Corporation Name – Site Name

# PART ONE: GENERAL HOSPITAL INFORMATION

## HOSPITAL AND CAMPUS INFORMATION

|  |  |
| --- | --- |
| ***Site Name:*** Site Name | |
| **Address** | Site street address |
| **Phone Number** | Enter the main hospital telephone number |
| **Parking** | Where do TGLN staff park? Is there a special or on-call parking spot for TGLN recovery staff to park? |
| **Hospital MRN – name and example** | What do staff commonly call MRN i.e. J#, MRN, S# etc.” J01234589 |
| **[Hospital Region](#Dispatch)** | TGLN: What geographical region is site located ( i.e. GTA, Southwest, Eastern*)* |

## Supporting Staff (for TGLN Staff to complete)

|  |  |  |  |
| --- | --- | --- | --- |
| **OTDC** | Click or tap here to enter text. | | |
| **OTDC PHONE** | Office Phone # | **OTDC CELL PHONE** | Cell Phone # |
| **OTDC Office Hours** | Regular Business Hours | | |
| **OTDC** | TGLN Organ and Tissue Donation Coordinator | | |
| **OTDC PHONE** | Office Phone # | **OTDC CELL PHONE** | Cell Phone # |
| **OTDC Office Hours** | Regular Business Hours | | |
| **HD Coordinator (Name, email)** | Hospital Development Coordinators Name and email | | |
| **Regional Medical Lead** | RML | | |
| **TGLN Manager** | Manager | | |
| **TGLN Director** | TGLN Director | | |
| [**HDP and Hospital Donation Leads - See the Hospital Contact SharePoint site**](https://portal.giftoflife.on.ca/hospitalprograms/Lists/Hospital%20Contact%20List/Contacts%20by%20Hospital.aspx) | | | |

## RECOVERY INFORMATION HIGHLIGHTS (for TGLN to complete)

|  |  |
| --- | --- |
| Special Notes and Instructions |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Types of Recovery Supported at this site.**  **Check all that apply** | **Organ Recovery:**  **DCD Donation**  **DCD Hearts**  **NDD Donation**  **Donation after MAID**  **NPOD**  **NPOD after attempted DCD** | **Tissue Recovery**  **Ocular Recovery**  **Multi Tissue Recovery (OR on-site)**  **Multi Tissue Recovery (Transfer only)** |

## Electronic Chart Access and IC Chart Requests:

|  |  |
| --- | --- |
| **Hospital EMR Access** | Identify if TGLN staff have onsite access to the electronic chart   * Generic Access (provide instructions in next section) * Individual Access (Identify what staff groups are given access i.e. OTDC, TRCs etc) * How are new staff given chart access – add user request forms and instructions in the attachments |
| **Attachments** | - Log-in and navigation instructions  -New user access instructions and blank request forms  Attachments: |
| **Chart Viewing Location:** | If tissue recovery staff are required to view the chart/EMR in a specific location or specific computer/workstation please identify it here. |
| **Hospital Help Desk/Service Desk** | **ONLY for TGLN** **staff who already have electronic chart access**  Phone number to contact for EMR access issues.  Include hours that the helpdesk/service desk is available. |
| **For Information Coordinator Use Only:** Contact Information for IC Chart Requests | Contact details for Health Records to obtain patient charts post-tissue recovery:  Phone, Fax and/or Email. |
| **IC Chart Request Escalation Process** | Escalation process for health record requests – who do we contact if we are having problems access a patient chart? |

# PART TWO: TISSUE RECOVERY INFORMATION

# OCULAR RECOVERY INSTRUCTIONS

|  |  |  |
| --- | --- | --- |
| **Tissue Coordinator Work** | | **Tissue Recovery Coordinator Work** |
| **Dispatch Guidelines** | Follow dispatch guidelines ([Hospital Region](#Region)): dispatch closest on-call TRC, then per diem TRC.  If no resource available, send out text message. Call TOC if resource issues continue. | |
| **Where to send Hold Body Form/Instructions** | Tissue Only Case: Where in the hospital does TGLN fax the Hold Body Form:Tissue-onlyy recoveries | |
|  | [Organ and Tissue Case: Click Here](#HBF_Organ) | |
| **Where to fax Consent Form** | Where in the hospital does TGLN fax the completed Consent Form? | |
| **Where to fax Coroner’s Permission Form** | **Where in the hospital does TGLN fax the completed Coroners’ Permission Form**? | |
| **Release of Body Instructions** | Who should TGLN call when the body can be released for autopsy/funeral home (identify if a fax is also required)? | |
| [**How to Locate Pre-Mortem Blood Samples**](#Serology) | [See Part 3, Section 3](#Serology) | |
| How to Arrange Maternal Blood Sample | [See Part 3, Section 3](#Serology) | |
| **Courier Request Instructions** | **TGLN:** How is the courier requested? | |
| **[Security Phone# & Location](#SECURITY_MTRC)** | Enter the Telephone number and location for Security | |
| **[Where to access patient’s chart](#PtChartMT)** | How do tissue recovery staff access patients’ charts? | |
| **On-Site Optisol Storage Location & Instructions to access** | If Optisol is stored at this site, if so where is it stored and how is that location accessed by our recovery staff? | |
| **Where to find ice** | Where can tissue recovery staff find Ice? | |
| **Acceptable Ocular Recovery Locations** | Where can TLGN recovery staff recover Eyes? i.e. Morgue or Bedside? | |
| **Assistance with turning body or using lift in morgue** | Identify what hospital Staff help turn the body and use the morgue lift (if needed) and how are they contacted? | |

