

Prince Edward Island

TISSUE DONATION

Resource Manual



Health PEI
One Island Health System

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INTRODUCTION

The vision for the Prince Edward Island (PEI) Organ and Tissue Donation and Transplantation Program is to facilitate best practices in organ and tissue donation and transplantation on Prince Edward Island so that donation potential can be realized and transplant recipients can achieve the best outcomes possible. The Prince Edward Island Tissue Donation Resource Manual has been developed to assist health care providers on PEI with ensuring that tissue donation becomes a standard part of end of life care on PEI.

Prince Edward Island does not have its own organ procurement organization or tissue bank so our province has formed partnerships with the Critical Care Organ Donor Coordinators, Regional Tissue Bank, and Legacy of Life in Halifax, Nova Scotia as well as the New Brunswick Organ and Tissue Program. Prince Edward Island is also represented in national organ and tissue organizations such as the Canadian Society of Transplantation and Canadian Blood Services. This document was created with the recommendations and guidelines of our partners in mind to ensure consistency between provinces and across the country.

Every effort will be made to make sure the information contained in this document remains current. If there are any questions, or for more information, please contact the ***Provincial Organ and Tissue Donation and Transplantation Manager*** at (902) 368-5920 or adcarpenter@ihis.org.

BENEFITS OF TISSUE DONATION

BENEFITS OF TISSUE DONATION TO RECIPIENTS

- One donor can provide up to 75 tissue grafts (Refer to **Appendix 1: Recovered Organs, Tissues and Grafts**)
- The following tissues can be recovered; whole eyes, corneas, heart for valves, skin, tendons, and long bones from the upper and lower extremities.
 - **Sclera tissue** is utilized in reconstructive eye surgery.
 - **Corneas** offer sight restoration to those with corneal disease or injury. One donor can provide corneas to two patients on the wait list.
 - **Heart Valves** can save the life of someone with a faulty heart valve. Surgeons prefer human heart valves over prosthetic heart valves, especially for children, because there are fewer surgeries needed as the child grows and no need for blood thinners.
 - **Skin grafts** can save the life of a critically burned patient by acting as a temporary bandage that controls fluid and electrolyte loss, prevents heat loss, and protects against infection. The average donor can provide twelve skin grafts.
 - **Tendons** restore mobility and function to joints damaged by age, disease, or injury. Sports injuries often require donated tendons to repair joints.
 - **Bone grafts** are utilized in orthopedic procedures such as hip replacements, spinal surgery, limb salvage and repair of traumatic injuries.

BENEFITS OF TISSUE DONATION TO DONOR FAMILIES

- Offering the opportunity to donate tissues to families of eligible donors helps them to honor their loved one's wishes.
- Choosing donation can give families the ability to make a choice when it seems that everything else is out of their control.
- Tissue donation can help families cope with the death of a loved one by giving them comfort in knowing their loss has helped renew the lives of others.

BENEFITS OF TISSUE DONATION TO STAFF

- Facilitating tissue donation can contribute to a feeling of satisfaction knowing they have helped create meaning in a family's loss and have contributed to the well-being of recipients.
- By supporting the process of tissue donation, staff are providing quality end of life care to their patients and their patients' families.

HUMAN TISSUE DONATION ACT: LEGISLATIVE REQUIREMENTS

The *Human Tissue Donation Act* states:

Where the death of a person who is a patient in a hospital is imminent, the hospital shall record, in such form and manner as may be prescribed,

(a) whether any attending medical practitioner of the patient or other person designated by the hospital, discussed tissue donation with any of the persons authorized to provide a consent on behalf of a patient under subsection 5(2); and

(b) If no discussion referred to in clause (a) occurred, the reason why it did not.

The prescribed form and manner is described in the Regulations that accompany the *Human Tissue Donation Act*, and is met by completing the **Record of Discussion** on the patient's electronic health record (hard copy in **Appendix 2**). The Record of Discussion should be completed for every death that occurs in PEI hospitals (inpatient units and emergency departments). The Record of Discussion should be completed on the electronic health record, however, if the Record of Discussion is completed in a paper format (for example, if the electronic health record is not accessible), it should be placed on the patient's chart and a copy faxed to the Provincial Organ and Tissue Donation and Transplantation Manager at **902-620-3072**.

IDENTIFY

Tissue donors can come from any unit in the hospital. Unit staff will screen all in-patient deaths or impending deaths using the **Tissue Donation Screening Tool** on the patient's electronic health record (hard copy in **Appendix 3**) to identify all potential tissue donors. The Tissue Donation Screening Tool lists the absolute contraindications for tissue donation. If any one of the contraindications exists, do not make a referral.

ABSOLUTE CONTRAINDICATIONS FOR TISSUE DONATION

- **Maximum weight > 136 kg** (300 lbs) - This is to ensure respect for the decedent, the safety of the tissue retrieval staff, and access to tissues.
- **Evidence of neurological diseases** (ALS, MS, Alzheimer's, Parkinson's, dementia) - Not enough is known about these conditions and the Tissue Bank does not want to risk transmitting any of these conditions to a recipient.
- **Tests positive for HIV, Hepatitis B, Hepatitis C, HTLV I/II, active TB**– Infections can be transmitted to a recipient in contaminated tissue. If the patient's status is unknown, the person can still be referred because tissues are tested at the time of retrieval and quarantined until all test results are back to ensure that tissues are not contaminated.
- **Cancer**- Blood cancers such as lymphoma, leukemia, and myeloma are absolute contraindications for tissue donation. Other cancer types may be eligible for cornea donation. Persons with a history of cancer may be considered on a case by case basis.
- **Age** (older than 70 years) – Surgeons want the highest quality tissues for their patients, and there are fewer usable tissues in older donors.
- **Lab diagnosed infections** (MRSA, VRE, C. difficile) - Infections can be transmitted to a recipient in contaminated tissue. The patient must be positive for these infections at the time of death to be excluded. If the patient's status is unknown, the person can still be referred because tissues are tested at the time of retrieval and quarantined until all test results are back to ensure that tissues are not contaminated.
- **Minimum weight < 2.7 kg** (6 lbs) – Infant donors must be full term and have a minimum weight of 2.7 kg to donate heart valves. Pediatric donors must be at least 18 months old to donate ocular tissue. Other tissues are not recovered from pediatric donors because of their small size.
- **Unknown time of death**- Tissues must be retrieved within a certain time after death to minimize bacterial contamination that occurs as a result of the normal dying process. The time of death must be known to determine whether the tissues can be retrieved within the prescribed time lines. Refer to **Appendix 4: Recovery Timelines** for more information.

- **Severe sepsis**- For a diagnosis of severe sepsis the following criteria must be met: positive blood cultures, WBC > 20,000 X 24 hours, and a temperature > 38.3° X 24 hours. The findings must be concurrent. Patients who do not meet all of the criteria for severe sepsis should be referred to the Regional Tissue Bank for assessment.

The bedside nurse is most responsible for identifying potential tissue donors but physicians, clinical leaders, managers, supervisors, and even family members may identify potential tissue donors.

The Tissue Donation Screening Tool should be completed electronically for all inpatient and emergency department deaths in PEI hospitals. The first question on the Record of Discussion asks “Does the patient meet the basic suitability criteria for organ or tissue donation?”. The basic suitability criteria are established by the Regional Tissue Bank and are met if the patient has none of the absolute contraindications listed on the Tissue Donation Screening Tool. If the Tissue Donation Screening Tool is completed in a paper format (for example, if the electronic health record is not available), the completed form should be placed on the patient’s chart and a copy faxed to the Organ and Tissue Donation and Transplantation Manager at **902-620-3072**.

