance should be sought from the Histopathology Consultant if there are concerns that the material being requested may be hazardous or advice is required on the method of storage to be used for transport.

Separate guidance on the storage and disposal of placenta is provided in appendix 2.

Monitoring Tool

How will monitoring be carried out? Incidents/complaints

Who will monitor compliance with the guideline? Directorate CG Groups

STANDARDS	%	CLINICAL EXCEPTIONS
Release form completed for all body parts taken from hospital by the patient	100%	None

References

- Human Tissue Act 2004.

APPENDIX 1

RELEASE OF HUMAN TISSUE TO PATIENT FOR TRANSFER FROM HOSPITAL PREMISES

Please attach patient sticker here or record:

*Name:*_____

NHS No: ☐☐☐☐☐☐☐☐☐☐

Unit No: ☐☐☐☐☐☐☐☐☐☐

D.O.B: _____/_____/_____ *Male / Female*

The following human tissue removed from the above patient has been released to them on: _____/_____/_____

Nature of human tissue being released:_____

Storage method for transfer-transport:_____

Tissue given to: Patient / Carer (*delete as appropriate)*

Name of authorising member of staff: _____

Position: _____ _____

Signature: _____

Statement of patient:

I understand that the tissue being released to my care is clinical waste and I will take responsibility for the safe and lawful storage and disposal of this material.

Name of recipient of tissue: _____

Relationship (if not patient):_____

Signature: _____ Date:_____/_____/_____

APPENDIX 2

GUIDANCE ON STORAGE AND DISPOSAL OF PLACENTA

This information is intended to guide you through how to safely transport and dispose of your placenta if you have decided to take it home with you.

There are some standard precautions you should be aware of for your health and safety and that of others in your home. It is also important that you are aware of how to dispose of your placenta in accordance with laws designed to protect public health, or what you should do if you decide to bury it.

A placenta provides a perfect environment for micro-organisms to grow. In order to reduce the risk of spreading infections, the following steps should be followed:

1. The placenta should be put into two bags and each should be sealed separately. It should then be placed into a leak-proof, sealed container to transport it in. You will need to bring the container with you to the birth. Once sealed, the container should not be re-opened until you arrive home.

2. The placenta will deteriorate quickly so needs to be taken home as soon as possible after the birth and stored in a cool place. It should be stored in a fridge that does not contain any food and for no more than 48-72 hours before it is buried or disposed of.

3. When handling the placenta, we recommend that you wear protective gloves and wash your hands well afterwards.

4. You cannot dispose of your placenta into a domestic waste bin. If you decide that you do not want to bury your placenta, it is your responsibility to contact your local council and arrange for your placenta to be disposed of into an appropriate clinical waste system.

5. If you decide to bury your placenta, it is your responsibility to ask your local council if there are any applicable guidelines and to follow them. We suggest that you bury your placenta at a depth of no less than one metre deep to prevent it being dug up by animals and becoming a potential source of infection.

6. We will ask you to sign the ‘Release of Human Tissue to Donor Patient for Transfer from Hospital Premises’ form.

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
	Quality Improvement Facilitator
Rachel Carter	Matron – Maternity Inpatient Services WRH
	Clinical Director – Theatres
	Head of Legal Services
	Consultant Histopathologist

Circulated to the following individuals for comments

Name	Designation
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	Matron – WRH Surgery
	Matron – T&O
	Matron – Alex Surgery/Urology
	Matron – ENT, OMFS, Dermatology & Ophthalmology
	Matron – Gynaecology
M Hurdman	Matron Maternity Inpatients and Intrapartum Care
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D Picken	Matron - Paediatrics
	Head of Clinical Governance & Risk Management

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
	Clinical Director – General Surgery, Alexandra Hospital
	Clinical Governance Lead, General Surgery, Alexandra Hospital
	Clinical Director – General Surgery, WRH
	Clinical Governance Lead, General Surgery, WRH
	Clinical Director – ENT
	Clinical Governance Lead – ENT
	Clinical Director – OMFS/Orthodontics
	Clinical Governance Lead, OMFS/Orthodontics
	Clinical Director – Obstetrics & Gynaecology
	Clinical Director – Paediatrics
	Clinical Director – Urology
	Clinical Governance Lead - Ophthalmology

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
	Obstetric Guidelines Group

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Age	NO	
	• Disability	NO	
	• Gender reassignment	NO	
	• Marriage and civil partnership	NO	
	• Pregnancy and maternity	NO	
	• Race	NO	
	• Religion or belief	NO	
	• Sex	NO	
	• Sexual orientation	NO	
2.	**Is there any evidence that some groups are affected differently?**	N/A	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	NO	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval