

*This Policy replaces  
POL162/2*

**Copy Number**

Effective **05/09/19**

**Summary of Significant Changes**  
Minor typographical changes. Updated applicable documents to include Medical and Social History Questionnaire FRM4211.

***Policy***

**Requirements relating to the characterisation of all patients for organ and tissue donation through the collection of information.**

NHS Blood and Transplant acts as the responsible organisation to carry out the duties underpinned by The Quality and Safety of Organs Intended for Transplantation Regulations (2012).

The Quality and Safety of Organs Intended for Transplantation Regulations (2012) stipulates that the procurement of organs shall be carried out only after all the requirements relating to the characterisation of the donor are completed. A minimum data set must be collected for each donation. This ensures that the rules to maintain standards of quality and safety for human organs and tissues intended for transplantation are met.

In addition to ascertaining clinical and social histories from relevant healthcare professionals and diagnostic testing processes, the SN-OD must also undertake a conversation with the patient's family, obtaining information about the patient's medical and social history.

***Purpose***

The purpose of this document is to outline to the SN-OD the information that must be gathered to ensure that any organ or tissue for transplantation meets the minimum safety and quality standards.

***Definitions***

**SN-OD** – for the purposes of this document the terminology "SN-OD" will apply to either Specialist Nurse or Specialist Practitioner with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST)

**TM** –Team Manager

**RM** – Regional Manager

**NHSBT** – NHS Blood & Transplant

### ***Responsibilities***

Specialist Nurse – Organ Donation (SN-OD)	To perform all functions outlined within the donor characterisation process, whilst working under the advice and guidance of the Associate Medical Director – ODT or nominee. To collate, deliver and explain all necessary information to the Recipient Centre Points of Contact, Tissue Establishments, Hub Operations and other relevant healthcare professionals. To undertake a comprehensive patient assessment with the patient's family.
ODST Team Manager	To ensure that the SN-OD has received appropriate training to undertake the donor characterisation process and to support and advise, if required, the SN-OD in the event of any information that may affect the quality and safety of organs or tissues for transplant.
ODST Regional Manager	To ensure that all staff within their designated areas of responsibility are educated and trained accordingly to utilise the policy and related procedures. To support and advise, if required, the SN-OD in the event of any information that may affect the quality and safety of organs or tissues for transplant.
NHS Blood & Transplant	To ensure that the policy is implemented and monitored, with appropriate education and training packages in place to maintain quality and standards of practice.

### ***Applicable Documents***

SaBTO guidelines <a href="https://www.gov.uk/government/policy-advisory-groups/advisory-committee-on-the-safety-of-blood-tissues-and-organs">https://www.gov.uk/government/policy-advisory-groups/advisory-committee-on-the-safety-of-blood-tissues-and-organs</a>	<a href="#">SOP3630</a> – Diagnostics – Blood Tests
<a href="#">MPD875</a> – Patient Assessment (Family Conversation)	<a href="#">SOP3631</a> – Diagnostics – Imaging
<a href="#">MPD882</a> - Communication with Family about Adverse Findings	<a href="#">MPD872</a> – Diagnostics – Infections
<a href="#">MPD873</a> – Physical Assessment	<a href="#">MPD891</a> – Pregnancy In Donation
<a href="#">SOP3632</a> – GP Assessment	<a href="#">FRM1602</a> – Fax – General Practitioner Medical Report for Organ/Tissue donation
<a href="#">SOP3888</a> - Reporting an Organ Donation or Transplantation Incident to NHSBT	<a href="#">POL180</a> - Management of Positive Microbiological Blood Results in Deceased Organ or Tissue Donors
The Quality and Safety of Organs Intended for Transplantation Regulations 2012 <a href="http://www.legislation.gov.uk/ukxi/2012/1501/contents/made">http://www.legislation.gov.uk/ukxi/2012/1501/contents/made</a>	<a href="#">FRM4211</a> Medical and Social History Questionnaire
	<a href="#">INF947</a> - Rationale Document for Medical and Social History Questionnaire

## Donor Characterisation

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### 1 INTRODUCTION

- 1.1 The Quality and Safety of Organs Intended for Transplantation Regulations (2012) stipulates that the procurement of organs shall be carried out only after all the requirements relating to the characterisation of the donor are completed.
- 1.2 A minimum data set must be collected for each donation. It is imperative, therefore, that the SN-OD acts in accordance with guidance from the Advisory Committee for the Safety of Blood, Tissues and Organs (SaBTO) (DoH, 2011) in addition to national guidance from NHS Blood and Transplant. The SN-OD must access all relevant sources of information to determine that the most complete medical and social history possible is obtained. These sources of information may include, but are not limited to:
- Patient's medical notes from the current admission
  - Patient's medical notes from previous admissions (where possible)
  - General Practitioner information
  - Communication with specialist practitioners
  - Communication with the patient's family
  - The SNOD works under the advice and guidance of a registered medical practitioner. In the case of NHS Blood and Transplant, this would be the Associate Medical Director – ODT or nominee.
- 1.3 As part of this minimum data set, the SN-OD must undertake a full physical examination and assessment of the patient. It is vital that the SN-OD **only** undertake those aspects of the physical assessment process in which they have received the appropriate training **and** feel confident and comfortable to do so. **Expert advice must be sought for any area of practice in which the SN-OD does not have the necessary experience, knowledge and training**
- 1.4 In addition to ascertaining physical parameters, and the undertaking of diagnostic testing procedures, the SN-OD must also undertake a highly sensitive conversation with the donor family. This conversation allows the SN-OD to obtain key information about the patient's medical, social, behavioural and travel history. The Patient Assessment process itself, however, should follow a consistent practice nationally, according to the SN-ODs specific training, and in accordance with national policy and procedure. [MPD875](#) – Patient Assessment (Family Conversation).

### 2 FRAMEWORK

- 2.1 This policy outlines the framework within which the donor characterisation process occurs operationally and covers the following procedural documents
- [SOP3632](#) – GP Assessment
  - [MPD873](#) – Physical Assessment
  - [MPD872](#) – Diagnostic Tests – Infections
  - [SOP3631](#) – Diagnostic Tests – Imaging
  - [SOP3630](#) – Diagnostic Tests – Blood Tests

### 3 IMPLEMENTATION AND MONITORING

- 3.1 It is the responsibility of NHSBT to ensure that this policy and its associated procedural documents are implemented.
- 3.2 It is the responsibility of NHSBT to ensure that the policy and supplementary procedural documents are utilised operationally.
- 3.3 The ODST Regional Managers and Team Managers hold a responsibility to ensure that their staff will be working within appropriate legislation, to ensure a competent and knowledgeable workforce, and to deliver nationally standardised quality care and to investigate any potential or actual incidents, identifying if variances from policy have occurred.
- 3.4 SN-ODs have a professional responsibility to work within appropriate legislation. They must highlight to the relevant ODST Team Manager when they require further support and additional training. In addition, the SN-OD should report any incidents, when directed, that have occurred due to variances of action within the policy and associated procedural documents, as per [SOP3888](#).