

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
- If patients are expected to have post-transplant follow up in referring (non-transplant) Renal units, confirm ability and capacity for safe out-patient follow up in receiving centre.

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

1.3 SARS-CoV-2 testing for all recipients and live kidney donors

Live kidney donor transplant - The intended recipient (and live donor) should be tested and proven to be SARS-CoV-2 swab negative within 48-72 hours prior to planned surgery. The donor surgery should not commence until both donor and recipient have been confirmed to be swab negative

Deceased donor transplant – The transplant or immunosuppression should not commence until the recipient is proven to be SARS-CoV-2 swab negative. In truly exceptional circumstances, such as re-allocated kidneys with prolonged CIT matched to a long waiting recipient, with full informed patient consent and MDT agreement transplantation may proceed before the swab results are available. Any such instance of commencement of transplant surgery before availability of swab results should have prior agreement from the appropriate governance structures of the organisation in which the transplant is to be performed and be reported within 48hrs of transplantation via NHSBT incident management system. Centres should discuss how these circumstances should be managed in / out of hours with their hospital Medical Director or equivalent.

2. Living donor kidney transplantation (adult and paediatric)

2.1. Operational consideration prior to re-opening LKD programmes

- 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 LDKT
 - (2) Review previously identified UKLKSS transplants and consider
 - a. Suitability of donor-recipient pairs to proceed (in centre)
 - b. Willingness of donor-recipient pairs to proceed (in centre)
 - c. Type of exchange in which they are matched (i.e. paired/pooled/chain)
 - d. Status of other matched donor-recipient pairs re points a.& b. and non-directed donors (inside & outside centre) involved in exchange
 - (3) Options to prioritise identified exchanges in collaboration with other centres and plan within forthcoming operation schedule (see 4) Update assessments as needed for suitable donors and recipients in UKLKSS that could proceed and consider relisting for DDKT/other LDKT options for recipients who cannot proceed
 - (4) Schedule directed LDKT with order of operations based on patient and clinical preference and consider including planned dates for transplants identified in the UKLKSS that fulfil criteria in 2 & 3
 - (5) Explore collaboration with other centres to facilitate safe donor and recipient surgery (e.g. donor operation in one centre, recipient surgery in another, kidney travels) if they cannot be performed in a single centre for either directed LDKT or UKLKSS
 - (6) As capacity allows commence assessment of new referrals for LDKT
 - (7) 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)
 - (8) As capacity allows, consider inclusion of more complex cases such as ABOi/HLAi transplants
- Consider arrangements for life-long annual donor follow-up to include
 - 1) Limiting face to face consultations to essential appointments and 1st anniversary visits with options for short visits to clean areas for essential tests (e.g. check bloods, urine dipstick, BP, weight) with on-line/telephone consultation follow-up
 - 2) Increasing options for remote consultations and GP follow-up for anniversary appointments > 1 year post nephrectomy
 - 3) Return of clinical and donor self-reported measures to NHSBT for the UK Registry
Please contact lisa.burnapp@nhsbt.nhs.uk for any queries related to living donation and the UK living kidney sharing scheme