REFER

Prince Edward Island does not have its own tissue retrieval teams or tissue bank. Tissues from PEI donors are retrieved by Tissue Bank Specialists from the Regional Tissue Bank located in Halifax, Nova Scotia. All patients who do not have any absolute contraindications for tissue donation should be referred to the Regional Tissue Bank when death is imminent or as soon as possible after death. The referral should take place **BEFORE** the family is approached about tissue donation. A referral to the tissue bank does not imply commitment to donate.

Potential donors may be referred to the Tissue Bank before death, but only when all treatment options have been exhausted and death is known to be imminent. Referrals can also be made when the topic of donation is raised by the family and the patient does not have any absolute contraindications for tissue donation. If a referral is made before death has occurred, please call the Regional Tissue Bank at the time of death unless the Tissue Bank Specialist has directed staff to do otherwise.

A timely referral to the Regional Tissue Bank helps ensure that all usable tissues can be recovered in a timely manner. Refer to **Appendix 4: Recovery Timelines** for more information. Tissue donors from Prince Edward Island are transported to the Regional Tissue Bank in Halifax, Nova Scotia for tissue retrieval so travel time must be factored into the recovery timelines.

Hospitals and units may designate a specific person to make the referral to the Regional Tissue Bank. If no one is designated, the bedside nurse is most responsible to make sure the referral is made.

Before making the call, ensure that there are no contraindications for referral and the nurse assigned to the patient has completed the **Referral Information for Organ and Tissue Donation (Appendix 5)**. Not all information will be applicable to all patients.

A Tissue Bank Specialist is on call 24/7. The designated person will call QEII Locating at **1-902-473-2222** and ask for the Tissue Bank Specialist on call. The call should be made by a registered nurse, physician, or licensed practical nurse because the caller must be able to provide clinical information about the patient to determine eligibility.

The Tissue Bank Specialist will do an initial screening of the potential donor with the caller making the referral. This call is being made before the family has been approached to donate their loved one's tissues, so we do not have consent to share identifying information with the Regional Tissue Bank. Only information required to determine eligibility for donation may be shared at this time. Have the patient's chart readily available to answer additional questions. The call should take about 10 minutes to complete, although a follow up phone call may be required.

The purpose of this call is to determine preliminary eligibility; final eligibility to donate will be determined after the family has given consent for the tissue bank specialist to review the patient's medical records and examine the patient.

The Tissue Bank Specialist will want to know:

- The caller's name and professional designation
- The facility and unit name or number

- The date of admission and admitting diagnosis
- Relevant information about the current admission (ventilation status, signs of infection, amount of IV fluids and medications given during resuscitation, current weight, current medications)
- Patient's date of birth
- Past medical history (amputation may prevent bone donation, burns may prevent skin donation, etc)
- Circumstances of death (time and cause of death, death certificate completed)
- Coroner information (is it a coroner's case? If so, coroner's name and contact information)

APPROACH

After the initial screening is complete and the patient is determined to be a candidate for tissue donation, the family of the potential donor should be offered the opportunity for donation. If the family is not present, the opportunity to donate may be offered over the phone. Before approaching the family, staff should determine the patient's intention to donate.

In October 2015, most households on PEI were mailed a survey that allowed Island residents over the age of sixteen to indicate if they wanted to be an organ and/or tissue donor at the time of their death. The responses to this survey were used to populate the PEI Intent to Donate Registry. The Registry will continue to be updated as more Islanders indicate their wishes.

If an individual is eligible for tissue donation after initial screening by a tissue bank specialist, the Intent to Donate Registry should be accessed to determine what the patient's wishes regarding organ and tissue donation were. Health care professionals can call **(902)-438-4200** to access the Intent to Donate Registry. The health care professional will provide the potential donor's provincial health number and confirm the name and birth date of the potential donor.

1. If the potential donor has indicated that they **do not wish to donate organs or tissues**, no further action is taken.
2. If the potential donor has indicated that they **do wish to donate organs or tissues**, the health care professional will tell the family that their loved one indicated that they wanted to be a donor and will ask for the family's help in fulfilling their loved one's wishes.
3. If the potential donor **has not indicated if they want to be a donor or not**, the health care professional will raise the option of donation with the substitute consentor.

It is helpful to have a team "huddle" before the family is approached. Members of the team could include the most responsible treating physician, the primary bedside nurse, a social worker, the hospital chaplain, the nursing supervisor, etc.

To ensure a well planned approach, consider:

- Information about the patient including medical status, eligibility to donate, any indication that the patient intended to become a donor.
- Family issues or conflicts that may impact decision making.
- Where and when the conversation will take place.
- Who will lead the conversation, who else will participate and what their roles will be.

WHY SHOULD THE FAMILY BE APPROACHED?

All families of potential donors should be offered the choice to donate their loved one's tissues. If they are not given the option, the choice has been made for them. In many cases, this is the one thing they have control over when everything else seems out of their control. Many families find comfort in knowing their loved one was able to help others in such an important way.

Over the years, many Islanders have indicated they wish to be organ and tissue donors. It is up to physicians and nurses to ensure that these people are assessed as organ and tissue donors and, if they are eligible to be donors, their wishes are respected. Health care workers are seen as "dual advocates" - they are advocating for the best interests of the people who are waiting for organs and tissues to save or improve their lives, and also advocating for the person who wanted to be a donor.

WHO SHOULD BE PRESENT FOR THE CONVERSATION WITH THE FAMILY?

The members of the health care team who meet with the family will be decided based on many factors. There should be at least one person who can explain the patient's medical condition and answer questions about organ and tissue donation. This could be the primary care provider, treating physician, bedside nurse caring for the patient, or the nursing supervisor. It can also be helpful to have a second person present for support. This could be a nurse, social worker, or spiritual care provider.

The members of the family who should be present include the substitute consentor and any of the major decision makers in the family. According to the PEI Human Tissue Donation Act, consent to donate may be given by (in order of precedence):

- | | | | |
|-------------|----------------------|---|-----------|
| 1) Guardian | 2) Spouse | 3) Child | 4) Parent |
| 5) Sibling | 6) Other next of kin | 7) Co-resident with knowledge of wishes | |

WHEN SHOULD THE FAMILY BE APPROACHED?

The opportunity to donate tissues should only be given after the family has accepted the patient's death or grave prognosis to avoid the perception that the medical team has given up on the patient prematurely. The family should not be approached until an initial referral to the Regional Tissue Bank has been made and the Tissue Bank Specialist has determined the patient is a potential donor. This is to ensure that families are only approached when the opportunity to donate is a real possibility to avoid unnecessary disappointment.

Other considerations include family availability, staff availability, medical stability of patient, and unit logistics. Daytime discussions are preferable when possible because families are generally more rested and the necessary people are more readily available.

WHAT INFORMATION SHOULD BE GIVEN TO THE FAMILY?

When talking to families about organ and tissue donation, the following information should be provided:

- The value of donation
- The patient's wishes, if known
- Describe the process, medical/clinical considerations, and probability of donation
- Roles and responsibilities of those involved in the donation process
- Any impact on funeral arrangements
- There is no extra cost to the family

Appendix 7: Information for Families contains handouts that may help families when considering organ and tissue donation. These can be photocopied or there may be a package available on your unit to give to families. There are also pamphlets from Health PEI, Canadian Blood Services, and The Center for Loss and Life Transitions available for families. The educator on your unit can provide more information on what is available on your unit.

