

Death - Universal Referral

Site Applicability

VGH, UBCH

Background Information:

I. Preamble

VHSC has a commitment to recognizing a patient's right to donate one's organs and tissues for Therapeutic purposes, and to complying with the Human Tissue Gift Act requirement for referral of all deaths to the Donor Referral Line.

II. POLICY (WORKING VERSION):

Referral to the Donor Referral Line (1-877-DONOR BC) will be made for any admitted patient in any VHSC inpatient program or emergency department who is 75 years of age or younger who has experienced cardiac death, or is known to be about to experience brain death (i.e. after the first exam has indicated probable brain death, pending confirmation of the diagnosis).

The Attending Physician and/or Charge Nurse will decide among them who will be the Referring Individual, and if necessary contact the Organ Donor Registry, and in the case of an Eye Donor, who among the care team will approach next of kin, and in the case of a potential Organ Donor, contact the Designated Requestor.

III. Definitions

- **Donor Referral Line:** A service specifically mandated to assist health care providers in screening potential tissue donors for suitability. If appropriate the Donor Referral Line will contact the Retrieval Co-ordinator from the relevant Retrieval Agency to contact the Referring Individual.
- **Referring Individual:** Individual with clinical background who contacts the Donor Referral Line and receives call back from the Retrieval Agency. To be designated by each unit / service from the Attending Physician or designate, Patient Services Co-ordinator, Charge Nurse.
- **Designated Requestor:** A specifically trained individual able to be contacted through Locating, if not available on unit. In the event a VHSC Designated Requestor is not available on the unit, and no other Requestor is available on the unit, in the event of a potential organ donor, the Referring Individual may contact a Designated Requestor through Locating at VGH (875-5000) or Switchboard at UBCH (822-7121).

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- **Requestor:**
 - **Potential cornea / non-organ Tissue donor:** Unit staff, advised if necessary by the Eye Bank Retrieval Co-ordinator, will approach the next of kin when Steps A-C of the Worksheet have been completed.
 - **Potential organ donor:** Either the Designated Requestor, or in the absence of an individual who has had formal BCTS training, someone with specific skills and experience in sensitive situations may approach the family at the request of the Referring individual. Any Requestor is encouraged to contact the site Designated Requestor or BCTS Retrieval Co-ordinator prior to meeting with the next of kin.
- **Retrieval Agency:** Agencies mandated to assist in the retrieval and transplantation of human organs and other tissues - The BC Transplant Society, The Eye Bank of British Columbia, or the VGH Tissue Bank.

Procedure / Recommendations / Assessment:

1. When a death is identified by the physician, the attending physician or designate (another physician or a nurse) familiar with the patient shall contact the Donor Referral Line (1-877-DONOR BC) to determine a patient's suitability for organ and tissue donation.
2. The Referring Individual (MD or RN) shall have the following information available prior to making the contact (see Organ / Tissue Donor Referral Worksheet, attached):
 - I. The patient's name
 - II. The patient's Personal Health Number
 - III. The patient's age, up to and including 75 years
 - IV. The patient's cause of death
 - V. Date and time of death
 - VI. **The following past and current medical information:**
 - a. Evidence of HIV high risk behaviour (e.g. IV drug abuse, other obvious risk factors)
 - b. Evidence/history of infectious disease (e.g. current tuberculosis; systemic bacterial, viral or mycotic infections, or a systemic infection of unknown etiology)
 - c. Evidence/history of degenerative neurological disorders (e.g. Creutzfeldt-Jakob, multiple sclerosis, ALS)
 - d. Evidence/history of auto immune disease (e.g. systemic lupus erythematosus)
 - e. Evidence/history of neoplastic disease (e.g. cancer, leukemia, lymphoma)
 - f. The patient's ventilator status:
 - i. Currently ventilated
 - ii. Previously ventilated (when ventilation discontinued this admission)
 - iii. Never ventilated (this admission)
3. The Retrieval Agency (BCTS or the Eye Bank), in consultation with the Referring Individual (patient's attending physician or his/her designate), will make the preliminary determination of suitability for donation.
(refer also - [Universal Referral of all Potential Eye Donors](#))

