

## Organ Donation Policy

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June 2019	June 2024	2

### Purpose

The purpose of this policy is to support clinical staff in facilitating the organ donation process. It will assist health care professionals recognise potential organ donors and help guide them through the referral process to the Specialist Nurse in Organ Donation

### Who should read this document?

The policy applies to all staff in Intensive Care, Operating Theatres and Emergency Medicine

### Key Messages

The aim of this document is to ensure that organ donation is offered to all patients at the end of life. Organ donation should be considered “usual not unusual”.

Core accountabilities		
Owner	Dr Colin Bigham - Clinical Lead Organ Donation	
Review	Organ Donation Committee	
Ratification	Phil Hughes – Medical Director	
Dissemination (Raising Awareness)	Organ Donation Committee	
Compliance	Monitored by Trust annual Potential Donor Audit (PDA)	
Links to other policies and procedures		
Critical Care Operational Policy		
Version History		
1	May 2013	Reviewed June 2019
2	June 2019	Reviewed and approved

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

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Larger text, Braille and Audio versions can be made available upon request.**

## Contents

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Introduction	4
2	Purpose, including legal or regulatory background	4
3	Definitions	4
4	Duties	6
5	Key Elements of Organ Donation Policy	7
6	Overall Responsibility for the Document	18
7	Consultation and Ratification	19
8	Dissemination and Implementation	
9	Monitoring Compliance and Effectiveness	
10	References and Associated Documentation	19
Appendix 1	Dissemination Plan and Review Checklist	
Appendix 2	Equality Impact Assessment	
Appendix 3	Checking the Organ Donor Register	25
Appendix 4	Identification and Referral of Potential Organ Donors	26

## 1 Introduction

The Department of Health recommends individual Trusts take responsibility for increasing the number of organ donors and transplants performed in the UK.

Guidance is required to support clinical staff in order to facilitate the organ donation process. A number of external publications provide additional guidance, including that from the Department of Health, NHS Blood and Transplant, and the Academy of Medical Royal Colleges. The content of this policy is taken from a number of key publications (see reference list) and highlights best practice.

The implementation of this policy will assist health care professionals recognise potential organ donors and familiarise them with the process of referral to the Specialist Nurse in Organ Donation with the aim to make donation “usual not unusual”.

Compliance with the policy will be monitored through the annual Potential Donor Audit (PDA) and Key Performance Indicators (KPI’s). These will be fed back twice yearly in the form of Trust Board Reports.

The embedded SNODs and CLOD are responsible for developing the policy or procedure and for ensuring stakeholder consultation.

Draft copies were widely circulated for comment before approval was sought from the Trust.

## 2 Purpose

The DoH recommends individual Trusts take responsibility for increasing the number of organ donors and transplants performed in the UK. The NHS needs to build on the excellent progress achieved since the implementation of the Taskforce Recommendations in 2008, pursue consistently excellent practice in the care of every potential donor and maximise the use of every available organ. This publication, Taking Organ Transplantation to 2020: A UK strategy states the UK aim to match world-class performance in organ donation and transplantation.

It is recognised that there are additional external publications that provide guidance, including that published by the Department of Health, NHS Blood and Transplant, and the Academy of Medical Royal Colleges.

This policy ensures adherence to NHSBT Hospital Policy for Organ Donation (2003), the Human Tissue Act (2006) and the DoH’s Organ Donation Taskforce recommendations (2008). It also includes guidance from NICE Clinical Guidelines 135 – Organ Donation for Transplantation (updated 2016), GMC Treatment and care towards the end of life: good practice in decision making (2010), the DoH’s policy, “When a Patient Dies”; advice on developing bereavement services in the NHS and NHSBT Strategic Plan 2017-2022: Saving and Improving Lives.

## 3 Definitions

*CEO*: Trust Chief Executive Officer

*Clinical Lead Organ Donation (CLOD)* The primary role of the CLOD is to provide clinical leadership to the implementation of those Organ Donation Taskforce Recommendations with relevance to the Critical Care and Emergency Medicine.

*Donation after Circulatory Death (DCD)* In the context of a catastrophic neurological injury, when no further treatment options are available or appropriate and there is no intention to confirm death by neurological criteria, the SNOD should be notified when a decision has

been made by a consultant to withdraw active treatment and this has been recorded in a dated, timed and signed entry in the case notes.

*Donation after Brain Death (DBD)* When no further treatment options are available or appropriate, and there is a plan to confirm death by neurological criteria, the SNOD should be notified as soon as sedation/analgesia is discontinued, or immediately if the patient has never received sedation/analgesia

*ED* Emergency Department

*HTA* Human Tissue Authority

*ICU* Intensive Care Unit.

*Innovian* Paperless electronic patient chart.

*Missed Potential Donor* A potential donor whose family were not formally approached for consent.

*NHS Blood and Transplant (NHSBT)* NHSBT is a specialist health authority, established in 2005, following the merge of UK Transplant and the National Blood Service. It focuses upon the provision of blood products and the facilitation of the organ donation process.

*NORS Team (National Organ Retrieval Services Team)* The competent retrieval team, allocated to the donor by Hub Operations and responsible for attending the donor and retrieving the organs. Comprising of Lead Surgeon, surgical assistant, organ preservation practitioner and scrub practitioner.

*NoK* Next of kin.

*Organ Donation* The donation of solid organs; heart, lungs, liver, pancreas, kidneys, bowel, after death

*ODT* Directorate of Organ Donation & Transplantation; part of NHSBT.

