Tissue Donation Resource Manual

CALL  SCREEN  CONNECT
Dedication

This manual is dedicated with gratitude and admiration to the individuals and families who make the decision to help others through the gift of organ and tissue donation.

And to the healthcare professionals who work to ensure the opportunity to act on those donation decisions is provided as part of end-of-life care.
Introduction

Trillium Gift of Life Network (TGLN) is committed to creating a culture that enables every Ontarian to make an informed decision about organ and tissue donation and to support healthcare professionals in implementing those decisions.

This resource manual was developed by TGLN as a tool to support healthcare professionals in hospitals across Ontario to facilitate the donation process and meet legislative requirements.

This information will help advance knowledge and understanding of the merits of organ and tissue donation, and ultimately lead to saving and transforming lives. Working together, we can make a difference in the lives of those awaiting organ and tissue transplants while bringing comfort to the families of donors whose generosity has given those awaiting transplant renewed hope.

Every effort has been made to ensure that all information and references contained in the manual are as up-to-date as possible. However, the constantly evolving world of legislation, guidelines and research can have a direct impact on the contents contained within. TGLN will do its best to keep you apprised of changes that might have a significant impact on the process for organ and tissue donation.

If you have any questions about the contents of this manual, please call the TGLN Provincial Call Centre at 1-877-363-8456 (Toll Free) or 416-363-4438 (Toronto).
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Benefits of Tissue Donation
Benefits of Tissue Donation

*Tissue donation saves and transforms the lives of thousands of Ontarians every year.*

How does tissue donation benefit people who need tissue transplants?

- **Corneas and ocular tissue** restore the gift of sight that has been lost or reduced due to infection, disease or trauma.
- **Musculoskeletal tissue** prevents amputation, helps restore mobility, aids in the repair of physical deformities and can replace bone removed as a result of bone tumours.
- **Heart valves and cardiac tissue** help return heart function to normal in children born with congenital defects or stenotic valves.
- **Skin** provides a natural wound covering and is life saving for burn or trauma survivors.

**Fast Facts**

- Currently, Ontario meets only one tenth of its need for tissue and relies on the generosity of others from outside the province.
- One tissue donor can transform the lives of as many as 75 people in Ontario.

**Eya Donald-Greenland**  
*Proud donor family member*

“My husband gave the gift of sight to two people because a nurse provided Trillium Gift of Life Network with the needed information.”
How does tissue donation help grieving families?

- Families experience a sense of satisfaction when given the opportunity to honour their loved one’s decision to donate, or to make a decision on behalf of their loved one to help others in need.
- Families often state they chose to donate because of the opportunity to help someone in need.
- Donation has been documented to help the healing and grieving process and also provides comfort to families at a time of loss.
- Donation gives families an opportunity to make a choice at a time when many experience a loss of control.

How does facilitating tissue donation benefit healthcare professionals?

- Healthcare professionals often report a feeling of satisfaction when they participate in the donation process knowing that something meaningful has resulted from a family’s loss and that they are contributing to the well-being of potential recipients.
- Routine Notification (see page 13) meets professional practice standards. Both Accreditation Canada and the College of Nurses of Ontario include donation as an integral part of quality end-of-life care.
Routine Notification Legislation Requirements
Routine Notification Legislation Requirements

What are the routine notification legislation requirements?

Part II.1 of the *Trillium Gift of Life Network Act* states:

(1) A designated facility shall *notify* the Network as soon as possible when a patient at the facility has died or a physician is of the opinion that the death of a patient at the facility is imminent by reason of injury or disease

Routine notification means that designated facilities, as appointed by Trillium Gift of Life Network (TGLN), are required by law to call TGLN to ensure that eligible families will be offered the opportunity to donate their loved one’s tissues or organs or to honour their loved one’s consent decision to donate tissues or organs at time of death.

What happens if deaths in designated hospitals are not reported?

TGLN provides each hospital with reports on the number of imminent death referrals and deaths reported. If the number of deaths does not match the number of routine notifications to TGLN, the hospital is identified as being non-compliant with legislation. TGLN works with hospitals to improve compliance so that more lives can be saved and transformed through transplantation.

How does routine notification legislation impact my practice?

If you work in specified units in a designated hospital that has received notice from TGLN, the legislation impacts your practice.

A call must be made to TGLN when the patient meets the referral indicators for *high risk of imminent death or* within one hour of time of death (see ‘When do I call?’ on page 17).

How long will I spend on the phone with TGLN staff?

A call can take as little as two (2) to three (3) minutes if the patient is not eligible to donate.

An evaluation from healthcare professionals in designated facilities has indicated that eligibility for donation is established quickly.

**Tips for preparing for the “call”:**

1) Have the chart readily available.
2) Complete the Routine Notification Worksheet.
3) Have the Next Steps Worksheet on hand.
The length of the call can vary with the amount of clinical information that needs to be gathered.

One of the steps that TGLN has taken to ensure the conversation is facilitated as quickly as possible is to sequence the order of the clinical history questions asked by our coordinators. This enables them to determine as quickly as possible if the patient is eligible for donation for transplant or for research and teaching. If consent is obtained for research and teaching, minimal information is required before recovery can proceed.

When a patient is eligible to donate tissue for transplant, a typical call may take up to **10 minutes**. Complex cases may require more time.
Step 1: Call
Step 1: Call

Calling TGLN with the time of death or when a patient meets the referral indicators for high risk of imminent death is an important way for healthcare professionals to support each person’s right to provide the gift of sight, mobility, independence and renewed health for another. Every eligible patient/family in Ontario should have the opportunity to leave a lasting legacy through tissue and/or organ donation at the end-of-life.

When do I call?

Call TGLN when a ventilated patient meets any of the following referral indicators for high risk of imminent death:

- Grave prognosis or Glasgow Coma Scale (GCS) = 3
- Injured brain or non-recoverable injury/illness
- Family initiated discussion of donation/withdrawal of life sustaining therapy or treatment (WLS)
- Therapy limited, de-escalation of care, or WLS discussion planned.

Call TGLN when a non-ventilated patient meets any of the following referral indicators:

- Therapy-limited, de-escalation of treatment, or WLS discussion planned
- Planned palliation or admission to a palliative care unit
- At time of death (within one hour).

Note: For all patient referrals a call back to TGLN must occur at time of death, unless otherwise directed by the TGLN coordinator.

Fast Facts

- The act of reporting all patients meeting the referral indicators for imminent death is often called a Referral or Routine Notification.

Call 24/7 at: 1-877-363-8456 (Toll Free), 416-363-4438 (Toronto)
Who is responsible for making the call?

- The caller must be an RN, RN (E), MD or other TGLN-approved healthcare professional to provide needed clinical information to screen for eligibility.
- Individual hospital policy may specify one or all of the above as the designated “caller” for the facility. For example, the primary physician or team leader may be responsible for calling TGLN.
- The bedside nurse is most responsible if the hospital has not identified a designate.

Why is the hospital asked to call with high risk of imminent death?

Notification is important to enable TGLN to evaluate the opportunity for organ donation (see Appendix 1-Criteria for Organ Donation).

