Deceased Organ Donation Policy

<table>
<thead>
<tr>
<th>CATEGORY:</th>
<th>Policy</th>
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<tbody>
<tr>
<td>CLASSIFICATION:</td>
<td>Clinical</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>The Organ Donation Policy has been produced in order to improve the quality of care to potential deceased organ donors and their families and to avoid missed opportunities for organ donation in the Trust</td>
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<td>Controlled Document Number:</td>
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<td>Controlled Document Lead:</td>
<td>Chairperson of the Trust Organ Donation Committee</td>
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<td>Approved By:</td>
<td>Board of Directors</td>
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<td>28 July 2012</td>
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<td>Review Date:</td>
<td>July 2015</td>
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<tr>
<td>Distribution:</td>
<td>All staff involved in any aspect of organ donation</td>
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<td>Essential Reading for:</td>
<td>All staff involved in any aspect of organ donation</td>
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<td>Information for:</td>
<td>All staff involved in any aspect of organ donation</td>
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</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policy Statement</td>
</tr>
<tr>
<td>2</td>
<td>Scope</td>
</tr>
<tr>
<td>3</td>
<td>Framework</td>
</tr>
<tr>
<td>4</td>
<td>Duties</td>
</tr>
<tr>
<td>5</td>
<td>Implementation and monitoring</td>
</tr>
<tr>
<td>6</td>
<td>References to associated documents</td>
</tr>
<tr>
<td>7</td>
<td>Associated Procedural Documentation</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>A</th>
<th>Monitoring Matrix</th>
<th>78</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Organ Donation Process</td>
<td>89</td>
</tr>
</tbody>
</table>
1 Policy Statement

1.1 The Trust will ensure best organ donation practice is delivered by ensuring that:

1.1.1 All opportunities for organ donation are identified in a timely manner;

1.1.2 All checks with the Organ Donor Register are made and families are approached in the correct way with appropriate consent being obtained and recorded properly; and

1.1.3 Organ donation is carried out in full compliance with legislation and appropriate guidance.

This policy takes into account:


1.1.4 Department of Health (2005) Mental capacity Act.

1.1.5 Department of Health (2009) Legal issues relevant to non-heartbeating organ donation.

1.1.6 AOMRC (2008) A code of practice for the diagnosis and confirmation of death. Academy of Medical Royal Colleges

1.1.7 UK Donation Ethics Committee (2011) An ethical framework for controlled donation after circulatory death (Consultation)

1.1.8

2 Scope

2.1 This policy applies to all individuals employed by the Trust, including contractors, volunteers, students, locum agency staff and staff employed on honorary contracts, who are involved in any aspect of organ donation.

2.2 This Policy does not apply to live donors.

3 Framework

3.1 This section describes the broad framework for Organ Donation. Detailed instructions are provided in the associated procedural
documents.

3.2 The Organ Donation Committee shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.3 Definition of organ donation best practice

Organ donation should be seen as a routine part of end of life care, ensuring that all patients who are eligible to become organ donors are recognised and that their wishes are respected through accessing the Organ Donation Register and discussing the option of organ or tissue donation with families at an appropriate time.

3.4 Identifying and Consenting for Organ Donors

A flowchart of the organ donation process is provided in Appendix B.

3.4.1 The Trust will:

- Have NHS Blood and Transplant (NHSBT) Specialist Nurses for Organ Donation providing an on site who provide a weekday service;
- Have a regional on call rota of Specialist Nurses run by NHS Blood and Transplant (NHSBT) who will attend the Trust during out of hours;
- Using the Trigger referral process, as set out in the Identification and referral of Patients Potentially Suitable For Organ Donation Procedure, identify all those eligible for organ donation;
- Liaise with the family in accordance with the Approaching Families For Organ Donation Procedure and obtain appropriate consent; and
- Ensure that all matters are recorded appropriately.

a) The Trust will provide support for the NHSBT staff to work under a Memorandum of Understanding.

3.5 Legislation

The Trust will ensure its organ donation practice complies with Organ Donation Policy Issued: 28/07/2012
Controlled Document No: 674
Version 42

4 Duties

4.1 Organ Donation Committee (ODC)

The main objective of the Organ Donation Committee is to promote the highest standard of practice throughout the Trust with regards to organ donation and will:

4.1.1 Have representatives from all the major groups involved in organ donation within the trust and appropriate ethical and lay representation from other organisations involved with donation;
4.1.2 Report to the Board of Directors every 6 months; and
4.1.3 Ensure that the Trust complies with legislation and guidance related to organ donation as set out in section 3.

4.2 Clinical Lead for Organ Donation

The Clinical Lead for Organ Donation is responsible for ensuring:

4.2.1 The policy and its associated procedures are complied with; and
4.2.2 Audit reports on compliance are provided to the Organ Donation Committee.

4.3 Specialist Nurse for Organ Donation (SNOD)

The SNOD is responsible for:

4.3.1 Ensuring that the Trust’s policy and processes relating to organ donation are complied with in accordance with the duties for the SNOD listed in appendix B; and
4.3.2 Performing audits of deaths occurring in Critical Care
and the Emergency Department to monitor the donor potential and details of any missed opportunities.

4.3.3 Undertaking roles in relation to organ donation as agreed by NHSBT

4.4 Clinical Service Leads, Directors of Nursing, Senior Nurses and Link Nurses

They will ensure that they:

4.4.1 Incorporate the Organ Donation Policy into their working practices;
4.4.2 Make arrangements so that staff can effectively implement the policy; and
4.4.3 Comply with audits related to organ donation.

