

# Organ, Eye and Tissue Donation

## 1. Introduction

### 1.1. Purpose

The purpose of this policy is to ensure that the organ, eye, and tissue donation process followed at Providence Health Care (PHC) supports the delivery of safe, quality care to the patient while maximizing the organ utility. This reflects respect for the gift and for the life of the donor as well as to ensure the organ and tissue donation process meets the standards set by Accreditation Canada.

### 1.2. Scope

This policy applies to all Providence Health Care (PHC) Registered Nurses and Physicians.

## 2. Policy

All PHC facilities will comply with the Health Ethics Guide (2012) Chapter V, Organ Donation—Articles 92-110 and the Human Tissue Gift Act, Chapter 211 which includes:

- Referral to the [Donor Referral Line 1-877-366-6722](#) will be placed immediately in the event of the death, or impending death, for every patient age 75 years and younger.
- Reporting all actual or impending deaths, of ventilated patients that meet the set medical criteria for neurological determination of death (NDD), or who may meet the criteria for donation after circulatory death (DCD). Both sets of criteria are used to determine the irretrievable loss of all integrated brain functioning.

Nurses and physicians are accountable for telephoning the Donor Referral Line for patients who die on the units or for ventilated patients who fit the criteria for NDD or DCD, although any health professional (i.e., social worker, respiratory therapy, etc.) may make the referral phone call.

If the patient is not a registered organ, eye, or tissue donor, the legal next of kin, or the person lawfully in possession of the body may give consent. The Organ Donation Specialist (ODS) or the Physician shall obtain consent for organ, eye and/or tissue donation. The Organ Donation Specialist (ODS) or the Physician shall obtain consent for organ, eye and/or tissue donation. Nurses, physicians, social workers, clergy, spiritual health practitioners, or the Eye Bank Coordinator may also obtain consent for eye donation.

Refer to PHC [Consent to Health Care](#) policy regarding legal next of kin and the [Human Tissue Gift Act](#)

### 3. Responsibilities

#### 3.1. Physician or Registered Nurse

Telephone the Donor Referral Line. They may ask for the following information (see Appendix):

- Name
- Age
- PHN (BC Transplant uses this to check the organ donor registry)
- Admission date and Diagnosis
- Previous medical history
- Current hemodynamic status
- GCS/neurological assessment
- Next of Kin information
- Plan of care

Donor Referral Line will consult with an Organ Donation Specialist who determines whether the patient is suitable for organ/eye/tissue donation and triaged to BC Transplant and/or BC Eye Bank of BC.

The Organ Donor Specialist from BC Transplant and /or the Coordinator from the Eye Bank of BC will call back the facility regarding donation potential and acquire-information to determine of medical suitability.

If the patient is suitable for solid organ, eye, and/or tissue donation:

- The BC Donor Registry may be searched by a Coordinator from either BC Transplant or the Eye Bank of BC to determine whether the patient has registered their wishes.

For patients with impending brain deaths, or non-survivable injuries with a plan to move to comfort care, refer to chart scan and print the appropriate chart pack:

- *Organ Donation process in cases of Neurological Determination of Death (NDD)* or
- *Organ Donation process for Circulatory Death (DCD).*

Both packages contain all instructions and forms necessary for the physicians, nurses, unit coordinators, BC Transplant and OR to follow and complete the NDD or the DCD process.

For eye donation the eyes must be retrieved within 8 hours of death. Refer to [Donation of Eyes](#) procedure.

### 4. Supporting Documents

#### 4.1. Related Policies

[Donation after Cardiac Death \(BD-00-11-40021\)](#)

#### 4.2. Guidelines/Procedures/Forms

Donation of Eyes Procedure ([BD-00-12-40027](#))

[Rationale for BCT Organ Donor Management Provincial Guidelines \(2014\)](#)

#### 5. References

1. Chapter 5: Organ Donation. In CHAC. *Health Ethics Guide*. 3<sup>rd</sup> ed. Catholic Health Alliance of Canada. Ottawa ON; 2012: 68-77.
2. Human Tissue Gift Act, Chapter 211, current to October 20, 2021. URL: [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96211\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96211_01)
3. Human Tissue Gift Act Consent to Donation Regulations, Phase 2, current to Oct 19, 2021. URL: [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/65\\_99](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/65_99)

#### Questions

Contact: Patient Care Manager, Intensive Care Unit at St. Paul's Hospital

Appendix GIVE Poster





Good end of life care includes the opportunity to **GIVE**.


|                    |  |            |  |
|--------------------|--|------------|--|
| <b>G</b>           | <b>I</b>                                     | <b>V</b>   | <b>E</b>   |
| GRAVE<br>PROGNOSIS | INTENTION TO<br>MOVE TOWARDS<br>COMFORT CARE | VENTILATED | EXPLORE<br>ELIGIBILITY/<br>REGISTRATION<br>STATUS WITH BCT<br>PRIOR TO FAMILY<br>MEETING |

**CALL BC TRANSPLANT:**  
**1-877-DONOR-BC**

**We may ask for:**

- Name
- Age
- PHN (BCT to check organ donor registry)
- Admission date & diagnosis
- Previous medical history
- Current hemodynamic status
- GCS/neurological assessment
- NOK information
- Plan of care





|                          |  |                  |                                     |                                  |
|--------------------------|--|------------------|-------------------------------------|----------------------------------|
| <b>Effective Date:</b>   | 01-October-2017  |                  |                                     |                                  |
| <b>First Released:</b>   | 01-May-2000  |                  |                                     |                                  |
| <b>Last Revised:</b>     | 12-October-2022  |                  |                                     |                                  |
| <b>Last Reviewed:</b>    | 12-October-2022  |                  |                                     |                                  |
| <b>Approved By:</b>      | PHC  |                  |                                     |                                  |
|                          | Senior Leadership Team / Executive Sponsor: Chief Operating Officer Acute Care and Chief Professional Practice and Nursing |                  |                                     |                                  |
| <b>Owners:</b>           | PHC  |                  |                                     |                                  |
|                          | Executive Director, Quality, Patient Safety, Risk Management, Patient Administration                                       |                  |                                     |                                  |
| <b>Revision History:</b> | <b>Version</b>   | <b>Date</b>      | <b>Description/<br/>Key Changes</b> | <b>Reviewed / Revised<br/>By</b> |
|                          | 2  | May 1, 2013      |                                     |                                  |
|                          | 3  | October 1, 2017  |                                     | Camille Ciarniello               |
|                          | 4  | October 12, 2022 | Minor Edits                         | Vininder Bains                   |