



OFFICE OF THE CHIEF MEDICAL EXAMINER
JUSTICE SERVICES DIVISION, JUSTICE & SOLICITOR GENERAL

Dr. Elizabeth Brooks-Lim, Chief Medical Examiner

INFORMATION BULLETIN

Organ & Tissue Donation & the Office of the Chief Medical Examiner

PURPOSE

This information bulletin is intended to update critical care physicians and organ & tissue donation programs in Alberta about the role of the office of the Chief Medical Examiner (OCME) when considering organ and tissue donation processes.

BACKGROUND

Under the purview of the *Fatalities Inquiries Act (FIA)*, sudden and unexplained deaths fall under the jurisdiction of the OCME. This applies to a very large proportion of potential organ donors. The OCME must be confident we are able to fulfill our mandate. Determination of cause and manner of death must remain paramount while recognizing the importance of organ and tissue donation and the OCME role of gatekeepers. Organs/tissues may be allowed to be procured if the removal does not interfere with any investigation in accordance with section 26 of the FIA.

PROCESS

- 1. Prompt notification to the OCME of a case which may fall under our jurisdiction should occur as soon as possible. The timelines for organ donation are critical and therefore obtaining consultation and approval from the OCME even in advance of the impending death of the potential organ donor is essential.***

2. The OCME Medical Examiner's Investigators (MEI's) can be contacted 24/7/365 to discuss a patient. **For Calgary and Southern Alberta: 403 297 8123** and for **Edmonton and Northern Alberta: 780 427 4987**
3. These guidelines assume that valid consent has been, or will be obtained for organ and/or tissue donation prior to actual organ or tissue procurement. The OCME during this process is not providing consent for organ procurement in lieu of the patient or next of kin.
4. These guidelines assume that the impending death or death falls under sections 10, 11, 12 or 13 of the *FIA* and is reportable to the OCME and that OCME will be involved in investigating the death.
5. When a donor's impending death could result in an OCME investigation the donor coordinator or critical care physician shall obtain appropriate permission from an OCME medical examiner (ME) before proceeding with actual organ/tissue procurement.
6. A donor coordinator or critical care physician may contact the OCME 24/7/365 and speak with a Medical Examiner's Investigator (MEI) who will discuss details of the patient and commence completion of the **OCME Organ/Tissue Procurement Approval Form (OPAF)**
7. The **OPAF** will be used by the OCME to approve any organ or tissue procurement. Section C of this form may only be replaced by a confirmatory email from the on-call medical examiner (usually if the request occurs out of hours); which can be forwarded along with the OPAF (by fax/email) to the donor coordinator or critical care physician.
8. In line with the *Human Tissue and Organ Donation Act (HTODA)* section 10 allows for a ME under the *FIA* to give any directions they consider necessary before a potential donor has died, death is imminent and the attending physician has reason to believe that sections 10, 11, 12 or 13 of the *Fatality Inquiries Act (FIA)* may apply when death occurs.
9. The OCME will be notified expediently if any abnormal findings are encountered during the organ and/or tissue procurement process (e.g. injuries or the locating of projectiles or foreign bodies). This will likely take the form of a phone call from the operating room to the MEI so that the ME can be informed expediently. All due care will be expected of the transplant surgical team with the procurement of organs so that residual tissue and organs are not inadvertently damaged during the process unnecessarily.
10. The OCME staff may be present in the recovery suite if required. The donor coordinator or critical care physician may be able to assist with connecting with operating room management to facilitate this.
11. Following organ and/or tissue procurement the donor coordinator will notify the MEI unit and arrange for transport of the body to the OCME for post mortem examination.

12. In addition to discussions with the donor coordinator or critical care physician the OCME will routinely request the following:

- a. A copy of the donor coordinator physical assessment.
- b. The operative report of the procurement surgeon, once it has been transcribed, acknowledging that this may take several days.
- c. The surgeon's notes from the recovery record, with documentation of any abnormal intra-operative findings.
- d. Admission blood specimens; acknowledging that blood specimens will also be required by the donor and surgical teams
- e. Vitreous fluid only if applicable e.g. during ocular procurement to be placed in a grey top container
- f. Return with the body, if feasible, of any unused tissues or organs; with the acknowledgment that if an organ goes out of province, it will be difficult to return any unused organs or tissues even if it is not ultimately transplanted. OCME may ask for assistance in connecting with the location where the organ has been sent out of province.
- g. The organ/tissue recovery record