Policy

To reduce associated risks with organ transplantation, it is necessary to consider certain provisions concerning transplantation. In particular provisions aimed at addressing those unintended and unexpected findings occurring during the donation process. Findings requiring additional action may affect the quality and safety of organs and tissues.

If an unexpected or previously unknown finding is identified prior to transplantation, an organ/tissue may still be accepted based on the risk benefit analysis undertaken by the implanting surgeon. Findings identified post transplantation must be communicated to all receiving centres (organ recipient centres, tissue banks and research banks) in order to maintain the safety and quality of organ and tissue transplantation. Email communication MUST be encrypted.

Objective

To inform and guide the Specialist Nurse (SN) on action to be taken in the event of an unintended or unexpected finding identified at any point during the donation process and to outline the systems that must be in place to ensure that outstanding results are followed up and actioned.

Changes in this version

- Addition of advice on use of CDD and new 'Organ Retrieval / New significant clinical information' box appropriately based on significant new information and expected new information (Pages 3, 8 and 9).
- Addition of step 9.2 to advise SN be aware of Path Suite data sharing functionality that is stipulated in SOP392 (Page 9).
- All reference to ‘Genius Scan App’ has been replaced with ‘NHSBT approved scanning application’ (Page 9).

Roles

- **Specialist Nurse -** This MPD is to be utilised by a qualified and trained SN. If the SN is in training, this MPD is to be utilised under supervision. The SN must communicate, report and document any finding requiring additional action utilising **SOP4938** ensuring effective communication with Hub Operations to all receiving centres (Recipient Centre Points of Contact (RCPoC) and/or Eye/Tissue/Research establishments. The SN must also ensure that any outstanding results as listed within this MPD are follow-up and actioned ahead of donor file closure.
- **Hub Operations -** To communicate with the appropriate SN/RCPoC/Eye/Tissue/Research Establishment once informed of the finding utilising **SOP4938** taking advice from the SN on plans for clinical discussion and communication and documenting their actions on NTxD.
- **Donor Family Care Service** – To ensure any additional clinical information received is passed on to the lead SN or representative as agreed by Regional SN Team and uploaded to Donor Path.
- **Medical Practitioners** - To confirm finding (s) requiring additional action with the SN and to facilitate expert practitioner advice, where required. Medical Practitioners have a statutory responsibility to notify if they suspect one of their patients has an infectious disease from the list detailed in the Statutory Notifiable Diseases **INF958** (England & Wales), **INF960** (Scotland) and **INF961** (Northern Ireland).
- **Lead Nurse** - To provide support to the SN as required and oversee regional system for follow-up and action of all outstanding results in a timely way ensuring the safety of recipients is paramount.
- **ODMT on call –** To provide support to SN as required. The escalation sequence for management support:
    1. Lead Nurse
    2. Geographical Regional Head of Nursing (if available)
    3. ODMT on call member (out of hours or if geographical RHoN not available)
- **Recipient Centre Point of Contact (RCPoC)** - Inform the transplanting surgeon (following the processes defined in their local centre) of the finding (s) requiring additional action and information provided by the SN.

- **Lead Surgeon** - Is responsible for reporting any finding (s) requiring additional action during the retrieval procedure to the SN for action as per **SOP4938**.
- **Research Banks -** Responsible for the processing, storage and allocation of organs / tissues retrieved for research – all details available via **DAT4135**.
- **Implanting Surgeon -** Is ultimately responsible for the decision to accept and transplant a donated organ.
- **External Tissue Banks** – Are responsible for the retrieval, processing, storage and allocation and release of tissue under the Tissues and Cells Regulations.

Process Description

1. INTRODUCTION

ADVICE

Findings requiring additional action are classified as any untoward and unexpected occurrence associated with a donor, donor organs or tissue, which has the potential to result in the failure to satisfy safe and effective donation and/or transplantation.

Findings requiring additional action are a non-anticipated discovery that may be identified before, during or after the donation process. The finding/s must be reported and documented as per **SOP4938**, so that relevant parties are informed to ensure appropriate action is taken to ensure the safety of the donation/transplantation process.

