

This Management Process Description replaces
MPD1100/1.1

Copy Number

Effective

27/10/15

Summary of Significant Changes

Clarification of what the policy covers in terms of recording and transmission of photographs

Policy

The decision whether to accept a retrieved organ for transplantation depends on many factors and the implanting surgeon must make a decision based on balance of risk and benefit taking into consideration the privacy and dignity of the individual.

In some instances, review of additional information such as photographs, radiological images of the organ taken before, during or after retrieval will help the surgeon make the most appropriate decision.

Recording photographs of organs, tissues or other aspects of the donor e.g. a suspicious skin lesion, is encouraged where it is clinically indicated to ensure the safety of the donation, retrieval and transplantation of organs and tissues and where consent/authorisation has been given, and is in line with current guidance and when the confidentiality of the donor is protected.

This policy is confined to transmission of photographs or images of organs or the donor. Reports (such as additional microbiology reports) and images of other investigations (such as echocardiographs) may be transmitted to the recipient team using the Genius Scan app available to the SN-ODs if indicated to ensure the safety of organ retrieval and transplantation.

Purpose

This document is intended to offer guidance and principles to all healthcare professionals (HCPs) involved with organ donation, retrieval and transplantation to ensure the safety of the donation, retrieval and utilisation of organs and tissue for transplantation.

Responsibilities

Specialist Nurses – Organ Donation
Retrieval Teams
Retrieval Centres

Recipient Teams
Recipient Centres

Definitions

SNOD – Specialist Nurse – Organ
Donation
GMC – General Medical Council

NORS – National Organ Retrieval Service
EOS – Electronic offering system

Applicable Documents

National Standards for Organ Retrieval from Deceased Donors
http://www.odt.nhs.uk/pdf/nors_retrieval_standards.pdf

Guidance and Principles – Donor Organ Photographs

1. Principles

There are three key principles to consider when sharing recorded information (such as photographs of organs):

- Consent/Authorisation
- Anonymity
- Confidentiality

The duty to share information can be as important as the duty to protect patient confidentiality although information must be shared only with those who have a need to know. Please see Appendix A for the seven Caldicott principles related to confidentiality of information.

2. Consent/ Authorisation

According to the General Medical Council (GMC), consent to record images/photographs of internal organs or structures will be implicit in the consent/authorisation given to the investigation or treatment, and does not need to be obtained separately¹.

3. Anonymisation

Photographs must not be taken where the patient is, or may be, identifiable from the photograph. Identifiable features could include birthmarks, tattoos, patient medical records and geographic location and care must be taken when recording to exclude these from the photograph.

4. Confidentiality

Photographs can be taken for transmission between the retrieval and recipient teams and can be shared with the Specialist Nurse – Organ Donation (SNOD) where necessary, for example to aid decision making to ensure appropriate use of organs or tissues.

Photographs may be uploaded to the incident reporting system if reporting a clinical incident such as damage.

Photographs must not be shared in widely accessible public media such as television, radio, internet, print².

In some situations, it will be in the interests of the donor and/or recipient for photographs to be stored elsewhere in the clinical records. If photographs are to be stored (other than uploaded onto QPulse or EOS when available), the health care professional (HCP) who stores the photographs is responsible for making the appropriate secure arrangements for storing recordings according to local practice of the HCP's employer and for the appropriate period of time.

5. Guidelines

5.1 If a retrieval or implanting surgeon or other relevant health care professional feels sharing a photograph would facilitate appropriate transplantation of the organ, or provide reassurance for recipient's safety or provide important clinical records, they may take a photograph subject to the need to protect confidentiality (as outlined in section 4).

Guidance and Principles – Donor Organ Photographs

5.2 The photograph can be sent via SMS, e-mail or secure hospital transfer system to the recipient surgeon with the donor ID only (ODT donor number). The patient's name, date of birth, hospital or any other identifiable information must not be sent with the photograph.

5.3 The recipient surgeon must be contacted by telephone first to advise that a photograph will be sent.

5.4 The surgeon is responsible for safely securing copies of the photograph if these are to be kept. This should be in accordance with local guidance. Otherwise, the photograph must be deleted immediately (including from the retrieval surgeon's sent items).

References:

1. http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp
2. http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp
3. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InformationGovernance_accv2.pdf
4. http://www.gmc-uk.org/Making_and_using_visual_and_audio_recordings_of_patients_2011.pdf

Appendix A **Caldicott Principles**

1. Justify the purpose(s)

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

2. Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

3. Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

4. Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

5. Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data — both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality.

6. Comply with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

7. The duty to share information can be as important as the duty to protect patient confidentiality.

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.