

ANNEX B

CADAVERIC DONOR ASSURANCES AND DAMAGE REPORTING

A PROTOCOL PREPARED BY:

**BRITISH TRANSPLANTATION SOCIETY
UK TRANSPLANT CO-ORDINATORS' ASSOCIATION
UK TRANSPLANT**

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INTRODUCTION

- 1 This protocol identifies clear lines of responsibility for the collection of information about the medical and social history of potential organ donors. It remains the responsibility of the transplant surgeon to discuss with potential recipients the risks associated with transplantation, including those of transmission of infectious agents.
- 2 Extant guidance from the Health Departments, including ‘Guidance on the Microbiological Safety of Human Organs, Tissues and Cells used in Transplantation’ issued in August 2000 by the Department of Health, defines two main categories of absolute exclusion from organ donation: known HIV and known or suspected CJD. In addition two relative contraindications to solid organ donation are identified, although organs may be considered in life-saving situations (after discussing all implications with organ recipient or those close to the patient) if the patient is already infected with or immune to:
 - i Hepatitis B – HbsAg(3)(4)
 - ii Hepatitis C – HCV antibody.
- 3 The Department of Health guidance also makes recommendations on the selection of donors. It is the responsibility of donor transplant co-ordinators to ensure that a full social and medical history is obtained and recorded in each case. This may be by means of reference to medical notes, and if possible to the clinician caring for the patient prior to their death, interview with the most relevant life partner or close family member and where possible the GP.
- 4 No organs may be offered either through UK Transplant or to transplant centres until these enquiries are complete. If any doubt exists then the donor transplant co-ordinator should seek further medical advice from transplant clinicians.
- 5 Once donation has been confirmed and the necessary consent/lack of objection obtained, the donor should be examined and an accurate record made of any tattoos, signs of intravenous drug use, skin malignancies or evidence of surgical procedures.
- 6 The UK Transplant Core Donor Data form must be completed and signed by the donor transplant co-ordinator.
- 7 The mechanism for the safe transfer and tracking of information about the condition of any organ considered for transplant operates through the use of the UK Transplant organ donor information forms and the routines agreed from time to time with representatives of the UK Transplant Duty Office and representatives of the transplant community. The use of this channel ensures that the information is fully logged but it is nevertheless the responsibility of the retrieving and transplanting unit(s) to ensure that adequate records are maintained for their own purposes.

- 8 It is the responsibility of the transplant surgeon to be satisfied as to the safety of the donor material prior to the transplant operation, and to make any checks that they feel are appropriate to ascertain the full facts.

RESPONSIBILITY OF DONOR TRANSPLANT CO-ORDINATOR

- 9 The donor transplant co-ordinator will assess the eligibility of all potential organ donors with regard to medical and social/behavioural history and current status by completing the following actions:
- i contact the most relevant life partner or close family member
 - ii review the medical notes and discuss eligibility with the clinician caring for the patient
 - iii contact the potential donor's General Practitioner within three working days
 - iv complete national lack of objection form, leaving one copy in the donor's medical notes.
- 10 Where there is obvious evidence of tattoos, previous surgical procedures or a history of intravenous drug abuse, these must be reported. In a few exceptional circumstances the family interview may need to be conducted over the telephone. This is not recommended but if it does occur it must be recorded as such. The donor transplant co-ordinator should document their findings in the medical notes. Having satisfied themselves of the eligibility of the potential donor, the donor transplant co-ordinator will contact the UK Transplant Duty Office to confirm the donation and they will also complete and sign the Core Donor Data form. If in doubt they must discuss the case with a transplant clinician.

RESPONSIBILITIES OF UK TRANSPLANT

- 11 The UK Transplant Duty Office will ensure that for every potential donor, they receive confirmation of eligibility to donate from the donor transplant co-ordinator; and will pass on to the eventual recipient unit(s) any information they receive either from the donor transplant co-ordinator or subsequently from the retrieving surgeon.
- 12 The Duty Office will ask the donor transplant co-ordinator:
- Are you aware of any medical or social contraindications with this donor?
- If so, what are they (and these will be passed on to the recipient unit)?

RESPONSIBILITY OF RETRIEVING SURGEON

- 13 The retrieving surgeon(s) will review the eligibility of the potential donor and satisfy themselves that all donation criteria are met prior to removal of organs(s). They will also ensure clear and legible documentation of any damage or relevant factor found on explantation and record the procedure and findings on the medical notes. The donor transplant co-ordinator must be informed of any such damage.

- 14 The retrieving surgeon will review the medical notes and if necessary discuss with the donor transplant co-ordinator if there are any areas of difficulty. If further contact with the donor family is needed this should be made by the donor transplant co-ordinator who will usually have interviewed the family previously. If further clarification is needed then contact should be made with the GP or clinician caring for the patient immediately prior to referral for donation. The retrieving surgeon(s) will sign the UK Transplant Organ Specific Donation form to confirm absence of contraindications to donation and to report any relevant damage or physical features.
- 15 It is the responsibility of the retrieving surgeon(s) to ensure that full information regarding any possible contraindications for the use of any organ(s) reaches the recipient transplant surgeon(s) so that the fullest possible risk assessment can be made in each case.

RESPONSIBILITY OF TRANSPLANT SURGEON

- 16 The transplant surgeon must ensure that all potential recipients are aware of the risks involved in transplantation. They must also satisfy themselves that adequate checks have been made to discover any contraindications to transplantation in relation to a specific organ donor for an organ for which they will be taking responsibility. In doing so, the transplanting surgeon must have regard to the current published guidance [CMO(87)5, 2 March 1987; PL/CMO(90)2, 26 April 1990; PL/CMO(93)11, 31 August 1993; PL/CMO(96)5, 1 July 1996; the MSBT Guidance on the Microbiological Safety of Human Organs, Tissues and Cells used in Transplantation, August 2000].
- 17 The transplanting surgeon will review the Organ Specific Donor form and contact the retrieving surgeon or donor transplant co-ordinator to obtain any clarification they require. It is the responsibility of the clinician to ensure that full information regarding any possible contraindications for the use of any organ has been considered and the risks assessed. The transplant surgeon may request further specific tests to be carried out before transplanting the organ. Final responsibility for the condition of the transplanted organ rests with the transplant surgeon.

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