For example:

1. Potential adverse outcomes for the recipients that are not anticipated, for example donor-derived malignancy or some donor-derived infections.
2. Donor information established post donation/transplantation which may have consequences for recipients.
3. Adverse incidents resulting in the non-transplantation of suitable donor organ(s) or reduction in the quality of organ(s) except in circumstances where the organ(s) were offered but not successfully allocated.
4. Serious injury to the organs, such as major vascular injury or physical damage to the organ.
5. Suboptimal organ packing, compromising cold storage, for example lack of ice, insufficient packing solution, inappropriate organ containers or defects.
6. Statutory Notifiable Disease.

2. STATUTORY NOTIFIABLE DISEASES

2.1. The SN should communicate with the Medical Practitioner in the donor hospital and confirm if the finding is a suspected/confirmed **statutory notifiable disease/infection** and therefore, potentially transmissible.

2.2. The Medical Practitioner must report a suspected/confirmed statutory notifiable disease/infection to an Expert Practitioner in Public Health.

2.3. It is the ultimate responsibility of the Medical Practitioner in the donating hospital to prompt local investigation and appropriate action to control the disease as part of their professional duties.

2.4. The SN should contact the OTDT Lead Nurse/geographical Regional Head of Nursing / ODMT on call for advice and support, as required.

2.5. The SN must work closely with the Medical Practitioner in determining any potential risk to the patient's family members. If needed, expert advice must be sought from an Expert Practitioner in Public Health to advise on the correct course of action to take.

2.6. The SN should assist the Medical Practitioners, if appropriate, in providing any information they have gained during the consent/authorisation and patient assessment process. This information could include new information regarding close relationships that determine any potential transmission/infection risk from the patient to others.

2.7. Medical Practitioners have a statutory duty to report a suspected/confirmed statutory notifiable disease/infection to an Expert Practitioner in Public Health, the reporting process differs dependant on the jurisdiction the patient is in:

2.7.1. In England and Wales, the statutory notifiable disease **INF958** must be reported to a Proper Officer of the Local Authority-Health Protection Unit, who in turn report to the Health Protection Agency.

2.7.2. In Scotland the statutory notifiable disease **INF960** must be reported to the Health Boards, who in turn report to Health Protection Scotland (HPS).

2.7.3. In Northern Ireland the statutory notifiable disease **INF961** must be reported to the Consultant in Communicable Disease Control (CCDC) or Duty Public Health Doctor and the Infection Control Team.

2.8. The attending Medical Practitioner should fill out a notification certificate immediately on diagnosis of a suspected statutory notifiable disease and should not wait for laboratory confirmation of the suspected infection or contamination before notification. The certificate should be sent to appropriate Expert Practitioner in Public Health within three days or verbally within 24 hours if the case is considered urgent.

2.9. It is permissible to breach patient confidentiality by reporting statutory notifiable disease/s to the relevant authority where there is an overriding public interest. This is confirmed in the NHS Code of Practice: Confidentiality (DoH, 2003).

"There are exceptions to the duty of confidence that may make the use or disclosure of confidential information appropriate. Statute law requires or permits the disclosure of confidential information in certain circumstances……Case law has also established that confidentiality can be breached where there is an overriding public interest"

3. FINDINGS REQUIRING ADDITIONAL ACTION

3.1. In order to reduce associated risks with organ and tissue transplantation, all unknown or previously unknown findings must clinically assessed immediately and communicated. Organs and tissues may still be accepted following clinical assessment based on a risk benefit analysis undertaken by the implanting surgeon or tissues representative.

3.2. Information on findings requiring additional actions must be clearly visible to Receiving Centres by inputting the data in a visible section of the CDD (indicated with a Wi-Fi symbol). Specific areas must also be used for significant findings from donor theatre and post donation – such as the specific 'Organ Retrieval / New significant clinical information' box, within the 'Retrieval Information' section of DonorPath.

3.3. There are a number of points during the donation process that additional findings can be identified:

3.3.1. Post Consent/Authorisation and pre donor registration

3.3.2. Post Consent / Authorisation post donor registration but pre retrieval

3.3.3. During Retrieval

3.3.4. Post Retrieval but pre transplantation

3.3.5. Post Transplantation

3.4. It is essential that in all circumstances these additional findings must be clearly communicated with all relevant parties utilising **SOP4938**.

4. FINDINGS REQUIRING ADDITIONAL ACTION POST CONSENT/AUTHORISATION AND PRE DONOR REGISTRATION

4.1. If, following consent/authorisation and pre donor registration with HUB Operations the SN identifies a potential finding requiring additional action, they must communicate with the treating Medical Practitioner to discuss their findings and assess the potential implications in ensuring the safety and quality of the donation/transplantation process.

