

# **SARS-CoV-2 Deceased Organ Donor Screening**

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## Summary of changes

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### Point revision only:

- POL304 has been made obsolete (18/08/2025) and therefore removed from this document.
- DAT3906 has been made obsolete (08/07/2025) and therefore removed from this document.
- All reference to POL304 and reliance in process has been adapted for SN use to reflect this SOP as primary process description and instruction.
- Reference to SARS-CoV-2 result input to FRM6439 has been amended from section 16 to section 13 as the form has been updated.

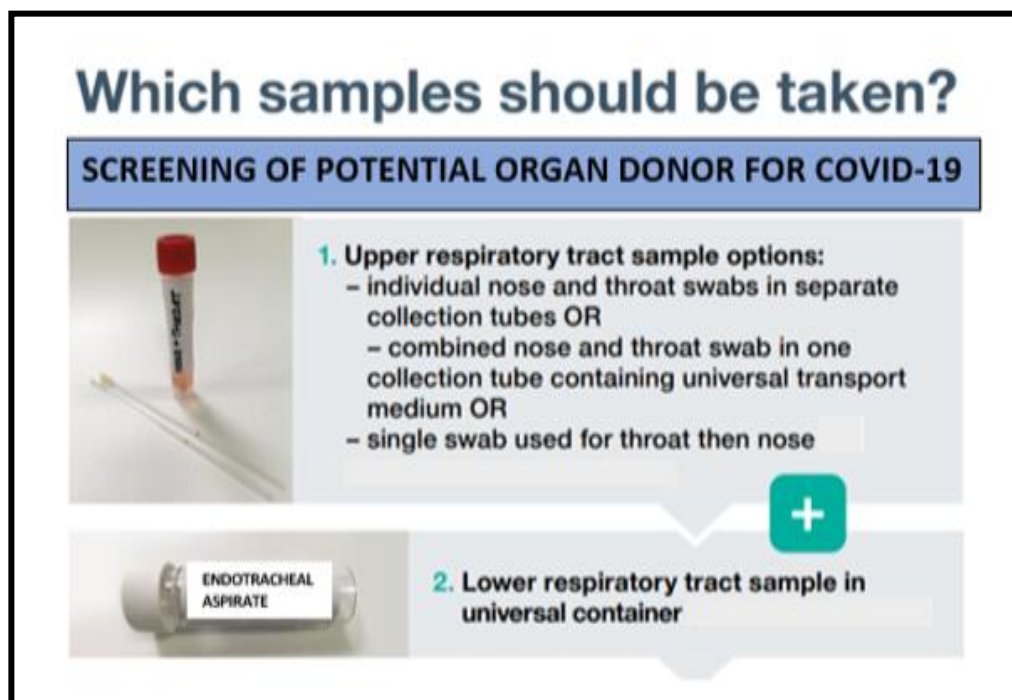
## **Useful Information**

Severe Acute Respiratory Syndrome Coronavirus 2 also known as SARS-CoV-2 causes Coronavirus Disease 2019 (COVID-19). The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces (WHO 2020).

The COVID-19 pandemic has had a significant impact on organ donation and transplantation in the UK. Although fundamental questions remain about the biology of the Severe Acute Respiratory Syndrome Coronavirus-type 2 (SARS-CoV-2), the natural history and optimal treatment of COVID-19, knowledge has evolved rapidly since early 2020. This document provides guidance on the SARS-CoV-2 assessment and screening of potential solid organ donors.

### **Key to COVID-19 Testing:**

- **Collect sample in correct specimen transport container + check labelling**
- **Contact Donor Testing Laboratory before sending samples**
- **Request laboratory confirm arrival of samples**
- **Agree and note ETA of results**
- **Where results are not negative send FRM6439 to Donor Testing Virologist**
- **Await final NHSBT SARS-CoV-2 results**



N.B. Some patients who cannot have nose swab taken (i.e. extensive trauma or bleeding); very rarely, neither nose or throat swab can be obtained so an oral swab can be taken instead.

It should be noted that failure of internal control amplification invalidates the test – no result available (system failure). The test needs to be repeated on the same or another sample. This is not an indeterminate result.

