COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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POSITION STATEMENT

Handling Patient Requests for Return of Explanted Medical Devices, Human Tissue or Specimens

Purpose

Position statements from the College provide background information and express or clarify the College's intent on a particular matter. They are intended as guidance for registrants and key health partners in areas where viewpoints may vary or where events are evolving or changing rapidly, the implementation of processes, policies and procedures may be premature, or it is timely to communicate the College's broad intent before or as policies and procedures are developed.

This document addresses handling patient requests for return of explanted medical devices, human tissue or specimens in non-hospital facilities.

Background

The *Environmental Management Act* (*EMA*) sets out the requirements for the introduction of waste into the environment. The Hazardous Waste Regulation, under the *EMA*, sets out the requirements for the proper handling and disposal of hazardous waste which includes biomedical waste.

The Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) standards require that health-care waste be safely and appropriately managed including explanted medical devices, human tissue and specimens.

Position

The NHMSFAP Committee is responsible for establishing accreditation standards, policies, rules, procedures and guidelines for the NHMSFAP to ensure the delivery of high-quality and safe services in non-hospital facilities.

Considerations

While there is no provincial or federal law which specifically refers to whether explanted medical devices, human tissue or specimens can or cannot be returned to the patient after removal, there are several factors to consider in decision-making, such as:

- Facility policy and procedures: Non-hospital facilities are required to have policy and procedures in place for the handling of patient requests for the return of explanted medical devices, human tissue and specimens.
- Culturally, religious, and spiritually appropriate care (e.g. Indigenous cultural safety).
- Alternatives: Options other than releasing the explanted medical device, human tissue or specimen to the patient should be considered and may be preferred (i.e. viewing, providing a photograph).
- Hazards and risks of release (i.e. infection prevention and control, handling and disposal of biomedical waste) such as
    - human tissue or specimens required for pathology,
    - human tissue or specimens that contain cytotoxic, pharmaceutical, chemical or radioactive waste,
    - human tissue or specimens that may pose an infectious disease risk (e.g. hepatitis B, multi-resistant bacteria), or
    - medical devices that are required to be returned to the manufacturer.

Authorization

- Authorization for the return of medical devices, human tissue or specimens to a patient should only be granted by the medical director of the non-hospital facility.
- The medical director should consult the patient's physician and an infection prevention and control practitioner in determining whether to authorize the return of medical devices, human tissue or specimens to a patient. Consultation with a risk manager and/or legal counsel can also be considered.
- The medical director's decision authorizing or denying the return of the explanted medical device, human tissue or specimen to a patient should be documented in the patient's medical record including the reason for the decision.
- The details of the release of the explanted medical device, human tissue or specimen to a patient should be documented in the patient's medical record (i.e. date, what is being returned, to whom it was given, how it is contained, information about safe handling and disposal (i.e. return to the non-hospital facility for appropriate disposal) etc.).

References

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Contact

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