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## Objective

To guide the SN in the process of taking a referral, registering a potential organ donor and completing the donation process when DonorPath and/or TransplantPath is unavailable.

## Changes in this version

Email Security Guidance for Specialist Nurses

Removal of reference to 'Genius scan'

Removal of appendix 1

Removal of reference to obsolete document SOP5575 and replaced with SOP6063

## Roles

- **Specialist Nurse (SN)** – to follow the guidance in this SOP to ensure that all referral details are captured, and the relevant data is transmitted to Hub Operations securely to allow the registration of a potential donor and donation to proceed.
- **Lead Nurse/Organ Donation Management Team (LN/ODMT)** – To liaise with all parties to communicate impact of outage and work with all stakeholders to manage donor activity and best course of action.
- **Hub Operations (HO)** – to work with the SN to maintain the organ donation process within their outage process **SOP4859** – Emergency Event and Security Procedures – Hub Operations
- **Service Desk/Service Management** – To work with IT and clinical teams to communicate and investigate the cause of the outage within their outage processes.
- **National Referral Centre (NRC)** – To work with the SN to maintain the tissue donation processes in line with their outage process **SOP6063** – [Tissue Donation Referral Management Manual](#).

## Restrictions

- **SN Trainee** – A SN in training working alongside and under supervision of a competent and trained SNOD

## Items Required

- **Donor File 'Back Up' Pack** – Available from DFCS and documents listed in File Director to allow printing if required.

## Instructions

 **Advice**

- In the event that DonorPath is unavailable, other IT based systems may also be unavailable.
- An IT outage can be planned or unplanned and may occur at any point in the donation process.
- If you become aware of an IT failure, you must escalate this to Service Desk, HO and the LN / ODMT on call at the earliest opportunity to ensure global communication, impact assessment and early investigation.
- Please ensure all communication pathways are communicated and confirmed with all stakeholders and please ensure additional outage communication received during/prior to the outage is followed.
  
- When sending any email outside of NHSBT that contains donor information - even if the recipient is another NHS organisation - the Specialist Nurse (SN) must apply the OFFICIAL-SENSITIVE label under the CLINICAL category. This ensures compliance with information security standards and observations of Sharing Clinical Information principle (**SOP4938**). When any reference is made through this document with an action requesting information be emailed, the SN must apply this principle.

This action can only be performed using Microsoft Outlook on Desktop or the Outlook app on iPad. Detailed instructions are available in the NHSBT Office 365 Knowledge Base article:

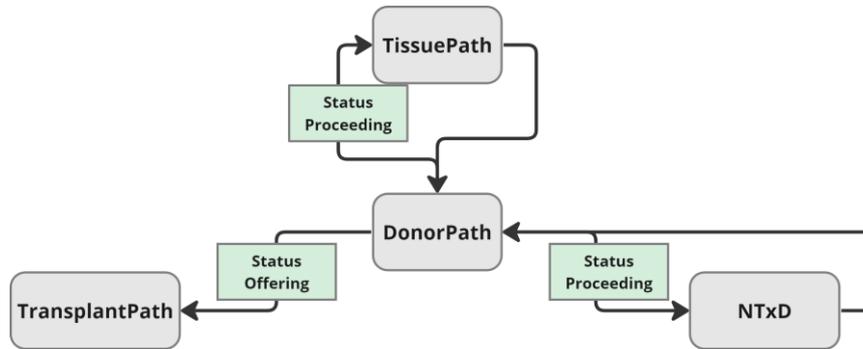
Click the following link: [https://nhsbt.service-now.com/sp?id=ict\\_services](https://nhsbt.service-now.com/sp?id=ict_services)

Search for: **How to send confidential emails with sensitive content**

Once the email is sent, there is no requirement to issue a password to the recipient. The system automatically manages authentication requests where necessary

## 1. Background

- 1.1 DonorPath integrates with TissuePath, TransplantPath and the National Transplant Database (NTxD).
- 1.2 Data is pushed and shared between the systems at the point of a status change – see diagram below:



- 1.3 An outage in any one of these systems may directly impact other systems.
- 1.4 Early escalation is vital to assess the full impact and ascertain which systems are affected and what information transfer has been successful.