## Glossary

### Roles

**SN** - Specialist Nurse Organ Donation. For the purposes of this document the term SN will apply to a Specialist Nurse with the relevant knowledge, skills, and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST), including SNOD-Specialist Requester, SNOD-Family Care

**LN** – Lead Nurse

**RHoN** - Regional Head of Nursing

**CLOD** - Clinical Lead for Organ Donation

**ICU Consultant** – Intensive Care Unit Consultant

**HO** - Hub Operations

**PID** – Patient Identifiable Data

**Donor Testing Virologist** – Virologist undertaking deceased donor testing either within regional laboratory or on occasion within donor hospital

**ODST** – Organ Donation Services Team

**ODMT On call** – Organ Donation Management Team on call 24/7 escalation.

### Terminology

**SARS-CoV-2** - Severe Acute Respiratory Syndrome Coronavirus-type 2

**COVID-19** - Coronavirus disease

**SARS-CoV-2 Ribonucleic Acid (RNA)** - the test used to detect SARS-CoV-2 infection

**NTS** – Nose and Throat Swab

**ETA** – Endotracheal Aspirate

**DonorPath** - the secure electronic record that is utilised to upload clinical information about a patient.

**NRC** – National Referral Centre

### Restrictions

This SOP is to be followed by a qualified, trained SN. In the event of a SN who is in training, this SOP is to be utilised under supervision.

## Related Documents/References

### SOPs

**SOP3649** – Voice Recording of Organ Donor Clinical Conversations

**SOP4938** – Sharing Clinical Information

### FRMs

**FRM6445** - COVID-19 Swab and Endotracheal Aspirate Request Form

**FRM6439** – SARS-CoV-2 Assessment and Screening (in deceased organ donors)

**FRM6634** – Result Table

### INFs

**INF1549** – Business Continuity Deceased Donation Assessment Tool

### DATs

**DAT4077** – Virology Laboratory Email Address List

NHSBT Covid 19 advice for clinicians

<https://www.odt.nhs.uk/covid-19-advice-for-clinicians/>

Example Video Endotracheal Aspirate

<https://www.odt.nhs.uk/covid-19-advice-for-clinicians/example-of-eta-sampling/>

Example Video Throat and Nose Swab

<https://www.odt.nhs.uk/covid-19-advice-for-clinicians/nose-and-throat-sampling/>

# SOP5869/6.1 – SARS-CoV-2 Deceased Organ Donor Screening

## 1. Referral of a Potential Deceased Organ Donor

<b>Information</b>	SARS-CoV-2 RNA positivity alone does not define infectiousness and cannot be interpreted in a binary fashion. <a href="#">The Donor Testing Virologist may be able to assist in the assessment of</a> donors with positive (or indeterminate) SARS-CoV-2 test results <a href="#">in donation/transplantation</a> . Permissiveness for clinical teams to assess donor/recipient circumstances is important so that safe donation and transplantation procedures are not avoided solely based on a positive screening SARS-CoV-2 result.
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<b>Action</b>	Assess for donation
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<b>Notes</b> 	If SARS-CoV-2 (RNA) samples have already been taken and sent in advance by the ICU, the SN must check with the processing lab that the samples have arrived and expected time of results  Any concerns regarding the testing or any implications of results to be discussed with local donor testing virologists to determine risk.	If Critical Care capacity is stretched, explore ways to mitigate.  Refer to <b>INF1549</b> – Business Continuity Deceased Donation Criteria Assessment Tool. If unable to facilitate report via <a href="#">OTDT INCIDENT SUBMISSION FORM</a>	If the decision is finely balanced, then consider using an ethical decision-making framework e.g. <a href="http://www.moralbalance.org">www.moralbalance.org</a>	SNs must adhere to local hospital policies on the use of Personal Protective Equipment (PPE) when caring for patients with positive or indeterminate SARS-CoV-2 RNA test results.	On referral to the ODST, the SN/LN taking the referral should document in sequence of events on DonorPath the level of PPE that is currently in use.
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# SOP5869/6.1 – SARS-CoV-2 Deceased Organ Donor Screening

## 2. Organ Donation is being Assessed

Information	Deceased Organ Donation is being Assessed			
				
Action	England, Wales + NI - If opt in on ODR send tissue typing, microbiology and SARS-CoV-2 RNA samples, process tissue typing but do not process other samples until family consent. If not opt in on ODR send and process samples after discussion with family. Scotland - Samples cannot be taken without discussion and authorisation from nearest relative after duty to inquire and checking unwillingness or change of mind.			
				
