

## **Guidelines for the Blood Transfusion Services**

### **21.2: Retrieval**

<http://aws-lon-jpac.targetservers.uk/red-book/chapter-21/21-2-retrieval>

## **21.2: Retrieval**

### **21.2.1: Retrieval times and preliminary storage**

Tissue retrieval should be completed as soon after death as possible. For eye donation retrieval must be completed within 24 hours after death and the body should preferably be cooled or refrigerated. For all other tissues, if the body has not been cooled or refrigerated, procurement must be completed within 12 hours after death. If the body has been cooled or refrigerated within 6 hours of death, procurement should preferably start within 24 hours and must be completed within 48 hours of death. In this context, the term 'cooled' is used to reference situations where the body is not placed in an actively refrigerated location, but other attempts to reduce body temperature are employed. These may include for example application of sufficient amounts of wet ice to the body, use of a cooling blanket or (for neonatal donors) a cold cot, or the body being located in a cold location following death.

Tissues must be placed at a temperature of 0–10°C within 4 hours of retrieval. See tables 21.2 and 21.2 (section 21.4).

### **21.2.2: General considerations for tissue retrieval**

Every effort must be made to minimise contamination of tissue during procurement.

The procurement facility must be suitable for procurement of tissues and must be risk assessed prior to commencement of tissue retrieval.

A local sterile field must be created using sterile drapes. An appropriate antibacterial skin preparation agent must be used before commencing the retrieval.

All instruments used during the retrieval must be sterile and should be stored on a separate surface which is covered with a sterile drape. Where possible, single-use equipment should be used.

Staff conducting the retrieval must be appropriately gowned in sterile clothing, and wear sterile gloves and protective masks.

Every effort should be made to minimise the number of people present during deceased tissue retrieval and to ensure that other activities, such as post-mortem examinations, are not proceeding in the same location during the retrieval.

Where possible the retrieval should precede any post-mortem examination of the donor. In cases referred to the Coroner (or the Procurator Fiscal in Scotland), the Coroner's consent must be obtained to enable the retrieval of tissues.

### **21.2.3: Deceased donor reconstruction**

It is integral to the maintenance of the dignity of the donor that the body is cleaned and reconstruction is carefully undertaken. Whenever long bones are removed they must be replaced with appropriate prostheses. All incisions should be neatly sutured.

For similar reasons, skin must not be procured from the neck, arms, face or other areas that may affect funeral viewing.

Every effort should be made to ensure that appropriate advice on the handling of deceased donors after retrieval should be made available for mortuary and funeral home staff.

#### **21.2.4: Labelling of donations**

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At the time of donation, the container for each category of tissue (e.g. skin, bone or heart valves) must be labelled with the nature of the contained tissue and a barcoded tissue or donor identification (ID) label as appropriate.

The accompanying donation record must be labelled with the same tissue or donor identification number(s), key donor identifiers (name, date of birth etc.), and the date of collection prior to removal from the retrieval site. Blood samples, and where relevant bacteriology samples, together with accompanying documentation where relevant, must be labelled according to agreed local procedures such that the results can be linked to the correct donor/tissue while still preserving anonymity where required.

A double container system is required for all tissues retrieved. The containers must not be opened until ready for use or further aseptic processing at a facility approved by the Tissue Establishment.