WHERE SHOULD THE CONVERSATION WITH THE FAMILY TAKE PLACE?

Discussions should be held in a room which is private, comfortable, and quiet. The meeting should be held in a room which is close to the patient, but should not be held in the same room as the patient. The room should be large enough to accommodate all family members who will be participating in the conversation with amenities such as water, tissues, and food available. There should be no pressure to leave the room so the family has time to ask and answer questions without feeling rushed. A room with a speaker phone is ideal so families can consult with others who aren't able to be there in person. The Tissue Bank Specialist can also be called to answer questions the hospital staff is not able to answer.

HOW SHOULD THE FAMILY BE APPROACHED?

Presenting the opportunity for donation to families who are in a stressful, traumatic situation can be difficult and should be done with compassion. If the patient's wishes are known, the conversation should focus on how the health care team will be doing everything they can to respect the wishes of the patient. If the patient's wishes are not known, ask the family to think about what the patient would have wanted. For more information on how PEI residents can indicate their wishes to be a donor, please refer to

Appendix 8: The Consent Process.

When speaking with families keep in mind this should be a conversation, with the family and the health care team asking questions and providing answers. The purpose of the conversation is to help the family make an informed decision, so all information should be clear and easy to understand. The health care team should demonstrate sensitivity, compassion, and caring with a focus on family well-being. The goal is to help the family make the best decision for them. The family should be able to look back on the experience and know they made the right decision; they should not regret their decision.

Use a confident and positive approach, rather than a guarded or apologetic approach. Let the family know that we offer the opportunity to donate organs and tissues to all eligible families. Be honest with them- if you don't know the answer to a question, tell them you don't know and that you will find out. The Tissue Bank Specialist is available to answer your questions or talk to the family directly.

Some things to avoid are aggressive or coercive language; strategies that polarize families; and statistics such as donation rates, time on wait lists, etc that may seem cold or coercive.

WHAT IF THE FAMILY DOES NOT WANT TO DONATE?

If a family is reluctant to donate, sensitively explore the reasons for their reluctance. Talk about their reasons and address any medical, religious, or cultural misinformation or misconceptions, and dispel any myths about tissue donation. **Appendix 9: Religious Beliefs about Donation** contains information on the perspectives of most major religions on organ and tissue donation. Do not pressure the family to change their minds; the goal is not to change their mind, but to ensure this is an informed choice. Families should be supported during and after donation conversations, whether they consent to donation or not.

WHAT IF THE FAMILY BRINGS UP THE TOPIC OF DONATION?

If the family raises the topic of donation first, their questions should be answered honestly. If the focus of care is still on treatment and recovery, it is too early to be thinking about tissue donation. Acknowledge their interest and assure them that the option will be presented to them if and when it is appropriate. If the patient has an absolute contraindication that would prevent them from becoming a donor, let the family know you appreciate their willingness to donate their loved one's tissues, but that their loved one is not a candidate for donation.

NEXT STEPS

After meeting with the family, call the Tissue Bank Specialist to let them know what the family has decided.

IF THE FAMILY DOES NOT WANT TO DONATE

If the family has decided that they do not want to proceed with donation, the designated person will let the Tissue Bank Specialist know the family declined the offer. The decision to decline donation should be documented on the patient's chart and the family should be supported.

IF THE FAMILY DOES WANT TO DONATE

If the family is interested in donation, find out when and where they would like the Tissue Bank Specialist to call them, and what number to call them at. The designated person will let the Tissue Bank Specialist know the family has agreed to donation. The Tissue Bank Specialist will call the substitute consentor to get consent and complete a medical and social history. This is a three way call between the substitute consentor, the Tissue Bank Specialist, and the Tissue Bank Specialist Assistant. The Assistant witnesses the consent and signs the consent on behalf of the substitute consentor. The call will take 30 to 60 minutes and is recorded. The questions asked in the medical and social history are very personal and are similar to the questions asked when donating blood. These questions must be asked to determine the safety of the tissues for transplant and the Tissue Bank Specialist will make every effort to conduct the interview in a sensitive manner.

The Tissue Bank Specialist will request more information about the patient. This information is required to ensure the safety of the tissues for the recipients. All information is kept confidential and is collected for the specific purpose of donation. At the request of the Tissue Bank Specialist, the following documents should be faxed to **902-473-2170**:

1. Signed Death Certificate
2. Medications
3. Fluid Intake-output records
4. Medical consults (i.e. Infectious disease, hematology, neuro surgery, etc)
5. Blood transfusion records
6. Emergency department/triage records
7. Lab reports (Microbiology, hematology)
8. Emergency Medical Services records (paramedics)
9. Ventilation start/stop times
10. Refrigeration times (when body secured in morgue)

Health Canada has set out certain standards that must be met to determine the safety of tissues for transplantation. The Regional Tissue Bank will carefully evaluate each potential donor to determine which tissues will be safe for transplantation into a recipient. The final eligibility to donate will be determined by the Regional Tissue Bank.

IF THE DEATH IS A CORONER'S CASE

Donation may still take place if the death is a coroner's case (refer to **Appendix 10: Coroner Considerations** for more information). Inform the Tissue Bank Specialist this is a coroner's case and the Tissue Bank Specialist will speak with the Coroner to determine which tissues may be recovered. The Coroner may restrict the recovery of some tissues that were consented to by the family (for example, the heart may be restricted), but the Coroner cannot authorize the recovery of tissues that were not consented to by the family.

PREPARATION OF THE BODY

Once the donor has died, the designated person will notify the Tissue Bank Specialist. Unit staff will prepare the eyes for cornea retrieval by applying Polysporin eye drops or Natural Tears, taping the eyes closed, and taping ice packs to the donor's head. If eye drops are not available, tape the eyes closed to protect the corneas. If the body is going to the morgue immediately, ice packs are not necessary. Make sure identification is clearly documented on the body and body bag as per facility guidelines. Place the body in the refrigerated morgue as soon as possible after the family leaves. The documents listed on the checklist for tissue donation should be printed off and sent to the morgue with the body.

A completed death certificate is required before the Coroner can give permission to transport the body to Halifax. The death certificate must be completed by the attending physician. If the death occurs when the attending physician is not available to complete the death certificate, it should be completed as soon as possible when the physician returns. If the death certificate is not completed in time to meet the timelines for tissue retrieval, the donation will not take place. If the attending physician cannot complete the death certificate, the Coroner may complete an Interim Medical Certificate of Death (Vital Statistics Act Regulations, Form 9).

CORONER REQUIREMENTS FOR TRANSPORTING TISSUE DONORS

According to the PEI Coroner's Act, a body cannot leave the province until the Coroner issues a Form 5 stating he or she has examined the medical certificate of death and releases the body for transport. Similarly, a body cannot come in to the province until the Coroner has been notified and has inspected the medical certificate of death or other documents that accompany the body and completed a Form 6 to release the body. For the purposes of tissue donation, the Coroner may choose to complete a Form 5 and Form 6 together, before the body leaves the province. This may be done by fax if the Coroner is not on site. Refer to **Appendix 11: Form 5** and **Appendix 12: Form 6** for copies of the forms.

