

Policy

It is vital that clinical and operational information is communicated during handover from one Specialist Nurse-Organ Donation (SNOD) to another. This helps ensure the quality and safety of organs and/or tissue for transplantation and transfers the accountability and responsibility of the donation process between SNODs. The need for a comprehensive handover is essential in ensuring care continues seamlessly and safely.

Objective

The purpose of the clinical and operational handover helps ensure the complete transfer of responsibility and accountability of the donation process from one trained/competent SNOD to another SNOD, or a HCP involved with the donation process.

Changes in this version

Removal of MPD901 and MPD902, and replaced with SOP5818

Roles

- **Specialist Nurse – Organ Donation or Team Manager (TM).**
- **Note: This MPD is to be utilised by a qualified and trained SNOD. If the SNOD is in training, this MPD is to be utilised under supervision.**
- **When reference made to SNOD throughout this document, it is encompassing SNOD, SNOD-SR and SNOD-FC**
- The SNOD/TM is responsible for working within the parameters of this MPD. The TM is to support the SNOD in the handover process as required
- To undertake any duties handed over by the SNOD/TM to facilitate the donation process, as required.

1. Introduction

- 1.1. Time is of the essence at handover to impart core minimal information. Handover must be focused and structured, carried out in a timely manner, allowing sufficient time for staff to clarify information. This is essential to maintain the safety and quality we strive for and to minimise potential risks to the quality and safety of organs for transplantation.
- 1.2. The process of the handover to any other healthcare professional, whether it be SNOD, NORS or hospital staff, should be in a confidential place where PID and content of information cannot be overheard by anyone, who is not involved with the donation process, ensuring that we are working in line with [SOP5818](#). We need to ensure that we are working according to the NHSBT Privacy Statement- 'This information is shared securely between NHS Professionals.' Consideration must be made to GDPR.

2. Handover during the donation process

- 2.1. A systematic process must be utilised when handing over clinical information.
- 2.2. A conversation between the relevant SNODs must include all essential information identified in the electronic donor record or within [FRM4212](#) and document handover has taken place in the sequence of events.
- 2.3. Information obtained, by utilising the donor file (electronic or paper), surrounding all clinical and operational tasks which form the donation process must be handed over and clearly understood by the in-coming SNOD thereby taking over accountability and responsibility, even if no further action is required.
- 2.4. Face-to-face handover should be completed, where possible, however in all cases a verbal conversation must take place between the out-going and in-coming SNODs, ideally the in-coming SNOD should be able to visualise the donor file and document this in the sequence of events.
- 2.5. The outgoing SNOD should document the handover and state any handover actions.
- 2.6. The oncoming SNOD must update contact details on DonorPath at handover and call into Hub Operations to provide contact details as per [MPD1382](#).

3. Handover at the end of an on-call period

- 3.1. Ideally, a verbal conversation should take place at the end of the on-call shift between the pager holder of the out-going shift to the pager holder of the in-coming shift.
- 3.2. Handover should include relevant information, including any on-going donors, outstanding actions to be completed and any pending referrals must be included in this conversation, this should then be included in a documented summary.
- 3.3. Allocation of any outstanding actions is the responsibility of the in-coming pager holder and must be articulated clearly to all relevant parties and distributed according to local agreements.
- 3.4. The donation summary and pager summary should be sent and to include the relevant of information to locally agreed parties.
- 3.5. In addition, a written handover, [FRM5499](#), must be completed at the end of each donation process then sent to Donor Records Department, and all agreed SNOD team members, following verbal handover, the author of this should be agreed within the local ODST.

Definitions

- **DRD** – Donor Records Department
- **SNOD** – Specialist Nurse Organ Donation
- **TM** – Team Manager
- **NORS** – National Organ Retrieval Service
- **HCP** – Health Care Professional
- **PID** – Patient Identifiable Data
- **GDPR** – General Data Protection Regulation

Related Documents / References

- [FRM4212](#) – Organ Donation Clinical Pathway
- [FRM5499](#) – SNOD to DRD Handover Form
- [MPD1382](#) – Donation Pathway Communication Touchpoints- SNODs and Hub Operations
- [NMC Code of Professional Conduct](#)
- [SOP5818](#) - Organ and Tissue Donation Consent Manual