# Assess the infection risks of the potential deceased donor



#### **Overview**

A risk assessment on all potential donors is essential in order to minimise the transmission of infections and disease. In order to assess the risk of transmission of certain infections, it is important to obtain as much information as possible about the potential donor through examination, tests and from interviews with the family. These processes are combined with maintaining respect for and care of the potential donor and their family.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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# Performance criteria

You must be able to:

- P1 treat the potential donor's body with respect at all times
- P2 explain to the family the reasons for and the nature of the examination and testing and respond to their questions and concerns in a way consistent with maintaining their consent (e.g. objections and how to respond to them, uncertainty about continuing)
- P3 examine the potential donor's body for indicators of infection, following local protocols (e.g. tattoos, previous surgery, evidence of intravenous drug use)
- P4 take the opportunity, if the family wish it, to obtain keepsakes (e.g. locks of hair, handprints)
- P5 initiate microbiological tests and interpret their results in collaboration with other practitioners (e.g. physician treating the patient, retrieval and transplant surgeon, recipient co-ordinator)
- P6 obtain information relevant to the risk assessment from those who have been treating the patient in the current or referring unit (physicians, nurses, case notes)
- P7 request information from the patient's GP
- P8 interpret information in terms of which organs and tissues are likely to be used
- P9 collate all data obtained with results from the family interview, assess risks and report your findings according to established procedures (e.g. via UKT donor assessment documentation, core donor data form, discussion with the retrieval team or the transplant team)
- P10 inform the potential donor's family of progress frequently and show that you recognise the contribution they are making through the donation

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# Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 how organs are selected and matched (living and deceased donors)
- K4 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K5 guidance on The Microbiological Safety of Organ and Tissues for Transplantation (NHS Executive 2000)
- K6 Human Tissue Act 2004 and its definition of consent
- K7 Human Tissue Act 1961
- K8 the legal frameworks used to protect organ donors, their families and the recipients
- K9 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- K10 issues of maintenance of patient confidentiality in the critical care and donation contexts
- K11 evidence of beliefs about donation and transplantation among informed and uninformed religious and cultural groups (e.g. typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
- K12 criteria for heart beating and non heart beating donation
- K13 national documentation for donor assessment
- K14 criteria for potential organ donors/criteria for organ donation and contraindications to donation
- K15 the referral process and sequence of events for referring potential donors
- K16 use of and interpretation of invasive monitoring systems to assess suitability of potential organ donor
- K17 how to carry out an examination of a potential organ donor
- K18 how to take a medical history of the potential organ donor
- K19 clinical management of an intensive care patient
- K20 clinical management of a potential heart beating donor
- K21 clinical management of a potential non heart beating donor
- K22 how to support an organ donor (e.g. cardiovascular support, endocrine support, respiratory support, renal support, haematological support, temperature support)
- K23 the UKT donor assessment documentation
- K24 how to take a medical history of the potential organ donor
- K25 legal requirements for establishing consent/lack of objection
- K26 the UKT standards for interview
- K27 the UKT family care protocol
- K28 psychology of altruistic action

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- K29 beliefs about death and dying
- K30 evidence on techniques of requesting donation and dealing with objections (e.g. Gortmaker, Verble and Worth)
- K31 sources of on-going support to families of organ donors at the time of donation
- K32 procedures and protocols of the allocation and matching of organs in the UK
- K33 the donation pathway
- K34 laboratory tests required
- K35 local guidelines and protocols in relation to organ and tissue donation
- K36 roles and contact with other members of the multidisciplinary team
- K37 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K38 the importance of establishing rapport and how to do so
- K39 how to ask questions, listen carefully and summarise back
- K40 the importance of encouraging individuals to ask questions and how to do so
- K41 the religious beliefs of different cultures
- K42 the effects of different cultures and religions on care management
- K43 the importance of involving individuals in discussions, and how to do so
- K44 how to negotiate effectively with individuals, families and other professionals
- K45 the principles of evidence-based practice, and how to apply them
- K46 how to explain difficult subjects in an emotional context

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### **Additional Information**

**External links** 

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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