- The complexity of organ donation requires the mobilization of intensive TGLN support for healthcare professionals and families.
- TGLN can access consent decisions registered with a patient’s Ontario Health Insurance Program (OHIP) health card in a timely manner and share these with eligible families at the appropriate time (see Appendix 3).
- TGLN can gather medical information important in the screening process.
- TGLN has time to connect with families, plan and coordinate the recovery process.

Who can be a tissue donor?

Most people can donate tissue at death.

- Eligible tissue donors can come from any hospital unit including intensive care units (ICUs), emergency rooms (ERs), medical and surgical units and palliative care areas.
- Each patient’s eligibility to donate is evaluated on a case-by-case basis by TGLN through the initial screening process and then by each individual tissue bank prior to accepting tissue for transplant.

Who will I be speaking to at TGLN?

Initially, you will be speaking to one of TGLN’s trained operators. Once the operator has determined preliminary eligibility through the screening process, he/she will transfer the call to a donation specialist* if required.

- TGLN operators are specifically trained to facilitate the routine notification process.

* Specialists in the area of organ and tissue donation (referral triage coordinators, clinical service coordinators and tissue coordinators) are available for consultation, referral and donation support, as well as discussion with and obtaining consent from families for tissue donation.
What information is needed to screen for the opportunity to donate?

TGLN has created a worksheet to help you prepare for the call (see Appendix 4). Prepare to make the call by completing the Routine Notification Worksheet. The information required for the call is outlined below:

- Caller’s name and professional designation (MD, RN, RPN)
- Hospital/unit name, telephone# and fax#
- Patient name, age, date of birth, gender
- Admission date
- Hospital identification number
- Ontario health card number
- Admission date
- Suspected/known cause of death
  - Admitting diagnosis and ventilation status (if patient is not deceased)
- Time and date of death
- Family contact information
- Positive history of specific diseases as noted on the Routine Notification Worksheet.

TGLN will provide you with a TGLN number unique to the patient and ask you to document it in the patient’s chart. The patient’s preliminary eligibility to donate is determined with TGLN during the “screen” process. Final eligibility to donate is determined by the tissue banks.

Note: If family is not present at the hospital at the time of the call to TGLN, the coordinator will ask for information from the Next Steps Worksheet (see Next Steps, page 35).

Does providing information to TGLN breach any privacy laws?

No. The Trillium Gift of Life Network Act, section 8(19), states that TGLN may directly or indirectly collect personal health information for purposes related to donation or transplantation. This law takes precedence over other privacy and health information laws.

What is done with the collected patient information?

- The Ontario health card number allows TGLN to determine if a consent decision has been registered in the OHIP database. For more information regarding consent decisions see Appendix 3.
- Medical information is provided to tissue banks in the province for determining whether or not the tissue may be safely used for transplant or research and/or medical education purposes.

Note: All information reported to TGLN’s Provincial Call Centre in Ontario is confidential and collected for the specific purpose of donation.
Step 2: Screen
The TGLN operator will ask a series of questions to determine if the patient has the potential opportunity to help others through the gift of tissue donation. Each person’s eligibility to donate is evaluated on a case-by-case basis.

**Why am I asked about the patient’s medical history?**

- A brief medical history is required to determine preliminary eligibility and to identify what donation opportunities are available.
- Health Canada Standards preclude individuals with certain disease processes from donating tissues for transplantation to minimize the risk of disease transmission.

**Note:** Final eligibility to donate for tissue transplant is determined by the tissue banks.

**What patient information is needed to screen for eligibility to donate tissue?**

Use the *Routine Notification Worksheet (see Appendix 4)* to help you prepare for the call. Have the patient chart, care plan and death certificate (if available), and provide the following information if known:

**History of*:*

- Human Immunodeficiency Virus (HIV)
- Clostridium Difficile
- Alzheimer’s disease
- Multiple Sclerosis (MS)
- Hepatitis B
- Creutzfeldt-Jakob disease (Mad Cow)
- Parkinson’s disease
- Amyotrophic Lateral Sclerosis (ALS)
- Hepatitis C
- Rabies
- Leukemia
- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Vancomycin-Resistant Enterococcus (VRE)
- Active Tuberculosis (TB)
- Lymphoma

* If the patient has been in isolation for reasons not addressed above (e.g. Extended Spectrum Beta-Lactamase, ESBL), it is important that TGLN staff are advised of the type and reason for isolation. This may impact the need to provide further information.

For more information about TGLN’s authority to collect information, refer to “Does providing information to TGLN breach any privacy laws?” on page 19.
Step 3: Connect
Step 3: Connect

After making the initial call and determining preliminary eligibility, TGLN will ask healthcare professionals if the family is at the hospital and to speak with the family. The donation discussion with TGLN coordinators ensures that consent decisions are shared and that every eligible family is given the opportunity to donate and make a decision that best reflects the patient’s wishes. If the family is not present, providing TGLN with the family’s contact information ensures the family will still have the opportunity to donate.

Is every patient’s family asked about donation?

No. TGLN will only ask to speak to the families of patients who have been identified by TGLN as eligible to donate during the initial screening or if the family requests to speak to someone about donation.

What is the best location at the hospital for the family call with TGLN?

- A quiet, private location should be selected if available.
- It is recommended that the telephone conversation with TGLN occur after the family has been notified of the patient’s death, demonstrates understanding/acceptance of death and is prepared to discuss the next steps in end-of-life care.
What happens if the family is not at the hospital?

- If the family is not at the hospital and preliminary eligibility has been established, TGLN will proceed with gathering clinical information as outlined in the ‘Next Steps Worksheet’ and contact the family by phone (refer to Next Steps – Providing Further Clinical Information, on page 35).
- TGLN will fax a Consent Pending: Release of Body Form (see Appendix 6) that directs the hospital to contact TGLN prior to releasing the body to the funeral home or Coroner’s Office. This ensures the opportunity to donate is preserved.

Note: The TGLN coordinator may request the chart be kept on the unit until the family is contacted or until all clinical information required has been collected.

Who should be present during the discussion with TGLN?

Any healthcare professional who has developed a positive relationship with the family may wish to be with the family during the phone conversation with TGLN; however, this is not a requirement.

What words do I use to connect the family with TGLN?

- Unless the family has raised the topic of donation, it is best introduced by the TGLN coordinator who has special training to discuss donation.
- If TGLN has asked if they can speak with the family, the following words can be used when talking to the family:

  "As part of end-of-life care, and to help with some of the decisions that need to be made, we arrange for all families to speak to a coordinator on the phone. We can do that in a few minutes or before you leave the hospital."

Note: See Appendix 4 for more language to connect families with TGLN.

What do I say if the family asks what information or decisions the coordinator will talk about?

“The coordinator speaks with families who have the opportunity to help others through the gift of tissue donation. They would like to ensure you have the opportunity to have the information you need to make the decision to donate”.

What information will TGLN provide to the family about donation?