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## 2. Donor File ‘backup’ packs

- 2.1 A full and current list of the documents within the backup donor file can be found in [File Director](#). SN’s should familiarise themselves with the backup packs in preparation for an outage.
- 2.2 In the event of a DonorPath outage SN’s are required to document the donor process within **FRM4212** – Organ Donation Clinical Pathway. This document captures the information that would ordinarily be entered into DonorPath.
- 2.3 The SN is also required to complete **FRM4193** – Core Donor Data (CDDF) and **FRM4211** – Medical and Social History Questionnaire (MaSH), to capture the information required by recipient centres to make accept / decline decisions on organs offered. Within DonorPath, these are the fields highlighted with the wifi symbol (  ).
- 2.4 Please ensure **MPD385** – Good Documentation Practice, is followed.
- 2.5 In addition to **FRM4212**, **FRM4193** and **FRM4211** the following forms are routinely completed in DonorPath and will need to be completed on paper if DonorPath is unavailable:
- **FRM4228** – Potential Donor Referral and Assessment
  - **FRM4039** – NHSBT Referral for Coroner/Procurator Fiscal
  - **FRM4156** – Organ Retrieval Information
  - **FRM4153** – Proceeding and Non-Proceeding Donors after Cardiac Death-Information (DCD only)
  - **FRM4131** – DCD Observation Chart (DCD only)
- 2.6 In addition to the above please note:
- **FRM7307** – Organ Retrieval Safety Checklist replaces FRM4135 and is included within all donor packs and will be routinely completed on paper. This replaces the requirement to complete the Peri-Operative section within the Retrieval Checklist on DonorPath.
  - **FRM4121** – Kidney Donor Information (HTA-A) is completed in paper for ALL Kidney donors. This information is also transcribed into DonorPath ‘Kidney Anatomy’ section. Refer to [Section 9 ‘Status Retrieval’](#) for back up process.

### 3. DonorPath is unavailable

- 3.1 Escalate to Service Desk, HO and the LN / ODMT On Call at the earliest opportunity.
- 3.2 Outage can happen at any part of the donation process.
  - Hub Operations and the LN / ODMT On Call will work with the SN to decide the best course of action in relation to the stage of the donation process.
  - In a planned outage, the 'Transplant Record' (CDDF/MaSH) can be downloaded from DonorPath Web ahead of the outage – see section 14.6.
- 3.3 If DonorPath is unavailable, TransplantPath will not receive any new information and TransplantPath should not be used by the recipient centres to assess organ offers.
- 3.4 Information already submitted to DonorPath prior to it becoming unavailable will already be stored and does not need to be duplicated on paper.
- 3.5 The CDDF (**FRM4193**) and MaSH (**FRM4211**) will need to be completed in full if the outage occurs prior to status 'Offering'.
- 3.6 During an outage, [when sending any email outside of NHSBT that contains donor information - even if the recipient is another NHS organisation - the Specialist Nurse \(SN\) must apply the OFFICIAL-SENSITIVE label under the CLINICAL category as outlined within 'Advice' above.](#)
- 3.7 Hub Operations must always be copied in to emails to allow storage.
- 3.8 When IT systems are unavailable, voice recording must be used as evidence of action where appropriate, see **SOP3649** for detailed guidance
- 3.9 All communication (verbal and written) must contain a minimum of three accepted Personal Identifiable Data (PID) as per **MPD1086**:

Personal Identifiable Data (PID):
1. ODT Donor/Case number*
2. Full Name (Forename Surname)
3. Date of Birth
4. NHS/CHI Number
5. Hospital Name/Code*
* A hospital code / case number can be used in place of a hospital name or donor number but not in addition to it to make up 3 points of PID