TRANSPORTATION OF TISSUE DONOR TO HALIFAX

Tissue donors from PEI are transported to the Regional Tissue Bank in Halifax for tissue recovery. Atlantic Funeral Homes is the contracted provider of this service. The Tissue Bank Specialist will arrange for transportation of the body from PEI to Halifax and notify the designated person of who will be picking up the body and when they are expected to arrive. The body is released to Atlantic Funeral Homes (or subcontracted company) by the nursing supervisor or hospital security. The documentation required is the completed death certificate, Forms 5 & 6, and the name and address of the funeral home the body will be returned to.

The Regional Tissue Bank also coordinates the return of the remains to PEI. The donor will be transported to the funeral home of the family's choosing if known, otherwise, the remains will be returned to the referring hospital.

HEALTH PEI ROLES AND RESPONSIBILITIES:

- Document referral and outcome
- Fax relevant medical records to 902-473-2170
- Chart time body went to morgue- for the best possible tissue graft, the body should be cooled as soon as possible.
- Instill drops in eyes and tape closed- to protect the integrity of the cornea
- Chart time when ice applied to eyes- this may be done if there is a delay in cooling the body.
- Ensure ID is affixed to body
- Ensure death certificate is signed
- Ensure Forms 5 & 6 are signed by the Coroner
- Notify the Provincial Organ and Tissue Donation and Transplantation Manager that a donation is taking place
- Do not send personal belongings to the Tissue Bank

TISSUE BANK SPECIALIST ROLES AND RESPONSIBILITIES:

- Perform detailed review of donor's relevant medical information to determine donor suitability.
- Contact attending or family physician for more information if necessary.
- Obtain consent with substitute decision maker.
- Complete medical social risk questionnaire (similar to the questions asked when donating blood)
- Coordinate tissue recovery including transportation of donor to/from Halifax.
- Contact Coroner and request written authorization to proceed.
- Notify designated person and security that donation will proceed.
- Contact security to advise when body transport is expected to arrive.
- Perform physical assessment and surgical recovery of tissue in accordance with all regulations, standards and established Standards of Practice.
- Perform body reconstruction, affix identification and coordinate repatriation of the tissue donor back to PEI.

TISSUE RECOVERY PROCEDURE

The recovery of tissues is a sterile, surgical procedure performed in an operating room suite by a Tissue Bank Specialist and an assistant. Depending on what tissues are recovered, the procedure could take from two to twelve hours. The donor is treated with the utmost respect and the body is reconstructed so that an open casket is possible. For more information on tissue banking, refer to **Appendix 13: Steps in Tissue Banking**.

IMPACT ON FUNERAL ARRANGEMENTS

Tissue donation does not prevent cremation or an open casket funeral. The retrieval of heart valves and musculoskeletal tissue may influence what clothing is chosen for burial (ex. Short sleeves or low necklines). The donor will be out of the province for about twenty four hours so this may delay visitation and burial by a day.

DONOR FAMILY CARE

When a family has consented to donation, a Thank You Card and Green Ribbon Pin or Pins should be given to the family as a token of appreciation from Health PEI. These Thank You packages should be available in your facility, however, if the family does not receive a Thank You package when they give consent, please contact the Provincial Organ and Tissue Donation and Transplantation Manager and a package will be sent to them.

After the donation takes place, the family is offered a copy of the consent and a phone call to let the family know how the recovery went. A letter is sent to the family about six weeks after the donation to let them know what tissues were recovered and if the tissue has been used. The family will also be sent an invitation to the Gift of Life celebration held each year in Halifax.

The Gift of Life celebration is a private ceremony held each May to recognize the generosity and courage of those who have donated organs and tissues, and the families who supported that generous decision. Donor families from across Nova Scotia and PEI are able to meet others who have shared similar experiences, hear presentations from health care leaders in the area of organ and tissue donation, listen to inspiring stories by donor family members and transplant recipients, and each family will receive a Gift of Life Certificate to recognize the tremendous generosity and selflessness of the donors.

DOCUMENT

TISSUE DONATION SCREENING TOOL

The **TISSUE DONATION SCREENING TOOL** is available on the electronic health record and in hard copy (**Appendix 3**). It should be completed for **ALL** deaths that occur in PEI hospitals. The Tissue Donation Screening Tool lists the absolute contraindications for tissue donation and must be completed to satisfy the requirements of the Regional Tissue Bank. Using the form to identify those who are not eligible to donate will decrease the amount of inappropriate referrals to the Regional Tissue Bank.

The **TISSUE DONATION SCREENING TOOL** should be completed electronically, however, if it is necessary to complete the form on paper, the original document should be placed on the patient's chart and a copy should be faxed to the Provincial Organ and Tissue Donation and Transplantation Manager at **902-620-3072**. If the Tissue Donation Screening Tool has been completed electronically, a paper form does not have to be completed.

RECORD OF DISCUSSION

The **RECORD OF DISCUSSION** is available on the electronic health record and in hard copy (**Appendix 2**). It should be completed for all deaths that occur in PEI hospitals. The Record of Discussion is a tool to ensure that the families of all eligible donors are approached to donate their loved one's tissues. It is also a place to record the results of the discussion and will be used to evaluate the tissue donation program.

The **RECORD OF DISCUSSION** should be completed electronically, however, if it is necessary to complete the form on paper, the original document should be placed on the patient's chart and a copy should be faxed to the Provincial Organ and Tissue Donation and Transplantation Manager at **902-620-3072**. If the Record of Discussion has been completed electronically, a paper form does not have to be completed.

REFERRAL INFORMATION FOR ORGAN AND TISSUE DONATION

The **REFERRAL INFORMATION FOR ORGAN AND TISSUE DONATION (Appendix 5)** should be completed for all patients who are referred to the Regional Tissue Bank. Not all sections will apply to all patients. The purpose of this form is to expedite the referral process. The person who calls the Tissue Bank Specialist may not be the person who is providing bedside care for the patient. Two calls to the Tissue Bank Specialist are required, and the same person may not be available for the second call. This form ensures that the information given is consistent and correct.

CHECKLIST FOR TISSUE DONATION

The **CHECKLIST FOR TISSUE DONATION (Appendix 6)** is a tool to assist health care providers when a potential donor has been accepted for transfer to Halifax. The process could take several hours and involve several people, so this is a place to record what has been done and what needs to be done. The original form should be placed on the patient's chart and a copy sent with the remains.

Each month, the Provincial Organ and Tissue Donation and Transplantation Manager receives a report of the deaths that occurred in PEI hospitals. The Manager compares the reported deaths to the completed Records of Discussion and Tissue Donation Screening Tools received. If a death occurs that did not have the corresponding forms completed, the Manager will notify the unit the patient came from and work with that unit to improve compliance with the Act and ensure that more lives are saved and enhanced by tissue transplantation.