The benefits of donation will be discussed with the family. People choose to donate because it honours their loved one’s wish, helps other people and provides some comfort in an otherwise senseless situation. For this reason, information about the benefits of donation and how it helps grieving families and the recipients is always provided to the family first. For example, the TGLN coordinator will advise the family that:

- after sight-restoring transplant surgery, recipients can return to work or school;
- transplanted heart valves mean that children or adults can lead a normal life;
- older adults can stay in their own homes longer thanks to the mobility that transplanted bones and joints provide; and
- firefighters’ and other burn survivors’ wounds heal better with donated tissue.
The TGLN coordinator will also share the following information with the family:

- Decision to donate is private and voluntary.
- Medical social history interview with family/friends is required and includes questions similar to the one required with blood donation, including history of sexual relationships, alcohol and drug use.
- Access to medical records is required to collect and clarify information.
- Blood samples are drawn and sent to be tested for infectious diseases.
- Recovery of ocular tissue must occur within 12 hours following death.
- Recovery of skin, heart valves and musculoskeletal tissue must be completed within 24 hours following death.
- Eye donation does not require an operating room (OR) and can be done within most hospitals.
- Donation of the heart for valves, musculoskeletal tissue and skin is performed in the OR; any incisions will be closed with care.
- Skin donation involves recovering a paper-thin layer from the back, and occasionally the legs.
- Recovery of tissue is similar to any other surgery and the body is treated with respect.
- On occasion, a transfer of the patient’s body may be required to recover donated tissue. This is arranged by the TGLN coordinator.

TGLN will also advise the family that on occasion donation may not result in transplantation.

Final eligibility to transplant the donated tissue is determined by the tissue banks and occurs once the medical-social history, serology test results for infectious diseases, and possibly the autopsy results (if applicable) are known.

What happens after consent when the family is at the hospital?

- Upon completion of the consent with the family, TGLN will fax a copy of the consent form to be placed in the patient’s chart and a Release of Body Form (see Appendix 7) to accompany the patient to the morgue.
- A copy of the consent form, the chart and the Release of Body Form should accompany the patient to the morgue.
- TGLN will ask for further clinical information (outlined in the Next Steps Worksheet – see Appendix 5).
ROUTINE NOTIFICATION
Call/Screen/Connect Process

Call Trillium Gift of Life Network when a ventilated patient meets any of the following referral indicators for high risk of imminent death:

- Grave prognosis or GCS = 3
- Injured brain or non-recoverable injury/illness
- Family-initiated discussion of donation/withdrawal of life-sustaining therapy (WLS)
- Therapy-limited, de-escalation of care, or WLS discussion planned

With high risk of imminent death in non-ventilated patients:
- Planned palliation or WLS
- At time of death (within one hour)

TGLN will determine patient’s eligibility to donate organs and/or tissue

Potential to donate organs* and tissue — patient must be receiving mechanical ventilation

Potential to donate tissue exclusively — provide info outlined in Routine Notification Worksheet

No family at hospital — tissue exclusive potential?
Fill out Next Steps Worksheet before you call TGLN

Eligible

Arrange for TGLN to speak to family at the hospital

TGLN obtains consent for tissue donation by telephone

Provide clinical information outlined on the Next Steps Worksheet if not previously provided

Not Eligible

Continue with end-of-life care as per hospital policy

Decision not to donate

OPTIMIZE potential for tissue recovery:
- Elevate head 30 degrees, instill saline drops in eyes and ensure eye lids are closed
- Transfer body to morgue as soon as possible with chart, consent form, and ‘Release of the Body’ form (faxed by TGLN)

* Potential to donate organs: TGLN will transfer your call to a Clinical Coordinator to arrange a support plan for the hospital

Document TGLN number in patient’s chart

Trillium Gift of Life Network
1-877-363-8456 (Toll Free) • 416-363-4438 (Toronto)
Next Steps

Providing Further Clinical Information
At what point does TGLN collect further clinical information from the healthcare team?

The timing of the request for further clinical information depends on whether the family is available to talk to a TGLN coordinator at the time of the call.

After preliminary eligibility to donate is confirmed with the initial “screening” process, TGLN will request further clinical information from the healthcare professional either:

- **after** consent is obtained with the family while the family is still at the hospital
- **OR**
- **prior** to obtaining consent with the family, when the family has left (or will not be returning to) the hospital.

**Note:** A review of hospital practices has indicated that the chart often leaves the floor with the body. If TGLN is not able to contact the family for several hours, the chart may be unavailable. In addition, the healthcare professional involved in the patient’s care is the best person to provide further clinical information and he/she may not be available later. Therefore, to ensure families have the opportunity to donate, TGLN will need to collect clinical information at the time of the initial call.

What happens when the death is a Coroner’s case?

Donation may still proceed. The Coroner’s permission to recover organs and tissues is required when the death is a Coroner’s case. TGLN should be informed if a death is considered a Coroner’s case under the *Coroner’s Act*. The TGLN coordinator will speak with the Coroner involved to obtain permission to proceed with donation (*see Appendix 9 for Coroner considerations*).

**Note:** Some hospitals have specific protocols indicating the local Coroner’s Office must be notified about a death if the person is a potential donor. As this varies from facility to facility, follow the specific directives outlined in your organization.

What additional clinical information is collected?

The coordinators in the Call Centre will ask you for the information outlined on the *Next Steps Worksheet* (*see Appendix 5*).

The information required includes:

**Medical Information**

- Coroner’s name (if applicable)
- Any plans for autopsy – by the Coroner or hospital
- Name of attending physician
• Name of family physician
• Admission diagnosis, history and date
• Intubation/artificial airway history
• Concurrent diagnoses
• History of diabetes
• Current medications
• Patient’s height and weight (exact or estimated is acceptable)
• Cancer history (if applicable) and type of treatment.

Why is the patient’s cancer history so important?
• The patient’s cancer history can be complex and details are necessary to determine eligibility to donate tissues.
• If there is documentation of the patient’s cancer history in the current hospital chart, please have this information ready to discuss with the coordinator.

What information is collected to screen for infectious disease?
Health Canada standards require a thorough screening of the patient’s medical history related to infectious diseases. This screening ensures tissue recipients are at the lowest possible risk of contracting an illness from a tissue transplant.

Important information includes:
• Isolation precautions in place for conditions not discussed during call to TGLN (e.g. Extended Spectrum Beta-Lactamase (ESBL)).
• Last several recorded body temperatures*, date & time
• Last several white blood cell results with date
• Suspicion of sepsis
• Results and date of the most recent cultures* (blood, urine, sputum and any other)
• Last chest x-ray date and results
• Antibiotic history

* If the patient has died in a setting that does not routinely monitor body temperature or obtain blood samples, please indicate this in discussion with the coordinator.

What information is needed about pending culture results and antibiotics?
• Any positive cultures need to be reviewed with the TGLN coordinator including the type of specimen, date of collection and result (including preliminary results).
• The antibiotic history (including number of antibiotics given), the dosage of each drug and the length of each antibiotic course assists in determining the risk of infection for the potential recipients and whether the tissue is suitable to be donated for transplantation.
Note: In cases of expected death (e.g. palliative care unit), where the patient and family have made the decision to donate tissue and have consented to donate, the TGLN coordinator may ask hospital staff to obtain a blood sample to be tested for culture and sensitivity.

What blood samples are required for infectious disease testing?
The coordinators in the Call Centre will advise you if blood samples are required.

- If asked to obtain samples, note the type of additive in the blood tube as requested by TGLN as the colour of blood tubes varies with each hospital.