- 3.10 For guidance during the donation process, please refer to the following sections:
  - [Referral – Status 'Assessing / Assessing on Site'](#)
  - [Status – 'Proceeding'](#)
  - [Tissue Donation](#)
  - [Status – 'Offering'](#)
  - [No Organs Accepted – Stand Down](#)
  - [Status – 'Retrieval'](#)

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- [Sending Photographs/Documents via email](#)
  - [Organ packing and dispatch](#)
  - [Status – ‘Complete’](#)
  - [Post Donation – Donor follow up](#)
  - [IT Systems Restored](#)

#### **4. Referral - Status ‘Assessing / Assessing on Site’**

- 4.1 On receipt of a referral to the ODST following **SOP3781** – Receipt of Referral of a Potential Organ Donor, the referral should be documented on **FRM4228** – Potential Donor Referral and Assessment.
- 4.2 **SOP3817** – Access for SN's and other external approved users to the NHS Organ Donor Register (ODR) should be followed for checking the ODR or if the ODR is unavailable.

#### **5. Status – ‘Proceeding’**

- 5.1 Following consent/authorisation, telephone Hub Operations to generate an ODT donor number by providing mandatory donor details which include:
  - Patient Name
  - Date of Birth
  - Donor Hospital
  - Blood Group (if available)
- 5.2 If NTxD is available, the ODT donor number will be a permanent number.
- 5.3 If NTxD is unavailable, the ODT donor number will be a temporary number.
  - See [section 14 – IT systems are Restored](#) for the process of gaining a permanent ODT donor number once systems are restored.
- 5.4 In instances when DonorPath is unavailable prior to Electronic Result Transfer (ERT) upload, then the SN will have to revert back to manual process as per **SOP6514** – Clinical Microbiology Manual, as ERT will not upload when DonorPath becomes available.
- 5.5 Consider if there is consent for Tissue donation and action as per [Section 7 – Tissue Donation](#)

## 6. Status – ‘Offering’

- 6.1 It is vital that the CDDF (**FRM4193**) and MaSH (**FRM4211**), and the Consent / Authorisation form (**FRM4281 / FRM1538**) are completed in full, scanned with NHSBT approved scanning application and emailed to HO at the point of registration. See [Section 10 – Sending Images and Documents](#)
- 6.2 The agreed minimum data set for cardiothoracic donors will also need to be scanned within the NHSBT approved scanning application and sent to Hub Operations for forwarding to transplant centres (see **SOP6405** – Donor Characterisation Manual and **MPD1382** – Clinical Touchpoints for guidance).
- 6.3 There is no need to omit PID of the donor from paperwork – this is historic practice and no longer a requirement.
- 6.4 Contact Hub Operations to confirm receipt of the email.
  - Confirm donor number
  - Confirm that an email has been received with the same donor number.
  - Confirm the number of pages received.

### **Advice**

\*If updates are made to **FRM4193** (CDDF) / **FRM4211** (MaSH) / **FRM4281** (Consent) / **FRM1538** (Authorisation), they must be re-scanned and sent to HO again alerting them to the location of additional information for sharing with RPOCs\*

## 7. Tissue Donation

- 7.1 In the event of a DonorPath or TissuePath outage, the NRC will follow [SOP6063 – Tissue Donation Referral Management Manual](#).
- 7.2 If there is consent for Tissue donation, the CDDF (**FRM4193**) MaSH (**FRM4211**) Consent / Authorisation (**FRM4281 / FRM1538**) must be scanned with an NHSBT approved scanning application and emailed to the NRC and/or SNBTS.
- 7.3 A member of the Tissue team may call the SN to discuss the referral and gain further information including:
  - Admission details and Cause of Death.
  - PMH to include details of anything not captured in MaSH.
  - Coroner status.
  - Blood/Microbiology results.
  - Body Map.