*Organ Donation Committee (ODC)* The Donation Committee's remit is to influence policy and practice in order to ensure that organ donation is considered in all appropriate situations, to identify and resolve obstacles, particularly in end of life care, and to maximise the total number of organs donated through better support to potential donors and their families. The Terms of Reference for the ODC can be found in Appendix 6.

*Organ Donor Register (ODR)* Central electronic register of patients who have registered their wishes to donate organs and tissues following their death.

*Organ Donation Taskforce Recommendations (ODTF)* The Organ Donation Taskforce published its report in January 2008 which included 14 recommendations, with the aim of increasing the number of organ donors by 50% over the next 5 years.

*Potential Donor Audit (PDA)* An on-going audit of all deaths <85 years in both the Intensive Care Unit and Emergency Department to ensure the identification of all potential organ donors.

*Potential Donation after Brain Death (DBD) Donor* A patient whose death has been confirmed using neurological criteria, with no absolute contraindications or relative contraindications to solid organ donation.

*Potential Donation after Circulatory Death (DCD) Donor.* A patient in whom imminent death is anticipated, treatment has been withdrawn and who has no absolute contraindications or relative contraindications to solid organ donation.

*South West Organ Donation Team (SWODT)* A team which provides an organ retrieval service for 15 acute hospital trusts within the South West of England.

*Specialist Nurse Organ Donation (SNOD)* Previously referred to as a Donor Transplant Co-ordinator (DTC). The primary role of the SNOD is to facilitate the donation process. The role extends to the provision of education/support for healthcare professionals to audit hospital deaths to ensure the identification of suitable organ donors and provide support to families making end of life decisions regarding organ donation.

*Suspected Neurological Death* A patient who meets all of the following criteria: apnoea, coma from known aetiology and unresponsive, ventilated, fixed pupils.

*Tissue Donation* The donation of tissue; eyes, heart valves, skin and bone after death.

## **4 Duties**

### **Role of CEO Designation**

The CEO is responsible for:

- Receiving the Donation Activity report from the DoH
- Ensuring that any actions are planned, implemented and reviewed by the Trust Donation Committee
- Ensuring the Trust Donation Committee performs per Terms of Reference

### **Role of the CLOD**

The CLOD is responsible for:

- Acting as patient advocate and ensuring that their wishes are fulfilled wherever possible
- Ensuring that donation is part of every end of life conversation
- Ensuring that any potential donor is identified and referred to the SNOD
- Maintaining a presence in the membership of the Trust Donation Committee

### **Role of the Specialist Nurse (or Practitioner) in Organ Donation**

The SNOD designation is responsible for ensuring:

- A high profile for resident SNOD donation in the ICU and ED
- All donation policy and in-house resources are up to date
- All medical and nursing staff are educated in donation issues
- Maintaining a presence in the membership of the Trust Donation Committee

- The on call SNOD will be available 24/7 for referrals and advice
- Acting as patient advocate and ensuring that their wishes are fulfilled wherever possible
- Ensuring that donation is part of every end of life conversation
- Facilitation of the donation process
- Data collection and completion of the PDA
- Education and promotion within the Trust
- Family follow up and support
- Links with: ICU/ED/Theatres/Mortuary/Bereavement Office/Wards

### **Role of Intensive Care/Emergency Department Clinical Staff**

Intensive Care/Emergency Department staff is responsible for:

- Acting as patient advocate and ensuring that their wishes are fulfilled wherever possible
- Ensuring that donation is part of every end of life conversation
- Ensuring that any potential donor is identified and referred to the SNOD

Maintaining a presence in the membership of the Trust Donation Committee

### Role of Operating Theatre Staff

Operating Theatre Staff is responsible for:

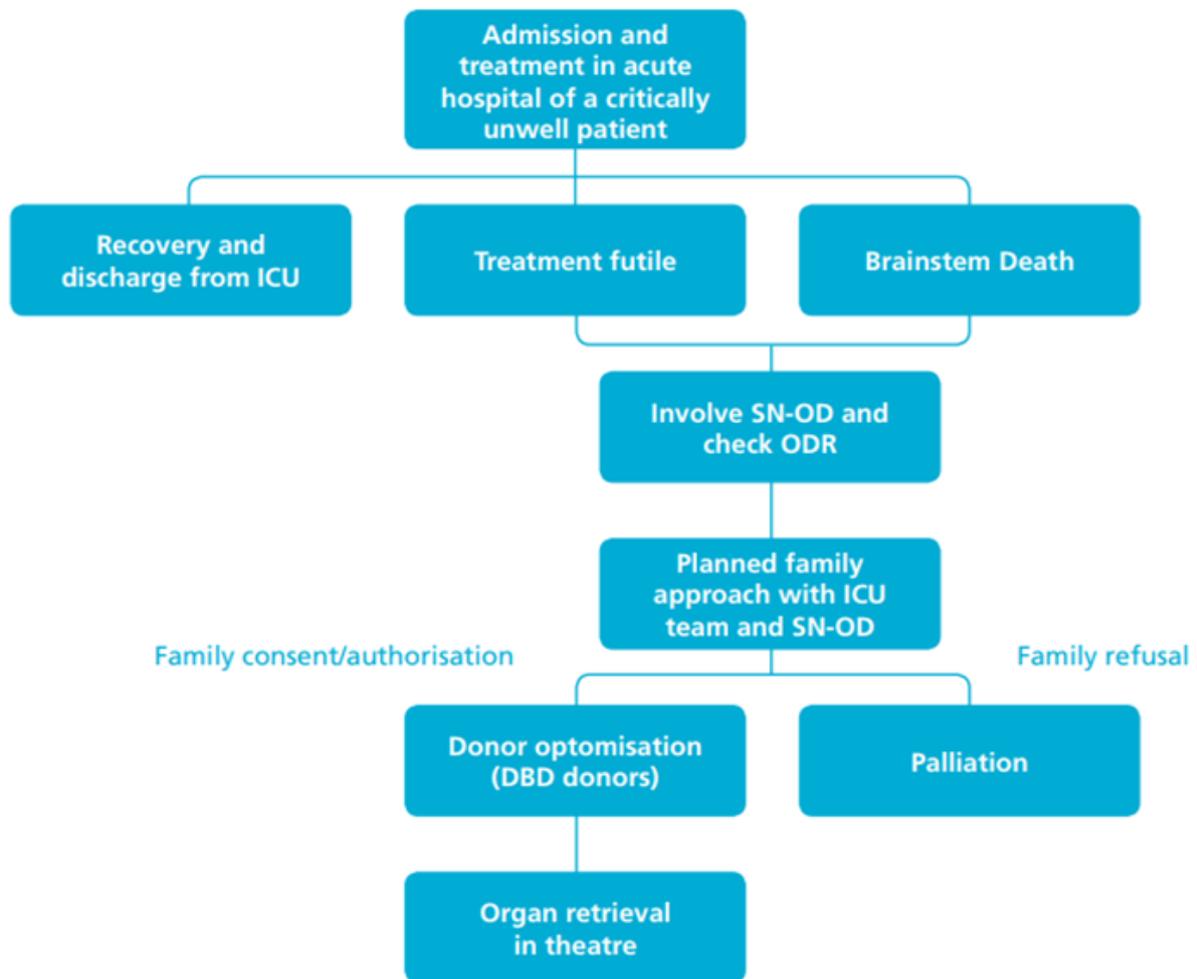
Acting as patient advocate and ensuring that their wishes are fulfilled wherever possible