Notes	England, Wales + NI If opt in on ODR send tissue typing, microbiology and SARS-CoV-2 RNA samples, process tissue typing but do not process other samples until family consent. If not opt in on ODR send and process samples after discussion with family. There is no requirement to wait for COVID-19 results before processing tissue typing samples.	Scotland Samples cannot be taken without discussion and authorisation from nearest relative after duty to inquire and checking unwillingness or change of mind.	SARS-CoV-2 RNA nose and throat and endotracheal aspirate samples must be preferably within 24 and no longer than 48 hours) of organ retrieval.	The SN must oversee the taking of the throat and nose swab and endotracheal aspirate to ensure they are in the correct sample transport container and correctly labelled using 3 PID.



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<b>Information</b>	If ICU has not already tested for SARS-CoV-2 RNA, inclusive of endotracheal aspirate OR if previously tested negative but new symptoms or further respiratory deterioration OR time of previous samples would be outside the preferable 24 hours (and no longer than 48 hours) to potential organ retrieval:
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<b>Action</b>	ICU Team to take throat/nose swab and endotracheal aspirate. SN to complete <b>FRM6445</b> and label with 3 points of PID	Send samples to virology laboratory as per local agreement as early as possible in the process communicating early.	Throat/Nose swab and endotracheal aspirate are to be tested on the next available run.	Record dates and times of sample collection on <b>FRM6439</b>
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<b>Notes</b> 	<p>There is no requirement for a broncho-alveolar lavage to be performed with a bronchoscope.</p> <p>Example videos of how to take a throat and nose swab and an endotracheal aspirate from a ventilated patient in a close circuit manner are provided in the following links:</p> <p><a href="https://www.odt.nhs.uk/covid-19-advice-for-clinicians/example-of-eta-sampling/">https://www.odt.nhs.uk/covid-19-advice-for-clinicians/example-of-eta-sampling/</a></p> <p><a href="https://www.odt.nhs.uk/covid-19-advice-for-clinicians/nose-and-throat-sampling/">https://www.odt.nhs.uk/covid-19-advice-for-clinicians/nose-and-throat-sampling/</a></p> <p>Healthcare professional should always follow their own local hospital infection guidelines and protocols.</p>	COVID-19 Regional SN arrangements for sending samples are available, see file director or in the regional handbooks. SN to liaise with processing laboratory to agree correct specimen transport container. Care must be taken to ensure that sample pots are suitable for testing viral PCR.
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### Paediatrics:

Where a maternal assessment is required, there is no requirement to additionally complete a maternal COVID-19 screen, donor screening is sufficient.