### **Advice**

\*If updates are made to the CDDF (**FRM4193**), MaSH (**FRM4211**) Consent / Authorisation (**FRM4281 / FRM1538**) forms, they must be re-scanned and sent to NRC and/or SNBTS again alerting them to the location of additional information\*

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## 8. No Organs Accepted – Stand Down

- 8.1 Confirm with Hub Operations and stand organ donation process down.
- 8.2 Confirm if patient to donate tissues and work with the Tissue Colleagues to continue the [Tissue Donation process](#).
- 8.3 Please refer to **MPD910** – Medical Records Entry and **SOP5024** – Tissue Donation Manual for detailed guidance on relevant documentation to complete.
- 8.4 Continue to document actions within the Clinical Pathway (**FRM4212**), ensuring good documentation practice (**MPD385**) including to sign, date and time the entries.
- 8.5 Complete donation process.

## 9. Status – ‘Retrieval’

- 9.1 Receive confirmation from Hub Operations of the Recipient Centres that have accepted organs for transplantation.
- 9.2 Contact all RPOCs to discuss the outage and agree outage communication pathways ensuring key touch points are maintained as per **MPD1382**.
- 9.3 Continue with mandatory actions to complete the organ donation process. Please refer to the Theatre Manual for Deceased Organ Donors (**SOP5499**), for detailed guidance on actions to take to support the donor process in theatre.
- 9.4 **FRM4121** – Kidney Donor Information (HTA-A) form will need to be scanned via an NHSBT approved scanning or verbally communicated to HO to enable the Kidney Damage/No Damage Retrieval Pathway to continue (See the Theatre Manual (**SOP5499**) for guidance).
  - Hub Operations will confirm receipt of scanned HTA-A Kidney (and Pancreas HTA-A **FRM4122** if applicable) and that coding and comments are legible.
  - If not legible, the SN with support of NORS must confirm all coding and comments verbally with Hub Operations.
- 9.5 All images to be taken in line with **MPD1100** – Guidance and Principles - Donor Related Images and Video. See [section 10 ‘Sending Photographs/Documents to Hub Operations’](#)

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## **10. Sending Photographs/Documents to Hub Operations via NHSBT Approved Scanning Application on the iPad**

- 10.1 All images and documents should be emailed to Hub Operations: [Odthub.operations@nhsbt.nhs.uk](mailto:Odthub.operations@nhsbt.nhs.uk) to allow for storage within the donor file.
- 10.2 SN's must call HO to advise they are sending photographs via email (as per **MPD1100**). The SN must give Hub minimum of 3 points of PID (as per [section 3.9](#)).
- 10.3 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.
- 10.4 All photos from the same organ should be sent together as one file. The file name should be the ODT number and the organ included. Please follow the guidance on the NHSBT approved scanning application for latest information on sending files.
- 10.5 If both one or more organs have been photographed, images should be sent in separate emails, one email per organ.
- 10.6 The cover email must contain the listed PID (as per [section 3.9](#)), documenting the organ included within the email subject section.
- 10.7 Ask HO to forward these to the transplanting surgeon as requested or to offer to the transplant surgeon for viewing.
- 10.8 It should be documented in the Clinical Pathway (**FRM4212**) that photographs have been taken and sent to Hub Operations.
- 10.9 Photographs of the organ must be deleted from the iPad following the donation process.
- 10.10 There will be no ability to share video during a DonorPath outage.
- 10.11 Where clinically indicated, the SN will support facilitating Surgeon to Surgeon communication to support decision making.
- 10.12 Continue to document actions within the Clinical Pathway (**FRM4212**), ensuring good documentation practice (**MPD385**) including to sign, date and time the entries.