What information is collected about intravenous fluids?

- Amount of crystalloids (including IV medications) patient received in last hour before blood is drawn for serological testing or in the hour prior to the patient’s death.
- Amount of colloids in last 48 hours of life
  - Colloids include blood transfusion products (packed red blood cells, platelets, fresh frozen plasma) and manufactured plasma volume expanders (e.g. Pentaspan)

Why is the amount of intravenous fluid reviewed?
Intravenous fluids and transfusion of blood products may dilute the blood volume and impact the accuracy of testing for infectious diseases. For this reason, Health Canada Standards require an infusion history be gathered and a calculation performed by TGLN staff to reduce the risk of disease transmission to recipients.

How else is information on the patient’s past history collected?
The donor’s medical-social history is critical in identifying the risk versus benefit for a potential transplant recipient. The TGLN coordinator will conduct an interview over the telephone with the patient’s family. This may be completed while the family is still at the hospital or the TGLN coordinator and family may arrange to do it at a later time.

The interview may take 10 to 20 minutes to complete depending on the patient history. The information shared by the family during this interview is sensitive. Ideally a private room should be provided for family members to have this conversation.

TGLN may also contact the family physician to clarify or obtain more information.

What action is required by the healthcare team to preserve tissue integrity?
Healthcare professionals play a key role in preserving the integrity of donated tissue before recovery. To ensure the best possible tissue graft, transport the body to the cool environment of the morgue as soon as possible.

- If eyes are being donated, lubricate the eyes with saline drops and close the eyelids.
- Raising the head of the bed to 30-45 degrees will decrease the chance of bruising during recovery; you may also use a pillow or flannel roll placed under the patient’s head.
- If the patient will not be moved to the climate-controlled environment of the morgue, healthcare professionals may be asked to place a cold compress or package of ice over the closed eyelids to help preserve tissue integrity for transplant.
How do we care for the donor’s body after recovery?
Care of the donor’s body after completion of the recovery surgery is generally the same as for routine care after death (e.g. ensure body is clean and dry, close eyes, etc.).

There may be specific instructions from the Coroner or requests from the family regarding preparation of the body for release that require consideration. A TGLN coordinator will ensure recovery personnel are informed of any special considerations in advance of the surgery.

Why does TGLN ask to be notified prior to the release of the donor body?

- The admitting or health records departments are asked to contact TGLN to ensure the recovery has been completed prior to a patient being released to the funeral home.

Note: After recovery is complete, the release of a body following organ and/or tissue recovery is usually consistent with the hospital’s procedure for release after death.

What impact does donation have on funeral arrangements?

- Often recovery of tissue does not delay the release of the body to the funeral home or influence the timing of the funeral ceremony.
- Families will be advised by TGLN if a delay is expected or occurs.
- Donation does not prevent cremation or an open casket ceremony.
- Heart valve and musculoskeletal tissue donation may influence clothing for burial.
- Donation does not add any additional expense to the patient’s estate and no profit is gained through donation or transplantation.

How does TGLN follow up with donor families?
TGLN has processes in place to thank families for consenting to donation and to advise them of the outcome of the donation. If requested, families will receive a phone call from a TGLN coordinator when the donation process is completed. A letter is sent to all donor families within one or two weeks by a TGLN coordinator indicating who may benefit from the gift.
Appendices
Appendix 1: 
Criteria for Organ Donation

If the patient is eligible for organ donation, a Trillium Gift of Life Network (TGLN) coordinator will work collaboratively with the hospital unit and healthcare professionals to support the donation process. This may include an on-site visit by a coordinator.

Who can be an organ donor?

- To be an organ donor, the patient must have sustained a non-recoverable injury and be mechanically ventilated at the time TGLN is notified. The following are referral indicators for imminent death and indicate when TGLN should be called:

  - Grave prognosis or Glasgow Coma Scale (GCS) = 3
  - Injured brain or non-recoverable injury/illness
  - Family initiated discussion of donation/withdrawal of life sustaining therapy or treatment (WLS)
  - Therapy limited, de-escalation of care, or WLS discussion planned.

- Any patient who has been pronounced dead by neurological death criteria (brain death) may be a potential organ and/or tissue donor.

- Any patient who has sustained a non-recoverable injury, who is on life sustaining therapy (mechanically ventilated) and who does not meet the criteria for neurological death, may be a potential organ and tissue donor through donation after cardio-circulatory death (DCD) if there is a consensual decision to withdraw life sustaining therapy.

What questions will the TGLN coordinator ask to determine if the patient is eligible to donate organs?

- Did the patient have a brain injury at admission?
- Did the patient have a stroke or cardiac arrest at or during this admission?
- Are the pupils reactive to light?
- Is the patient at a set rate on the ventilator? Is the patient breathing above the set rate?
- Is there a plan to limit therapy or withdraw life sustaining therapy?
What is neurological death (brain death)?

Neurological determination of death (NDD, brain death) is defined as the irreversible loss of the capacity for consciousness combined with the irreversible loss of all brainstem functions, including the capacity to breathe. The patient is on mechanical ventilation and their heart continues to beat to perfuse the organs. Conditions that may lead to neurological death include:

- Intracranial hemorrhage
- Intracranial hypertension
- Ischemia
- Anoxia
- Brain tumour

To donate organs for transplantation, two physicians must examine the patient and pronounce the patient dead by neurological criteria. After consent, mechanical ventilation and pharmacological support is continued in the intensive care unit (ICU) and operating room (OR) to ensure organ preservation.

Assistance for the neurological determination of death is available by contacting TGLN’s Provincial Call Centre at 416-363-4438 (Toronto) or 1-877-363-8456 (Toll Free).
Appendix 2: Organ and Tissue Donation Guide

ORGAN ANDTISSUES THAT MAY BE DONATED FOR TRANSPLANTATION

Organ Donation

**Neurological Death (NDD)**
- Heart
- Lungs
- Liver
- Pancreas/Islets
- Kidneys
- Small bowel
- Vessels for future organ transplant

**Organ Donation**

**Donation after Cardiac Death (DCD)**
- Kidneys
- Lungs
- Liver
- Pancreas
- Vessels for future organ transplant

Tissue Donation

In situations of organ donation with NDD, DCD as well as most deaths
- Bone and tendons
- Eyes and Corneas
- Heart for valve recovery
- Skin

For more information on organ donation visit [www.giftoflife.on.ca](http://www.giftoflife.on.ca) or refer to TGLN Donation Resource Manual.
Tissue donation
- Ocular tissue must be recovered within 12 hours of cardio-circulatory death for transplant.
- Ocular tissue for research and teaching and other tissue(s) can be recovered from the body within 15 to 24 hours after cardio-circulatory death.
- The criteria for tissue donation exist to minimize the risk of transmitting disease from the donor to the recipient.
- Once consent has been obtained, additional serological testing ensures that the possibility of disease transmission is kept to the lowest possible level.
- The donation of bone, heart valves and skin also requires further microbiological testing to ensure that there are no infectious processes present in the donor’s tissue.