Potential Suitability Outcomes and action:

- **Appropriate for neither organ nor tissue donation** - Referring Individual completes the Certificate of Referral Form and places on patient's chart. No further action regarding donation.
- **Appropriate for eye (or other) tissue donation** - The Donor Referral Line will refer calls to Eye Bank and/or Tissue Bank to follow up with VHHSC Referring Individual.
- **Appropriate for organ donation if brain death occurs before mechanical ventilation is discontinued** - The Donor Referral Line will refer call to BCTS Retrieval Co-ordinator to follow up with the VHHSC Referring Individual and the Eye Bank and the Tissue Bank.

Retrieval Agency to contact Referring Individual:

1. **One** Retrieval Agency member will contact the Referring Individual to discuss specific aspects of the patient's condition, and discuss plans for querying the Organ Donor Registry and approaching the next of kin. (e.g., BCTS Retrieval Co-ordinator for potential solid organ donors; Eye Bank Co-ordinator for potential eye donors; Tissue Bank Co-ordinator for potential tissue donors)
2. The Referring Individual will contact a (Designated) Requestor to discuss plans for approaching the next of kin.

Querying the Organ Donor Registry (ODR):

1. The Referring Individual or designate will query the Organ Donor Registry to determine whether the patient has provided direction concerning donation.
2. Call 877-1693, and enter code assigned to unit (see Referral Worksheet Sheet) and patient's PHN
3. Confirmation of record (or no record) and a copy of the ODR record will be provided by the Referring Individual to the (Designated) Requestor, for use prior to inclusion in the patient's chart.
4. If the fax machine associated with the ODR code for the patient services unit is not on that unit, the person making the call (Referring Individual or designate) should contact the unit / office to retrieve the incoming consent record.
5. If ODR confirms that patient directed that no tissues be donated, process is terminated.

Coroner Cases:

If no ODR record exists, or if the ODR record indicates patient has expressed a wish to donate, and patient's death falls within the jurisdiction of the Coroner, consent shall also be obtained from the Coroner prior to contacting the next of kin. It is the responsibility of the BCTS co-ordinator (for solid organ donation) or the Eye Bank and Tissue Bank co-ordinator (for eye and tissue donation) to confirm consent with the Coroner, but the hospital staff / Referring Individual or Requestor may do so (e.g. during the conversation with the Coroner notifying the Coroner of the death).

Contacting Next of Kin:

1. No approach to the Next of Kin concerning consent will take place until after the physician has discussed the death with the next of kin.

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2. The Next of Kin to be informed and presented with the documented consent or to be approached for consent in its absence, in order of priority are:
 - a. Spouse (including common-law spouse, of same or opposite sex)
 - b. Son or daughter who has attained age of majority
 - c. Either parent
 - d. Brother or sister who has attained age of majority
 - e. Any other Next of Kin who has attained age of majority
 - f. Any other person authorized or under obligation to take responsibility for the disposition of the body, or the administrative head of the hospital

See below for further discussion on involvement of the Next of Kin.

Obtaining Consent for Organ / Tissue Donation

(Responsibility of Requestor - Health Care Team (eyes) or Designated Requestor (organs). Potential suitability outcomes and action:

1. **ODR Record indicates that Patient DOES NOT consent to donation**
If the attending physician or the hospital staff has received evidence of opposition for donation from the patient, (e.g., query Organ Donor Registry), a request will not be made to the next-of kin. The Referral Worksheet will be completed and placed with the patient's medical record. No further action is necessary concerning tissue donation.
2. **ODR Record indicates that Patient DOES NOT consent to donation of specific tissues (but not organ donation)** If the patient is suitable for tissue or eye donation only, the appropriate Referring Individual will advise the appropriate Retrieval Agency.
3. **ODR Record DOES provide evidence of patient's consent to donation**
The (Designated) Requestor {someone trained and available on the unit, or available through Locating at VGH (875-5000), Switchboard at UBCH (822-7121)} will approach the legal Next of Kin will be approached to determine whether they can identify evidence that the individual has changed his/her wishes. (Examples of evidence are a signed and dated notice of intention or at least two witnesses to a verbal change of intent, by the donor.)