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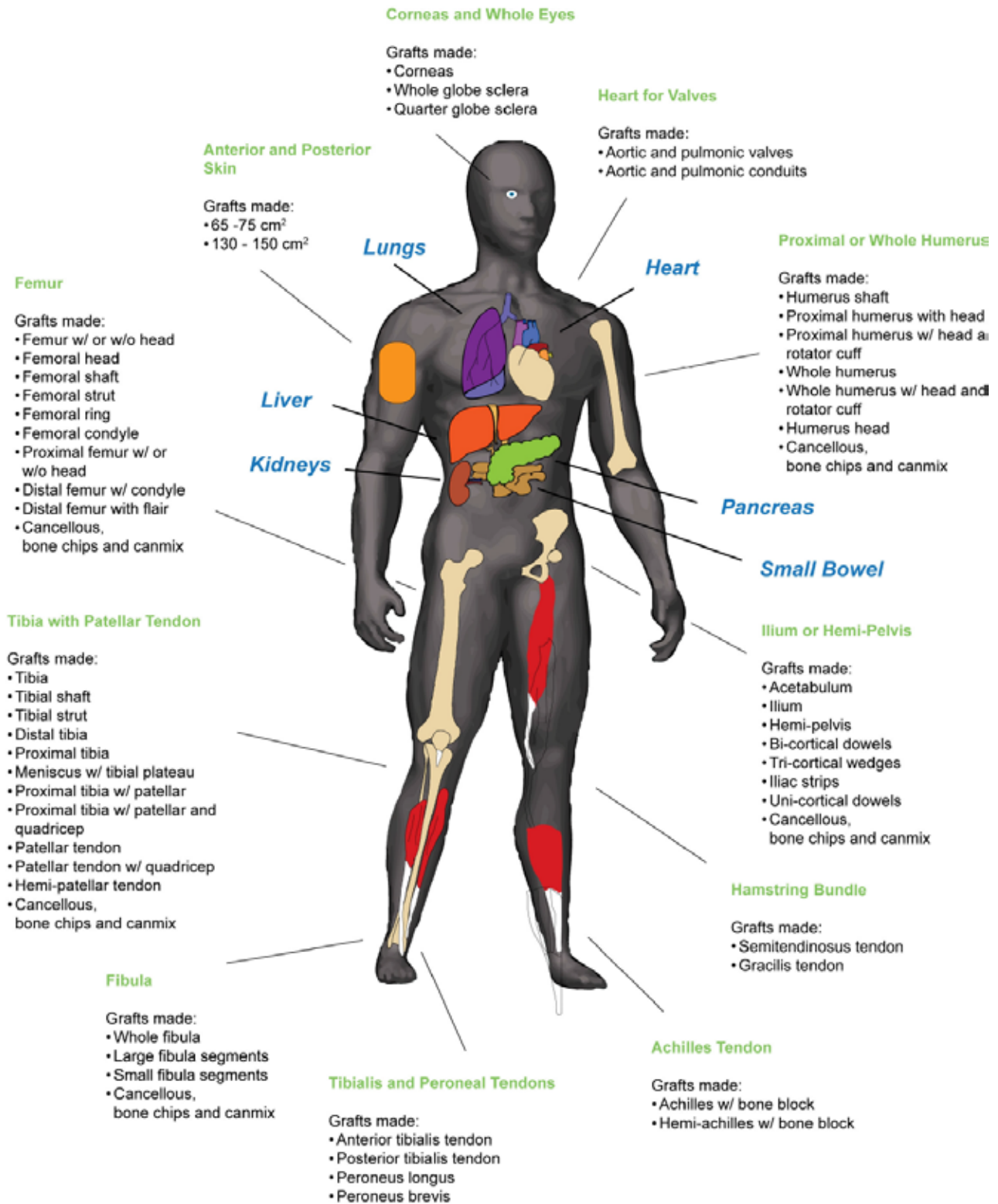
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APPENDICES

APPENDIX 1: RECOVERED ORGANS, TISSUES, AND GRAFTS

RECOVERED ORGANS, TISSUES, and GRAFTS



APPENDIX 2: RECORD OF DISCUSSION

ORGAN & TISSUE DONATION - RECORD OF DISCUSSION

Hospital: _____ Date of discussion: _____
(YYYY/MM/DD)

PLACE PATIENT ID LABEL HERE

Patient Name: _____

DOB: _____ PHN#: _____

1) IDENTIFY

Does the patient meet the basic suitability criteria* for organ or tissue donation?

- YES
- NO – specify reason(s): _____

2) REFER

Was the Organ Donation Coordinator or Tissue Bank Specialist notified?

- YES
- NO – specify reason(s): _____

3) APPROACH

a. Was the option of organ and tissue donation discussed with the patient?

- YES
- NO – specify reason(s): _____

b. Was the option of organ and tissue donation discussed with a substitute consentor?

- YES – name _____ relationship _____
- NO – specify reason(s): _____

c. What was the result of organ and tissue donation discussion?

- ACCEPTED
- DECLINED – reason(s): _____

4) DOCUMENT

This Record of Discussion MUST be placed on the patient health record.

Completed by: _____
(Please Print Name) (Signature) (Position / Title)

<p>Substituted consent may be given by any of the following classes of persons (as per <i>The Human Tissue Donation Act</i>):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1) Guardian;</td> <td style="width: 50%;">5) Sibling;</td> </tr> <tr> <td>2) Spouse;</td> <td>6) Other next of kin; or</td> </tr> <tr> <td>3) Child;</td> <td>7) Co-resident with knowledge of wishes;</td> </tr> <tr> <td>4) Parent;</td> <td></td> </tr> </table> <p>In the event of a dispute between two or more persons of the classes above, the dispute shall be decided in accordance with the order in which those classes are listed.</p>	1) Guardian;	5) Sibling;	2) Spouse;	6) Other next of kin; or	3) Child;	7) Co-resident with knowledge of wishes;	4) Parent;		<p>No consent may be given by a person who:</p> <ul style="list-style-type: none"> – is under sixteen years of age; – does not understand the nature and consequences of transplanting tissue from the body of the deceased after death; or – has reason to believe that the deceased would have objected to the consent.
1) Guardian;	5) Sibling;								
2) Spouse;	6) Other next of kin; or								
3) Child;	7) Co-resident with knowledge of wishes;								
4) Parent;									

Please place original form on patient's chart and fax a copy to **902-620-3072 ATTN: OTDT Manager**.

*These criteria are established by the Regional Tissue Bank, Halifax, Nova Scotia; and the Critical Care Organ Donation Program, Halifax, Nova Scotia.

APPENDIX 3: TISSUE DONATION SCREENING TOOL

TISSUE DONATION SCREENING TOOL

Death is Reportable- If death is reportable, the Tissue Specialist will coordinate with Coroner and obtain authorization for tissue recovery.

PLACE PATIENT ID LABEL HERE

Patient Name: _____

DOB: _____ PHN#: _____

Absolute Contraindications

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Over 136 kilograms (300 lbs)
<input type="checkbox"/>	<input type="checkbox"/>	Neurological diseases (e.g. ALS, MS, Alzheimer's, Parkinson's, Dementia)
<input type="checkbox"/>	<input type="checkbox"/>	Tests positive for HIV, Hepatitis B, Hepatitis C, HTLV I/II, active TB
<input type="checkbox"/>	<input type="checkbox"/>	Cancer- blood cancers such as Lymphoma, Leukemia, Myeloma are absolute contraindications. Primary brain cancers may be eligible for all tissue donation. Other cancer types may be eligible for cornea donation.
<input type="checkbox"/>	<input type="checkbox"/>	Age greater than 70 years
<input type="checkbox"/>	<input type="checkbox"/>	Lab diagnosed infections (e.g. MRSA, VRE, C. Difficile)
<input type="checkbox"/>	<input type="checkbox"/>	Less than 2.7 kilograms (6 lbs)
<input type="checkbox"/>	<input type="checkbox"/>	Unknown time of death
<input type="checkbox"/>	<input type="checkbox"/>	Severe sepsis (+ blood cultures, WBC>20,000 X 24 hours and T>38.3° C X 24 hours) FINDINGS MUST BE CONCURRENT

If any ONE of the above contraindications exists, DO NOT MAKE A REFERRAL.