## HEALTH AND SAFETY – Ocular Tissue Recovery

|  |  |
| --- | --- |
| **Where is the closest First Aid Station** | Where is the **First Aid Station** closest to the ocular recovery area? |
| **Where is the closest Eye Wash Station** | Where is the **Eye Wash Station** closest to the ocular recovery area?. |
| **Nearest Emergency Exit in relation to Recovery Location** | Where is the **Emergency Exit** closest to the ocular recovery area? |
| **Closest fire evacuation procedures** | Where is the poster with **the Fire Evacuation Procedures** closest to the ocular recovery area? |
| **Who to contact for a Biohazard Spill or Chemical Spill** | If a **Biohazard or Chemical Spill** occurs during recovery who should be contacted? |
| **Who to contact when there is an incident/accident** | Whom should TGLN contact if an **incident** occurs during an ocular recovery? (i.e., whom to report incidents to) |
| **Emergency Contact for Hospital** | Who should the recovery coordinator contact in the event of an **emergency**? |
| **Number to call for emergency codes:** | What is the local phone number/extension to internally dial in the event of an emergency |

## POST RECOVERY INSTRUCTIONS

|  |  |
| --- | --- |
| **Post Recovery Instructions** | Are there any specific instructions for TGLN staff after recovery is complete? |
| **Garbage Disposal Instructions** | Where does the TGLN recovery coordinator dispose of clear and yellow waste bags? |
| **Environmental Issues/concerns** | Are there any other environmental concerns? |
| **Where to fax Ocular Recovery Note when chart not available** | If unable to leave the Ocular Recovery Note in the chart, where should it be sent? |
| **Procedure for transporting eyes to EBC – Eye Cooler Pick up location** | **TGLN:** How is ocular tissue transported to EBCOD? What is the acceptable location to store eye coolers awaiting pick-up |
| **Other hospital specific information** | Click here to enter text. |

# MULTI-TISSUE RECOVERY INSTRUCTIONS

|  |  |  |
| --- | --- | --- |
| **Tissue Coordinator Work** | | **Multi-Tissue Recovery Coordinator Work** |
| **HBF, Consent Form, Coroner’s Permission Form and How to Locate Pre-Mortem Blood Samples** | [**Follow instructions in Ocular Recovery Instructions section**](#_OCULAR_RECOVERY_INSTRUCTIONS) | |
| **Release of Body Instructions** | [**Follow instructions in Ocular Recovery Instructions section**](#ReleaseBody) | |
| **Process for obtaining signed death certificate/Warrant to Bury for transfer to coroner’s office** | What is the process to have Death Cert/Warrant to Bury signed when transferring body to coroners office for multi-tissue recovery? | |
| **If Multi-Tissue Recovery occurs at this site, follow the guidelines below** | | |
| **Booking Operating Room for Multi-Tissue Case** | How is an OR booked for a multi-tissue recovery?. | |
| **Donor Transfer Steps** | How is the body brought to and from the OR for MT recovery? | |
| **[Security phone# & Location](#SECURITY_TRC)** | [See Part 2, Section 1 Ocular Recovery Information](#SECURITY_TRC) | |
| **[Where to access patient’s chart](#PtChartEye)** | [**See Part One Section 2**](#PtChartEye) | |
| **Directions to OR** | Where is the OR located? | |
| **[How to obtain and return surgical scrubs](#ScrubsOrgan)** | How do surgical teams obtain scrubs? i.e. Scrubex card located at OR desk return to Scrubex machine located on 2West ….. | |
| **Where to find ice closest to the OR** |  | |
| **Does the OR have a scale and who to contact/how to access.** |  | |
| **Other hospital-specific information** | Click here to enter text. | |