Next of Kin has no evidence of a change and no objection to respecting the Patient's wishes, [proceed to step V](#) (Coroner Contact) and advise Retrieval Agency.

Next of Kin provides evidence of a change of the Patient's wishes, document on the [Organ / Tissue Donor Referral Worksheet](#) and advise Retrieval Agency.

4. **Strident family objection to Consent, in the absence of evidence of patient's changed wishes**
If the Next of Kin does not agree with the Patient's documented consent, but has no evidence of a change in the Patient's wishes, the (Designated) Requestor will attempt to identify and address issues raised by the Next of Kin, involving the site (Designated) Requestor if this has not

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already occurred. In the event the family is adamant that the Patient's documented consent must not be respected, the (Designated) Requestor will confer with the Retrieval Agency representative and the Patient's health care team and consider the optimal course of action.

5. No ODR record exists

If there is no indication of individual's wishes (no ODR record); the (Designated) Requestor will approach the legal Next of Kin for consent on potential donor's behalf (see hierarchical list in preceding section). The Retrieval Agency Co-coordinator can provide assistance to the (Designated) Requestor(s) through the consent process, if there is no Requestor on site.

Consent from the legal Next of Kin may be obtained in writing, electronic transmission (fax), witnessed phone consent or through other recorded message. A copy of the consent will become part of the patient's medical record.

V. ONCE CONSENT IS OBTAINED:

Once consent is obtained, refer to the BCTS Organ Retrieval Manual, Eye Bank Retrieval Manual, Tissue Bank Retrieval Manual.

The Organ Donor Record or Consent form (if no ODR Record exists) evidencing the gift shall be made available to the BCTS, Eye Bank, and Tissue Bank co-ordinator, and a copy of the document shall become part of the patient's medical record.

IV. SEE ALSO:

- Organ Retrieval Manual (BCTS)
- [Eyes, Donation of - Procedure \[BD-00-12-40027\]](#)
- Tissue Bank Retrieval Manual
- See [Universal Referral of all Potential Eye Donors](#) below - (pocket size version available from the Eye Bank, Fax: 875-5713).

Universal Referral VHHSC -Key responsibility assignment

Unit	Referring Individual - <i>makes call to determine suitability</i>	Query Organ Donor Registry – <i>Consent record exists?</i>	Contact (Designated) Requestor	(Designated) Requestor - approaches next of kin and obtains documented consent using "Consent for Donation of Organs and / or Tissues" form
Default (i.e. unless unit has determined otherwise)	Attending MD or designate, in conjunction with Charge Nurse (Resident, Charge Nurse, or Staff Nurse)	Referring Individual or designate	Referring Individual	Cornea: Unit Staff Organ: Designated Requestor
1. Emergency VGH	Attending MD or designate or Charge Nurse	Social Worker	Referring Individual	Social Worker (Designated Requestor)
2. Emergency UBCH	Attending MD or designate or Charge Nurse	Referring Individual or designate	Referring Individual	Patient Services Co-ordinator or designate (Charge Nurse)
3. ICU 2, VGH 4. ICCU UBCH	Attending MD or designate (Resident or Charge Nurse)	Referring Individual or designate	Referring Individual	<u>Cornea:</u> Unit Staff <u>Organ:</u> Member, Health Care Team or Designated Requestor
5. CSICUE10 6. CCU / Cath Lab	Attending MD or designate (Resident, Charge Nurse, or Staff Nurse)	Referring Individual or designate	Referring Individual	Cornea: Unit Staff Organ: Designated Requestor
7. East 6	Charge Nurse	Referring Individual or designate	Referring Individual	Cornea: Unit Staff
8. CPUs of GOSS, NOS, Trauma / Burns	Staff Nurse	Referring Individual or designate	Referring Individual or designate	Cornea: Attending Physician or Designate Organ: Designated Requestor
9. UNIT:				