If NO contraindications exist, PRIOR TO APPROACHING THE FAMILY FOR DONATION, call the Tissue Bank specialist at (902) 473-2222 to discuss eligibility. They will ask for the following: age, cause of death, time of death, and relevant health information (have chart with you).

Signature of person completing form

Print name

Date

Title

Place completed form on patient's chart and fax a copy to:

902-620-3072 ATTN: OTDT Manager

APPENDIX 4: RECOVERY TIMELINES

RECOVERY OF ORGANS AND TISSUES

Organ Recovery- 3-7 hours

Tissue Recovery- 3-7 hours

Combined Organ and Tissue Recovery- 6-14 hours

TISSUE RECOVERY TIMELINES

Tissue	Post-Mortem Time to Retrieval	Retrieval Duration	Tissue Recovered
Ocular	Up to 16 hours (with cold storage)	1 hour	2 corneas, 8 sclera grafts
Cardiac	Up to 24 hours (with cold storage)	1 hour	2 heart valves
Musculoskeletal		2-4 hours	Long bones from arms and legs, and tendons from legs
Skin		2 hours	Up to 12 grafts from back and upper legs.

TISSUE TRANSPLANT TIMELINES

Corneas- transplanted within 7-14 days

Sclera- can be stored for up to 1 year

Cardiac, Musculoskeletal, and skin grafts- can be stored for up to 5 years

APPENDIX 5: REFERRAL INFORMATION FOR ORGAN AND TISSUE DONATION

REFERRAL INFORMATION FOR ORGAN AND TISSUE DONATION

Please have the following information on hand when calling with a referral:

Facility and Unit name or number	
Date of admission	
Admitting diagnosis	
Info on current admission (came to ER with chest pain, admitted to ICU with MI, cardiac arrest on day 2, successful resuscitation, etc)	
Is/was person ventilated? For how long?	
Could they be septic? (last blood culture date and results)	
IV fluid amounts given in resuscitative efforts	
Medications given in resuscitative efforts	
Weight	
List of medications	
Date of birth	
Past medical history (amputation may prevent bone donation, burns may prevent skin donation)	
Time of death	
Cause of death	
Circumstances of death (ex: otherwise healthy- witnessed collapsed at home)	
Death certificate completed	
Is this a coroner's case?	
Coroner's name and contact information	

APPENDIX 6: CHECKLIST FOR TISSUE DONATION

<i>Tissue Donation Screening Tool completed</i>	
<i>Referral Information for Regional Tissue Bank completed</i>	
Tissue Bank Specialist name- conversation with TBS	
Substitute consentor- conversation with family	
Documents faxed to Tissue Bank (see below)	
Medical Director notified	
Facility Administrator notified	
OTDT Manager notified	adcarpenter@ihis.org
Coroner notified	
Time of death	
Time of eye gtts and ice packs applied to eyes	
Time of refrigeration in morgue	
Full name on ID with remains	
Signed Death certificate with remains	
Forms 5 & 6 completed and with remains	
Where to return remains (QEH for autopsy, or funeral home chosen by family)	

DOCUMENTS TO BE PRINTED/FAXED TO REGIONAL TISSUE BANK

- Signed Death Certificate
- Fluid intake/output records
- Blood transfusion records
- Lab reports (microbiology, hematology)
- Ventilation start/stop times
- Best Possible Medication History/medication list
- Medical consults
(i.e. infectious disease, hematology, neuro surgery, etc.)
- Emergency Department/Triage records
- Emergency Medical Services Records (paramedics)
- Refrigeration times (when body secured in morgue)

APPENDIX 7: INFORMATION FOR FAMILIES

ORGAN AND TISSUE DONATION - DONATION PROCESS

Adapted from: **Organ and Tissue Donation Programs, Alberta Health Services**

ORGAN DONATION

1. All persons in PEI hospitals whose death is imminent are assessed for potential to be organ donors.
2. The family of anyone who is determined to be a potential organ donor will be offered the option to donate organs as part of end-of-life care.
3. If the family supports the option to donate, an Organ Donor Coordinator will talk to them about the donation process, get consent, and ask questions about the person's social history and medical history.
4. The person will be transferred to Halifax, Nova Scotia or Monton, New Brunswick where brain death will be confirmed and the donation process will take place. Family members can travel to Halifax or Monton if they wish, or remain on PEI.
5. Blood samples will be taken and tests will be done to make sure the person who died can donate.
6. The organs will be matched with recipients through a national transplant waiting list using a standardized process.
7. Once recipients are found, the donor is taken to the operating room. The organs are recovered and sent to the recipient centers to be transplanted.
8. If the donor can donate tissue, the tissue recovery is done after the organ recovery.
9. The donor is transported back to PEI at no extra cost to the family.
10. The donor is released to a funeral home that the family chooses.

TISSUE DONATION

1. All persons in PEI hospitals who have died or whose death is imminent are assessed for potential to be tissue donors.
2. The family of anyone who is determined to be a potential tissue donor will be offered the option to donate tissues as part of end-of-life care.
3. If the family wishes to donate, a Tissue Bank Specialist will get consent and ask about the person's social history and medical history.
4. The Tissue Bank Specialist will review the medical records of the person who died to decide if the donor can donate tissue.
5. The donor is transferred to Halifax, Nova Scotia where the tissue recovery will take place.
6. The donor is taken to the operating room for tissue recovery.
7. The tissues are processed and stored for future use.
8. The donor is transferred back to PEI at no extra cost to the family.
9. The donor is released to a funeral home that the family chooses.

ORGAN AND TISSUE DONATION – FREQUENTLY ASKED QUESTIONS

Adapted from: **Organ and Tissue Donation Programs, Alberta Health Services**

HOW LONG DOES THE ORGAN AND TISSUE DONATION PROCESS TAKE?

The time it takes for organ and tissue donation is different for everyone. It usually takes 24 to 36 hours.

WHAT IS THE ROLE OF THE ORGAN DONOR COORDINATOR?

The Organ Donor Coordinators are nurses with special training who:

- Coordinate all organ donations in their area and work with the eye and tissue programs
- Teach people about organ and tissue donation
- Help with organ donation research
- Provide follow-up support and communicate with donor families

You can call the coordinator any time after the donation for support or if you have questions. The coordinator can refer you to other healthcare providers if needed. You may get some information about the recipients, but it will be limited.

HOW ARE ORGAN RECIPIENTS CHOSEN?

People who need transplants are matched to an organ based on many factors including:

- blood group
- height
- weight
- medical urgency (sickest people first)
- how long the person has been on the waiting list
- distance between the donor and possible recipient

All the above information is used to help medical specialists decide which recipient is the best match for the organ that's available.

WHAT DOES THE TISSUE BANK DO?

The tissue bank focuses on improving the health and quality of life of individuals by recovering, processing, storing, and distributing various types of tissues for transplantation.

CORNEAS- can restore sight in some types of blindness.

SCLERA- this tissue is used in some eye surgeries.

SKIN - the donation of skin enables a better and faster healing process to individuals who have been seriously burned.

HEART FOR VALVES - heart valves are used to replace damaged or diseased valves in children or adults.

BONE - bone destroyed by cancer or trauma can be removed and replaced with healthy donated bone.

This surgery can prevent amputation and save a limb.

TENDONS- used to restore joint mobility and are sometimes used in joint repair procedures.

