

ADULT TISSUE DONATION IN LOTHIAN

Death confirmed by senior doctor

Senior Doctor

Check suitability of patient from available knowledge. Contact **TDC** on **07659107029** for multi tissue donation or **SNOD** on **07659594979** for corneas, (before speaking to relatives). You may check the **Organ Donor Register** by phoning **01179 757580**.

Senior Nurse

After death formalities and prior discussion with TDC or SNOD, approach family regarding donation possibilities

Do they want to proceed with donation?

Main contraindications for Tissue Donation; untreated systemic, infection, diseases of unknown origin e.g. MS, dementia, CJD, hepatitis or HIV infection, autoimmune disease, immunosuppression, malignancy

Main contraindications for Corneal donation, haematological malignancy, eye related malignancy, intrinsic eye disease, inflammation or trauma

Yes – Obtain Family Contact Number and agree time for TDC or SNOD to contact them - Senior Nurse

No – No further action. Follow standard NHS Lothian procedures for care after death.

If PF case senior doctor to contact relevant PF via **Police Scotland** on **101**, if out with normal working hours. See over for full referral criteria. If Fiscal approval, TDC or SNOD will do all further liaison

Obtain at least 10mls clotted blood sample, BTS blood tubes for multi tissue. Blood samples **MUST** be sent with patient to mortuary and correctly labelled. Clear plastic bag taped to ID bracelet. Blood is still taken and sent with body if PF approval pending.

Contact **TDC** on **07659107029** or **SNOD** **07659 594979** and have following information available.

Demographics as per front sheet of notes.
Next of kin's details including home & mobile telephone numbers
Details of event surrounding death including time.
Allergies, drug and past medical history.
Social history including drug and alcohol usage.
Cause of death
Fluid and blood transfusions in previous 24 hours
PF involvement including Police control number.

Ensure body is refrigerated within 6hrs following PLE

*DETAILS REQUIRED WHEN CHECKING ODR

Your name and designation

Reason for Request

Name, address (including post code) of patient

Patient DOB and CHI number

Location of Patient

Your contact details – must be via switchboard for reasons of confidentiality

Fax number – this is only required if the family request written proof of registration

The Duty Office will then call you back within a few minutes with the search result



Procurator Fiscal Involvement. Categories of deaths to be reported

The following deaths must be reported to the Procurator Fiscal.

- (i) Sudden deaths
 - (a) any death where there is evidence or suspicion of homicide;
 - (b) any death by drowning;
 - (c) any death by burning or scalding or as a result of fire or explosion;
 - (d) any death caused by an accident involving the use of a vehicle including an aircraft, a ship or a train;
 - (e) any death resulting from an accident in the course of work, including voluntary or charitable work;
 - (f) any death where the circumstances indicate the possibility of suicide;
 - (g) any death following an abortion or attempted abortion whether legal or illegal;
 - (h) any death of a person subject to legal custody, including any death of such a person outwith a Police station or prison (for example during prisoner transport or in hospital);
 - (i) any death occurring in health premises in the community including a GP's surgery, health centre, dental surgery or similar facility
 - (j) any death due to violent, suspicious or unexplained circumstances.
- (ii) Deaths related to neglect or complaint
 - (a) any death where the circumstances seem to indicate fault or neglect on the part of another person;
 - (b) any death, if not already reported, where a complaint is received by a Health Board or NHS Trust and the complaint is about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.
- (iii) Deaths of children
 - (a) any death of a newborn child whose body is found;
 - (b) any death which may be characterized as sudden unexplained death in infancy (SUDI) or the like;
 - (c) any death of a child from suffocation including overlaying;
 - (d) any death of a child in foster care;
 - (e) any death of a child in the care of a Local Authority;
 - (f) any death of a child on a Local Authority "at risk" register.
- (iv) Public Health
 - (a) any death caused by an industrial disease or industrial poisoning;
 - (b) any death due to a disease, infectious disease or syndrome which poses an acute, serious public health risk including:
 - any form of food poisoning
 - Hepatitis A, Hepatitis B (with or without delta-agent coinfection (Hepatitis D)), Hepatitis C and Hepatitis E
 - any hospital acquired infection
 - Legionnaires Disease
- (v) Deaths associated with medical or dental care
 - (a) any death which was unexpected having regard to the clinical condition of the deceased prior to his or her receiving medical care;
 - (b) any death which is clinically unexplained;
 - (c) any death which appears to be attributable to a therapeutic or diagnostic hazard;
 - (d) any death which is apparently associated with lack of medical care;
 - (e) any death which occurs during the administration of a general or local anaesthetic;
 - (f) any death which may be associated with the administration of an anaesthetic;
 - (g) any death caused by the withdrawal of life sustaining treatment to a patient in a persistent vegetative state (This is to be distinguished from the removal from a life-support machine of a person who is brain stem dead and cannot breathe unaided.)
 - (h) any death occurring as a result directly or indirectly of an infection acquired while under medical or dental care while on NHS premises, including hospitals, GP's surgeries, health centres and dental surgeries.

Organ transplantation

15.1 A Protocol has been drawn up between COPFS and the Scottish Transplant Group with regard to organ and tissue donation. A detailed discussion is outwith the scope of this document but the most important points are:-

- where there is reason to believe that the death may be reported to the Procurator Fiscal, no parts of a body will be removed without his or her prior consent;
- the Procurator Fiscal may object to removal of organs in a case which is likely to result in a charge of murder or where, in the time available, insufficient enquiry is able to be carried out to allow an informed decision. There are procedures available which will allow the Procurator Fiscal not to object to transplantation of organs in cases of murder but early discussion with the PF is essential;
- the Procurator Fiscal will normally permit removal of organs subject to the need to ensure that sufficient evidence is available for any subsequent criminal proceedings or Fatal Accident Inquiry and the need to establish that the death has not been caused or contributed to by the retrieval operation.

Death and the Procurator Fiscal October 2008

http://staffnet.tayside.scot.nhs.uk/NHSTaysideDocs/ldcplg?ldcService=GET_FILE&dDocName=DOCS_036950&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1