Facilitating the donation process

Maintaining a presence in the membership of the Trust Donation Committee

## 5 Key Elements of Organ Donation Policy

### Broad schematic overview of the process of organ donation



## **1. Identification and Referral**

All patients that show signs of neurological death and are a potential DBD should be referred.

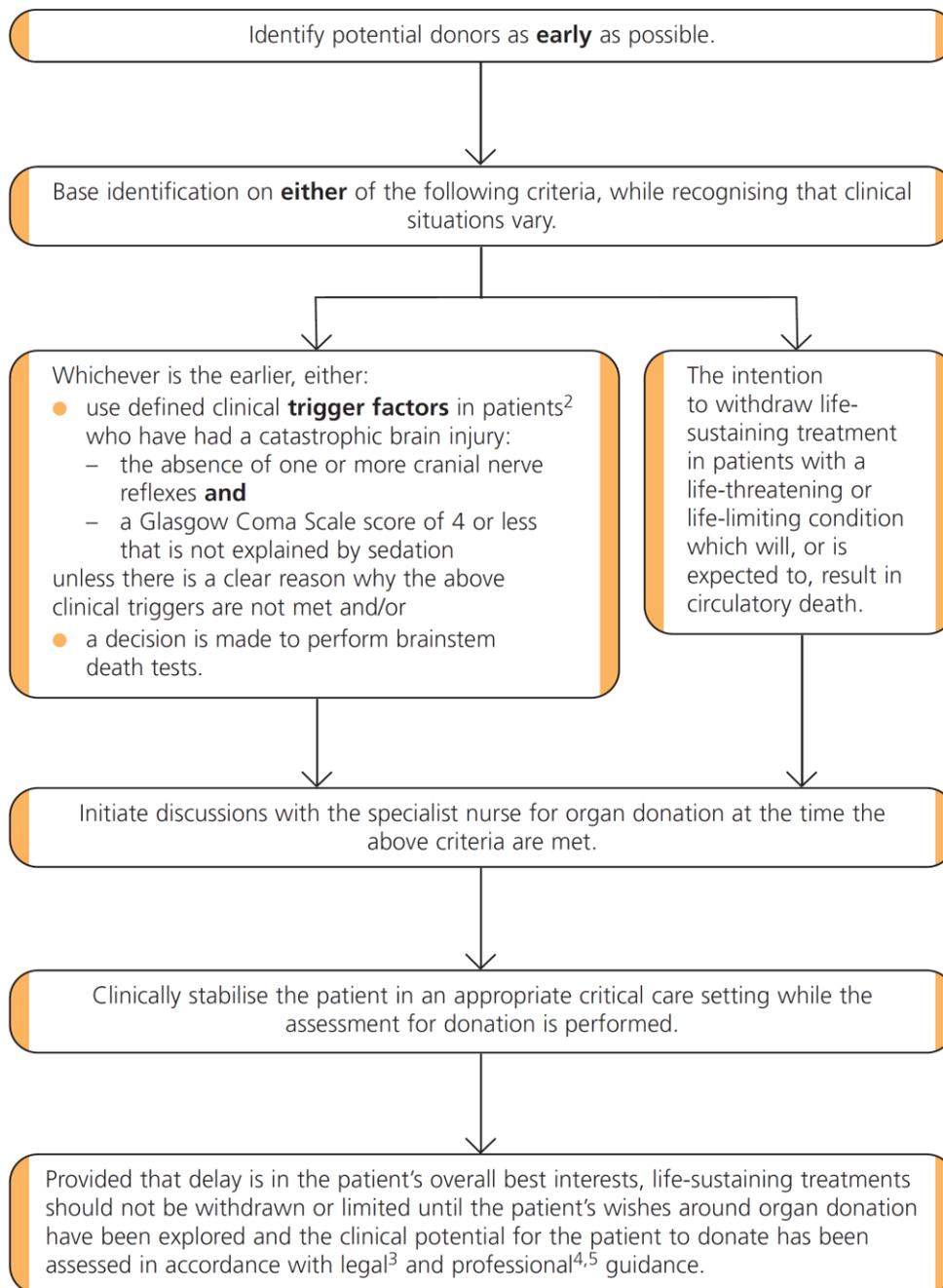
All patients aged 85 years and under, who are having withdrawal of life sustaining treatment including ventilation should be referred.