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Associated Guidelines / Forms / Educational Material:

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

[Procedure after Death \(Expected and Unexpected\) \[D-00-12-30020\]](#)

[Flow Chart: Death - Universal Referral](#)

ATTACHED FORMS:

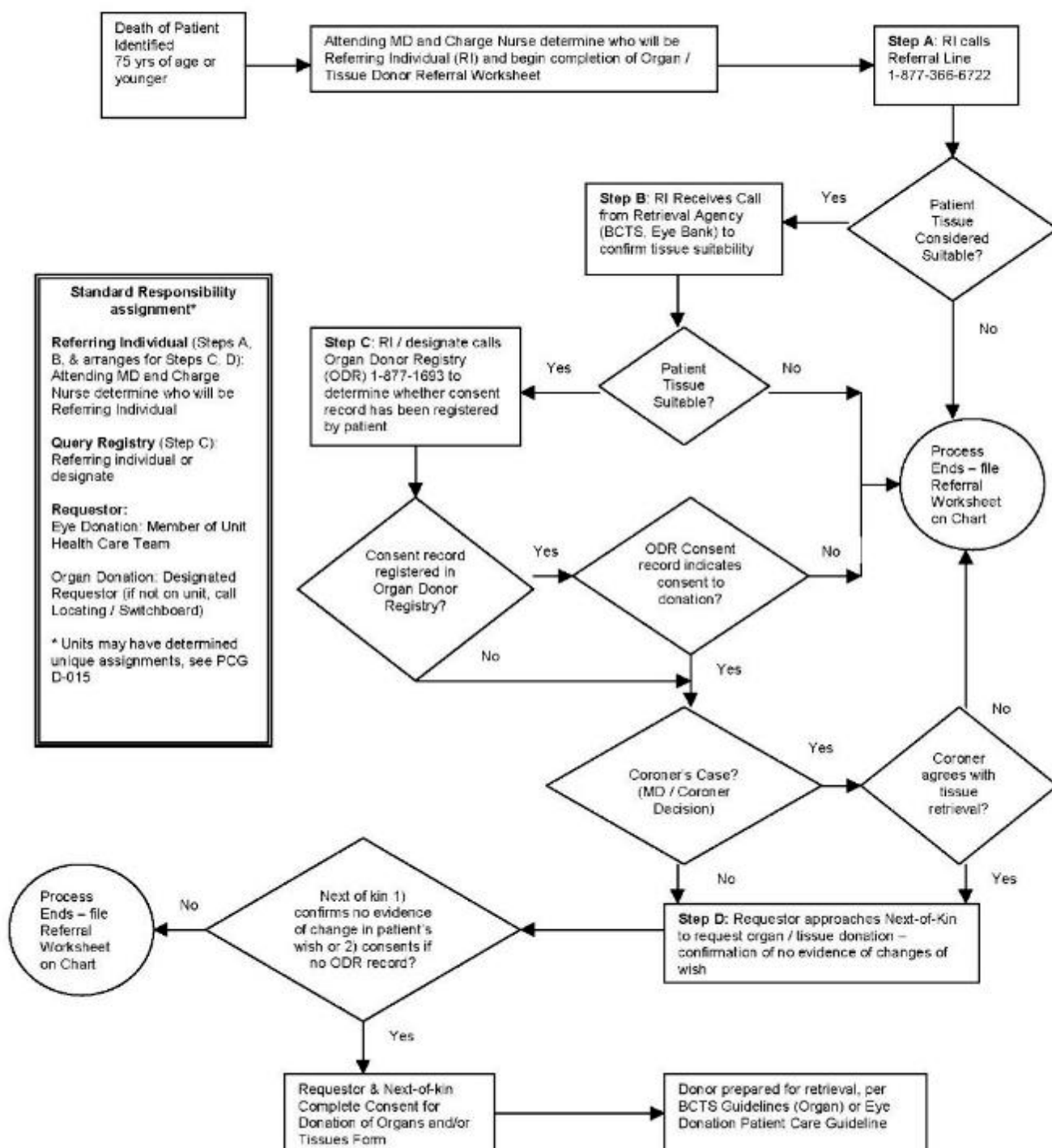
[Universal Referral of all Potential Eye Donors](#)