4.2. The SN must ascertain from the Medical Practitioner if expert advice is required and/or if there are further medical records held that may identify any additional medical history that has not been disclosed by the patient's family.

4.3. The SN should **only** stop the donation process from proceeding if, in conjunction with the treating Medical Practitioner, an **absolute contraindication** to donation as per **POL188** is identified and confirmed as per NHSBT Donor Contraindications to Organ Donation.

4.4. If an absolute contraindication to donation is identified and confirmed, the SN should utilise the relevant procedural document to guide communication with the patient's family. The SN should use the escalation if required, for management support via LN / Regional Head of Nursing / ODMT on call.

4.5. Where the Medical Examiner / Coroner / Procurator Fiscal is involved the SN should contact them to inform them of the decision not to proceed with donation, as per local Coroner/Procurator Fiscal policy agreements with regional Organ Donation Services Teams (ODST).

4.6. In circumstances where a new clinical finding is identified that is not an absolute contraindication as per **POL188**. The SN where required should discuss with the treating Medical Practitioner establishing whether further expert advice is required. As soon as possible, the SN must document, as reported, all the information regarding the finding on Donor Path sequence of events noting any relevant clinical information within the visible sections of Donor Path - uploading and attaching any reports in visible sections making these visible on TransplantPath prior to donor registration and offering.

4.7. Any contemporaneous discussion held with family present should be documented on Donor Path.

4.8. In circumstances where it is not possible to record all the relevant information on the visible sections of Donor Path, the SN should put a note in the general comments section stating further information is available from the SN via Hub Operations.

4.9. In the event that the donor process is stood down, the SN should utilise NHSBT **MPD882** in Communicating with Families about Findings requiring additional Action to guide their practice in communicating the rationale for this decision to the patient's family. This communication with the family should be held in collaboration with the donating hospital staff. The SN should contact their ODS Team/Regional or on call Organ Donation Manager if required, for advice and support.

4.10. If appropriate, the SN must complete an NHSBT Clinical Governance Form https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/ at the earliest opportunity, so that the nature of the finding is recorded and appropriately managed. The SN should attach any additional background documentation which may help the investigation.

5. FINDINGS REQUIRING ADDITIONAL ACTION POST CONSENT/AUTHORISATION AND POST DONOR REGISTRATION BUT PRE RETRIEVAL

5.1. If, following consent/authorisation and post donor registration but pre retrieval the SN identifies a potential finding requiring additional action, they must communicate with the treating Medical Practitioner to discuss their findings and assess the potential implications in ensuring the safety and quality of the donation/transplantation process.

5.2. The SN must ascertain from the Medical Practitioner if expert advice is required and/or if there are further medical records held that may identify any additional medical history that has not been disclosed by the patient's family.

5.3. The SN should **only** stop the donation process from proceeding if, in conjunction with the treating Medical Practitioner, an **absolute contraindication** to donation as per **POL188** is identified and confirmed as per NHSBT Donor Contraindications to Organ Donation.

5.4. If an absolute contraindication to donation is identified and confirmed, the SN should utilise the relevant procedural document to guide communication with the patient's family. The SN should use the escalation if required, for management support via LN / Regional Head of Nursing / ODMT on call.

5.5. Where the Medical Examiner / Coroner / Procurator Fiscal is involved the SN should contact them to inform them of the decision not to proceed with donation, as per local Coroner/Procurator Fiscal policy agreements with regional Organ Donation Services Teams (ODST).

5.6. In circumstances where a new clinical finding is identified that is not an absolute contraindication as per **POL188**. The SN where required should discuss with the treating Medical Practitioner establishing whether further expert advice is required. As soon as possible, the SN must document, as reported, all the information regarding the finding on Donor Path sequence of events noting any relevant clinical information within the visible sections of donor path (attaching any reports to DonorPath making these visible in TransplantPath) and communicate the finding using **SOP4938** establishing whether any organs have been offered therefore the relevant pathway. **Please refer to SOP4938.**

5.7. Any contemporaneous discussion held with family present should be documented on Donor Path.

5.8. In circumstances where it is not possible to record all the relevant information on the visible sections of Donor Path, the SN should put a note in the general comments section stating further information is available from the SN via Hub Operations.