It is possible for a potentially brainstem dead patient to be a DCD donor if the family cannot accept the concept of brainstem death and DBD donation or wish organ donation to occur after the cessation of the heart beat.

Notification criteria will be audited alongside the PDA to ensure appropriate identification of donors. An ongoing education programme will highlight missed potential donors with the aim of improving performance in this area.

If the patient meets the criteria, then prompt referral to the SWODT will allow the SNOD to assist the medical team in creating a plan of action and to start the donation process.

## Early identification of potential donors



<sup>2</sup> It is recognised that a proportion of the patients who are identified by these clinical triggers will survive.

<sup>3</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_108825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108825)

<sup>4</sup> DCD consensus meeting report, available from [www.ics.ac.uk/intensive\\_care\\_professional/standards\\_and\\_guidelines/dcd](http://www.ics.ac.uk/intensive_care_professional/standards_and_guidelines/dcd)

<sup>5</sup> [www.gmc-uk.org/guidance/ethical\\_guidance/end\\_of\\_life\\_care.asp](http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp)

## **2. Clinical contraindications to approaching families for possible organ donation**

To maximise the potential for organ donation from deceased donors, every eligible organ donor should become an actual donor where appropriate. However, to prevent families being approached needlessly when organ donation would not occur, it is important to define those characteristics of potential deceased donors that preclude donation in any circumstance. As this guidance is constantly refined please discuss suspected clinical contraindications with the Specialist Nurses in Organ Donation.

Advice on donation from those deceased donors with cancer or a history of cancer is given by the recent SaBTO Guidance (2014) which advises that organs from donors with primary CNS tumours may be used unless the tumour is a lymphoma (even if the lymphoma is considered a primary intra-cerebral lymphoma). The presence of a CSF shunt does increase the risk of transmission, but this additional risk is estimated to be less than 1%. The recent SaBTO guidance categorises the risk of cancer transmission into Minimal, Low and High Risk (SaBTO 2014).

### **Absolute Contraindications to consideration of deceased donation**

- Age  $\geq$ 85 years (on or after their 85<sup>th</sup> birthday)
- Primary intra-cerebral lymphoma
- All secondary intracerebral tumours
- Any active cancer with evidence of spread outside affected organ within 3 years of donation \*\*
- Melanoma (except completely excised Stage 1 cancers)
- Active (not in remission) haematological malignancy (myeloma, lymphoma, leukaemia)
- Definite, probable or possible case of human transmissible spongiform encephalopathy (TSE), including CJD and vCJD, individuals whose blood relatives have had familial CJD, other neurodegenerative diseases associated with infectious agents.
- TB: active and untreated or during first 6 months of treatment
- West Nile Virus (WNV) infection#
- HIV disease (not HIV infection only\*)
- A history of infection with Ebola virus
- Bacillus anthracis
- Dengue Virus
- Middle East Respiratory Syndrome
- SARS
- Rabies
- Yellow Fever
- Viral haemorrhagic fevers
- Chikungunya virus
- Progressive Multifocal Leukoencephalopathy (PML)
- Zika virus

**There are a number of Relative and Organ Specific Contraindications. As this guidance around these is constantly refined and updated please discuss all suspected clinical contraindications with the Specialist Nurses in Organ Donation.**

### **3. Contacting the SNOD and accessing the Organ Donor Register (ODR)**

The Academy of Royal Medical Colleges does not consider there to be an ethical dilemma if the treating clinician wishes to make contact with the SNOD at an early stage. This may be while the patient is seriously ill and death is likely, but before a formal decision has been made to withdraw life-sustaining treatment. Such early discussions might be valuable for a variety of reasons. These include establishing whether there are contra-indications for organ donation, in which case the issue of donation either does not need to be raised with the family at all, or if the family raise the issue it can be explained why organ donation is not appropriate. Other practical and organisational factors might be relevant – if the SNOD is based at a distant location then early contact can help to minimise distressing delays for the family. The SNOD is an integral member of the critical care team and plays a key role in end of life care. The Organ Donation Taskforce recommends that, as a minimum, the SNOD should be notified when the decision to withdraw treatment has been agreed, and that the Organ Donor Register should be checked at this point if this had not already been done (Appendix 2)

In cases of potential deceased donation, the SNOD should be approached at an early stage and asked to determine whether the deceased person had consented to donate their organs after death. This should be done before partners; relatives or close friends are approached.

Trained staff should determine whether the deceased person had ever given consent for organ donation by checking the relevant sources, such as the Organ Donor Register. If consent is established, those close to the deceased should be told.

The ODR should be accessed in the following circumstances:

- The conditions for diagnosing brain-stem death are present.
- There is clinical suggestion that the patient is, or will shortly be, brain-stem dead
- It is anticipated that withdrawal of life sustaining treatment will take place in the near future in a patient who satisfies the minimum notification criteria (Age less than 85 years old)
- The death of a patient is anticipated or has occurred and there is a possibility of tissue donation.