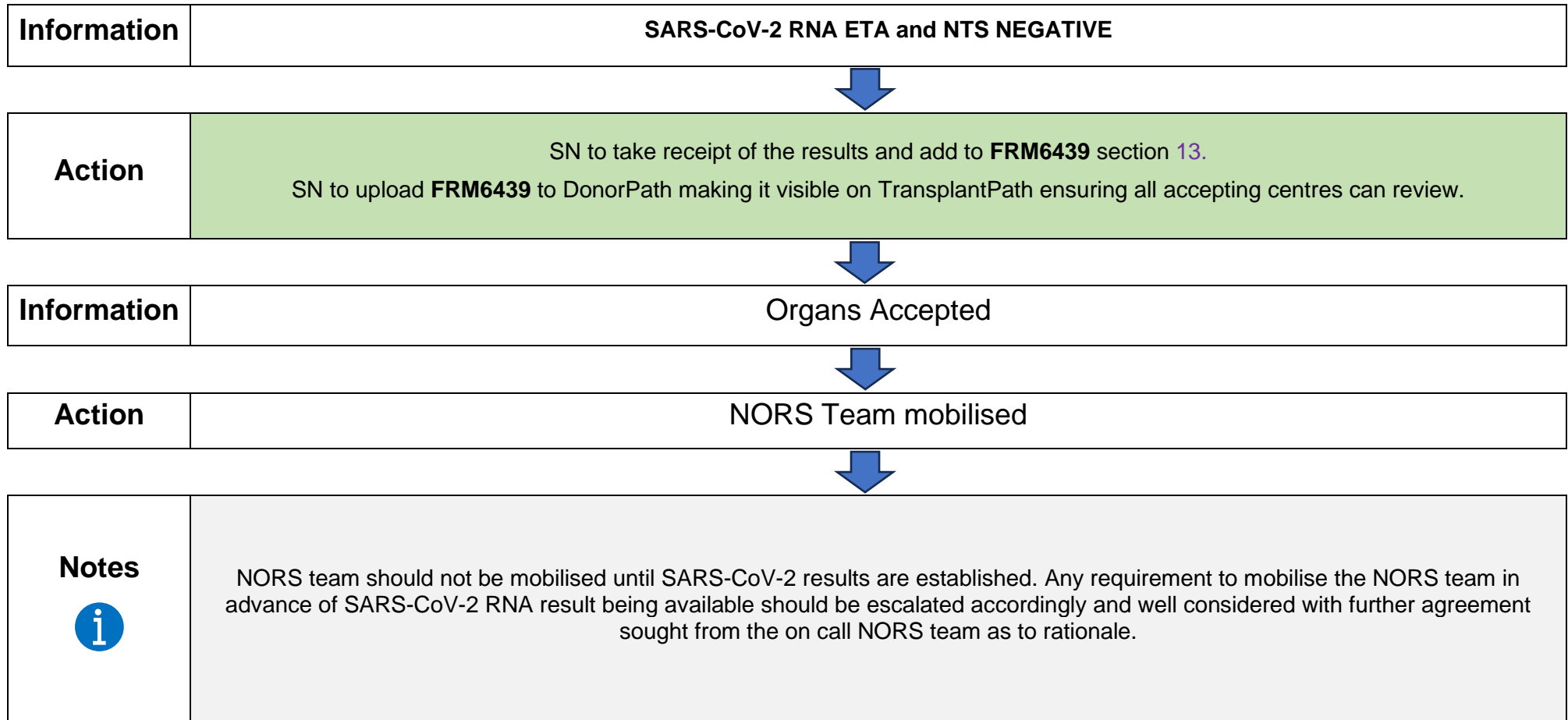
If a paediatric patient does not have an ETT, a nasopharyngeal aspirate may be a more appropriate sample. Nasopharyngeal aspirates are a common occurrence in paediatrics.

Paediatric Unit policy should be followed for ET/nasopharyngeal sampling including volume of saline installation.

- 2.1 SNs must complete **FRM6439** SARS-CoV-2 Assessment and Screening (in deceased organ donors) sections 1 – 15 inclusive as soon as practically possible. SNs should commence section 13 noting admission SARS-CoV-2 testing and await results of NHSBT deceased donor screen.
- 2.2 Best practice indicates where possible SNs should have all SARS-CoV-2 results and any necessary interpretation, attaching **FRM6439** to DonorPath making it visible on TransplantPath ahead of registering with Hub Operations. Regional laboratory variations may not make this possible on all occasions.

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## 3. Results and Interpretation