5.9. In the event that the donor process is stood down, the SN should utilise NHSBT **MPD882** in Communicating with Families about Findings requiring additional Action to guide their practice in communicating the rationale for this decision to the patient's family. This communication with the family should be held in collaboration with the donating hospital staff. The SN should contact their ODS Team / Regional Head of Nursing / ODMT on call if required, for advice and support.

5.10. If appropriate, the SN must complete an NHSBT Clinical Governance Form https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/ at the earliest opportunity, so that the nature of the finding is recorded and appropriately managed. The SN should attach any additional background documentation which may help the investigation.

5.11. The SN should document clearly all communication with the Hub Operations/RCPoCs/Implanting Surgeons regarding the reasons for non-acceptance of an organ on Donor Path.

6. FINDINGS REQUIRING ADDITIONAL ACTION DURING RETRIEVAL

6.1. In the event of a finding requiring additional action being discovered during the retrieval process the critical thinking skills of the SN and HUB Operations are essential. Findings should be fully explored and communicated taking into consideration the nature of the finding, point in the retrieval process and the organs accepted/on offer. Particular consideration must be given to cardiothoracic and liver timings and any potential impact of the finding. Communication should therefore be guided as per **SOP4938**. The SN should utilise functionality within DonorPath to attach reports and take images enabling this information to be visible via TransplantPath.

6.2. If histopathology assessment is required, the Lead Surgeon should follow **SOP5352** (Findings Requiring Histopathology Assessment). If other blood/specimen tests are required, the Lead Surgeon should inform the SN of this requirement.

6.3. The SN should facilitate histopathology assessment as per **SOP5352** (Findings Requiring Histopathology Assessment) and complete FRM5867 (Histopathology Request Form).

6.4. The SN should document the date and time the specimen/s were obtained, which deparLNent they were sent to for testing and anticipated timescales of the results. The SN must refer to SOP4938 and communicate the nature of the finding to the Hub Operations. **SOP4938** must be followed to ensure timely and clear communication to all receiving centres.

6.5. The SN must follow **SOP5352** regarding follow up of results.

6.6. The SN should only stop the donation process from proceeding if they have identified and confirmed, in conjunction with the Lead Surgeon, an absolute contraindication to donation as per **POL188**.

6.7. The SN should ensure the Lead Surgeon documents in the patient's medical record the details of the finding/s, any implication (if known) for the safety and quality of the organ and potential implications for the recipient.

6.8. As per **SOP4938** the SN must document clearly on Donor Path all information regarding the nature of the finding, the tests requested, the name of the Lead Surgeon, outcome of the investigation and all relevant communication.

6.9. If necessary, the SN should escalate concerns regarding the finding/s using the escalation sequence ODST LN / RHoN / ODMT On Call for management support.

6.10. If appropriate, the SN should report the finding electronically to Clinical Governance https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/ at the earliest opportunity, so that the nature of the finding is recorded and appropriately managed. The SN should attach any additional background documentation which may help the investigation.

6.11. The SN should also contact the Coroner/Procurator Fiscal's office if required; to inform them of the finding, as per local Coroner/Procurator Fiscal policy agreements with regional ODST.

6.12. In this event, the SN should utilise the **MPD882:** Communicating with Families about findings requiring additional action to help guide their practice in communicating to the patient's family. The SN should contact their ODST LN / geographical RHoN / ODMT on call if required, for advice and support.

6.13. In the exceptionally unlikely event that pregnancy is discovered during organ retrieval, organ retrieval must immediately stop and urgent advice sought from RHoN / ODMT on call as per **MPD891**.

7. FINDING REQUIRING ADDITIONAL ACTION POST RETRIEVAL AND PRE TRANSPLANTATION

7.1. It is the responsibility of the SN to ensure the safe communication of all clinical information regarding the quality and safety of an organ or tissue for transplantation when there are additional findings post retrieval and pre transplantation.

7.2. In many circumstances this finding will be identified at one of the transplant centres. Rapid and safe communication following this finding is essential.

7.3. In circumstances where a new clinical finding is made at a transplant centre post retrieval and pre transplantation, transplant centres are to follow **SOP5735**. It is the role of the SN to ensure that communication to all other receiving centres is undertaken as per **SOP4938** ensuring a clinical discussion takes place and that communication is undertaken in a way that minimise risk to those imminently about to be transplanted. Please refer to **SOP5735** and **SOP4938**.