### **4. Approaching the Family**

Professional guidance advocates that as a standard of care, SNOD's should be involved in planning the family approach and the initial discussions that raise the possibility of organ donation as a part of end-of-life care

Organ donation should only be discussed when the family have acknowledged the futility of the life sustaining treatment. They must have accepted the decision to withdraw organ support. It is recommended that decoupling of the conversations has a more positive outcome for the families. It should be made clear to the family that the decision to withdraw life sustaining treatment is totally unconnected to the potential organ donation.

After checking the ODR, an approach should be made to the dying person's partner, relatives or close friends by the clinician and SNOD. It is important to establish any known wishes of the patient if the patient is not on the ODR this regard and is recommended by NICE.

If those close to the patient object to donation despite prior consent (ODR) of the patient, the reasons for refusal should be discussed. They should be encouraged to accept the deceased person's wishes. The emphasis in these difficult situations is on having a sensitive discussion ensuring they understand the process and addressing any misconceptions. Healthcare professionals should however consider the impact of going ahead with a procedure in light of strong opposition from the family despite the legal basis for doing so.

If the patient is not registered on the ODR the appropriate assent may be given by someone who is in a 'qualifying relationship' with the person before their death. Those in a qualifying relationship are listed in the HTA in the following order (highest first).

1. Spouse or partner (including civil or same sex).
2. Parent or child
3. Brother or sister
4. Grandparent or grandchild
5. Niece or nephew
6. Stepfather or stepmother
7. Half-brother or half-sister
8. Friend of longstanding

Core Information given to NoK by the SNOD:

- The donation process (no delay with funeral arrangements, potential need to involve HM Coroner, potential for family to return to patient after donation, emphasis that death can occur at variable times following withdrawal life sustaining treatment, lack of guaranteed success of donation/transplantation process)
- The options of organ and tissue donation
- Clarification of the family's assent for donation
- The potential need to abandon the DCD donation process at any time (explaining the 3 hour stand down)
- Discussion of the patient's and family's religious, cultural and spiritual needs and any specific requests should be facilitated if possible
- Explanation of the follow-up available to the family after donation (including general information on recipients if wished)
- A clear opportunity to answer questions prior to the actual withdrawal of organ support or neurological death.
- The SNOD will document these discussions clearly in the case notes and on the data collection sheet. If consent is not given and reasons are provided, these reasons should be documented in both locations.

The SNOD will complete the NHSBT Consent – Solid Organ and Tissue Donation form with the appropriate NoK in line within HTA guidance and Trust licenses. All organs and tissues that have been consented for research and transplant will be clearly documented and signed for. All organs and tissue consented for will be used in accordance with the completed consent form. A copy of this form will remain in the patient's notes.

## **5. Coronial Consent**

The coroner needs to be approached in connection with all patients involved in organ or tissue donation, even if there appears to be no clear indication for a coronial investigation, or no concerns issuing a future death certificate. In specific cases, the coroner can liaise with forensics teams to facilitate a potentially limited donation in criminal proceedings.

Deaths must be reported to the coroner's office by the responsible clinician, but the coroner will be contacted by the SNOD (prior to withdrawal) to discuss donation.

Where possible the coroner should be contacted prior to discussion with the family to avoid any undue distress if permission is withheld.

It is vital when contacting the coroner that the name of the coroner, their contact details and the full discussion are documented thoroughly.

It is essential to provide the coroner the following information:

- Identity of the deceased
- Full details of circumstances leading to the patient's death
- Jurisdiction of injury/event
- If there is police involvement
- Whether consent has been obtained yet
- The type of donation (DCD/DBD/tissue)
- Which organs or tissues are being considered for transplantation
- Details of the doctor who can issue a death certificate

The document *Department of Health: Guidance for donor co-ordinators working with coroners*, provides additional advice regarding communicating with the coroner and circumstances for referral.

## **6. Blood Tests and Requesting Additional Tests**

The staff caring for the patient will be requested to take routine blood samples (including: FBC, U&E, LFT, GGT, coagulation, amylase and blood group) prior to the arrival of the SNOD on the unit.

It is the responsibility of the SNOD to organise the blood samples for tissue typing and virology following arrival on the unit and patient assessment. In patients who have already registered with NHSBT as potential donors, the SNOD may ask staff to draw these bloods prior to their arrival on the unit.

### Positive Virology Results

In circumstances of positive virology results, the SNOD will adhere to the NHSBT policy and inform the clinician in charge of the patient's care.

## **7. Devastating Brain Injuries via the ED**

It is recognised that a small proportion of patients with a perceived Devastating Brain Injury (DBI), regain an acceptable neurological outcome. A significant proportion will also progress to donate either by DBD or DCD pathways.

Patients with a perceived DBI, who do not have any other conditions that preclude intensive care management, should be referred to an ICU clinician for potential on-going care. An ED clinician should make this referral. The decision for on-going care is a clinical one based on patient data and bed/staffing availability on Penrose/Pencarrow.

Once on intensive care, when further therapy is deemed futile, a referral should be made to SWODT. The Human Tissue Act (HTA) makes it lawful to take minimum steps to preserve part of a body for potential transplantation, including in those situations where consent is being established.

## **8. Proceeding with a DCD/DBD**

The SNOD will reassess the patient's full medical history and where possible will contact the patient's general practitioner for more medical and social history.

All information patient history and patient vitals will be documented on the Electronic Offering System (DonorPath). This system allows recipient transplant centres in a specific order to explore suitability of the potential donor for their recipients.

Once organs have been accepted the National Organ Retrieval Service (NORS) team will be mobilised and a theatre time negotiated with the theatre co-ordinator.