[Organ/Tissue Donor Referral Worksheet - Form-37A](#)

[Consent for Donation of Organs and/or Tissues - Form M-61](#)

UNIT(s) OF ORIGIN: Medical Affairs, Director, Risk Mgmt., 1999

Process Flow Chart: Death – Universal Referral (PCG D-015)



Instructions for Obtaining Consent

1. Form of Consent

Consent for Donation May be Any One of the Following:

- Organ Donor Registry Record + indication by next of kin that patient has not changed his/her mind.
- Written form with one witness
- Telephone or verbal consent with completion of form with two witnesses

2. Given by

Consent may be given by any of the following next of kin in the order: spouse, child, parent, sibling, grandchild, grandparent, or nearest "blood relative", or by the legally authorized representative.

A person giving consent must have obtained the legal age (19)

3. Transfer

It may be necessary in certain circumstances to transfer the organ donor to a retrieval/transplant centre; specifically for the removal of organs or tissues. All costs incurred for the transfer and return will be assumed by the respective retrieval agencies.

4. Organ or Tissue

A consent form may be for "any" organs or tissues, or may be for a specifically stated list of organs or tissues. Example (i) any organ or tissue, (ii) heart, lungs, liver, pancreas, kidney, eyes, skin or other.

5. Exposure to Infectious Diseases

Indication by next of kin that a patient has been at risk for exposure to potentially infectious diseases such as HIV or hepatitis does not necessarily rule out the use of the tissue to benefit someone else. This statement will be followed up in subsequent history taking from the family (BC Transplant Society, BC Tissue Bank) or the family physician (Eye Bank of BC).

6. The Consent Form Must Have

- Name and signature of the person giving consent or affirming patient's consent
- Name of the donor
- Relationship between (a) and (b)
- Date of the consent
- Name and signature of witness(es)

Notes on the Witnesses

In person, consent requires next of kin signature and address with one witness

Verbal or telephone consent in the presence of two witnesses

The original (white copy) of the Consent Form is the hospital record for the donor's chart. The canary and pink copies are for the appropriate retrieval agency.

British Columbia Transplant Society

West Tower, 3rd Floor
555 West 12th Avenue
Vancouver, BC V5Z 3X7
(604) 877-2100
1-800-663-6189

BC Tissue Bank

Vancouver Hospital & Health Sciences Centre
LSP B267
855 West 12th Avenue
Vancouver, BC V5Z 1M9
(604) 875-4692

Eye Bank of BC

Eye Care Centre
2550 Willow Street
Vancouver, BC V5Z 3N9
(604) 875-4567
1-800-667-2060

60610
Form M-81
Rev 8-99

CONSENT FOR DONATION OF ORGANS AND/OR TISSUES

Date: _____

DATE _____ ELDERING UNIT _____
MR. MISS. MRS. _____ UNIT NUMBER _____
SURNAME _____ GIVEN NAME _____
DOCTOR _____ (PLEASE USE BLOCK CAPITALS)
SEX _____ AGE _____

Has a Consent Record been obtained from Organ Donor Registry?

☐ Yes - attached

☐ No - not available (no Organ Donor Registry record)

Coroner authorization received? ☐ No, not applicable ☐ Yes, coroner _____

Next of kin authorization / consent

☐ Next of kin confirms that no evidence is available indicating a change in patient's wishes since completion of Organ Donor Registry record, or

☐ Next of kin provides consent in the event no Organ Donor Registry record is available

Out of consideration for those in need and having attained the age of 19 years, I, _____
(name of person giving consent/affirming patient's consent)

being _____ of _____
(self or relationship) (name of donor)

do hereby authorize under **The Human Tissue Gift Act of British Columbia** the removal of the organs/tissues specified:

☐ any vital organs or tissues

☐ only the following organs or tissues: _____

for the purposes of:

☐ transplant only

☐ transplant and / or research

I also consent to the transfer of the patient to the retrieval/transplant centre for removal of said organs or tissues if necessary.

