

AI0400 – ORGAN, EYE, AND TISSUE DONATION

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tsilhqot'in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

Organ, eye, and tissue donation is an option for eligible patients at the end of life through either donation after Death by Neurological Criteria (DNC), donation after Death by Circulatory Criteria (DCC) or donation after Medical Assistance in Dying (MAiD). Interior Health (IH) respects patient's wishes and the importance of supporting the opportunity for a patient to donate organs, eyes, and tissues at the end of life. The coordination of organ, eye and tissue donation is done in partnership with [British Columbia Transplant](#) (BCT) and the [Eye Bank of British Columbia](#) (EBBC) and done in accordance with IH, BCT, and EBBC policies, as well as the [Human Tissue Gift Act](#) of British Columbia (BC).

2.0 DEFINITIONS

| TERM | DEFINITION |
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| <i>BCT Coordinator:</i> | <i>Either an Organ Donation Specialist who may approach family regarding donation options, obtain consent, coordinate organ donor management and maintenance in collaboration with the hospital attending physician and staff; or a Surgical Recovery Specialist who may organize and support recovery of organs in the operating room with the BCT retrieval team.</i> |
| <i>British Columbia Transplant (BCT):</i> | <i>Represents the complete continuum of donation and transplant services. BCT provides services to assist with organ donation, family support, donor management, organ procurement, transplantation, and recipient management.</i> |
| <i>Comfort Care:</i> | <i>Refers to medical care for symptom control, psychological and spiritual support with a palliative approach to care.</i> |
| <i>Death:</i> | <i>Defined as the permanent cessation of brain function and</i> |

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|---|---|
| Policy Sponsor: VP, Clinical Operations, IH North | 1 of 7 |
| Policy Steward: Network Director, Critical Care | |
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AI0400 – ORGAN, EYE, AND TISSUE DONATION

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| | <i>characterized by the complete absence of any form of consciousness and the absence of brainstem reflexes, including the ability to breathe independently. Death can be a result from cessation of blood circulation to the brain after a circulatory arrest and/or from a devastating brain injury.</i> |
| <i>Donation after MAiD:</i> | <i>Also known as a modified DCC, where medications are administered in accordance with the MAiD protocol, to ensure a peaceful and controlled death followed by donation after death by circulatory criteria.</i> |
| <i>Donation after Death by Circulatory Criteria (DCC):</i> | <i>The process of solid organ donation for patient's pronounced dead according to circulatory death criteria.</i> <i>Death by Circulatory Criteria is determined based on the absence of extracranial circulation that leads the permanent absence of intracranial (brain) circulation.</i> |
| <i>Donation after Death by Neurological Criteria (DNC):</i> | <i>The process of solid organ donation for patients pronounced dead according to Death by Neurological Criteria.</i> <i>Death by Neurological Criteria is determined by the permanent cessation of brain function and characterized by absent brainstem reflexes and the complete absence of any form of consciousness.</i> |
| <i>Eye Bank of BC (EBBC):</i> | <i>The provincial referral organization is responsible for acquiring, processing, and distributing ocular tissue for transplant.</i> |
| <i>Family:</i> | <i>A person(s) whom the patient wishes to be involved with them in care and acting on behalf of and in the interest of the patient.</i> |
| <i>Family Support:</i> | <i>The provision of services that are required to meet the emotional, spiritual, and physical needs of the family.</i> |
| <i>Human Tissue Gift Act:</i> | <i>Provincial legislation that requires all imminent deaths of patients 75 years and younger to be referred to BCT/EBBC to determine registration status and eligibility for organ and tissue donation.</i> |
| <i>Medical Assistance in Dying (MAiD):</i> | <i>Medical assistance in dying occurs when an authorized physician or nurse practitioner provides or administers medication that intentionally brings about an eligible person's death, at that person's request</i> |
| <i>Medical Practitioner:</i> | <i>A registrant of the College of Physicians and Surgeons of British Columbia entitled under the Health Professionals Act to practice medicine and to use the title "medical practitioner."</i> |
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| <i>Nurse Practitioner:</i> | <i>A person authorized under the bylaws of the British Columbia College of Nurses and Midwives to practice nursing as a nurse practitioner and use the title "nurse practitioner."</i> |
| <i>Patient:</i> | <i>A person who is receiving, has received, or has requested health care.</i> |
| <i>Potential Donor:</i> | <i>The patient for whom the option of DNC, DCC or Donation following MAiD exists per the criteria outlined in this document.</i> <i>For eye donation: referral of every patient aged 75 years and under.</i> |