Ocular tissue
- Donation of ocular tissue involves removing the whole globe of the eye (a cornea only option may be available in some settings).
- Cornea transplants and grafts are needed for congenital, trauma or infection-damaged corneas to restore and save sight. Scleral tissue can be used to treat glaucoma, for ocular implants, and oculoplastic surgeries.
- Ocular tissue for research and education aids in the investigation of glaucoma, vision physiology, retinoblastoma and corneal disease.
- Eye recovery does not need a sterile environment and is most often done in the morgue.
- Some bruising may occur around the eye orbit, but this can often be corrected at the funeral home using colouring to even skin tone.
- Eye caps are placed under the eyelid and an open casket funeral is possible.
- Distribution is based on urgent need first followed by provincial distribution based on the need at the current time.

Musculoskeletal tissue
- Bones and related connective tissues that may be donated and recovered include those from arms, legs (including entire knee or ankle joints) and pelvis. In addition, menisci and tendon, ligaments, cartilage and/or fascia lata may be recovered.
- Musculoskeletal tissue is used to restore mobility/function and correct deformities. Surgeries using donated tissue include orthopedic repairs, joint replacements (knee, hip and ankle), spinal fusions, replacements for bone resections related to tumors and fractures, reconstruction of the bladder, ACL repair and soft tissue reattachment.
- The bones are removed via surgical incisions and careful reconstruction is carried out post-removal. Families can specify which bones in particular they would like to donate. Open casket funerals are possible with bone donation; however, the location of the incisions should be made clear to the family as it may affect the choice of clothes for the burial.
- The recovery takes about four (4) hours and requires a sterile operating room (OR).
- Distribution occurs in order of request to the tissue bank.
Skin

- Skin donation is life saving for burn survivors. Recovered skin is used as a natural temporary wound healing dressing until the burn survivor is able to provide auto grafts. The risk of infection is greatly decreased and the use of skin dressings aids in preparing the wound bed for the autograft. The skin dressings reduce the amount of pain for these individuals who have sustained extensive burns. Skin also serves as a biological bandage for severe abrasions and amputations.

- Skin donation involves the removal of a paper-thin layer of skin from the back and thighs. There is usually minimal bleeding and the area will only appear reddened, similar to sunburn. A sterile OR environment is necessary and the procedure takes approximately two (2) to four (4) hours. An open casket is possible with skin donation.

- Skin used in research aids the investigation of necrotizing fasciitis, skin preservation and the healing process. Skin for research is only an option when skin is unsuitable for transplant, therefore, when skin donation is a possibility, the option for research should be discussed with the family.

- Skin is provided in order of request to the tissue bank.

Heart valves

- Heart valves are used to repair and maintain cardiac function. Valve repair and replacement is needed for children and adults with cardiac defects. Heart valves and related cardiac tissues recovered are also used for certain types of neurological surgical procedures as well as vascular reconstructive surgeries, such as abdominal aortic aneurysm repair.

- The donation of heart valves involves a surgical incision to the chest through which the whole heart is removed including the vessels and pericardium.

- The recovery takes approximately one (1) hour and an open casket funeral is possible.

- Distribution occurs nationally in order of request to the tissue banks.
Appendix 3: Registering Consent to Become an Organ and Tissue Donor in Ontario

How is consent to become an organ and tissue donor registered in Ontario?
Consent to become an organ and tissue donor can be registered during renewal or when registering for an Ontario Health Insurance Program (OHIP) health card at a ServiceOntario office.

Ontarians who have a red and white card, or who have a photo health card and who have not previously registered consent to donate, can go to beadonor.ca to register their consent.

At or near death, how is the registered consent decision communicated to the healthcare team members?
If this information is readily available during your conversation with the TGLN coordinator, you will be made aware of a registered consent decision.

What if a person wants to be a donor but has not yet registered consent with the ServiceOntario office or has not yet made a decision?
The choice to donate can also be communicated by a signed donor card, healthcare directives or a conversation with family members. In the situation where the person’s donation decision is not known, specially trained TGLN coordinators work with families and the healthcare team to learn what the person would have wanted if they were able to make the decision.

Why is registering consent through the ServiceOntario office the best way to communicate the choice to donate?
Access to registered donation consent decisions in the OHIP health card database is available at any time, day or night. In this way, a person’s consent to donate can be determined whenever it is needed.
**Appendix 4: Routine Notification Worksheet**

Call TGLN at 1-877-363-8456 or 416-363-4438 when a ventilated patient meets any of the following referral indicators for high risk of imminent death:

- Grave prognosis or Glasgow coma scale (GCS) = 3
- Injured brain or non-recoverable injury/illness
- Family initiated donation discussion/withdrawal of life-sustaining therapy (WLS)
- Therapy-limited, de-escalation of care, or WLS discussion planned

Note: In addition to the above, see back for additional screening questions for organ potential

For non-ventilated patients call TGLN when any of the following referral indicators are met:

- Therapy-limited, de-escalation of care, or WLS discussion planned
- Planned palliation or admission to a palliative care unit
- At time of death (within one hour)

<table>
<thead>
<tr>
<th>TGLN Operator will ask:</th>
<th>Note any of the following:</th>
</tr>
</thead>
</table>
| 1. Name & Designation of caller - must be RN, RPN, RN (EC), RT or MD | HIV
| 2. City/Town – Hospital – Unit – Telephone and Fax number | Hepatitis B
| 3. Name of patient ____________________________ | Hepatitis C
| 4. Date of Birth: day _______ month _______ year _______ | MRSA (current)
| 5. Gender: female ___ male ___ | VRE (current)
| 6. Date of Entry/Admission to hospital: day _______ month _______ year _______ | C. Diff (current)
| 7. Hospital Record Number (MRN): ____________________________ | CJD (Mad cow)
| 8. Ontario Health Number: ____________________________ | Rabies
| Note: TGLN number #__________________________ provided at this point. | TB
| 9. Is the patient ventilated? (If yes, the call will be transferred to a Coordinator, see back of form for next questions) | Alzheimer’s
| 10. Date/Time of Death: day _______ month _______ year _______ Time: _______ (hrs) | Parkinson’s
| 11. What is the admitting diagnosis? | ALS
| 12. What is the suspected cause of death? | MS
| 13. Clinical history - Use the sidebar to indicate positive history of the conditions listed. | Leukemia
| 14. Family member name - ____________________________ | Lymphoma
| Relationship - ____________________________ | Isolation precautions
| At hospital _yes_ _no (if no, fill out “Next Steps Worksheet” prior to calling TGLN) | Note: History of the above does not always exclude donation. Eligibility is assessed on a case-by-case basis.
| Contact: phone #: ____________________________ | |
| Contact: phone #: ____________________________ | |

15. Document TGLN call, TGLN number and donation eligibility in chart
16. Connect families to TGLN when requested (see over for language)

---

This form contains confidential personal information. Please retain or dispose in accordance to hospital policy.
When a patient is ventilated the Coordinator will ask:

1. What is the patient’s admission history?
2. Was there a brain injury during this admission such as a stroke, cardiac or respiratory arrest?
   - If yes to the above, the coordinator will ask for information about the neurological assessment findings including:
     - Pupil response
     - Cough and gag reflexes
     - Response to pain
     - Ventilator settings and mode
     - Patient’s respiratory efforts
     - Use of sedation/paralytics
3. Is there a plan to discuss withdrawal of life sustaining therapy, limit therapy, de-escalation of care or DNR status?
4. What is the patient’s past medical history, including history of surgeries and cancers?
5. Is the family present and are they aware of the patient’s prognosis?
6. What are the patient’s current vital signs? (Lab values may be requested as well)
7. What is the hospital plan of care?

