

Obtaining Pictures and/or Videos for Training Purposes

Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) required a separate consent prior to taking photographs and/or videos of a consented donor for training purposes. For the purpose of the Clinical Process Instruction (CPI), training purpose includes but is not limited to the orientation of new staff, annual competency assessments and continual education of TGLN staff. A separate consent form must be completed with the family prior to the recovery to ensure consent has been obtained for pictures and video during recovery. TGLN will maintain the confidentiality of all photographs and/or video's by ensuring that additional personal information is not associated with the photographs/videos and the storage of all photographs and/or videos is secure.

Process:

1. The Manager/Director will inform the Tissue Coordinator (TC) if consent to take photographs or videos is needed.
2. Patients or next of kin (NOK) will only be approached for consent for photographs and/or videos if they have already consented to and completed the *First Person Consent Form to Donate: Organs and/or Tissues* (see CPI-9-204) or the *Consent Form to Donate: Organs and/or Tissues* (see CPI-9-204) and have authorized the transfer of the body for the purpose of surgical recovery of the donated tissue(s).
3. If the patient or NOK authorizes TGLN to take photographs and/or videos of the recovery, the "Consent and Release Form – Film and Photography of Organ and Tissue Recovery" must be completed by the TC with the patient or NOK prior to the recovery. See Exhibit 1.
4. Consent for photographs and/or videos obtained by the TC in the Provincial Resource Centre (PRC) shall be done on a recorded telephone lines.
5. When photographs and/or videos are being recorded for training purposes, tissue recovery must take place at the Forensic Sciences and Coroner's Complex (FSCC).

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6. Once consent has been obtained, the Tissue On-Call (TOC) must be notified by the TC to discuss details of the filming/photographs of the recovery. The TOC may request a huddle.
7. All photographs and/or video taken for training purposes must be taken with a designated TGLN phone, or by a TGLN hired professional.
8. Identifying features on the donor's body, such as the face and identifying tattoos or birthmarks, should generally be avoided.
9. Where unnecessary identifiable information is in the frame, effort will be made to minimize or remove that information.
10. Photographs and/or videos may only be viewed by authorized TGLN personnel who are involved in an educational or training session of TGLN staff.
11. Photographs and/or videos may not be shared with a third party unless authorized.
12. Once the photographs and/or videos have been collected, they must be transferred securely into the designated and password protected folder on the TGLN Common Drive. Photographs and videos may only be stored in the designated folder and not in another location
13. Once the photographs and/or videos has been saved in the designated folder, they must be deleted from the phone, such that it cannot be recovered

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Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Consent and Release Form	CSF-9-206	PRC	PRC	16 years

References:

None

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Exhibit 1:

CSF-9-206



Trillium
Gift of Life
Network

483 Bay Street, South Tower, 4th Floor
 Toronto, ON M5G 2C9
 Tel: 416-363-4001 (in Toronto) or
 1-800-263-2833
 Fax: 416-363-4002

Trillium Gift of Life Network
Consent and Release Form – Film and Photography of Organ and Tissue Recovery

I, _____, permit Trillium Gift of Life Network (TGLN) to film or photograph the

 Name
 organ and tissue recovery process of _____ for the purposes of external or internal
 Name (the "Donor")
 training related to organ and tissue donation and transplantation. I understand that the film or photographs will not contain any
 identifiable information or images. I am the Donor's authorized substitute* under the *Trillium Gift of Life Network Act*. I have had
 the opportunity to ask questions about the tissue recovery process and the filming or photographing being proposed.

Signature	Date
Full Name of Witness	Witness Signature

Verbal/Phone Consent (Two witnesses required to confirm consent provided)

Full Name of Second Witness	Second Witness Signature
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*In descending order of priority, the patient's substitute is:
 i) the patient's spouse**; or
 ii) if none or if the spouse is not readily available, any one of the patient's children; or
 iii) if none or if none is readily available, either one of the patient's parents; or
 iv) if none or if neither is readily available, any one of the patient's brothers or sisters; or
 v) if none or if none is readily available, any other of the person's next of kin; or
 vi) if none of if none is readily available, the person lawfully in possession of the body (e.g. executor of the will or administrator of the estate), other than, where the person died in hospital, the administrative head of the hospital.

** "Spouse" means a person of any gender (a) to whom the patient is married, or (b) with whom the patient is living or, immediately before the patient's death, was living, in a conjugal relationship outside marriage, if they: (i) have cohabited for at least one year, (ii) are together the parents of a child, or (iii) have together entered into a cohabitation agreement under section 53 of the *Family Law Act*.

August 30, 2018