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## 11. Organ packing and dispatch

- 11.1 Photocopy **FRM4193** (CDDF) and **FRM4211** (MaSH) and ensure that a copy of the forms accompany each organ.
- This must be the complete and final version and must include any new significant information, since offering and during organ retrieval.
- 11.2 **FRM4193** (CDDF) and **FRM4211** (MaSH) (plus any continuation sheet for free text) are the only copies of characterisation paperwork that are to accompany an organ.
- Any other paperwork that is used for data collection purposes should not accompany the organ and must be kept for local donor records only.
- 11.3 Follow the Theatre Manual (**SOP5499**) and, where applicable, the Tissue Donation Manual (**SOP5024**) for detailed guidance on other mandatory paperwork / samples required to accompany an organ for transplantation.

### **Advice**

\*If any updates are made after the organ has been dispatched, follow **SOP4938** – Sharing Clinical Information, ensuring all parties are alerted\*

## 12. Status – ‘Complete’

- 12.1 The SN must retain a copy of all completed paper records and return them to DFCS in the donor file following donation
- 12.2 Please refer to **MPD910** – Medical Records Entry and **SOP5024** – Tissue Donation Manual for detailed guidance on relevant documentation to complete.

## 13. Post Donation / Donor Follow up

- 13.1 The Donor Family Care Service will follow their outage plan (**MPD1658**) to maintain continuity of service.
- 13.2 The SN should communicate hand over actions and recovery plans on the SN to DFCS Handover Form (**FRM5499**).

## 14. IT systems are restored

- 14.1 It is the responsibility of the SN completing the paper forms to input them onto DonorPath once the IT systems are available post-donation.
- 14.2 If a temporary donor number was assigned by Hub Operations as NTxD was unavailable, once the IT systems are restored then the SN will create an electronic donor record in DonorPath by inputting all the relevant documentation from the paper forms above. This will create a donor number by changing the status to proceeding. The SN must then inform Hub operations of this number. TransplantPath is Unavailable
- 14.3 In the situation where TransplantPath is unavailable, all RPOCs involved in current donation activity must be alerted by Service Desk/HO.
- 14.4 If DonorPath is still available, the SN can continue to utilise DonorPath to progress the donation process.
- 14.5 SNs and RPOCs/HO should agree communication methods for key touch points as per **MPD1382**.
- 14.6 It is possible to download the 'Transplant Record' from DonorPath WEB (when available)
  - An any point in the process, a DonorPath WEB user can download the 'Transplant Record'
  - This will populate a PDF with the CDDF/MaSH information which can be sent to RPOCs

The screenshot shows the DonorPath interface. On the left, a sidebar menu includes 'Donor Type', 'Ventilation And Blood Gas', 'Medical History', 'Clinical Plan', 'Status', and 'Events'. The 'Status' button is highlighted with a red box. In the main area, there are buttons for 'Assessment', 'Coroner/PF', 'CDDF', and 'MaSH'. A 'Transplant Record' button is also highlighted with a red box, and a blue arrow labeled 'PDF Generation' points to a PDF document titled 'CDD/MASH and Retrieval Information (Page 1 of 16)'. The PDF content includes:

ODT number 141651 Donor Date of birth 07/09/1999  
Donor Hospital BLACKPOOL VICTORIA

SN-OD Details  
SN-OD in attendance RACHAEL HORTON Contact telephone number 0000 0111 1114 Contact pager number 0762 951 2254

Patient Demographics  
First name Train Surname Modules TxP  
Sex Female Date of Birth 07/09/1999  
Age 24 yrs Ethnic origin  
If mixed or other, please specify -

NHS number CHI number Hospital number  
Hospital Details  
Hospital BLACKPOOL VICTORIA  
Unit where potential donor is being cared for  
If other, please specify -

Patient Details

- 14.7 Refer to 'Sending Images and Documents' section for media sharing continuity.