WHAT IS THE ROLE OF THE TISSUE BANK SPECIALIST?

Tissue Bank Specialists come from a variety of scientific and health sciences backgrounds and receive additional specialized training to:

- coordinate tissue donations in their area and work with the organ programs
- teach people about tissue donation
- help with tissue research
- provide follow up support and communicate with donor families

HOW ARE TISSUE RECIPIENTS CHOSEN?

Medical specialists review the patient's medical history and health status to determine who may benefit from a tissue transplant. Surgeons will then determine the best type of tissue transplant in consultation with the tissue program.

WHO CAN BE AN EYE DONOR?

The great thing about corneal tissue is that anyone can be an eye donor. Blood type does not have to match and it does not matter if the potential donor has good eye sight. Only those suffering from some forms of cancer, infections or a few highly communicable diseases such as HIV or hepatitis will disqualify a potential ocular donor.

HOW DOES A CORNEA TRANSPLANT WORK?

A corneal transplant involves the removal of the central portion (called a button) of the diseased cornea and replacing it with a matched button of a donor's cornea. Corneal grafts are also performed on patients with damaged or scarred corneas that prevent acceptable vision. Scarring may have resulted from disease or trauma.

HOW SOON AFTER A DONATION MUST A CORNEA BE TRANSPLANTED?

Recovery of the donor eye tissue takes place within hours of death. A corneal transplant is performed as quickly as possible (usually within 3-7 days).

DOES THE REMOVAL OF ORGANS OR TISSUES LEAVE SCARS? WILL IT PREVENT AN OPEN CASKET FUNERAL OR DELAY THE FUNERAL?

The surgery to remove organs and tissues is done with the same care as any other surgery. Everything is done to keep your family member's dignity. The person's body is treated with respect. All areas affected by organ or tissue removal are reconstructed. This is very important with eye donation. In these cases, the eye area is reconstructed so you can't tell that surgery was done. Usually, you can expect the body to be released to the funeral home 24 to 48 hours after the person has died.

Most of the time, there is no way to tell that the person was an organ or tissue donor and you can have an open casket funeral. All donations are confidential, however, if you would like others to know that your loved one was a donor, you may want to include this information in the obituary, the funeral program, or the eulogy. Ask your funeral director for ideas.

REMEMBERED FOR LIFE

Donating organs and tissues is a compassionate and heroic act. It is confidential until family members choose to make it public; Health PEI will not acknowledge a donation without permission. If a family would like to recognize their loved one's gift of life, Health PEI can help. Many find that honoring their loved one's donation can assist in the grieving process. Remembered for Life acknowledgements can be provided for visitation hours or the memorial service at no cost to the family or funeral director. Call the Provincial Organ and Tissue Donation and Transplant Manager at **(902)-368-5920** for more information.

A Framed Remembrance for Display- The framed remembrance will be personalized with the loved one's name. It is then the family's to keep following the service.

Green Ribbon pins- The Green Awareness Ribbon is an international symbol of support for organ and tissue donation. They are provided in a basket, and the pin could also be placed on the loved one's clothing or casket lining.

Donation Information- Brochures are available to share information about organ and tissue donation and how one donor can make a difference in the lives of so many.

Obituary Acknowledgement- Another way to publicly honor donation is to include a line in the obituary, such as "Mary's generous spirit lives on through organ and tissue donation." Funeral directors can assist with the wording and arrangements.

Sample phrases for organ and tissue donor obituaries:

- In keeping with John's loving and generous spirit, it was his decision to donate life so that others may live.
- He was known as a giving person and even in death, his giving continues as his donation of tissues will touch the lives of as many as 50 people.
- Joan gave the gift of life through organ and tissue donation.
- His organs have restored life's promise for many families
- Honoring his generous wish, the gift of life was shared with many people in need through organ and tissue donation.
- Joan gave in death as she gave in life; she was an organ and tissue donor.
- Joan's final act of kindness was to give the gift of life through organ and tissue donation.
- Jason donated his heart valves to help other babies in need.

APPENDIX 8: THE CONSENT PROCESS

There are two ways to indicate your wish to become an organ and tissue donor on PEI:

1. Register your intentions on the PEI Intent to Donate Registry
www.healthpei.ca/organandtissuedonation
2. Complete a Health Care Directive (a.k.a. living will) to indicate your wishes.

TALK TO YOUR FAMILY AND FRIENDS ABOUT YOUR WISHES

If you decide that you want to donate your organs or tissues after death, it is important to inform your family:

- After death, an Organ Donor Coordinator or Tissue Bank Specialist will ask your next of kin to participate in a donor screening process.
- If your next of kin is unaware of your intent to donate, there may be a hesitation to participate in the screening process.
- Without the screening, the organ and tissue retrieval will not occur as it is essential that all organs and tissues are safe for the recipients.

WHEN THE PATIENT HAS INDICATED A WISH TO DONATE

If a patient's choice to be a donor is known, this will be communicated to the family. Health PEI staff have access to the Intent to Donate Registry which contains information about Islander's wishes to become an organ and/or tissue donor. If the patient has indicated they want to be a donor on the registry, the family will be informed of the patient's wish to be a donor and that the health care team will do everything they can to make sure the donation takes place.

WHEN THE PATIENT HAS NOT INDICATED THEIR WISHES

If the family is not aware of their loved one's wishes, they will have to make the decision based on what they think the patient would have wanted. According to the *PEI Human Tissue Donation Act*, consent to donate may be given by (in order of precedence):

- | | | | |
|-------------|----------------------|---|-----------|
| 1) Guardian | 2) Spouse | 3) Child | 4) Parent |
| 5) Sibling | 6) Other next of kin | 7) Co-resident with knowledge of wishes | |

WHEN THE FAMILY DOES NOT SUPPORT THE PATIENT'S WISH TO BE A DONOR

Occasionally, family members will disagree with the patient's decision to be a donor. In this case, it is unlikely that the donation will take place. The organ and tissue donation community does not want to cause undue suffering to families that are already grieving by removing organs and tissues against their wishes. Without the family's cooperation, the medical social questionnaire cannot be completed and the tissue cannot be retrieved.

OBTAINING CONSENT FOR TISSUE RETRIEVAL

According to Health Canada Standards, the official consent for tissue retrieval must be obtained by the Tissue Bank Specialist.

APPENDIX 9: RELIGIOUS BELIEFS ABOUT DONATION

The following are excerpts from The Canadian Council for Donation and Transplantation's Report- Faith Perspectives on Organ and Tissue Donation and Transplantation (2006). More information can be found in the document. Families may also choose to contact their spiritual advisor for clarification.

BUDDHISM- Buddhists believe that organ and tissue donation is a matter of individual conscience and there is no written, official position on organ and tissue donation.

CHRISTIANITY- The majority of denominations support organ and tissue donation and transplantation.

MORMON FAITH- The Church of Jesus Christ of Latter-day Saints believes that the decision to donate is an individual one made in conjunction with family, medical personnel, and prayer. They do not oppose donation.

HINDUISM- Organ transplantation is accepted and is regarded as virtuous behavior.

ISLAM- The majority of Islamic experts favor organ donation and transplantation and reconcile the principles of saving a life against respecting the cadaver.

JUDAISM- All four branches of Judaism (Orthodox, Conservative, Reform, and Reconstructionist) support and encourage donation.

SHINTOISM- Although there is little literature of this faith's position on organ donation, some writings suggest that Shinto followers doubt that procuring organs is a polite way to show respect for one's ancestors.

