
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, video and radiological images of the organ taken before, during or after retrieval will help the surgeon make the most appropriate decision.

Recording images 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, video or images of organs or the donor being taken in order to support transplantation.

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.

Objective

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.

Changes in this version

Paragraph 8.1 Phone call to HO by SN to advise they are sending photographs.

Paragraph 8.4 addition of liver/other organ to cover e-mail

Roles

- Specialist Nurses Organ Donation
- Retrieval Teams
- Retrieval Centres
- Recipient Teams
- Recipient Centres
- Hub Operations

1. Principles

There are three key principles to consider when sharing recorded information (such as photographs and video 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 (Caldicott principle 7). 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 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.

Images taken in theatre must comply with the local hospital policy (i.e., the hospital where donation occurs) and care should be taken to ensure that the donating hospital cannot be identified in the image.

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

Staff at the donor hospital may not feel comfortable being filmed and/or recorded. It is essential that photographs contain NO identifiable aspects of the donor, operating theatre or staff.

If a surgeon requests a copy of the photograph this can be used without family consent ONLY if there are no identifying features/information.

4. Confidentiality

Photographs and video can be taken for transmission between the retrieval, recipient teams, transplanting centre 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.

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

Images must not be shared in widely accessible public media such as television, radio, internet, print.

In some situations, it will be in the interests of the donor and/or recipient for images to be stored elsewhere in the clinical records. If images are to be stored (other than uploaded onto the clinical incident reporting system), the health care professional (HCP) who stores the image 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 images would facilitate appropriate transplantation of the organ or provide reassurance for recipient's safety or provide important clinical records, they may take a photograph or video subject to the need to protect confidentiality (as outlined in section 4).
- 5.2. It is permissible for a transplant clinician at the Transplant centre to take a photograph(s) of an organ to send to clinical colleagues to aid real time decision making around organ utilisation subject to the need to protect confidentiality (as outlined in section 4).

- 5.3. Images can be sent to the recipient surgeon via SMS, WhatsApp, email or secure hospital transfer*. Emails must always be encrypted to ensure donor confidentiality whether these are sent directly to the surgeon by the SNOD or are sent via Hub Operations (see 5.5 kidney/pancreas photos).

Images sent via SMS/WhatsApp must not contain any identifying features or PID other than the ODT number as this method of transfer is inherently insecure.

See table below to check if the recipient email address is automatically encrypted. If not, encryption must be performed by typing 'Confidential' in the email subject heading.

Email System	Sender	Recipient	Status
NHSBT	name@nhsbt.nhs.uk	name@nhsbt.nhs.uk	encryption is forced for you
NHSBT	name@nhsbt.nhs.uk	name@nhs.net	encryption is forced for you
NHSBT	name@nhsbt.nhs.uk	name@nhs.scot name@aapct.scot.nhs.uk name@borders.scot.nhs.uk name@ggc.scot.nhs.uk name@gjnh.scot.nhs.uk name@lanarkshire.scot.nhs.uk name@nhs24.scot.nhs.uk name@nhslothian.scot.nhs.uk name@XXX.scot.nhs.uk	encryption is forced for you
NHSBT	name@nhsbt.nhs.uk	Any email address other than those listed above	Insecure unless encrypted
NHSMail	name@nhs.net	name@nhs.net	encryption is forced for you
NHSMail	name@XXX.scot.nhs.uk	name@nhs.net	encryption is forced for you
NHSMail	name@nhs.net	XXX@name.nhs.uk	Insecure unless encrypted **
Non NHSBT and NON NHSMail	e.g. name@gmail.com	ANY	Insecure unless encrypted but must not generally be used

*A secure hospital transfer system is when different email addresses belong to the same domain or are within the same email network.

**It is possible that a recipient organisation does have an encrypted link to NHSMail like NHSBT, but this cannot be assumed.

- 5.4. The recipient surgeon must be contacted by telephone first to advise that images will be sent.
- 5.5. A test SMS/WhatsApp message must be sent to the recipient surgeon, who must confirm their identity before the images can be sent
- 5.6. The recipient surgeon must confirm receipt of any images sent by return SMS/WhatsApp message.
- 5.7. The surgeon is responsible for safely securing copies of the images if these are to be kept. This should be in accordance with local guidance. Otherwise, images sent via any method must be deleted immediately (including from the retrieval surgeon's sent items).
- 5.8. When transmitting images to Hub Operations, the following points of identification must be included in the cover email:
 - 5.8.1. Donor ID
 - 5.8.2. Hospital Name
 - 5.8.3. Date of birth

6. Photographing kidneys

Kidney photographs must 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 kidney where concerns are 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. It is recommended that theatre lights do not fall on the organ, and that if a flash is available on the iPad this should be used.