**End of Procedure**

# SOP3925/9 – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the Event of DonorPath/IT Network Unavailability



Blood and Transplant

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## Definitions

- **DonorPath** – The secure electronic system that SNODs utilise to upload clinical information about the patient. Data is shared with EOS (Electronic Offering System) which can be accessed by the RCPoCs, so decisions can be made on whether to accept organs for transplant.
- **ODR (Organ Donor Register)** – The NHS Organ Donor Register is a confidential, computerised database recording people's legal wishes in respect to organ donation.
- **Person Identifiable Data (PID)** – Any data that can identify an individual that can be sensitive in nature
- **Organ Donation Services Team (ODST)**
- **TransplantPath** – the IT application the recipient points of contact access donor information for review
- **Hub Operations (HO)** – the central co-ordinating office of NHSBT for organ donation and transplantation
- **Electronic Result Transfer (ERT)** – automatic transfer of Microbiology results into DonorPath
- **National Transplant Database (NTxD)** – Includes details of all donors and patients who are waiting for, or who have received, a transplant
- **Recipient Points of Contact (RPOC)** – the person that liaises between HO and the SNOD regarding organ offering and acceptance
- **Donor Family Care Service (DFCS)** – NHSBT centralised administration services for donor records
- NHSBT approved scanning application – approved scanning app on NHSBT iPads for scanning documents ready to email – download via Company Portal

## Related Documents/References

### Forms

**FRM1538** – Authorisation – Solid Organ and Tissue Donation

**FRM4039** – NHSBT Referral for Coroner/Procurator Fiscal

**FRM4121** – Kidney Donor Information

**FRM4122** – Deceased Donor Pancreas Information

**FRM4131** – DCD Observation Chart

**FRM4153** – Proceeding and Non-Proceeding Donors after Cardiac Death-Information

**FRM4156** – Organ Retrieval Information

**FRM4193** – Core Donor Data

**FRM4211** – Medical and Social History Questionnaire

**FRM4212** – Organ Donation Clinical Pathway

**FRM4228** – Potential Donor Referral and Assessment

**FRM4281** – Consent – for Organ and/or Tissue Donation

**FRM5499** – SN to DFCS Handover Form

**FRM7307** – Organ Retrieval Safety Checklist

### SOPs

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

**SOP3781** – Receipt of a Referral of a Potential Organ Donor

**SOP3817** – Access for SNOD's and other External Approved Users to the NHS Organ Donor Register (ODR)

**SOP4859** – Emergency Event and Security Procedures – Hub Operations

**SOP4938** – Sharing Clinical Information

**SOP5024** – Tissue Referral process

**SOP5499** – Theatre Manual for Deceased Organ Donors

**SOP6063** – [Tissue Donation Referral Management Manual](#).

**SOP6405** – Donor Characterisation Manual

**SOP6514** – Clinical Microbiology Manual

### MPDs

**MPD1086** – Hub Operations Minimum Operating Standards – PID

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**MPD1100** – Guidance and Principles – Donor Related Images and Video

**MPD1382** – Donation Pathway Communication Touchpoints – SN's, Hub Operations and RPoC's

**MPD1658** – Business Continuity Plan – DFCS

**MPD385** – Good Documentation Practice

**MPD910** – Medical Records Entries for Proceeding and Non-Proceeding Organ and/or Tissue Donors

## Appendices

N/A

**SOP3925/9 – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the Event of DonorPath/IT Network Unavailability**



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**Training Plan for Documents:**

<b>Type of Change</b>	Change to Existing Process	
<b>Stakeholders who require training</b>	<b>Trainee new to the process</b>	<b>Trainee trained to the previous revision.</b>
	New Specialist Nurses	All Specialist Nurses
<b>Knowledge required prior to training</b>	NA	Training to Previous version
<b>Critical aspects of process</b>	To guide the SN in the process of taking a referral, registering a potential organ donor and completing the donation process when DonorPath and/or TransplantPath is unavailable.	

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## Training Plan:

	Trainee new to the process	Trainee trained to the previous revision.
Recommended Training Method	Full document training required by regional quality lead. Training materials provided only cover changes made within this version.	Author training video to be disseminated by regional quality leads to train to changes made within this version.
Assessment	FRM511- TBTR	FRM511- TBTR
Cascade Plan	Train out from SOP Author to ODST Regional Quality Leads train to TBTR.	Train out from SOP Author to ODST Regional Quality Leads train to TBTR.