7.4. The SN must ensure that all receiving centres are made aware of the findings including provisional and final results as per **SOP4938**.

7.5. The SN must document all information on Donor Path detailing any outcomes awaited and likely timescales for the return of these outcomes for example frozen section, biopsy, histopathology or confirmatory blood/specimen results.

7.6. If necessary, the SN should escalate concerns regarding the finding/s using the escalation sequence for management support (LN / Regional Head of Nursing / ODMT on call).

7.7. If appropriate, the SN must complete an NHSBT Clinical Governance Form https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/ at the earliest opportunity, so that the nature of the finding is recorded and appropriately managed. The SN should attach any additional background documentation which may help the investigation.

7.8. In the event the finding/s requiring additional action has an implication for the patient's family the SN should utilise **MPD882** for Communicating with Families about finding/s requiring additional action to help guide their practice in communicating with the patient's family. The SN should seek support if necessary, using the escalation sequence for management support. The

SN must always communicate with the donating hospital staff to work in collaboration when discussing such information with a patient's family.

7.9. Where the Coroner/Procurator Fiscal is involved, the SN should contact them to advise of the adverse finding, as per local Coroner/Procurator Fiscal policy agreements with regional ODST.

8. FINDING REQUIRING ADDITIONAL ACTION POST TRANSPLANTATION

8.1. It is the responsibility of the SN to ensure that all clinical information regarding the quality and safety of an organ or tissue for transplantation is communicated with all receiving centres including recipient centres, tissue banks and research centres, this includes findings relating to the donor post transplantation.

8.2. HUB Operations has a facilitative role in communicating findings requiring additional action under the clinical guidance of the SN. It is the SN's responsibility to ensure information is communicated and assessed in conjunction with **SOP4938** and communicated to all.

8.3. In all circumstances where new clinical information becomes available the SN and HUB Operations must follow **SOP4938** to ensure effective communication and documentation of both provisional and final results.

8.4. The SN must document all information on Donor Path detailing any outcomes awaited and likely timescales for the return of these outcomes for example frozen section, biopsy, histopathology or confirmatory blood/specimen results.

8.5. If necessary, the SN should escalate concerns regarding the finding/s using the escalation sequence for management support (LN / Regional Head of Nursing / ODMT on call).

8.6. If appropriate, the SN must complete an NHSBT Clinical Governance Form https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/ at the earliest opportunity, so that the nature of the finding is recorded and appropriately managed. The SN should attach any additional background documentation which may help the investigation.

8.7. In the event the finding/s requiring additional action has an implication for the patient's family the SN should utilise **MPD882** for Communicating with Families about finding/s requiring additional action to help guide their practice in communicating with the patient's family. The SN should seek support if necessary, using the escalation sequence for management support. The SN must always communicate with the donating hospital staff to work in collaboration when discussing such information with a patient's family.

8.8. Where the Coroner/Procurator Fiscal is involved, the SN should contact them to advise of the adverse finding, as per local Coroner/Procurator Fiscal policy agreements with regional ODST.

9. TRANSFER OF INFORMATION ONTO DONORPATH AND COMMUNICATION TO RECIPIENT CENTRE POINTS OF CONTACT / TISSUE BANKS AND RESEARCHERS

9.1. It is the SN's responsibility to update DonorPath throughout the donation process with any changes and inform ODT Hub Operations as per **SOP4938** ensuring all receiving centres including centres considering organ offers, tissue banks and researchers are aware of the newly updated information. All information must be documented within the visible sections of DonorPath within the appropriate visible sections of CDD as per **SOP4938**.

9.2. Data is pushed and shared between the systems (DonorPath, TissuePath and TransplantPath) at the point of a status change. Details of the specific functionality and data sharing between the Path suite can be found in **SOP3925.**

ADVICE

The WiFi symbol in DonorPath represents sections which are visible to Recipient Centres. Information entered in sections without this symbol CANNOT be seen by Recipient Centres.

9.3. If DonorPath and TransplantPath are unavailable, the SN must follow the manual process as outlined in **SOP3925**. Voice recording should be used for all clinical conversations, follow **SOP3649**.

9.4. Due to IT restrictions and secure systems, it is often not possible to send scans/x-rays/reports from one Hospital Trust to another. These should be sent as per guidance outlined in **MPD1100** relating to Personal Identifiable Data. Where DonorPath functionality allows, information should always be shared via the DonorPath application making it directly visible on TransplantPath.

