

The key generic principles concerning re-opening and/or expansion of SOT programs in response to the Covid-19 pandemic is covered in the NHSBT guidance document (<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>). The purpose of this document is as an aide-memoire for kidney transplant programs (both deceased & live donor transplants, and for adults & children/young people)

1. Deceased donor transplantation

1.1 Operational considerations prior to re-opening of transplant program (adult and paediatric)

ODT HUB

- Consider if open for all or selected group of recipients
- Consider balancing desire to reactivate maximal number of potential transplant recipients against ability to accept named offers and to deliver volume of transplant activity within local resource constraints.
- If selected group only, work with ODT hub to 'mass suspend' all patients first followed by selective activation of chosen wait-listed patients. Please note, ODT hub will require 4-7 working days to complete instructions. It would not be possible to complete all operational actions in ODT hub at short notice. Adequate notice will allow this work to be planned. Contact Mike Gumn (Michael.Gumn@nhsbt.nhs.uk) and Julie Whitney (Julie.whitney@nhsbt.nhs.uk)
- New recipients can be re-activated (or currently active recipients can be suspended if necessary) by centre coordinators remotely using NTN or ODT online. This will enable centres to responsively manage at a local level by expanding transplant programs dependent on local constraints and meanwhile only receiving offers for named patients
- Consider donor acceptance criteria - whether open for all donor types (DBD & DCD) and donor ages
- ODT Hub will only be able to action instructions to revise donor acceptance (Age/DBD/DCD) criteria once/month for each centre. This is essential to maintain equitable and safe service to all centres and organ types. ODT Hub will review this time line in August 2020 and based on number and frequency of requests in the preceding 3 months (May-July) will confirm on-going service expectations.
- ODT Hub are currently working on the details of this process, and will write to all centres with the process for these updates within the next week. Please inform ODT hub of requirements.

Contact Mike Gumn (Michael.Gumn@nhsbt.nhs.uk) and Julie Whitney (Julie.whitney@nhsbt.nhs.uk) if there are any questions in relation to this process.

1.1.1. Patient information*

- Inform wait-listed recipients about re-activation including option for patients to defer and/or option for patients to discuss with consultant surgeon/nephrologist prior to re-listing
- Confirm impact assessment on household contacts (current guidance requires household contacts of SOT recipients to shield) and transport arrangements (reduced ability to use public transport) in the post-transplant period

1.2 Operational considerations during in-patient stay*

- Access to HDU/ITU beds based on recipient characteristics including need for CVVH or PEX. Please note Supply Disruption Alert for CVVH consumables
- Access to pre-operative or post-operative 'clean' (COVID-19 free) haemodialysis service
- Requirement for other household contacts to shield/socially distance after discharge (based on active national guidance at time of discharge)
- Safe transport requirement to attend clinics post discharge
- Safe outpatient environment including phlebotomy post-transplant

* Also applicable to living donor transplants

2. Living kidney donor transplantation (adult and paediatric)

2.1. Operational consideration prior to re-opening LKD programs

- Consider availability of MDT workforce, theatre access, H&I, out-patient activity to support updating of donor/recipient assessments (as needed) and HTA approval
- Consider phased recovery plan as below dictated by presence or absence of local constraints
 - (1) Identify and update assessments (as needed) for previously identified/scheduled directed LKDT
 - (2) Schedule directed LKDT with order of operations based on patient and clinical preference
 - (3) Identify and update assessments as needed for previously identified UKLKSS transplants
 - (4) Explore collaborative scheduling of UKLKSS transplants with other centres
 - (5) As capacity allows commence assessment of new referrals
 - (6) As capacity allows, consider re-inclusion or phased inclusion of suitable donor & recipient pairs in the October UKLKSS (deadline for registration of new pairs – 7th October, confirmation of inclusion 15th October)
 - (7) As capacity allows, consider inclusion of more complex cases such as ABOi/HLAi transplants and NDAD

Please contact lisa.burnapp@nhsbt.nhs.uk for any queries related to living donation and the UK living kidney sharing scheme