


<p>Name of Policy: <u>Investigation of Tissue Recipient/Donor Infections</u></p> <p>Policy Number: 3364-109-DIS-209</p> <p>Department: Infection Control University Health Services Hospital Administration</p> <p>Approving Officer: Chair, Infection Control Committee Chief of Staff Chief Operating and Clinical Officer</p> <p>Responsible Agent: Infection Preventionist</p> <p>Scope: The University of Toledo Medical Center and its Medical Staff</p>	 <p>Effective Date: 07/01/2017</p> <p>Initial Effective Date: 2/28/2011</p>
<p><input type="checkbox"/> New policy proposal</p> <p><input type="checkbox"/> Major revision of existing policy</p> <p><input checked="" type="checkbox"/> Minor/technical revision of existing policy</p> <p><input type="checkbox"/> Reaffirmation of existing policy</p>	

(A) Policy Statement

Known or suspected instances of infection of donor tissue or organs will be investigated and appropriate actions taken for notification of recipients and prevention of further implantation.

(B) Purpose of Policy

To prevent the spread of infection, ensure timely notification for those who may have received contaminated tissue or organs, and provide appropriate resources for screening and/or treatment.

(C) Procedure

- (1) Healthcare personnel who become aware of adverse events or infections of recipients of tissue or organ transplant will notify Infection Prevention, who will notify the Risk Manager and the Surgical Administrator.
- (2) The Surgical Administrator or his designee will:
 - (a) Immediately report identified patients to the tissue source facility, or appropriate Organ Procurement Organization that coordinated the receipt of the tissues/organ.
 - (b) Sequester any remaining tissues/organs from the same donor.
 - (c) Report to the Institutional Review Board (IRB) Chairperson within 24 hours, if patient is/was involved in clinical trials. The IRB chairperson will ensure that an adverse event document is prepared and forwarded to the Risk Manager.
 - (d) Findings will be analyzed and presented to the Risk Management department.
 - (e) Affected patients will be notified through their physician of record, their primary care physician and by certified mail or as otherwise appropriate to the situation.
 - (f) The Risk Manager will call together a committee to examine the possibility of risk to the facility.