I authorize any tests or examinations and the release of any medical information, necessary to determine suitability for transplant. I understand and agree that the patient's physician or a family member or friend may be contacted by a retrieval agency to discuss medical and social history.

To the best of my knowledge, the above named donor (choose one) ☐ **HAS** or ☐ **HAS NOT** been at risk for exposure to potentially infectious diseases such as HIV or hepatitis.

Please complete A and B below:

A. Person authorizing donation:

Print name _____ Signature _____ Telephone _____
Address _____ City/Province _____ Postal Code _____
Print name of Witness _____ Signature of Witness _____

B. Witness:

Name of Witness #1 _____ Signature of Witness #1 _____
Name of Witness #2 (only required for telephone/verbal consent) _____ Signature of Witness #2 _____

See reverse for instructions for obtaining consent. For further information, please contact the British Columbia Transplant Society (604-677-2100) or (1-800-663-6189) or the Eye Bank of British Columbia (604-675-4567, 1-800-667-2060).

This form was generated and accepted by the British Columbia Transplant Society, The Eye Bank of British Columbia and the BC Tissue Bank.

Part 1 - White - To Patient Chart Part 2 - Canary - to British Columbia Transplant Society Part 3 - Pink to Eye Bank of BC

Responsibility Assignment		
Referring Individual - Completes Steps A & B	Query Organ Donor Registry - Completes Step C	Requestor - approaches next of kin and obtains documented consent using "Consent for Donation of Organs and / or Tissues" form
Attending MD or designate, in conjunction with Charge Nurse (Resident, Charge Nurse, or Staff Nurse)	Referring Individual or designate	<u>Eye Donor</u> : Unit Staff/Physician <u>Organ Donor</u> : Designated Requestor - contact unit Designated Requestor, if known, or Locating (VGH, 55000) or Switchboard (UBCH, 27121)

VHSC Organ Donor Registry Access Codes

1. Be aware of Patient's Personal Health Number
2. Call 877-1693
3. Follow voice prompts and enter Code most appropriate for your unit
4. If a Consent Record is present in the Registry, it will be faxed to the nearest fax machine
5. Retrieve record and provide to Requestor

Facility	Building	Location	Code	Fax	Facility	Building	Location	Code	Fax
GFS	GF Strong	Switchboard	1700	737-6359	VGH	Health Centre	E1	1727	875-4708
GPC	Pearson	Switchboard	1701	321-7833	VGH		W1	1728	875-5427
UBCH	Koerner	1A	1702	822-7397	VGH		E3	1729	875-5593
UBCH		1B (use 1A)		822-7397	VGH	Heather	A3	1730	875-4088
UBCH		1C	1703	822-7164	VGH		B3 (use B5)		875-5871
UBCH		2A	1704	822-7119	VGH		B5	1731	875-5871
UBCH		2B (use 2A)		822-7119	VGH		C3	1732	875-5766
UBCH		2C	1705	822-7156	VGH		C5	1733	875-5830
UBCH		ICCU	1706	822-7013	VGH		C6 & 7	1734	875-5586
UBCH		Emerg	1707	822-7573	VGH		C8 & 9	1735	875-5584
UBCH		OR	1708	822-1704	VGH		C10	1736	875-5375
UBCH		PARR (use OR)			VGH		D3	1737	875-5868
UBCH	Detwiller	1East	1710	822-1703	VGH		D5	1738	875-5521
UBCH		1West		822-1703	VGH		D10	1739	875-5419
UBCH		2East	1711	822-1706	VGH	SDCC	SDCC	1744	875-4793
UBCH		2West		822-1706	VGH	Laurel	Emerg	1740	875-5848
UBCH	Purdy	Purdy	1712	822-1729	VGH		CCU	1741	875-5368
VGH	Banfield	BP2	1713	875-5865	VGH		ICU 2	1742	875-4014
VGH		BP3	1714	875-5863	VGH		LPOR	1743	875-5149
VGH		BP4	1715	875-5864	VGH		PAR (use LPOR)		
VGH	Centennial	CP E5	1716	875-5782	VGH		BPU	1745	875-5317
VGH		CP E6	1717	875-5248	VGH		CSICU	1746	875-5396
VGH		CP W6A/B	1718	875-5214	VGH		NICU	1747	875-5334
VGH		CP E7	1719	875-5202	VGH		Trauma Special Care Unit	TBA	TBA
VGH		CP W7	1720	875-5245	VGH		Hemodialysis	1750	875-5670
VGH		CP E8	1721	875-5727	VGH		Hemodialysis Teaching Unit	1751	875-5729
VGH		CP W8	1722	875-5207	VGH		Peritoneal Dialysis Unit	1752	875-4314
VGH		CP E9	1723	875-5811	VGH	Willow Chest	PCU	1748	875-5617
VGH		CP W9	1724	875-4157	VGH		TB2	1749	875-4579
VGH		CP E10	1725	875-5715					
VGH		CP W10	1726	875-5718					