10. RECORDING OF INFORMATION

10.1. The SN must record details of all relevant conversations with the Medical Practitioner, Expert Practitioner in Public Health and other Healthcare Professionals. These details must be located in the patient's medical records and on Donor Path. All documented entries must be signed and dated. Guidance on good documentation can be found in **MPD385** and examples of good documentation in **DAT4183.**.

10.2. The SN must document, as reported, all the information regarding the finding in the patient's medical records and scan the document with the NHSBT approved scanning application for entry into the donor file.

11. FINAL ACTIONS REQUIRED BY SNODS BEFORE CLOSURE OF DONOR FILE BY DFCS

11.1. The DFCS is responsible for ensuring the GP Medical Report for Organ and Tissue Donation **FRM1602** / **FRM6342** is returned and uploaded to Donor Path as per **SOP5049**.

11.2. The SN is responsible for ensuring that clinical information contained in **FRM1602**/**FRM6342** is checked against the information documented on Donor Path under Patient Assessment or on the MaSH form (**FRM4211**).

11.3. The SN is responsible for follow-up of all known Microbiological and biopsy samples sent by the organ donation team for the purposes of donor assessment or any relevant samples that remain outstanding at the time of donation proceeding. All Regional organ donation teams **must** have systems in place to ensure that results are followed up in a timely manner with the donating hospitals.

11.3.1. Examples include but are not exclusive to:

- Blood cultures (inclusive of any sent at donor hospital as part of DCD heart programme or in relation to ANRP)
- Sputum samples
- Urine samples

- Outstanding histopathology performed at donor hospital

11.3.2. Results once identified must be shared with all receiving centres utilising SOP4938.

Definitions

- **SN** - for the purposes of this document the term “SN’’ will apply to either Specialist Nurse or Specialist Requestor / Specialist Nurse Family Care in Organ Donation with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST).
- **Findings requiring additional action** - defined as any untoward and unexpected/or unanticipated finding that is discovered during the donation process and results in the potential failure to satisfy safe and effective donation and/or transplantation. For example:
    - Adverse outcomes for the recipients that are **not anticipated**, for example donor-derived malignancy or some donor-derived infections.
    - Donor information established post donation/transplantation which may have consequences for recipients.
    - Adverse incidents resulting in the non-transplantation of suitable donor organ(s) or reduction in the quality of organ(s) **except** in circumstances where the organ(s) were offered but not successfully allocated. Serious injury to the organs, such as major vascular injury or physical damage to the organ.
    - Suboptimal organ packing, compromising cold storage, for example lack of ice, insufficient packing solution, inappropriate organ containers or defects.
    - Statutory Notifiable Disease.
- **Statutory Notifiable Disease** - is any disease that is required by law to be reported to an expert practitioner in public health at the relevant local authority. The collation of information allows the authorities to monitor the disease and provides early warning of possible outbreaks.
- **Registered Expert Practitioner in Public Health** - Trained healthcare professionals with an expertise in public health protection.
- **LN** – Lead Nurse
- **RHoN** - Regional Head of Nursing
- **ODMT On Call** – Organ Donation Management Team On Call
- **ODT** - Organ Donation Transplantation
- **ODT Clinical Governance Incident Notification System** - NHSBT's reporting system to ensure analysis of the type, frequency and severity of adverse events and then use that information to inform changes and improve the service.
- **ODST** - Organ Donation Services Team
- **Procurator Fiscal** - Public prosecutor in Scotland, investigating all sudden and suspicious deaths (similar to a Coroner).
- **Patient** - This term refers to the donor/potential donor.
- **Patient family** - For the purposes of this document “patient family” refers to the family, friends and significant others of the patient.
- **Donor Path** - secure electronic system used by SNODs to upload clinical patient information. Data is shared with TransplantPath and is accessible to RCPoCs to enable decisions about suitability of organs for transplantation.
- **NTxD** - National Transplant Database includes details of all donors and patients who are waiting for, or who have received, a transplant.
- **TE** - Tissue Establishments.
- **DFCS** - Donor Family Care Service.
- **Relevant Stakeholders** - Any recipient centre, processing laboratory or tissue establishment where organs or tissues have been sent for transplantation or processing. (including vessels and organs and tissues retrieved through for novel technologies and research). Examples include, Transplant centres, National Referral Centre, Scottish National Blood Transfusion Service, Islet Laboratories.