## **9. Retrieval Process - Donation after Circulatory Death**

Currently the patient should have withdrawal of life sustaining therapy (WLST) on intensive care except in specific circumstances. This should be at the Theatre/ICU clinician's discretion. It is the responsibility of the intensivist to prescribe any necessary medication to relieve distress or discomfort. An intensivist should be available with immediate effect to confirm death. Following the withdrawal of life sustaining treatment, monitoring of the heart rate, arterial blood pressure and saturations will continue and where possible this can be observed on a central monitor or an unused monitor at another bed space. ECG monitoring should be removed.

The SNOD will remain with the patient at the time of withdrawal to record relevant data to the DCD process.

The patient must have death confirmed within 3 hours from the time of withdrawal of support (e.g. extubation and cessation of vasoactive drugs) for the organs to be transplantable.

Once death has been confirmed the patient's body must be transferred swiftly to theatre, to minimise warm ischaemic time and associated problems with graft function. This will necessitate the retrieval team and operating theatre to be ready to accept the patient from the moment of withdrawal of life sustaining treatment.

Should the patient not die within a 3-hour time window, further palliative care should be continued, and potential transfer to a private ward environment. The embedded SNOD team will provide follow-up in these cases.

### **Circulatory Death**

#### Death following the cessation of cardio-respiratory function

After five minutes of continued observed cardiorespiratory arrest (measured by the absence of pulsatile flow using direct intra-arterial pressure monitoring) the absence of the pupillary responses to light, of the corneal reflexes, and of any motor response to supra-orbital pressure; death can be confirmed. The time of death is recorded as the time at which these criteria are fulfilled. The individual confirming death should observe the patient for a minimum of 5 minutes to establish irreversible cardiorespiratory arrest.

Close co-ordination with the theatre team is vital to ensure an allocated theatre and absolutely no delay in transferring the deceased patient to theatre. To ameliorate this process, the SNOD and Intensive Care Team will endeavour to give as much notice as possible and maintain good lines of communication.

## **Theatre Allocation for DCD Donation.**

Once the retrieval team arrives, it would neither be in the patient's best interest nor is it ethically justifiable to delay withdrawal of support to accommodate the completion of an entire elective list. Thus, this may mean that theatre space may need to be found at short notice.

The NORS team should be scrubbed in the allocated theatre (usually the emergency theatre). And WLST will occur on ICU. If the emergency list (theatre 7) is being used (or on standby) for organ retrieval and a life or limb-threatening emergency needs theatre time, then an elective list will be interrupted to allow the emergency to take place. The elective list will then resume and be completed, with staff being paid overtime if the list then overruns. This will also be the case if an unallocated theatre is being used for organ retrieval and runs into a scheduled session, i.e. the elective work will start once the theatre is ready and the list will be completed. As with any emergency occurring when all theatres are being utilised, the choice of which elective list to interrupt will be made in liaison with the anaesthetic consultant on-call, theatre co-ordinator and the surgical teams. Clinical Directors will take overall control in this decision making if a consensus cannot be reached.

## **Monitoring of Disruption and Process Feedback/Development**

Any disruption to elective and emergency work will be monitored and discussed at the Organ Donation Committee meeting.

## **Theatre Staff and Equipment for Organ Retrieval**

DCD Donations in Abdominal Retrieval require the assistance of a member of the theatre team to facilitate NORS team functioning. There is an expectation that the retrieval teams will provide the majority of the equipment required for organ retrieval. However, the provision of ice/bowl/bowl stands/drip stands/trolleys and multiple suction cylinders is the responsibility of the hosting unit. This will require a staff member from the host unit.

DCD donations involving cardiothoracic retrieval (+/-Abdominal) will require, in addition, an anaesthetist and operating department practitioner for re-intubation.

For DCD donors, theatre time required will be approximately 2-6 hours.

The theatre co-ordinator and the on-call anaesthetic consultant will identify theatre staff needed to help the retrieval team. Effective communication between clinicians, SNOD and theatre staff, (along with some flexibility of staffing and theatre utilisation) is essential to the success of donation, whilst minimising impact on all patients.

## **The Stand Down Process**

If the patient does not die within the 3-hour timeframe, then the process of organ donation is stood down. In this situation, end of life nursing care continues as per unit policy. It is the responsibility of the SNOD to inform all relevant parties in both ICU and theatres if this situation occurs. If the patient is currently in theatre, then transfer back to intensive care should be organised.

## **Last Offices**

The SNOD will perform last offices and take any mementos requested by the family whilst in theatre, with the assistance of the theatre staff.

If the family wish to view the patient following the retrieval procedure an appropriate location should be agreed with the SNOD and theatre/ICU co-ordinator. It may be possible for the family to view the patient in the ICU.

## 10. Retrieval Process - Donation after Brain Stem Death

### Neurological Death and Brainstem Death Testing

#### Death following the irreversible cessation of brain stem function

In the patient with apnoeic coma, the following conditions must be met to allow the diagnosis of death following irreversible cessation of brainstem function:

- Aetiology of irreversible brain damage
- Exclusion of potentially reversible causes of apnoeic coma
- There should be no evidence that this state is due to depressant drugs
- Primary hypothermia as the cause of unconsciousness must have been excluded
- Potentially reversible circulatory, metabolic and endocrine disturbances must have been excluded as the cause of continuation of consciousness
- Exclusion of potentially reversible causes of apnoea
- Age criteria >2 months

The diagnosis of death by brainstem testing should be made by at least two medical practitioners who have been registered for more than five years and are competent in the conduct and interpretation of brainstem testing. At least one of these doctors must be a consultant. The form for “diagnosis of Death by Neurological Criteria” as endorsed by FICM, ICS and NODC should be completed and filed in the notes.