4.5 Staff

Staff involved in any aspect of organ donation will ensure that they:

4.5.1 Are trained to undertake their roles and responsibilities as outlined in the Policy;
4.5.2 Are familiar with this policy as well as the appropriate associated procedures; and
4.5.3 Adhere to this policy within their practice.

5 Implementation and Monitoring

5.1 Implementation

5.1.1 This policy will be available on the Trust’s Intranet Site. The policy will also be disseminated through the management structure within the Trust;
5.1.2 All staff involved with organ donation will be supported with appropriate training delivered by the embedded Specialist Nurse for Organ Donation and the Clinical Lead for Organ Donation, with dissemination via Link Nurses in each relevant clinical area.

5.2 Monitoring
Appendix A provides full details on how the policy will be monitored by the Trust.

6 **References**


AOMRC (2008) A code of practice for the diagnosis and confirmation of death. Academy of Medical Royal Colleges

UK Donation Ethics Committee (2011) An ethical framework for controlled donation after circulatory death (Consultation)

7 **Associated Procedural Documentation**

The following procedures are linked to the Policy:

Procedure 1: Identification and referral of patients potentially suitable for organ donation

Procedure 2: Approaching families for organ donation

Procedure 3: Organ donation from the Emergency Department

Procedure 4: Organ donation and Military patients

Procedure 5: Donation after cardio-circulatory death

Procedure 6: Donor management

Procedure 7: Tissue donation
## Appendix A: Monitoring Matrix

<table>
<thead>
<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITORING FREQUENCY</th>
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<tbody>
<tr>
<td>Overseeing, delivery and audit of the policy</td>
<td>Clinical Lead for Organ Donation</td>
<td>Chair of the Organ Donation Committee</td>
<td>The SNOD will analyse the organ donation data collected to check that potential donors were identified, all relevant data was collected, and consent was obtained and that the Organ retrieval was done appropriately. RCA of any missed donation opportunities will be examined and reported to the Organ Donation Committee</td>
<td>Quarterly</td>
</tr>
<tr>
<td>The Organ Donation Committee will compare its performance to other Trusts</td>
<td>Clinical Lead for Organ Donation</td>
<td>Chair of the Organ Donation Committee</td>
<td>Analysis of Trust performance that is benchmarked against other regional Trusts and the national average.</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>The Organ Donation Committee will provide assurance to the Board of Directors that the Trust is complying with legislation and guidance related to organ donation.</td>
<td>Organ Donation Committee</td>
<td>Board of Directors</td>
<td>Provide the BOD with a report that demonstrates compliance with the process as set out in this Policy and its associated Procedures.</td>
<td>Every 6 months</td>
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Appendix B: Organ Donation Process

All patients with severe brain injury requiring mechanical ventilation

Call if:
- Brain stem death testing is planned
- GCS ≤ 4
- Absence of 1 or more cranial nerve Reflexes:
  - Pupils fixed
  - No corneal reflex
  - No cough or gag reflex
  - Unresponsive to painful stimuli

A decision to withdraw Life- sustaining treatment has been made in a ventilated patient of any age.

Doctor or Nurse to contact
Specialist Nurse for Organ Donation (SN-OD)
Direct pager: 07659 137821

SNOD will:
- Obtain patient details
- Access the Organ Donation Register
- Confirm if the patient is medically suitable for organ donation in liaison with the Critical Care Consultant and the on-call Consultant Transplant Surgeon

Medically suitable for organ donation?

Yes

Critical Care Consultant and SN-OD plan approach to offer the family the option of organ donation.

Family consent to organ donation

Family decline the opportunity to donate

No

SN-OD will record referral for audit.

ITU withdraw treatment as planned.

Patient may still be suitable for tissue donation. Contact tissue services on pager: 0800 432 0559

Please see next page

Organ Donation Policy
Controlled Document No: 674
Specialist Nurse for Organ Donation will:
- Obtain written consent as per HTA
- Obtain history from family for patient assessment
- Offer continuous support for donor family
- Seek permission from HM Coroner
- Obtain blood for virology and blood grouping
- Liaise with GP for patient assessment
- Undertake a physical donor examination and assessment
- Assess the cardiovascular and respiratory status
- Advise on aspects of donor management if necessary
- Involve physiotherapy as necessary
- Arrange the necessary diagnostic tests, i.e. ECG, CXR, Echo, etc if not already done
- Input collated data into EOS (Electronic Offering System) to allocate organs
- Negotiate theatre time, anaesthetist, ODP and “runner”
- Ensure that the theatre team are comfortable with the required procedures and equipment
- arrange for retrieval team to be ready

Critical Care Team will:
- Manage patient according to donor management guideline
- Offer continuous support to donor family

In theatre:
The SN-OD as the patient’s advocate, in liaison with retrieval surgeons:
- Checks patient’s ID wristband
- Checks all relevant documentation i.e. Brain Stem Death testing form, Blood Group, Consent, Patient Assessment, CXR, ECHO & ECG
- Transfers patient safely onto table

Parallel to theatre proceedings liaison with recipient centres re: timing and specific requirements (blood samples, cultures, and biopsies).

Organ retrieval according to SOP Organ retrieval.

SNOD
- assists in documentation for retrieved organs, labelling of transport containers and specimen pots
- assists in preservation of organs for safe transportation

Last Offices: Trust Procedure 530
- Taking of hand prints and hair locks (as per donor families wishes)
- SN-OD supports relatives in the viewing of the deceased post donation if they wish to do so

Family consent to organ donation

Verbal and written follow up for donor family and staff involved in the donation process.

Organ Donation Policy
Controlled Document No: 674

Issued: 28/07/2012
Version 42