## HEALTH AND SAFETY – Multi-Tissue Recovery (Operating Room)

|  |  |
| --- | --- |
| **Where is the closest First Aid Station** | Where is the **First Aid Station** closest to the Operating Room |
| **Where is the closest Eye Wash Station** | Where is the **Eye Wash Station** closest to the Operating Room? |
| **Nearest Emergency Exit in relation to OR** | Where is the **Emergency Exit** closest to the Operating Room? |
| **Closest fire evacuation procedures** | Where is the poster with **the Fire Evacuation Procedures** closest to the Operating Room? |
| **Who to contact for a Biohazard Spill or Chemical Spill** | If a **Biohazard or Chemical Spill** occurs during recovery who should be contacted? (i.e., to clean spill) |
| **Who to contact when there is an incident/accident** | Whom should TGLN contact if an **incident** occurs during a Multi-tissue recovery? (i.e., whom to report incidents to) |
| **[Emergency Contact for Hospital](#Emergency_Contact_Hospital)** | [Link to who should the recovery coordinator contact in the event of an emergency](#Emergency_Contact_Hospital). |
| [**Number to call for emergency codes:**](#Emergency_Number) | [Link to the local phone number/extension to internally dial in the event of an emergency](#Emergency_Number). |

# PART THREE: ORGAN AND COMBINED O/T DONOR

## GENERAL TESTING AND INFORMATION

| ***TEST*** | ***Hours/Days of Availability*** | ***Dept. Location*** | ***Special Considerations*** |
| --- | --- | --- | --- |
| **CT** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **CT Angiography** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Echo** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Cardiac**  **Angiogram** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Bronchoscopy** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Radionuclide cerebral blood flow study** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **MR Angiography** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **4-vessel cerebral angiogram** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## MEDICATION INFORMATION

| ***AVALABILITY*** | ***Methylprednisolone*** | ***Levothyroxine IV*** | ***Vasopressin IV*** | ***Heparin***  ***(Large Pre-OR Dose)*** |
| --- | --- | --- | --- | --- |
| **Drug Available** | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Available overnight** | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **Special Instructions / considerations** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## BLOOD TESTING INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***TYPE*** | ***Lab Capabilities/***  ***Limitations*** | ***Location*** | ***Hours of Operation*** | ***Phone*** | ***After Hours Pager*** |
| **Blood Bank** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Core Lab** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Toxicology Screen** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Microbiology** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Stat ACR (micro-albumin)** | ***Yes,*** *onsite Stat ACR (micro-albumin)*  ***No****, onsite Stat ACR (micro-albumin)*  *If lab unable to perform onsite Stat ACR (micro-albumin) identify capacity for:*  *Choose available alternative test*  *Choose available alternative test* | | | | |
| **Special Considerations** | Click here to enter text. | | | | |
| **Contact Info for following up on microbiology cultures post-transplant** | How does TGLN follow up on Specimen Culture results when the coordinator is off-site? i.e. call Microbiology xxx-xxx-xxxx or the requisition must be faxed to xxx-xxx-xxxx | | | | |

## Donor Blood Testing

| **DONOR BLOOD TESTING** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Instructions for Serology Specimen**  **Collection:** | | **[How is the pre-transfusion specimen located?](#PreMortem)** | | | How does TGLN locate and obtain a pre-transfusion blood specimen if needed? | | |
|  | | **If bloods are to be drawn, how do you arrange this and who is responsible for the blood draw?** | | | Who will draw bloods on consented organ donors? | | |
|  | | **Blood Draw for patients undergoing donation following MAID** | | | [See Part 3, Section 5 Recovery Planning and Logistics](#MAID_BLOOD) | | |
| **Maternal Blood Draw Instructions** | | **Who draws maternal blood sample** | | | Who would draw a maternal blood specimen if needed? | | |
|  | | **Special Instructions** | | | Click here to enter text. | | |
| **Indicate what to do with the specimens following collection.** | | *(i.e. Labeling procedures, are they kept in a specific area for pick up, etc.)* | | | Click here to enter text. | | |
| ***(for TGLN staff to complete)*** | | | | | | | |
| **TYPE** | **TESTING LOCATION** | | **TRANSPORTATION INFORMATION** | | | | |
|  |  | | ***Destination*** | ***Transport by:*** | | ***Contact # to Arrange*** | ***Special Considerations*** |
| **HLA** | Click here to enter text. | | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| **Serology** | Click here to enter text. | | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| **NAT** | Click here to enter text. | | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. |