At the end of the call: The Coordinator will advise the healthcare professional of the patient’s eligibility for organ and tissue donation and develop a plan with the healthcare team to ensure the donation opportunity is preserved.

When appropriate TGLN will ask to speak with the family by phone
Refer to TGLN Coordinators as team members.
This helps families feel the patient’s care is coordinated.

Language to connect families with TGLN

Possibility 1 - Guide Family through End-of-Life
When families ask: “What do we do now?”
“One of the next steps for families is to speak with a Coordinator to help with some of the decisions that you will be making. We can arrange that now or in a little while, before you leave the hospital”.

Possibility 2 - Normalizing
“As part of end-of-life care and to help with some of the decisions that need to be made, we arrange for families to speak with a Coordinator on the phone. We can do that in a few minutes or before you leave the hospital”.

When the family asks about organ and tissue donation:
“We’ll be calling Trillium Gift of Life Network to determine if there is the opportunity to donate. They will be available to speak with you about donation”.

Call Trillium Gift of Life Network 24/7 at 1-877-363-8456 or (416)-363-4438
Appendix 5:  
Next Steps Worksheet

TGLN Coordinator Telephone Consent

TGLN # ________________________

Complete prior to calling TGLN if family not at hospital  
or after TGLN completes telephone consent with families at hospital

The Provincial Resource Centre will ask you:
1. Was the death a Coroner’s Case?  □ No  □ Yes
   Coroner’s name: __________________________
   (TGLN will contact coroner for permission to recover tissue)
2. Are there plans for an autopsy?  □ No  □ Yes: □ Coroner autopsy  □ Hospital autopsy
3. Name of Attending Physician: __________________________
   Family Physician: __________________________
4. Admission History: __________________________________________
   Intubated No  □ Yes  □ if Yes Length of Time: __________________________
5. Concurrent Diagnoses:
6. Diabetes:  □ No  □ Yes, if Yes Type I  □ or Type II  □ #years_____  Meds: Insulin □ or Oral □
7. Does the patient have a history of cancer?
   Type: __________________________  Date of diagnosis: __________________________
   Type of Cancer Treatment: __________________________
8. Last 4 white blood cell counts:  1) Date/Time: _______ WBC _______  2) Date/Time: _______ WBC _______
   3) Date/Time: _______ WBC _______  4) Date/Time: _______ WBC _______
9. Last 4 temperatures:  1) Date/Time: _____ T _____  2) Date/Time: _____ T _____
   3) Date/Time: _____ T _____  4) Date/Time: _____ T _____
10. Is sepsis suspected?  No  □ Yes  □ if Yes why? __________________________
11. Most recent culture results
<table>
<thead>
<tr>
<th>Type of Specimen</th>
<th>Date Collected</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
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<tr>
<td>Sputum</td>
<td></td>
<td></td>
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<tr>
<td>Urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Provincial Resource Centre will ask you:

12. Last chest x-ray taken on (date) ____________________
   Did chest x-ray indicate pneumonia/consolidation?  □ Yes  □ No

13. Has the patient been receiving antibiotics?  □ Yes  □ No
   If yes, what antibiotic? ____________________________  Dose: ____________________
   Start Date: _______________  End Date: _______________

14. List patient’s medications below. Include continuous IV medication.

<table>
<thead>
<tr>
<th>Type of IV Fluid</th>
<th>Amount</th>
<th>Date and Time</th>
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<tbody>
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</tbody>
</table>

15. Patient’s height: _____ cm □ estimated?  Weight: _____ kg □ estimated?

**Intravenous Fluids**

16. List all blood products (PRBC, platelets, FFP) and colloids (i.e. plasma volume expanders) the patient received in the last 48 hours.

<table>
<thead>
<tr>
<th>Type of Blood Products or Colloids</th>
<th>Amount</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
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This form contains confidential personal information. Please retain or dispose in accordance to hospital policy.

Next Steps Worksheet March 2010 V9_R
Appendix 6:
Consent Pending: Release of Body Form

CONSENT PENDING:
RELEASE OF BODY FORM
(Pending Family Discussion with TGLN)

Attn: Medical Records or Other Relevant Personnel

PRIOR to releasing the body

Please Call
Trillium Gift of Life Network
(416) 363-4438 or 1-877-363-8456
Available 24 hours

CORONER’S CASE
☐ YES ________________________________
☐ NO ________________________________

AUTOPSY
☐ YES ___
☐ NO ___

RE:
(Patient’s Name) ________________________________ (MRN) ________________________________

Before releasing the patient to Funeral Home/Coroner’s Office/Other, please contact Trillium Gift Of Life Network to ensure patient’s family has been offered the opportunity to donate tissue.

TGLN SPECIAL REQUESTS:

October 24, 2008_V1_R
Attn: Medical Records or Other Relevant Personnel

Please Call
TRILLIUM GIFT OF LIFE NETWORK
PRIOR to release of body
(416) 363-4438 or 1-877-363-8456
Available 24 hours

CORONER’S CASE
☐ YES Coroner’s Name: __________________________
☐ NO

AUTOPSY
☐ YES
☐ NO

RE:
(Patient’s Name) _______________________
(MRN) _______________________

Please contact Trillium Gift Of Life Network to ensure tissue recovery has taken place before releasing the patient to Funeral Home/Coroner’s Office/Other.

Please complete the following before the patient is transferred to the morgue:

- Fax copy of consent to TGLN
  (Fax #: 416-214-7797; 1-866-557-6100)
- Original consent accompanies body; copy on chart
- Apply ice packs to eyes or place pt in cold storage
- ____ Set of Blood Cultures
- ____ Purple Top Tubes (EDTA-6 mls)
- ____ Red Top Tubes (No Additive 7 mls)
- Slightly elevate patient’s head
- Instill saline drops in each eye
- Ensure eyelids are closed
- Note: All blood specimens must be labeled with a patient identifier, date and time of collection.

SPECIAL CONSIDERATIONS:

July 25, 2007_V6_R
Under the *Trillium Gift of Life Network Act*, Trillium Gift of Life Network (TGLN) has the authority to specify the manner in which contact with the family is made regarding the discussion of donation.

The ultimate responsibility for speaking with families belongs to TGLN. In situations where a healthcare professional indicates the family does not wish to donate, a TGLN coordinator may contact the family to ensure the family had the information needed (e.g. a consent decision to donate by their loved one) to make an informed decision.

**Who has the legal authority to give consent for donation?**

Under Section 4(1) of the *Trillium Gift of Life Network Act*, any person who has attained the age of 16 years may consent to donation of their organs and/or tissues after death. Consent to be an organ and tissue donor can be registered during renewal or when registering for a health card with the Ontario Health Insurance Program (OHIP) at the ServiceOntario office. Ontarians who have a red and white card, or who have a photo health card and have not previously registered consent to donate, are able to download a *Gift of Life Consent Form* from the TGLN website (www.giftoflife.on.ca). Other ways of communicating consent for donation include family conversation or a signed donor card.