3.0 POLICY

- 3.1 Carry out organ, eye, and tissue donation in accordance with the Human Tissue Gift Act and Interior Health, BCT and EBBC policies while respecting and honouring the unique needs of patients and their families.
- 3.2 Eye donation is an option for all eligible patients aged 75 years and younger.
- 3.3 Organ donation is an option for eligible patients aged 80 years and younger.
- 3.4 BCT is responsible for all organ donation and transplant services across BC. The role of BCT includes:
 - Coordination of organ donation cases from family consent to organ recovery
 - Family support during the donation process and post donation
 - Hospital support throughout the donation process; post-case debriefing as required; follow-up emails indicating organs recovered; ongoing education sessions; and assisting with policy development.
- 3.5 The EBBC is responsible for all eye donation services across BC including:
 - Screening for eligibility for eye donation
 - Health care providers and family support throughout the process from consent through donation and transplant of tissues
- 3.6 If a hospital does not have the capacity to support organ donation after DNC and DCC, with consent or a signed Organ Donor Registry, patients may be transferred to a higher level of care for evaluation of organ donation potential.
- 3.7 Consider donation after MAiD at all individual sites as per patient request.
- 3.8 Eye donation can occur from hospital, hospice, community facility, or a private home where air transport is available, as determined by EBBC.
- 3.9 Once consent is obtained, proceed with organ, eye and tissue donation ([see Section 3.17.](#))
- 3.10 Once consent is obtained, most responsible medical or nurse practitioner completes IH endorsed organ donation order sets.
 - [Organ Donation ICU Adult Management for Donation after Death by Neurological Criteria \(DNC\)](#) - #855163

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|---|---|
| Policy Sponsor: VP, Clinical Operations, IH North | 3 of 7 |
| Policy Steward: Network Director, Critical Care | |
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AI0400 – ORGAN, EYE, AND TISSUE DONATION

- [Organ Donation ICU Adult Management for Donation after Death by Circulatory Criteria \(DCC\)](#) - #855164
 - Organ Donation After Death by Circulatory Criteria (DCC) following Medical Assistance in Dying (MAiD)- #829687
- 3.11 Attempt to accommodate in the Operating Room all requests from BCT for daytime organ recoveries from potential donors.
- 3.12 Document all aspects of the donor management process in the health record.
- 3.13 DNC and DCC- Identification and Referral of Potential Donors**
- 3.13.1 Identify potential donors, including recognition of patients with irreversible injury with the intention to move towards comfort care.
- 3.13.2 Monitor the following GIVE trigger on all patients for potential donation after DNC and DCC:
- G:** Grave prognosis
 - I:** Intention to move towards comfort care
 - V:** Ventilated
 - E:** Eligibility and registration check with BCT prior to family meeting
- 3.13.3 When GIVE triggers are identified and in accordance with the Human Tissue Gift Act: Consent to Donation Regulation, refer all patients 75 years and younger to the Donor Referral Line in the event of death or an impending death.
- 3.13.4 In accordance with BCT policy, refer all patients 80 years and younger for an eligibility check.
- 3.13.5 Inform BCT and EBBC if potential donor is part of an RCMP investigation or will be referred to the BC Coroners Services.
- 3.14 DCC Following MAiD – Identification and Referral of Potential Donors**
- 3.14.1 Refer Donation after MAiD patients that have identified interest in organ donation on their [1632 Request for Medical Assistance in Dying](#) form to BCT for further assessment.
- 3.14.2 Refer patients deemed eligible for MAiD by two independent MAiD Assessors (as per [AH1300 – Medical Assistance in Dying \(MAiD\)](#)) to BCT for determination of eligibility for organ donation.
- 3.15 Determination of Death**
- The fact of death for all DNC donors is to be determined by two medical practitioners.
 - The fact of death for all DCC donors is to be determined by two practitioners: medical and/or nurse practitioner.
 - Ensure that any medical or nurse practitioner who took part in the determination of death process does not participate in any way in the transplant procedures.

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| Policy Sponsor: VP, Clinical Operations, IH North | | 4 of 7 |
| Policy Steward: Network Director, Critical Care | | |
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AI0400 – ORGAN, EYE, AND TISSUE DONATION

3.16 Consent

- Confirm consent for organ donation has been obtained by a BCT coordinator in accordance with the Human Tissue Gift Act.
- Obtain consent for eye donation from patient or EBBC Coordinator as per BC Consent for Donation Regulation Section 8.
- Notify BCT if family requests consent for donation to be withdrawn.

3.17 Family Support

- Determine the type of supports needed on an individual basis.
- Apply sensitivity to the situation and respect the patient's and family culture, beliefs and decisions about organ and tissue donation.
- Utilize interpreters, if required, as needed to ensure the family understands the information being provided.
- Routinely assess the needs of the patient's family, who may be present throughout the donation process, and provide support as identified.