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

Use the *Training Plan Risk Matrix* to identify the training method and assessment required.

The *Process Criticality Score* is determined by the potential impact on donor/patient safety and/or product quality using the table below for guidance:

	Impact on Donor, Patient safety or product quality
1. Negligible	A process whose failure, in full or in part, <b>cannot</b> impact product quality, patient/donor safety or the ability to supply products/services.
2. Minor	A process whose failure, in full or in part, <b>may</b> : (i) impact other processes thereby indirectly impacting product quality, patient/donor safety (e.g. harm only results where multiple failures in multiple processes align) (ii) result in the discard of a small number of replaceable products and/or (iii) result in an inconvenient delay to the supply of products/services (e.g. delay of 1-3hrs of non-urgent product/service).
3. Moderate	A process whose failure, in full or in part, <b>may</b> : (i) indirectly impact product quality, patient/donor safety (e.g. harm only results where failures in more than 1 process align) (ii) result in the discard of a medium number of replaceable products and/or (iii) result in a temporary delay to the supply of products/services (e.g. delay of 4-12hours of non-urgent products/services).
4. High	A process whose failure, in full or in part, is <b>likely</b> to: (i) directly impact product quality, patient/donor safety (ii) result in the discard of a large number of replaceable products (iii) result in the discard of an irreplaceable product and/or (iv) result in a delay to patient treatment.

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5. Very High	A process whose failure, in full or in part, is <b>certain</b> to: <ul style="list-style-type: none"> <li>(i) directly impact product quality, patient/donor safety</li> <li>(ii) result in the discard of a large number of replaceable products</li> <li>(iii) result in the discard of an irreplaceable product and/or</li> <li>(iv) result in a delay to patient treatment.</li> </ul>
<b>Process Criticality Score</b>	3

The *Criticality of Change Score* is determined by assessing the nature of change(s) and complexity of the process using the table below for guidance.

	Change to Trainee(s)
1. Negligible	An existing process to which no material changes are made. E.g. format changes, minor clarifications of existing practice, fixing typos.
2. Minor	An existing process to which new information is added but where changes to existing knowledge and practices are minimal. E.g. clarifications that tighten existing practices
3. Moderate	An existing process of low complexity with material changes requiring different people to take action and/or people to change the tasks they perform. E.g. new roles/responsibilities, changes to the order of existing tasks, new tasks
4. High	A new process of moderate complexity, OR An existing process of moderate complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
5. Very High	A new process of high complexity, OR An existing process of high complexity with material changes requiring different people to take action and/or changes to the way tasks are performed. E.g. New roles and responsibilities, changes to tasks and/or the order in which tasks are performed, changes in equipment/materials, changes to values, measures or settings.
<b>Criticality of Change Score</b>	3

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## Training Plan Risk Matrix:

		Process Criticality →				
		1. Negligible	2. Minor	3. Moderate	4. High	5. Very High
Criticality of Change ↓	1. Low	1	2	3	4	5
	2. Moderately Low	2	4	6	8	10
	3. Moderate	3	6	9	12	15
	4. High	4	8	12	16	20
	5. Very High	5	10	15	20	25

	Trainee new to the process	Trainee trained to the previous revision.
Process Criticality Score	3	
Criticality of Change Score	3	3
Training Score	9	9

## Recommended Training Method and Assessment:

Training Score	Level of Risk	Examples of Training Methods	Examples of Assessment
1 - 3	Low	Read only	Record on FRM511 only
4 - 8	Manageable	Email, team brief, word brief	Knowledge/Observation Check & FRM511
9 - 14	Medium/Significant	Formal training package	Knowledge/Observation Check & FRM511 or FRM5076
15 - 25	High	Practical	FRM5076 or equivalent