If the person registered a consent decision, the patient’s substitute decision maker (usually a family member) will be advised of the consent. Under the *Trillium Gift of Life Network Act*, the only reason the donation would not proceed with the consent on record is if the family had reason to believe the person had changed their mind.

Section 5(1) to (2) of the *Trillium Gift of Life Network Act* outlines the hierarchy, in descending order, of legal authority to give consent as the patient’s substitute after the death of a person, as follows:

- The person’s spouse or same-sex partner
- Any one of the person’s children
- Either one of the person’s parents
- Any one of the person’s brothers or sisters
- Any other of the person’s next of kin
- The person lawfully in possession of the body (e.g. executor of the will or administrator of the estate) with the exception of persons such as a funeral director or the administrative head of the hospital.

**Is it legal for TGLN to obtain consent over the phone?**

Yes. Consistent with the *Trillium Gift of Life Network Act*, telephone consent requires two (2) witnesses to confirm the patient substitute’s identity and document consent for donation. The TGLN Provincial Call Centre always has a second staff member available to enable telephone consent.
What is my role as a healthcare professional in the consent process?

- Calling TGLN when referral indicators are present and within one hour of time of death.
- Ensuring that TGLN is able to connect with families by phone by providing contact information when the family has left the hospital. This may include determining where a family member will be over the next several hours to ensure they are offered the opportunity to donate in a timely manner.
- Placing the completed consent form on the patient’s chart once faxed to the hospital.

Should I tell families to expect a call from TGLN?

It is not a requirement for healthcare professionals to advise families to expect a call from TGLN as TGLN coordinators will explain the purpose of their call. If you wish to tell families to expect a call the following language is suggested:

“As part of end-of-life care and to help with some of the decisions that need to be made, we arrange for families to speak with a coordinator over the phone. If this cannot be arranged before you leave the hospital, it would helpful to have your contact information and where you will be over the next several hours”.

What training do TGLN coordinators have to speak with families about tissue donation?

TGLN coordinators receive theory-based learning focused on talking with families about tissue donation over the telephone. Topics include active listening and grief. As well, a specialized group of actors provide role-play simulation of a donation conversation with a grieving family. This form of role-play provides coordinators the opportunity to develop the skill of speaking with families over the phone in a compassionate and meaningful way.

How is the registered donation consent decision communicated to the family?

The TGLN coordinator will access the donation consent information in the OHIP database once the hospital notifies TGLN of an imminent death or of a family’s interest in donation. If consent to donate is registered, the TGLN coordinator will provide the consent information to the donor’s family members during the donation discussion. Ongoing support is provided to the patient’s family to help them understand the donation process and the meaningful decision their loved one has made to save and transform lives.

How does religion and culture impact the donation discussion?

The family’s religious and cultural beliefs may be helpful areas to explore to understand how to best offer the opportunity to donate organs and tissues in a manner that is consistent with their beliefs. If you are aware a family has specific religious or cultural beliefs, please advise the TGLN coordinator. Appendix 11 provides an overview of cultural and religious considerations. It is important to note that every family should be offered the opportunity to donate regardless of identified religion or culture as donation holds different meaning for individual families.
When is donated tissue used for medical research or education?

- Every effort is made to use donated tissue for transplantation; however, if the tissue is not suitable for transplantation, use in scientific research and/or medical education may be possible if consent is provided.

- During the donation discussion, TGLN coordinators routinely ask about a family’s interest in donating tissue for scientific research and/or medical education should transplantation not be possible. TGLN will also advise families that final evaluation of tissue suitability for transplantation is made following recovery by the tissue banks.

Is consent for transfer for surgical recovery included in the consent process?

It is sometimes necessary to transfer the patient to another hospital in order to access an operating room (OR) to complete the donation process. Consent to transfer is needed. The TGLN coordinator will determine if transfer is necessary and arrange for this.

- TGLN will obtain consent for transfer in most situations, even when it is not likely to occur. This prevents having to contact the family later if needed.
Appendix 9: Coroner Considerations

The Coroner’s permission to recover organs and tissues is required when the death is a Coroner’s case. The Trillium Gift of Life Network (TGLN) works collaboratively with the Coroner’s Office to facilitate donation and the Coroner’s investigation, if needed. In Ontario and many other jurisdictions, Coroners are recognized as champions for organ and tissue donation and a number of Coroners have further supported donation through the provision of enucleation services to recover eyes.

**Can donation occur when the death is a Coroner’s case?**

Yes. Coroner involvement does not preclude the opportunity for organ or tissue donation even if the events of the death are suspicious or a homicide.

**When is a donor a Coroner’s case?**

As outlined in the *Coroner’s Act*, if there is reason to believe that the death was caused by violence, misadventure, negligence, misconduct or malpractice, the Coroner must be notified. In these circumstances, the Coroner must give permission to proceed with organ and/or tissue donation.

Some hospitals have specific protocols indicating the local Coroner’s Office must be notified about a death if the person is a potential donor. As this varies from facility to facility, follow the specific directives outlined in your organization.

**How is the Coroner’s permission for donation obtained?**

If a potential donation case has been deemed a Coroner’s case, the Coroner must be contacted and give permission for donation to occur. TGLN will speak with the Coroner to confirm permission.

- TGLN should be informed if the patient’s death is considered a Coroner’s case under the *Coroner’s Act*. If possible, it is prudent for TGLN to speak with the Coroner prior to a consent discussion with the family as donation exceptions may impact the conversation.
- If initial discussion with the attending Coroner indicates that permission for organ or tissue donation may be withheld, TGLN will contact the Office of the Chief Coroner of Ontario (416-314-4000 or toll-free at 1-877-991-9959) to further discuss.

Based on the information provided, the Office of the Chief Coroner will decide:

- whether donation may proceed;
- if there are any limitations to the tissue that may be donated;
- if a physical exam or further examination is needed by the Coroner prior to recovery, and
- if a Coroner’s representative is needed in the operating room (OR) during recovery.
Does Coroner involvement impact funeral planning?
Coroner involvement in a donation case may directly impact the timing of the donation process and release of body to the funeral home. In these circumstances, TGLN will ensure that information related to timing is shared with the family and discussed with the Coroner involved.
**Table 1**

**RECOVERY OF ORGANS AND TISSUE**

<table>
<thead>
<tr>
<th>Organ or Combined Organ and Tissue</th>
<th>Tissue Exclusively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ recovery: 3-7 hours</td>
<td>Tissue recovery: 3-7 hours</td>
</tr>
<tr>
<td>Tissue recovery: 3-7 hours</td>
<td></td>
</tr>
<tr>
<td>Total: 6-14 hours</td>
<td></td>
</tr>
</tbody>
</table>

**Please note:** Times are approximate. Time involved depends on which organs/tissues are being recovered.

**Table 2**

**TISSUE RECOVERY TIMELINES**

<table>
<thead>
<tr>
<th>Tissue</th>
<th>Post – Mortem Time to Retrieval</th>
<th>Retrieval Duration</th>
<th>Tissue Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocular</td>
<td>Up to 12 hours <em>(Without cold storage)</em>  Up to 24 hours <em>(Without cold storage)</em></td>
<td>1 hour</td>
<td>Whole globe  Cornea <em>(Ottawa area only)</em></td>
</tr>
<tr>
<td>Cardiac</td>
<td>Up to 15 hours <em>(Without cold storage)</em></td>
<td>1 hour</td>
<td>Heart <em>(with vessels), pericardium</em></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Up to 24 hours <em>(With cold storage)</em></td>
<td>2 – 4 hours</td>
<td>Humerus, radius, ulna, pelvis, femur, tibia, fibula, meniscus, patellar tendons, fascia lata</td>
</tr>
<tr>
<td>Skin</td>
<td>Up to 12 hours <em>(Without cold storage)</em></td>
<td>2 hours</td>
<td>Epidermis, dermis <em>(0.012&quot; – 0.018&quot;)</em>, back, upper legs</td>
</tr>
</tbody>
</table>
Many faith leaders support and encourage donation as the ultimate act of kindness.

