

*This Policy replaces
POL180/2*

Copy Number

Effective 20/10/14

Summary of Significant Changes

Significant changes have been made to this document. Therefore no shading of changes has been made and it is recommended that the whole document is retrained to.

Policy

As part of the collation of data (donor characterisation) for organ and tissue donation the Specialist Nurse for Organ Donation (SN-OD) conducts a comprehensive assessment of the potential donor. The assessment includes gathering of medical, social, behavioural and travel information and microbiological testing. Microbiological blood testing is undertaken for the purposes of maintaining safety for organ/tissue transplantation. The decision to accept the organ for transplantation is the responsibility of the implanting Surgeon; this decision is made following an assessment of the donor characterisation data collated by the SN-OD.

Purpose

The purpose of this policy is to ensure that Organ Donation Services Teams (ODST) work to best practice guidelines, thereby minimising donor-related risk of infection to organ recipients, and maximising the quality and safety of organs/ tissue for transplantation.

Applicable Documents

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)

Confidentiality: NHS Code of Practice 2003
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Quality and Safety of Organs Intended for Transplantation Regulations 2012 No 1501
<http://www.dh.gov.uk/health/2012/06/organ-transplantation-regulations/>

MPD1131 Donor Microbiology-Role of the SNOD and family Contact

SOP3579 – Management of microbiological results received post organ and/or tissue donation

SOP4618 - Receipt and Management of Microbiological Blood results at the Time of Donation

Human Tissue (Quality and Safety for Human Application) Regulations 2007 (Q&S Regulations).
<http://www.hta.gov.uk/licensingandinspections/licensingunderthequalityandsafetyregulations.cfm>

Confidentiality: NHS Code of Practice: Supplementary Guidance: Public Interest Disclosures (Nov 2010)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122031.pdf

INF1130 – Microbiological screening table
INF1131 – Organ Donor Screening – Significance of the Confirmed Positive Results

INF1171 Communicating with families about past Hepatitis B Infection

INF1205 Communicating with families about confirmed Hepatitis C antibody blood results

INF947 Rationale Document for Patient Assessment Form (PA1)

1. MICROBIOLOGICAL SCREENING OF ORGAN/ TISSUE DONORS

- 1.1. Transplantation is a well established treatment of choice for the majority of patients with end stage organ failure. Transmission of infection through the transplanted organ/tissue is one of the associated risks that can not be completely eliminated, but must be managed.
- 1.2. To manage the risk of infection transmission, potential organ/tissue donors undergo a comprehensive patient assessment, whereby the Specialist Nurse - Organ Donation (SN-OD) is required to obtain a detailed medical, behavioural social and travel history and instigate microbiological testing of the potential donor. Because most organ transplants are life-saving, with a significant mortality for those on the waiting list, the risks associated with organ transplantation are very different to those associated with tissue transplantation.
- 1.3. The Quality and Safety of Organs Intended for Transplantation Regulations (2012) stipulates that minimum data should be available to support decision making in accepting an organ for transplant. This includes the results of specific microbiological investigations. Review of microbiology results are a mandatory requirement for the acceptance of tissue for transplantation, in accordance with the Human Tissue (Quality and Safety for Human Application) Regulations (2007). In support of these regulations, further advice on suitability and potential contraindications to organ/tissue donation is identified in the SaBTO Guidance on the Microbiological Safety of Human Organs, Tissue and Cells used in Transplantation.
- 1.4. During the donation discussion with the family, the SN-OD should inform the family that the process will involve testing to screen for infections.
- 1.5. It is the responsibility of the implanting surgeon to make a risk benefit decision as to the use of an offered organ. It is the responsibility of the SN-OD to ensure that all microbiological blood results along with information collected as part of the donor characterisation process are provided in a clear and timely fashion, to the RCPoC/Implanting surgeon, allowing for an informed decision to be made. It is also the SN-OD's responsibility to facilitate any contact that the implanting surgeon may wish to establish with the Clinical Microbiologist in the local testing laboratory, and ensure efficient and timely communication.
- 1.6. Where there are changes to the original information, then such change must be communicated to the RCPoC/Implanting surgeon in a timely manner, to ensure they have current and accurate information to make a decision about suitability. All phone calls containing clinical information should be voice recorded and information regarding the change documented on the organ donation clinical pathway [FRM4212](#), updated on electronic donor record/EOS and the duty office informed.
- 1.7. The significance of each microbiological blood result should be considered in accordance with past medical, social, behavioural and travel history in line with [MPD942](#).

2. EVIDENCE FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

- 2.1. Patient confidentiality is key when discussing sensitive information regarding microbiological blood results with family members and this duty of confidentiality extends beyond death. Confidential information can however be disclosed without consent to prevent serious harm or death to others (Confidentiality: NHS Code of Practice: Supplementary Guidance: Public Interest Disclosures, Nov 2010).