Related Documents / References

- **ODT Clinical Governance Incident Notification System**
- **DAT4135 –** Researchers Contact List Email Addresses
- **DAT4183 -** Examples of Good Documentation
- **FRM1602** - Email/Fax - General Practitioner Medical Report for Organ/Tissue Donation (E,W, NI)
- **FRM4211** - Medical and Social History Questionnaire
- **FRM5867** - Histopathology Request Form
- **FRM6342** - Email/Fax - General Practitioner Medical Report for Organ/Tissue Donation (Scotland)
- **FRM6439** - SARS-CoV-2 Assessment and Screening (in deceased organ donors)
- **INF958** - Statutory Notifiable Diseases (England & Wales)
- **INF960** - Statutory Notifiable Diseases (Scotland)
- **INF961** - Statutory Notifiable Diseases (Northern Ireland)
- **MPD1100** - Guidance and Principles - Donor Related Images and Video
- **MPD385** - Guidance on Good Documentation
- **MPD882** - Communication with Family about Adverse Findings
- **MPD891** - Establishing Pregnancy Status and Pregnancy in Donation
- **POL188 -** Clinical Contraindications to Approaching Families for Possible Organ & Tissue Donation
- **SOP3632 -** General Practitioner Assessment
- **SOP3649** - Voice recording of organ donor clinical conversations
- **SOP3925** - Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability
- **SOP4938 -** Sharing Clinical Information
- **SOP5049 -** Donor Family Care Services (DFCS) Process Manual
- **SOP5352** - Findings During Retrieval Requiring Histopathology Assessment
- **SOP5499 -** Theatre Manual for Deceased Organ Donors
- **SOP5735** - New Findings Made at Transplant Centres Requiring Histopathology Assessment
- **SOP5869** - SARS-CoV-2 Deceased Organ Donor Screening
- **SOP6405** – Donor Characterisation Manual
- **SOP6514** – Clinical Microbiology Manual

The Quality and Safety of Organs Intended for Transplantation Regulations (2012): https://www.legislation.gov.uk/uksi/2012/1501/made

SaBTO guidance on the microbiological safety of human organs, tissues and cells used in transplantation: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121497

NHSBT - British Transplantation Society: Guidelines on the responsibilities of clinicians and the acceptance of organs from deceased donors: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/31212/pol192.pdf

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010 (England and Wales):http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/ListOfNotifiableDiseases/

Public health (SCOTLAND) ACT 2008 http://www.legislation.gov.uk/asp/2008/5/pdfs/asp_20080005_en.pdf

Confidentiality - NHS Code of Practice: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Training Plan for Document:

Document Title	< Findings Requiring Additional Action >	
Document Number & Revision Number	<5>	
Type of Change	Change to Existing Process>	
Stakeholders who require training	**Trainee new to the process**	**Trainee trained to the previous revision.**
	<New trainee SNs will require full training to this document by their ODST Quality Lead SN and Foundation Training programme.>	SNs previously trained to previous MPD881 version can receive training via recorded author presentation delivered by their regional Quality Lead SN.>
Knowledge required prior to training	,<Full training through of MPD with PDS and Quality Lead SN>	<Trained to previous version.>
Critical aspects of process	< To inform and guide the Specialist Nurse (SN) on action to be taken in the event of an unintended or unexpected finding identified at any point during the donation process and to outline the systems that must be in place to ensure that outstanding results are followed up and actioned.	

Training Plan:

	Trainee new to the process	**Trainee trained to the previous revision.**
Recommended Training Method	< Practical demonstration and read through the document with Regional ODST Quality Lead. Training material for this version will not cover the whole MPD content.>	<Train out via standardised video from MPD Author to ODST Regional Quality Leads train to TBTR. The same video can be disseminated via QLs and record TBTRs>
Assessment	< TBTR Training Record > •	< TBTR Training Record> •
Cascade Plan	< Practical demonstration and read through the document with Regional ODST Quality Lead. Training material for this version will not cover the whole MPD content.>	< Train out via standardised video from MPD Author to ODST Regional Quality Leads train to TBTR. The same video can be disseminated via ODST QLs and record TBTRs>

Training Score – Training Plan Risk Matrix (Collapsible – Click ▶ icon to open/close)