Faith leaders who have shared their views about donation have said:

“Hindus live with the fundamental understanding that to give is divine. What better way to give than of your own organs, so another can live. We also know that Lord Krishna says: Compassion to your fellow man is one of the greatest ways of Worship, and that's why we must give our organs. This is my humble request to all Hindus. When leaving this earth, we continue to live, because we have made someone wholesome.”

Dr. Budhendranauth Dooby
Vishnu Mandir

“Our challenge, as religious leaders, is not merely to affirm that organ donation is ok, or nice. It is to impress upon our communities that organ donation is a supreme obligation, a fundamental responsibility. In the Jewish tradition, saving lives is the highest fulfilment. Organ donation gives us this great opportunity.”

Rabbi Reuven Bulka
Congregation Machzikei Hadas and Board Chair, Trillium Gift of Life Network.

“As we love to receive, we should love to give. As we expect others to do something for us, we should give others what they expect from us. Religion is for life, not against it. Religion cannot and should not contradict common sense, It should not oppose honest and equal opportunity which is driven by the urge of saving lives every day”.

Imam Dr. Hamid Slimi
President, Faith of Life Network.

“Every organ donation for the health and well being of another is a genuine act of love, it is not just a matter of giving something that belongs to us but of giving something of ourselves, for ‘by virtue of its substantial union with a spiritual soul, the human body cannot be considered as a mere complex of tissues, organs and functions…rather it is a constitute part of the person who manifests and expresses himself through it.”

Pope John Paul II
### RELIGIOUS BELIEFS ABOUT DONATION

<table>
<thead>
<tr>
<th>Religion</th>
<th>Stance on Organ Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hinduism</td>
<td>• not prohibited from donating organs and tissues</td>
</tr>
<tr>
<td></td>
<td>• matter of individual choice</td>
</tr>
<tr>
<td>Buddhism</td>
<td>• no official position on organ donation</td>
</tr>
<tr>
<td></td>
<td>• matter of individual choice</td>
</tr>
<tr>
<td>Sikhism</td>
<td>• support a positive stance on organ and tissue donation</td>
</tr>
<tr>
<td>Shinto</td>
<td>• either clearly oppose/are extremely cautious regarding organ and tissue donation</td>
</tr>
<tr>
<td>Confucianism</td>
<td>• prohibited from damaging body as a whole</td>
</tr>
<tr>
<td>Taoism</td>
<td>• no objections to use of parts of body after death</td>
</tr>
<tr>
<td>Judaism</td>
<td>• all four branches of Judaism support and encourage organ and tissue donation</td>
</tr>
<tr>
<td></td>
<td>• general principle “saving of a human life takes precedence over all other laws”, including the delay in burial</td>
</tr>
<tr>
<td>Islam</td>
<td>• strongly believes in the principle of saving human life</td>
</tr>
<tr>
<td></td>
<td>• permit organ transplant as a priority in saving human lives</td>
</tr>
<tr>
<td>Baptist</td>
<td>• matter of individual choice</td>
</tr>
<tr>
<td>Episcopal</td>
<td>• encourage donation</td>
</tr>
<tr>
<td>Greek Orthodox</td>
<td>• support donation</td>
</tr>
<tr>
<td>Lutheran</td>
<td>• encourage donation</td>
</tr>
<tr>
<td>Jehovah’s Witnesses</td>
<td>• matter of individual choice</td>
</tr>
<tr>
<td></td>
<td>• all blood must be removed from organs prior to transplant</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>• encourage and promote donation</td>
</tr>
<tr>
<td>Catholicism</td>
<td>• encourage donation as an act of charity</td>
</tr>
<tr>
<td>Seventh Day Adventist</td>
<td>• strongly encourage donation and transplantation</td>
</tr>
<tr>
<td>United Church of Canada</td>
<td>• support and encourage donation</td>
</tr>
<tr>
<td>Protestantism</td>
<td>• respect individual choice</td>
</tr>
</tbody>
</table>

Further information on religious beliefs about organ and tissue donation may be found at: [http://www.med.umich.edu/trans/transweb/faq/q18.shtml](http://www.med.umich.edu/trans/transweb/faq/q18.shtml)
### Table 4

**Tissue Donation – A Case Review**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 1330</td>
<td>• 52-year-old male collapses at home</td>
</tr>
<tr>
<td></td>
<td>• Transferred to emergency room (ER)</td>
</tr>
<tr>
<td></td>
<td>• Patient is vital signs absent (VSA) on arrival</td>
</tr>
<tr>
<td></td>
<td>• ER team unable to resuscitate and patient is pronounced dead</td>
</tr>
<tr>
<td>Tuesday 1400</td>
<td>• Healthcare professional calls TGLN with death</td>
</tr>
<tr>
<td></td>
<td>• Patient is screened for possible tissue donation</td>
</tr>
<tr>
<td></td>
<td>• TGLN accesses registered consent decision in Ontario Health Card Data Base</td>
</tr>
<tr>
<td>Tuesday 1415</td>
<td>• Family still at hospital and TGLN coordinator requests to speak to family regarding donation</td>
</tr>
<tr>
<td></td>
<td>• Opportunity for tissue donation is presented to the family and registered donation decision is shared</td>
</tr>
<tr>
<td>Tuesday 1430</td>
<td>• Family consents</td>
</tr>
<tr>
<td></td>
<td>• Medical/social history questionnaire completed</td>
</tr>
<tr>
<td>Tuesday 1530 – 1700</td>
<td>• Tissue is offered to tissue banks</td>
</tr>
<tr>
<td>Tuesday 1700 – 1800</td>
<td>• TGLN coordinates operating room (OR) time with tissue banks and hospital OR staff</td>
</tr>
<tr>
<td></td>
<td>• Tissue recovery OR booked for 2400</td>
</tr>
<tr>
<td>Tuesday 2345</td>
<td>• The donor is transferred to the OR</td>
</tr>
<tr>
<td>Wednesday 0010</td>
<td>• Tissue recovery begins</td>
</tr>
<tr>
<td>Wednesday 0500</td>
<td>• Tissue recovery is complete</td>
</tr>
<tr>
<td>Within 72 hours</td>
<td>• Family is sent a letter regarding the outcome of the donation</td>
</tr>
</tbody>
</table>