## Recovery Planning and Logistics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [**All Cases**](#AllCases) | | [**DCD Specific**](#DCD) | | [**MAID Specific**](#MAID) | |
| **Sternal Saw** | **Sternal Retractor** | | **Large Vascular Clamps** | | **Internal Defib Paddles** |
|  |  | |  | |  |
| **Whom do you contact to book the OR?** | | Who is called to book an OR for Organ Recovery | | | |
| **Is there priority booking for organ recovery? What is it?** | | What is the priority booking policy for Organ Recoveries i.e “Organ recoveries will be given priority B case booking” | | | |
| **What is the escalation procedure for OR booking if required?** | | What is the OR escalation procedure for OR bookings? | | | |
| **Does the OR have any special requirements?** | | Does the OR have any special requirements? | | | |
| **[Process to Obtain and Return Scrubs](#ScrubsMT)** | | [See Part 2 Section 2 for Multi-Tissue Recovery](#ScrubsMT) | | | |
| **Process for granting temporary OR privileges** | | How are OR privileges granted for Organ Recovery Surgeons? | | | |
| **Who should the recovery personnel contact if a problem occurs in the OR?** | | Who should the recovery personnel contact if a problem occurs in the OR? | | | |
| **Is there hospital specific OR documentation that must be completed by the recovery team following the recovery?** | | List hospital specific OR documentation | | | |
| **Transfer of the donor from Unit to OR** | | Who will arrange transfer and who performs the transfer? | | | |
| **[Where to send Hold Body Form/Instructions (when tissue recovery is planned following organ recovery)](#HBF_Tissue)** | | Where in the hospital does TGLN fax the Hold Body Form if a tissue recovery is to occur after organ recovery? | | | | |
| **From OR to Morgue** | | Who will arrange transfer and who performs the transfer? | | | |
| **Are there special hospital policy considerations for DCD?** | | i.e. DCD hands off time frames or No DCD Policy | | | |
| **Are there OR restrictions for DCD?** | | Click here to enter text. | | | |
| **Are there WLSM timing restrictions?** | | Click here to enter text. | | | |
| **Where does WLSM occur?** | | Click here to enter text | | | |
| **If WLSM occurs in the OR, is family permitted to be present?** | | Click here to enter text. | | | |
| **[Blood Draw for Patients Undergoing Donation after MAID](#Pretransfusion)** | | Who will draw the TGLN HLA/Serology bloods on patients outside ICU? | | | |
| **Where does the MAID & Donation provision usually take place?** | | i.e. The PACU or ICU | | | |
| **Who inserts Arterial line** | | Who will insert the art. line prior to the MAID provision | | | |
| **Other considerations for MAID & Donation?** | | Click here to enter text. | | | |
| **How is the 2nd physician arranged?** | | Click here to enter text. | | | |
| **Who will reintubate for DCD Lungs?** | | i.e. Nurse Anesthetists, , RRT, Anesthesia Only | | | |

## GENERAL TRANSPORTATION INFORMATION:

| **GENERAL TRANSPORTATION FOR ORGAN AND TISSUE TRANSPORT** | |
| --- | --- |
| **Ambulance Region and Contact** | Click here to enter text. |
| **Police/OPP Region and Contact** | Click here to enter text. |
| **Local Taxi Information** | Click here to enter text. |

## CORONER INFORMATION

|  |  |
| --- | --- |
| **CONTACT INFORMATION** | |
| Coroners Dispatch  416-314-4100; 1-855-299-4100 | |
| **Hospital Specific Coroner Information** | Click here to enter text. |

PART FOUR: HOSPITAL DEVELOPMENT

## POLICIES AND PREPRINTED ORDER SETS

|  |  |  |
| --- | --- | --- |
| **Hospital Policies** | | |
| **Policy Type** | **Name of Policy** | **Date Last Updated** |
| **End of Life Care Policy** | Click here to enter text. | Click here to enter a date. |
| **Organ and Tissue Donation Policy** | Click here to enter text. | Click here to enter a date. |
| **WLSM Policy** | Click here to enter text. | Click here to enter a date. |
| [**Neurological Determination of Death Policy**](https://orc.giftoflife.on.ca/FORMS/Hospital%20Development/HDF-9-2-Neurological%20Determination%20of%20Death_Template.pdf) | Click here to enter text. | Click here to enter a date. |
| **Tissue Exclusive Policy** | Click here to enter text. | Click here to enter a date. |
| **MAID Policy** | Click here to enter text. | Click here to enter a date. |
| **Other Donation Related Policies** | Click here to enter text. | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Pre-Printed Order Sets** | | |
| **Order Set Type** | **Name of Order set** | **Date Last Updated** |
| **Catastrophic Brain Injury Guidelines/Order Sets** | Specify if none, combined, or Separate NDD & DCD | Click here to enter a date. |
| **Organ and Tissue Donor Management Order Set** | Click here to enter text. | Click here to enter a date. |
| **Donation After Death by Circulatory Criteria Order Set** | Click here to enter text. | Click here to enter a date. |
| **Order sets for Paediatric Organ Donation** | Click here to enter text. | Click here to enter a date. |
|  |  |  |

## 

Last Revised: Click here to enter a date.

Last Reviewed by Hospital: Click here to enter a date.

2023 Health and Safety Updates inserted 23JAN2023