SIKHISM- There is little literature discussing the Sikh view towards organ donation and transplantation. It has been reported that Sikhs accept organ transplants.

APPENDIX 10: CORONER CONSIDERATIONS

If the potential donor's death is considered a coroner's case, written permission from the coroner must be obtained before the tissue retrieval can take place. The Tissue Bank Specialist will contact the coroner on call to get this permission, so Health PEI staff will be required to share the contact information of the coroner on call for this purpose. According to the *PEI Coroners Act*;

PART II

DUTY TO REPORT DEATH TO CORONER

5. (1) Where a death has occurred in the province, or as a result of events that occurred in the province, every person shall immediately report the death to a coroner or a police officer, if the person has reason to believe that the death
- (a) occurred as a result of violence, accident, suicide or other cause other than disease, sickness or old age;
 - (b) occurred as a result of negligence, misconduct or malpractice;
 - (c) occurred suddenly and unexpectedly when the deceased had been in apparent good health;
 - (d) occurred under circumstances in which the body is not available because the body or part of the body
 - (i) has been destroyed,
 - (ii) is in a place from which it cannot be recovered, or
 - (iii) cannot be located;
 - (e) occurred within 10 days after a surgical procedure or while the deceased was under or recovering from anaesthesia;
 - (f) occurred as a direct or immediate consequence of the deceased being engaged in employment, an occupation or a business;
 - (g) was a stillbirth that occurred without the presence of a duly qualified medical practitioner;
 - (h) occurred while the deceased was detained or in custody involuntarily pursuant to law in a jail, lock-up, correctional facility, medical facility or other institution;
 - (i) occurred while the deceased was detained by or in the custody of a police officer;
 - (j) occurred while the deceased was under the care, custody or supervision of the Director of Child Protection; or
 - (k) occurred in circumstances that require investigation.

APPENDIX 11: CORONER'S ACT, FORM 5

Cap. C-25.1

Coroners Act

Updated 2007

Regulations

FORM 5

Certificate of a Coroner Releasing a Body

(Subsection 14(2))

I,, a Coroner for Prince Edward Island have
examined the Medical Certificate of Death of,
late of, who was born on theday of
20..., and I release the body for burial, cremation or transport.

DATED thisday of, 20....

.....
A Coroner for Prince Edward Island

(EC489/07)

APPENDIX 12: CORONER'S ACT, FORM 6

Updated 2007

Coroners Act

Cap. C-25.1 9

Regulations

FORM 6

Certificate of a Coroner Releasing a Body that was
Brought into the Province
(Subsection 14(4))

I,, a Coroner for Prince Edward Island have inspected the Medical Certificate of Death or other documents that accompanied the body of that was brought into the Province of Prince Edward Island, and have made such investigation that was necessary to establish or confirm the cause of death and release the body for burial or cremation.

DATED thisday of, 20....

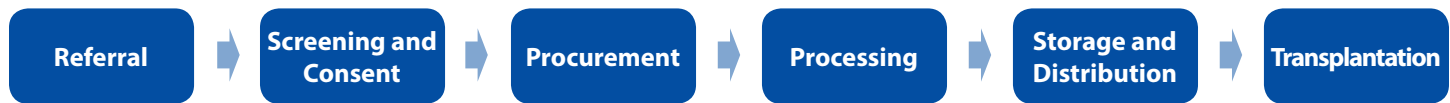
.....
A Coroner for Prince Edward Island

(EC489/07)

APPENDIX 13: STEPS IN TISSUE BANKING

The following diagram illustrates the basic steps involved with tissue donation:

Diagram 1: Tissue Banking



REFERRAL

A fatality must be referred to the OTDT organization responsible for organ and tissue donation in order to initiate the process. Any donation criteria used to screen a potential donor must be considered carefully in order to optimize donation and ensure an effective referral process.

SCREENING AND CONSENT

The regulations and standards that govern the OTDT communities provide specific limitations to donation in order to optimize safety and reduce risk to recipients. These safety and quality considerations are the basis for the criteria and processes used to screen potential donor suitability. Typically a risk questionnaire is used along with a review of the donor's medical history in order to rapidly screen the suitability of the donor. The OTDT organization may include additional limitations to donation that relate to the quality of the tissue or organ for transplantation. Additional tests including infectious disease testing will also be used should initial screening determine the donor suitable for donation.

The donor may have registered intent to donate on a provincial/territorial donation registry. The legal significance of the registry is different across the country. In all cases the donor family is contacted and consent for donation is requested from them. The donor's wish, if indicated in the registry, is often communicated to family with the hope that the family will support their loved one's wishes. Consent often allows for the families to make restrictions to the type of tissues and organs that can be recovered.

PROCUREMENT (RECOVERY)

Tissue procurement (also referred to as recovery) must occur within very strict ischemic time limits. Recovery is completed typically in an operating suite or equivalent. The exception is cornea-only donors since there is not as stringent environmental controls required for cornea recovery. Tissues are typically recovered aseptically and packaged. The types of tissues that are recovered depend on the donor and the recovery programs ability and tissue demands and may include corneas, whole eyes, bones, tendons, soft tissue, heart and skin. In donors where both organs and tissues are being recovered, tissue recovery follows organ recovery. In rare cases the tissue recovery could take place after an autopsy. This requires very specific conditions and formal post recovery processing methods to eliminate cross contamination. It is recommended that tissue recovery occurs before the forensic autopsy.

Organ donation occurs in two distinct situations. First, NDD (neurological determination of death, commonly referred to as 'brain death', is defined according the minimum criteria for NDD established by the Canadian Council for Donation and Transplantation. Organ donation also occurs in DCD (donation after circulatory death) in patients who have no hope of recovery and do not progress to NDD. In these cases organs are recovered immediately following the declaration of circulatory death. A special team

of transplant surgeons and their support team conduct organ recovery in an operating suite. The organs must be recovered rapidly and quickly transported to the recipient. Since interprovincial sharing of organs is common, the recovery team could be from another province/territory.

PROCESSING

Tissues are processed into allografts in order to improve the safety or effectiveness of the tissue for the purpose of transplantation. Some tissues are processed with minimal manipulation while others are modified significantly using advanced processing techniques and proprietary processes in a biological manufacturing environment.

Organs are not processed ex situ but the environmental conditions in which they are transported are controlled in order to minimize organ degradation and ensure optimal transplant conditions.

STORAGE AND DISTRIBUTION

Tissues can be stored for various timeframes, depending on the tissue type, the state in which the tissue is preserved, and the environment that the tissue is stored. Once the tissues have been approved for distribution by the Medical Director they are sent to various transplant centres.

TRANSPLANTATION

Organs and tissue allografts are transplanted into the recipients. Tracking the organs and allografts from donor to recipient is important, since multiple organs and tissue allografts can be recovered from one donor, and then are transplanted into numerous recipients. Surveillance of the patients and the corresponding organs and tissue allografts reduces the risk of widespread adverse reactions.

Excerpt from: Advancing Organ and Tissue Donation in Collaboration with the Medical Examiner and Coroner Community 2013

Health PEI

One Island Health System

For Additional Information Please Contact:

Angela Carpenter, BScN, RN, MN, CNeph(c)
Provincial Organ and Tissue Donation and Transplant Manager
16 Garfield Street, Charlottetown, PE, C1A 6A5
Phone: **(902) 368-5920**
Email: ***adcarpenter@ihis.org***