**Policy**

The decision whether to accept a retrieved organ for transplantation depends on many factors and the implanting surgeon must make a decision based on balance of risk and benefit taking into consideration the privacy and dignity of the individual.

In some instances, review of additional information such as photographs, radiological images of the organ taken before, during or after retrieval will help the surgeon make the most appropriate decision.

Recording photographs of organs, tissues or other aspects of the donor e.g. a suspicious skin lesion, is encouraged where it is clinically indicated to ensure the safety of the donation, retrieval and transplantation of organs and tissues and where consent/authorisation has been given, and is in line with current guidance and when the confidentiality of the donor is protected.

This policy is confined to transmission of photographs or images of organs or the donor.

Reports (such as additional microbiology reports) and images of other investigations (such as echocardiographs) may be transmitted to the recipient team, if indicated, as per agreed processes, to ensure the safety of organ retrieval and transplantation.

**Purpose**

This document is intended to offer guidance and principles to all healthcare professionals (HCPs) involved with organ donation, retrieval and transplantation to ensure the safety of the donation, retrieval and utilisation of organs and tissue for transplantation.

**Responsibilities**

Specialist Nurses – Organ Donation Retrieval Teams
Recipient Teams
Retrieval Centres
Recipient Centres

**Definitions**

SNOD – Specialist Nurse – Organ Donation
GMC – General Medical Council

NORS – National Organ Retrieval Service
EOS – Electronic offering system

**Applicable Documents**

MPD1043 – National Standards for Organ Retrieval from Deceased Donors
SOP4938 – Sharing Clinical Information – Hub Operations
1. **Principles**

There are three key principles to consider when sharing recorded information (such as photographs of organs):

- Consent/Authorisation
- Anonymity
- Confidentiality

The duty to share information can be as important as the duty to protect patient confidentiality although information must be shared only with those who have a need to know. Please see Appendix A for the seven Caldicott principles related to confidentiality of information.

2. **Consent/Authorisation**

According to the General Medical Council (GMC), consent to record images/photographs of internal organs or structures will be implicit in the consent/authorisation given to the investigation or treatment, and does not need to be obtained separately\(^1\).

Images taken in theatre must comply with the local hospital policy (ie the hospital where donation occurs).

Staff at the donor hospital may not feel comfortable being filmed and/or recorded, and in these cases their consent must be obtained before filming/voice recording commences.

3. **Anonymisation**

Photographs must not be taken where the patient is, or may be, identifiable from the photograph. Identifiable features could include birthmarks, tattoos, patient medical records and geographic location and care must be taken when recording to exclude these from the photograph.

4. **Confidentiality**

Photographs can be taken for transmission between the retrieval and recipient teams and can be shared with the Specialist Nurse – Organ Donation (SNOD) where necessary, for example to aid decision making to ensure appropriate use of organs or tissues.

Photographs may be uploaded to the incident reporting system if reporting a clinical incident such as damage.

Photographs must not be shared in widely accessible public media such as television, radio, internet, print\(^2\).

In some situations, it will be in the interests of the donor and/or recipient for photographs to be stored elsewhere in the clinical records. If photographs are to be stored (other than uploaded onto QPulse or EOS when available), the health care professional (HCP) who stores the photographs is responsible for making the appropriate secure arrangements for storing recordings according to local practice of the HCP’s employer and for the appropriate period of time.
5. **Guidelines**

5.1 If a retrieval or implanting surgeon or other relevant health care professional feels sharing a photograph would facilitate appropriate transplantation of the organ, or provide reassurance for recipient’s safety or provide important clinical records, they may take a photograph subject to the need to protect confidentiality (as outlined in section 4).

5.2 The photograph can be sent via SMS, e-mail or secure hospital transfer system to the recipient surgeon with the donor ID only (ODT donor number). The patient’s name, date of birth, hospital or any other identifiable information must not be sent with the photograph unless the images are being sent via the Duty Office (see 5.5).

5.3 The recipient surgeon must be contacted by telephone first to advise that a photograph will be sent.

5.4 The surgeon is responsible for safely securing copies of the photograph if these are to be kept. This should be in accordance with local guidance. Otherwise, the photograph must be deleted immediately (including from the retrieval surgeon’s sent items).

5.5 When transmitting images to the Duty Office, the following points of identification must be included in the cover email:

- 5.5.1 Donor ID
- 5.5.2 Hospital Name
- 5.5.3 Age (not date of birth)

6.0 **Photographing kidneys**

Kidney photographs should be taken by the SNOD and emailed to Hub Operations to be offered to the accepting Recipient Centre if they meet the following criteria:

- Any kidney donor over the age of 65 years.
- Any kidney with anything other than good perfusion
- Any kidney with any injuries/surgical damage
- Any concerns raised by the retrieval surgeon

Recipient centres may also request photographs to be taken at the point of kidney offering.

6.1 A minimum of three images per kidney should be taken by the SNOD utilising the genius scan app on the iPad whilst the kidney is on the back bench:

- Image 1 - Anterior surface
- Image 2 - Posterior surface
- Image 3 - Arterial patch

6.2 A sterile, coloured, surgical sling should be included in photographs as a safety mechanism; to indicate which kidney has been photographed.

- Red – Right
- Yellow – Left
Guidance and Principles – Donor Organ Photographs

6.4 Photos should be emailed to: Odthub.operations@nhsbt.nhs.uk

   If both kidneys have been photographed, images should be sent in two separate emails, one email per kidney.

6.5 The cover email information must contain the listed PID as per 5.5. Document left or right kidney in the cover email subject section.

6.6 Hub Operations must be informed that emails are being sent and how many emails to expect. Ask them to forward these to the transplanting surgeon as requested or to offer to the transplant surgeon for viewing.

6.7 It should be documented in DonorPath that photographs have been taken and sent to Hub Operations.

6.8 Photographs must be deleted from the iPad.

References:

Appendix A
Caldicott Principles

1. Justify the purpose(s)
Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

2. Don't use personal confidential data unless it is absolutely necessary
Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

3. Use the minimum necessary personal confidential data
Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

4. Access to personal confidential data should be on a strict need-to-know basis
Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

5. Everyone with access to personal confidential data should be aware of their responsibilities
Action should be taken to ensure that those handling personal confidential data — both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality.

6. Comply with the law
Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

7. The duty to share information can be as important as the duty to protect patient confidentiality.
Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.