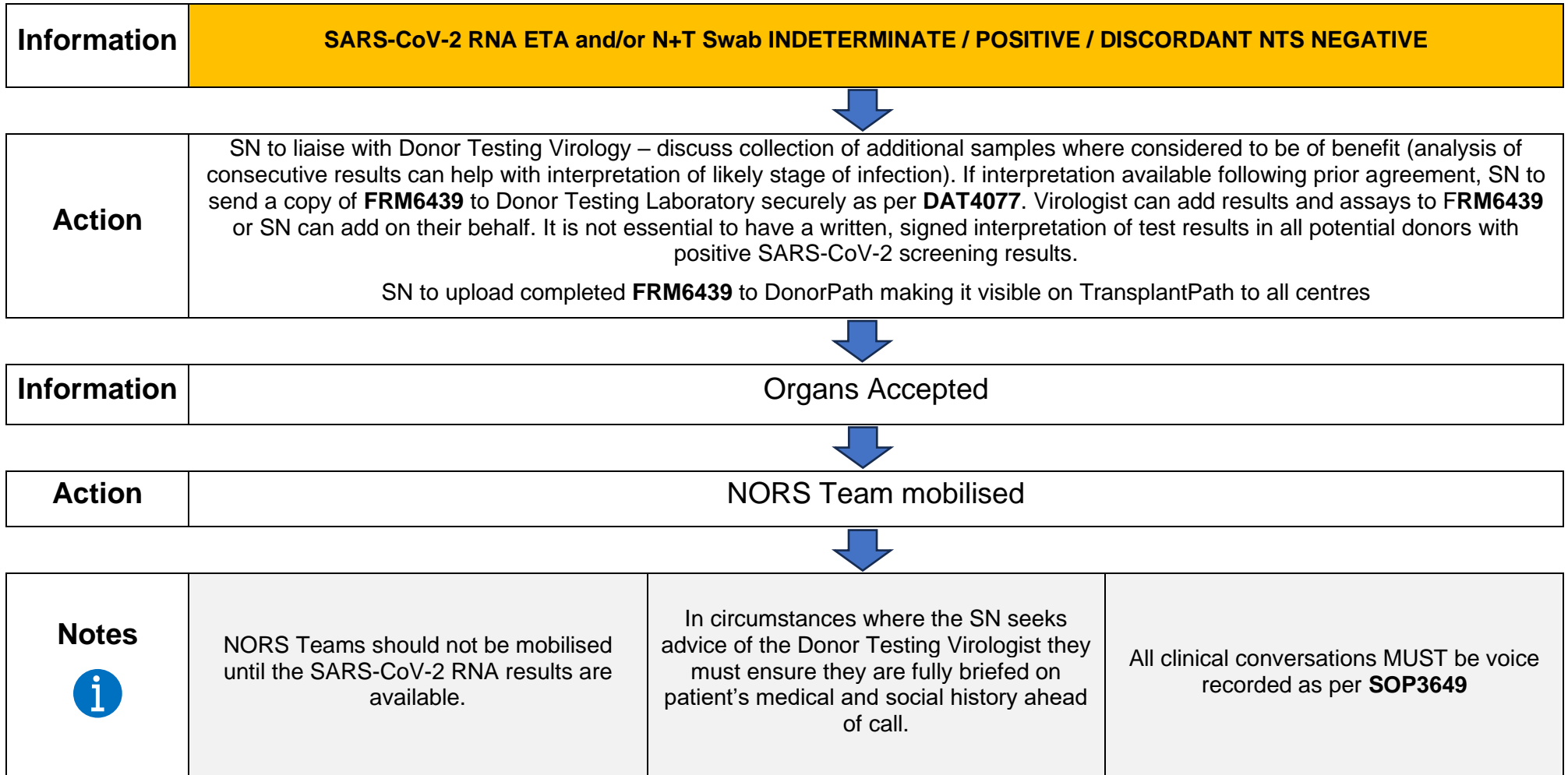
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(Template Version 03/02/2020)

- 3.1. Best practice indicates where possible all donor characterisation information is available at the point of donor registration. In circumstances where the SARS-CoV-2 results have not been received and the SN is ready to register the donor with OTDT Hub operations, the SN should make contact with donor virology testing laboratory in order to assess timings. Where possible and feasible await the results if imminent.
- 3.2. In circumstances where the results are negative the SN must add the results to the completed **FRM6439** SARS-CoV-2 Assessment and Screening (in deceased organ donors) in section 13. The SN must upload **FRM6439** to DonorPath making it visible on TransplantPath.
- 3.3. It is not essential to have a written, signed interpretation of test results in all potential donors with positive SARS-CoV-2 screening results however, where this is available from the Donor Testing Virologist the SN should use **DAT4077** and send a copy of **FRM6439** to the Donor Testing Virologist via secure encrypted email. The SN should ask the Donor Testing Virologist to add the test results to section 13 and include any associated interpretation via secure email.
  - 3.3.1. In circumstances where the Donor Testing Virologist is able to provide interpretation but cannot do so via email the SN must voice record the clinical conversation (as per **SOP3649** and usual clinical practice) with the virologist and add the results information to **FRM6439** in section 13.
  - 3.3.2. In circumstances where the SN seeks the opinion of the Donor Testing Virologist with regards possible interpretation, it is essential that the SN is clear on the ask of the Donor Testing Virologist which is to help provide an interpretation of the results they have generated in the context of the patient history and information provided in **FRM6439**. The SN should note that if the Donor Testing Virologist feels there is not enough information to provide a valid interpretation, it is not essential to have written, signed interpretation of test results in all potential donors with positive SARS-CoV-2 screening results.
- 3.4. On all occasions the SN should agree with the Donor Testing Virologist requirements/benefits for additional testing where required.
- 3.5. Once all results have been tabled in chronological order and where applicable any written interpretation received from the Donor Testing Virologist the SN should proceed or stand down in line with [Table 1 below](#). Where required SNs can seek any additional advice via escalation to their LN/RHoN/ODMT on call.