4.0 PROCEDURES

- 4.1 See [Appendix A: Donation after DNC/DCC Algorithm](#)
- 4.2 See [Appendix B: Donation after MAiD Algorithm](#)

5.0 REFERENCES

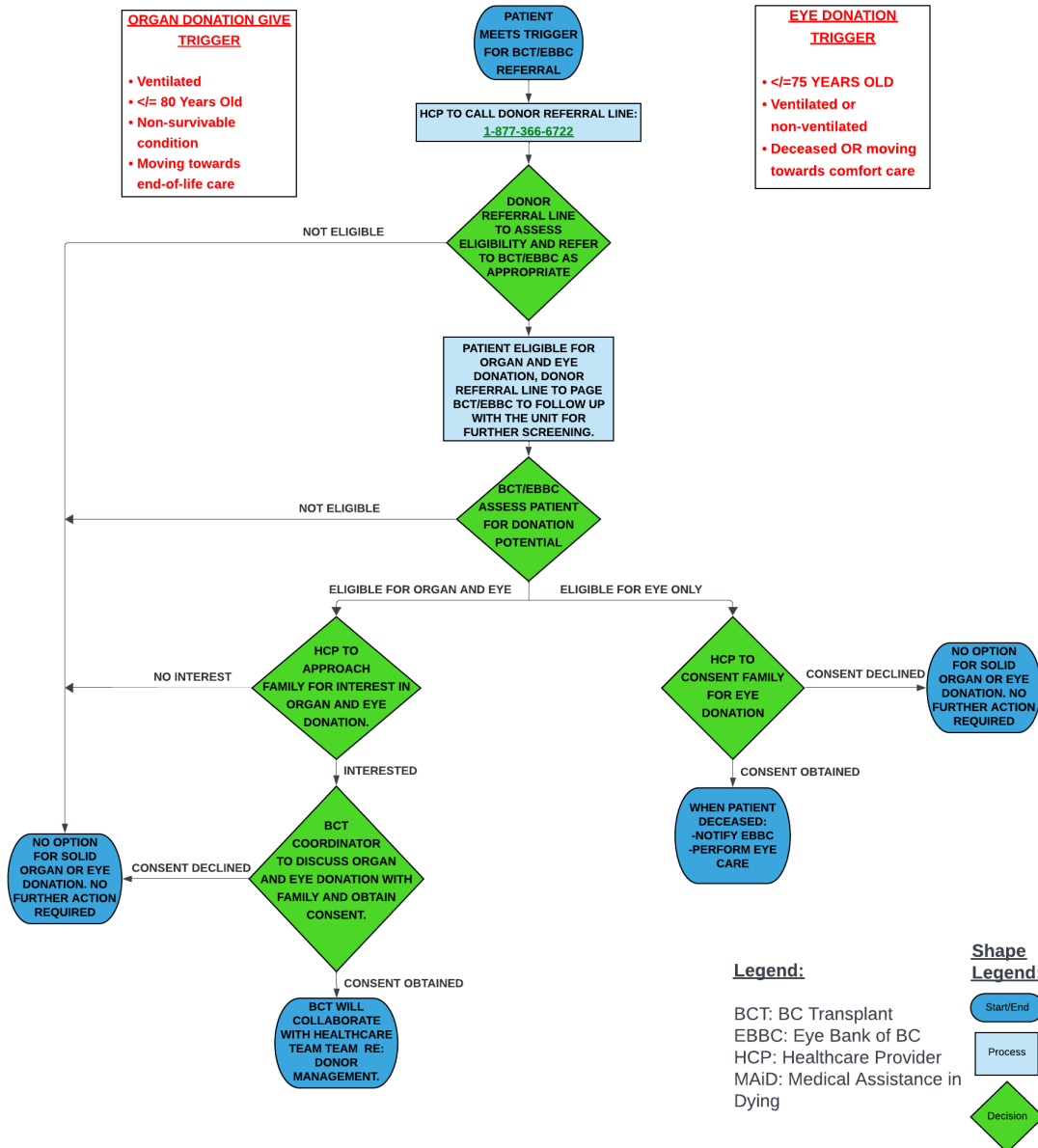
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|---|---|--------|
| Policy Sponsor: VP, Clinical Operations, IH North | | 5 of 7 |
| Policy Steward: Network Director, Critical Care | | |
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APPENDIX A: Donation after DNC/DCC Algorithm

DONATION AFTER DNC/DCC ALGORITHM



AI0400 – ORGAN, EYE, AND TISSUE DONATION

APPENDIX B: Donation after MAiD Algorithm

DONATION AFTER MAiD ALGORITHM