Those carrying out the tests must not have or be perceived to have any conflict of interest or be a member of the transplant team. Testing should be undertaken by the doctors together and must always be performed completely and successfully on two occasions in total.

Although death is not confirmed until the second set of tests is completed, the legal time of death is when the first set of tests indicated death due to the absence of brainstem reflexes.

It is stated in the DoH recommendations that where brainstem death is suspected in a patient, brainstem testing should take place, and a diagnosis of neurological death made if confirmed. Guidance regarding the diagnosis and confirmation of both neurological and cardiac death can be found at <http://www.aomrc.org.uk>.

### Donor Management

Donor management can be started once neurological death has been confirmed. Utilisation of the Donor Care Bundle will support and improve organ transplant function. Donor management guidelines are available on the Organ Donation intranet pages.

For DBD donation, it is the responsibility of the anaesthetist covering theatre to transfer the patient to the operating theatre on full support (intubated, ventilated and on vasoactive drugs to maintain organ perfusion) if required.

For both DBD and DCD donors, theatre time required will be approximately 2-6 hours.

Effective communication between clinicians, SNOD and theatre staff, (along with some flexibility of staffing and theatre utilisation) is essential to the success of donation, whilst minimising impact on all patients.

## **Theatre Allocation for DBD Organ Retrieval**

Once the arrival time of the retrieval team is known, a priority system will be adopted with a theatre being allocated and kept available until the arrival of the donor, usually the emergency theatre.

If the emergency list is being used (or on standby) for organ retrieval and a life or limb-threatening emergency needs theatre time, then an elective list will be interrupted to allow the emergency to take place. The elective list will then resume and be completed, with staff being paid overtime if the list then overruns. This will also be the case if an unallocated theatre is being used for organ retrieval and runs into a scheduled session, i.e. the elective work will start once the theatre is ready and the list will be completed.

As with any emergency occurring when all theatres are being utilised, the choice of elective list to interrupt will be made in liaison with the anaesthetic consultant on-call, theatre co-ordinator and the surgical teams. Clinical Directors will take overall control in this decision making if a consensus cannot be reached

## **Monitoring of Disruption and Process Feedback/Development**

Any disruption to elective and emergency work will be monitored and discussed at the Organ Donation Committee meeting.

The embedded SNOD will document all removal of organs and tissue removed for research. The data collected will contain:

Donor number

Retrieval team

Research centre accepting tissue /organ

## **Theatre Staff for Organ Retrieval**

The theatre co-ordinator and the on-call anaesthetic consultant will identify theatre staff needed to help the retrieval team.

For a DBD donor: a circulating nurse, theatre practitioner and an anaesthetist are required.

## **Theatre Equipment for Organ Retrieval**

There is an expectation that the retrieval teams will provide the majority of the equipment required for organ retrieval. However, the provision of ice/bowl/bowl stands/drip stands/trolleys and multiple suction cylinders is the responsibility of the hosting unit.

There is a supply of additional kidney boxes in the theatre near the co-ordinator's desk.

## **Last Offices**

The SNOD will perform last offices and take any mementos requested by the family whilst in theatre, with the assistance of the theatre staff. It has been agreed that during daylight hours the patient's body can be viewed, if the family wish, in the ICU or Chapel of Rest.

## **10. Staff Debrief**

Following every organ donation, an informal debrief will be offered. This will concentrate on both a time for reflection with the staff involved and a process assessment.

## **6 Overall Responsibility for the Document**

The CLOD, SNODs and wider Organ Donation Committee will be responsible for maintaining the Organ Donation Policy with periodic review to ensure current national guidelines are incorporated.

## **7 Consultation and Ratification**

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document has been approved by the Organ Donation Committee and the Critical Care Management Group

The Policy will be reviewed every 5 years. Non-significant amendments to this document may be made, under delegated authority from the Executive Director, by the CLOD. These must be ratified by the Executive Director and will be reported to the Organ Donation Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **8 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the Trust Medical Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **9 Monitoring Compliance and Effectiveness**

Compliance with this policy will be monitored using the Potential Donor Audit (PDA) tool. This is used in every Trust to scrutinise donation screening and implementation of policy directed at improving the referral process. The principal aim of the audit was to determine the potential number of solid organ donors in the UK.

Data collection includes reasons why particular patients did not become solid organ donors. The PDA collects information on patient deaths in ICUs and emergency departments and CICU. Patients aged 80 years or over are excluded from the national audit criteria.

From the PDA data performance in this Trust is compared with UK performance and is fed back by NHSBT at Trust level in the form of Trust Board Reports. In this report the Director of Organ Donation and Transplantation measures how this Trust contributes to the UK's success and highlights ways to maximise donation opportunities. If there are occasion when best practice (as per NICE Clinical Guidelines) has not been followed the Clinical Lead for Organ Donation explains the circumstances to the Trust Board and strategies are put in place to amend this.

## 10 References and Associated Documentation

NHSBT Hospital Policy for Organ Donation (2003),

The Human Tissue Act (2006)

Organ Donation Taskforce recommendations (2008)

NICE Clinical Guidelines 135 – Organ Donation for Transplantation (2011, 2016)

Treatment and care towards the end-of-life: good practice in decision making. The General Medical Council, 2010.

An ethical framework for controlled donation after circulatory death. UK Donation ethics committee: Academy of Royal Medical Colleges 2011

NHS Blood and Transplant Annual Transplant Activity Report (2012).

NHSBT Strategic Plan 2012-2017(2012).