**Table 1: General approach to potential deceased organ donor characterisation and organ offering in relation to SARS-CoV-2 status**

Potential donor's SARS-CoV-2 status	SARS-CoV-2 RNA results	Implications for donor assessment	Implications for organ offering
No COVID-19*	Donor hospital NTS negative Donation NTS and ETA negative	Can proceed with donor assessment Can complete donor assessment	Assess suitability of all organs
No COVID-19* and documented	Donor hospital NTS negative	Can proceed with donor assessment Can complete donor assessment	Assess suitability of all organs

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exposure to SARS-CoV-2, regardless of the timing of exposure	Donation NTS and ETA negative		
No COVID-19* and previous asymptomatic SARS-CoV-2 infection	Donor hospital NTS negative Donation NTS and ETA negative	Can proceed with donor assessment Can complete donor assessment	Assess suitability of all organs
No COVID-19* and previous resolved COVID-19	Donor hospital NTS negative Donation NTS and ETA negative	Can proceed with donor assessment Can complete donor assessment	Assess suitability of all organs
No COVID-19*, but with incidental positive SARS-CoV-2 RNA result(s)	NTS or ETA samples are <b>positive or indeterminate</b>	Collect another set of samples for confirmation. The history and pattern of results may aid interpretation by a clinical virologist in the testing laboratory and transplant centre. <b>In the absence of COVID-19*, offer of non-lung organs from these non-standard donors is possible.</b> Positive results can be due to a variety of reasons (see Figure 1), and donation teams must provide as much information to transplant teams as possible.	Assess suitability of <b>non-lung organs</b>
COVID-19 is a contributory cause of death	NTS or ETA samples are <b>positive</b>	<b>Not</b> suitable for donor assessment	<b>A contra-indication to donation</b>

- 3.6. For all proceeding donors the SN must upload a copy of **FRM6439** to DonorPath making it visible on TransplantPath.
- 3.7. On all occasions where new clinical information is obtained post donor registration the SN must follow **SOP4938** as per usual practice. Actions must be documented in sequence of events on DonorPath. It is the SNs responsibility to ensure the most up to date version of **FRM6439** is available to all centres on TransplantPath by uploading onto DonorPath.

## 4. Recording Results on Donor Path

4.1 To ensure safe and consistent access to results by receiving centres the final SARS-CoV-2 results should be documented on DonorPath within the investigations section. A section entitled SARS-CoV-2 RNA is available as seen below. The SN can enter a date/time of sample and a result for nose and throat swab and endotracheal aspirate (nasopharyngeal in some paediatric cases). A free text field is available entitled 'Notes on SARS-CoV-2 RNA testing' (max 400 character). It is the responsibility of the SN to ensure results are recorded and visible to recipient centres. N.B. A blue bubble icon is associated with the field 'final result of deceased donor screening should be recorded'.

4.2 On occasions where there are multiple results which cannot be safely accommodated within **FRM6439**, **FRM6634** can be used as an additional results table. On occasions where this additional table is used it must also be attached to DonorPath.

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## **5. Useful links**

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NHSBT Covid 19 advice for clinicians

<https://www.odt.nhs.uk/covid-19-advice-for-clinicians/>

Clinical Governance reporting form

<https://safe.nhsbt.nhs.uk/incidentSubmission/Pages/Incident/SubmissionForm.aspx/>

Ethical Framework [www.moralbalance.org](http://www.moralbalance.org)

Example Video Endotracheal Aspirate

<https://www.odt.nhs.uk/covid-19-advice-for-clinicians/example-of-eta-sampling/>

Example Video Throat and Nose Swab

<https://www.odt.nhs.uk/covid-19-advice-for-clinicians/nose-and-throat-sampling/>

WHO

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it/](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it/)

WHO

[https://www.who.int/health-topics/coronavirus#tab=tab\\_1/](https://www.who.int/health-topics/coronavirus#tab=tab_1/)