UNIVERSAL REFERRAL OF ALL POTENTIAL EYE DONORS

**Patients aged 2 to 76 years can be Eye Donors
Including those with poor eyesight**

Step 1

Refer the patient to the Donor Referral Line (1-877-366-6722), using the Organ/Tissue Donor Referral Worksheet.

If the patient is an eligible donor, an Eye Bank Retrieval Co-ordinator will contact the referring individual for further information.

Step 2

Seek consent for donation by:

- Accessing the Organ Donor Registry at (604) 877-1693.
- If there *is* an ODR record, approach the family to ensure that the patient had not expressed a wish to change his/her mind.
- If there *is no* ODR record, approach the family for consent (see "Tips" on the back).

Step 3

Complete the consent for donation of organs and/or tissues (Consent for Donation of Organs and/or Tissues).

If the family has no evidence of a changed wish, or agrees to donate, proceed to Step 4.

Step 4

After the family has left the ward:

- Instill 4 - 6 lubricating drops into each eye (i.e., Neosporin drops, "Tears Naturale" eye drops).
- Tape the eyelids closed.
- Apply ice packs.

Step 5

Notify the Eye Bank at (604) 875-4567 or 1-800-667-2060.

TIPS IN APPROACHING FAMILIES

1. Allow the family some time to grieve.
2. Approach family in a private setting.

If the patient's consent form has been received from the Organ Donor Registry, present it to the family, and ask them if they have any reason to believe the patient has changed his / her mind. If they do have some evidence (e.g., a letter), or object strongly to the donation, acknowledge that the eyes will not be retrieved, and make a note in the chart.

You may open the discussion with:

"I realize that this is a difficult time for you and your family..."

"Have you ever discussed organ and tissue donation with (PATIENT'S NAME)?"

"Would you and your family like to consider organ and tissue donation?"

3. Give the family privacy and time to make a decision.
4. Many families are not aware that eye donation is possible. Please remember to offer the families the opportunity to make an informed decision regarding organ and tissue donation.

QUESTIONS FREQUENTLY ASKED BY DONOR FAMILIES

Can a person with poor eyesight, cataracts, or other eye diseases donate their eyes?

The answer is yes. Poor eyesight, cataracts, and other eye diseases do not prohibit a person from becoming an eye donor.

Will the eye donation affect the appearance of the donor?

The eye donation procedure usually does not affect the appearance of the donor. Families may proceed with funeral arrangements, including a viewing if so desired.

Will the donor families be told who received the corneas?

The donation of eyes is made anonymously. Specific information about the recipients will not be released by the Eye Bank.