NHSBT Donor Optimisation Extended Care Bundle Version 1 2012

Building on Progress: Where next for organ donation policy in the UK? British Medical Association, (2012)

NHSBT Donor optimisation guideline for management of the brain-stem dead donor (2013)

Approaching the Families of Potential Organ Donors Version 1 NHSBT (2013)

NHSBT Strategic Plan 2017-2022 (2016)

Academy of Medical Royal Colleges A Code of Practice for the Diagnosis and Confirmation of Death (2008)

NHSBT Taking Organ Transplantation to 2020 (2018)

Dissemination Plan			
<b>Document Title</b>	University Hospitals Plymouth NHS Trust Organ Donation Policy		
<b>Date Finalised</b>	03/07/2019		
Previous Documents			
<b>Action to retrieve old copies</b>	Remove from Trust Documents folder and email all stakeholder to request removal of old document		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team
Leads with Designated Responsibilities	Upon publication	Email	Sharon Henry

Review Checklist		
<b>Title</b>	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
<b>Rationale</b>	Are reasons for development of the document stated?	Y
<b>Development Process</b>	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
<b>Content</b>	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
<b>Approval</b>	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Y
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
<b>Document Control</b>	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
<b>Review Date</b>	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

<b>Core Information</b>	
<b>Date</b>	June 2019
<b>Title</b>	Trust Organ Donation Policy
<b>What are the aims, objectives &amp; projected outcomes?</b>	To support clinical staff in facilitating the organ donation process. Assist health care professionals recognise potential organ donors and help guide them through the referral process to the Specialist Nurse in Organ Donation. The outcome is to ensure organ donation is offered to all patients at the end of life. For organ donation to be considered “usual not unusual”.
<b>Scope of the assessment</b>	
This assessment considers the full range of activities included in this policy, for all protected characteristics.	
<b>Collecting data</b>	
<b>Race</b>	During the process of organ donation, there is every option for the information to be available in other languages.
<b>Religion</b>	Consideration for regarding religious requirements during the organ donation process is fundamental and every consideration will be given.
<b>Disability</b>	Reasonable adjustments will be made as reasonable and practical during the activities contained within this policy.
<b>Sex</b>	No impact has been identified re gender, however this will be monitored through patient and workforce data
<b>Gender Identity</b>	No impact has been identified re gender identity, however this will be monitored through patient and workforce data
<b>Sexual Orientation</b>	No impact has been identified re sexual orientation, however this will be monitored through patient and workforce data
<b>Age</b>	No impact has been identified re age, however this will be monitored through patient and workforce data
<b>Socio-Economic</b>	No impact has been identified re socio-economic group, however this will be monitored through patient and workforce data
<b>Human Rights</b>	No impact has been identified re Human Rights, however this will be monitored through patient and workforce data
<b>What are the overall trends/patterns in the above data?</b>	There are possible impacts re Race, Religion and Disability, and adjustments will be made where reasonably practicable
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	No data has been collected during this review

<b>Involving and consulting stakeholders</b>				
<b>Internal involvement and consultation</b>	Members of the Trust's Organ Donation Committee			
<b>External involvement and consultation</b>	Department of Health, NHS Blood and Transplant, and the Academy of Medical Royal Colleges.			
<b>Impact Assessment</b>				
<b>Overall assessment and analysis of the evidence</b>	There are possible impacts re Race, Religion and Disability and adjustments will be made where reasonably practical.			
<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>
Patient & workforce data and Potential Donor Audit data will be reviewed for possible impacts during the compliance monitoring of this document	Dr Colin Bigham			

The Human Tissue Act (2004) states that all patients who are registered on the ODR have a legal right to be assessed on their suitability to become an organ or tissue donor following their death. This registration of wish is now a legal consent to organ and tissue donation.

**Accessing the ODR:**

**Call NHSBT Hub Operations: 01179 757580.**

Patient Information required:

- Full name
- Date of birth
- Address with post code.

Hub Operations will ask for your name, title and contact details and return your call with the information you have requested.

If the patient had expressed a wish to donate organs or tissues to help others after their death, or if it is the wish of the next of kin, please contact the embedded Trust SNOD or the on-call SNOD (**Pager: 03000 20 30 40**).

**Please note that if the patient is not registered on the ODR, it does not mean they would not want to donate. Therefore, please contact the embedded Trust or on-call SNOD for discussion regarding suitability for organ or tissue donation.**

**Identify potential donors as early as possible.**

*Patients with severe brain injury if one or more cranial nerve reflexes is absent which cannot be explained by sedation, or*  
*• A decision has been made to perform brain stem death tests*

*Patients for whom a decision has been made to withdraw life-sustaining treatment*

Continue on-going and supportive critical care.

**Step 1.** Call Organ Donor Referral Line **03000 203040**. Provide your hospital name, your name, direct dial number and reason for your call. You will receive a call back within 20 minutes.

**Step 2.** A member of the organ donation specialist nursing team will contact you and ask a series of structured questions to determine the suitability of the patient to become an organ donor. Providing the information requested will enable the team to undertake a robust assessment, provide a decision about suitability and plan next steps.

Having access to the following information will be useful.
Patient name, DOB, Address, NHS Number, Height and Weight
Ventilation type, settings, spontaneous breathing rate and ABGs
Past medical history including active infections
Current clinical condition, Primary Diagnosis, Anticipated Cause of Death and details of events associated with admission
Date (and time if known) of hospital and unit admission
Haemodynamic status including vital signs, haemodynamic support and urine output
Conscious level, sedation, cough & gag reflex and pupil reaction to light
Clinical plan and family circumstances
Current blood results <u>and</u> if Creatinine is raised a pre-admission Creatinine