Image 1 - Anterior surface



Image 2 - Posterior surface

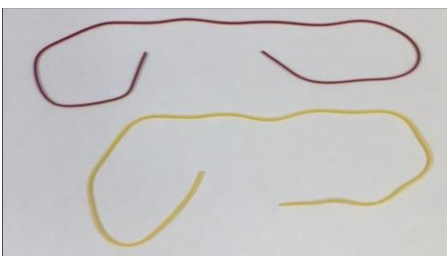


Image 3 - Arterial patch



- 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



7. Photographing of the Pancreas

All pancreases retrieved for the purpose of solid organ or islet transplantation, with the exception of those retrieved as part of a multi-visceral or intestinal graft, must be photographed by the SNOD and emailed to Hub Operations to be offered to the accepting Recipient Centre.

- 7.1. A minimum of three images should be taken by the SNOD utilising the Genius scan app on the iPad whilst the pancreas is on the back bench. An additional photo of any injury, damage, or abnormality may be also be required if not adequately captured in the first three images. The arterial Y-graft, SMA, and splenic artery should all be carefully inspected by the retrieving surgeon, and additional images must be taken if there are any concerns. It is recommended that theatre lights do not fall on the organ, and that if a flash is available on the iPad this should be used.

Image 1 - Anterior surface of the pancreas, with the duodenum and spleen included. Enteric staple lines should be captured.

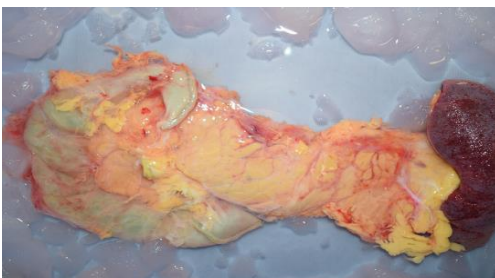


Image 2 - Posterior surface of the pancreas, with the duodenum and spleen included.
Enteric staple lines should be captured.

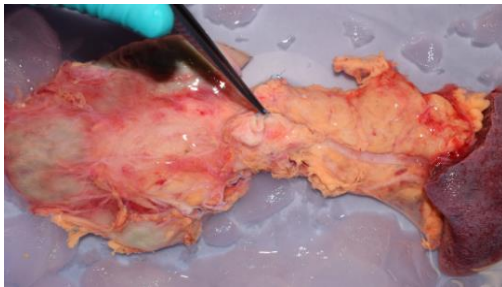
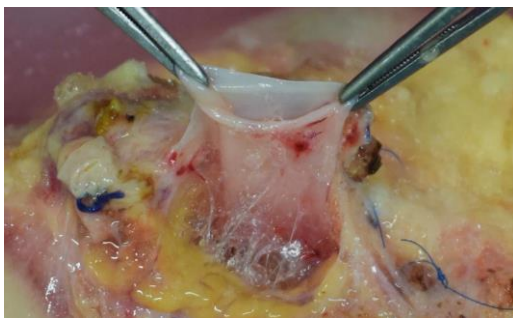


Image 3 - Portal vein length



8. Process for Saving and Sending Photographs to Hub Operations via Genius Scan App on the iPad

- 8.1. SN's must call HO to advise they are sending the Hub photographs (as per SOP4938). The SN must give Hub minimum of 3 points of PID (as per MPD1086). Confirm which organ is going to be photographed. If more than one organ is going to be photographed inform Hub how many emails to expect and send these photographs in separate emails.
- 8.2. All photos from the same organ should be sent together as one file. The file name should be the ODT number and *right or left kidney / pancreas (*as applicable). Please follow the guidance on the genius app for latest information on sending files.
- 8.3. Photos should be emailed to: Odthub.operations@nhsbt.nhs.uk
If both one or more organs have been photographed, images should be sent in separate emails, one email per organ.
- 8.4. The cover email information must contain the listed PID as per 5.8.
Document left or right kidney/pancreas/liver/other organ (as applicable) in the cover email subject section.
- 8.5. 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.
- 8.6. It should be documented in DonorPath that photographs have been taken and sent to Hub Operations.
- 8.7. Photographs of the organ must be deleted from the IPAD and not uploaded onto DonorPath.
- 8.8. A photograph of the key time points (theatre timings board) must be taken and added to the DonorPath File as per SOP5499 in line with the Caldicott Principles.

Definitions

- **SNOD** – Specialist Nurse Organ Donation
- **GMC** – General Medical Council
- **NORS** – National Organ Retrieval Service
- **EOS** – Electronic offering system

Related Documents / References

- **MPD1043** – National Standards for Organ Retrieval from Deceased Donors
- **SOP4938** – Sharing Clinical Information – Hub Operations
- http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp
- http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf
- http://www.gmc-uk.org/Making_and_using_visual_and_audio_recordings_of_patients_2011.pdf

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.