INVESTIGATIONS  Organ/Tissue Donations

Subject
Organ and Tissue Donation Program

Authority
CALIFORNIA HEALTH AND SAFETY CODE Chapter 3.5 (Uniform Anatomical Gift Act )
CALIFORNIA GOVERNMENT CODE §27491.44

Policy Statement
The Coroner’s Office supports the Uniform Anatomical Gift Act and shall work closely with community organizations (i.e., Sierra Donor Services, Sight Life) for recovery of as many organs and tissues as possible for cases under the Coroner’s jurisdiction.

Special attention shall be given to Coroner cases where homicide and suicide are known or suspected because of law enforcement involvement and the potential of subsequent litigation. In these cases the Coroner’s Office must ensure the circumstances, manner, and cause of death can be determined prior to release of the deceased to donor organizations for organ and tissue removal.

Deaths with no criminal charges pending that meet the criteria for Coroner Co-sign cases will be released for recovery of any organs and tissues following the preliminary investigation. A full coroner’s investigation will be conducted on all Co-sign cases. However, no pathological examination will be performed by the Coroner’s Office. The cause of death will be provided by and attested to by the decedent’s private physician.

When staffing shortages and workload prohibit deputies from conducting a preliminary investigation of the circumstances to determine if organs/tissues can be recovered within the required time frame, deputies, pathologists, and supervisors will use the information available from the hospital, and organ/tissue procurement agency to determine release. If there is no compelling reason to deny the organ/tissue recovery based on the information gathered, recovery will be authorized to insure the organs/tissue are recovered before they timeout.

Whenever deputies communicate with the organ/tissue agencies, documentation of the conversation should be entered in CME Word Narrative under Pathology- special precautions, directives/requests/notifications, or other circumstances or in a Chronology Form.

Procedure

PROCUREMENT REPORTS

When a report on a cardiology donation is received:
1. Date stamp the report
2. Record receipt of the report in the Toxicology Log  
3. Make a copy and distribute to the physician  
4. File the original in the case file.

**DCI DONOR SERVICES**

DCI Donor Services is a conglomerate of the following:  
- Sierra Donor Services  
- Sierra Donor Services Eye Bank  
- Tennessee Donor Services  
- New Mexico Donor Services

**AUTOPSY REPORTS**

Donor Services agencies will receive autopsy reports at **no charge**.

**AUTHORIZATION TO RELEASE**

Deputy Coroners are authorized to release organs and tissues for recovery to the extent the following criteria permit. Such permission applies only to the giving of the Coroner’s release authorization. Actual recovery requires the permission of the legal next-of-kin of the deceased as defined in Health and Safety Code §7151. This Health and Safety Code definition applies throughout this policy and procedure when “legal next-of-kin” is stated.

**SENATE BILL (SB) 1403 (POLANCO – CHAPTER 887)**

In compliance with SB 1403, donor organizations shall obtain the written consent of the legal next-of-kin or other legal designee prior to organ and/or tissue removal. Non-written consents (i.e., telephonic consents) must be documented according to the requirements of SB 1403 and submitted to the Coroner’s Office for permanent retention.

**Pre-autopsy Recovery:** These criteria apply to pre-autopsy recovery of tissue and organs. After the autopsy is completed and the body is released, all requested recoveries are outside the jurisdiction of the Coroner’s Office. For potential organ donations, the transplant coordinator shall obtain consent from the legal next-of-kin prior to contacting the Coroner’s Office for permission to recover the organs.

**REQUEST FOR EXAMINATION**

The Transplant Coordinator may, on occasion, request that a forensic pathologist examine a patient in the hospital prior to the Coroner’s Office deciding whether or not to release a decedent for organ and/or tissue recovery. In those cases, the Transplant Coordinator will arrange for this examination and be present with the Forensic Pathologist at the hospital to examine the patient.
The requesting donor organization shall assume full financial responsibility for any charges and/or expenses associated with this external examination.

**POTENTIAL TISSUE DONORS**

The donor organization (currently only Sierra Donor Services) will access Coroner cases via the internet connection to determine the classification and review the circumstances of the Coroner’s case. Once the classification has been made, releasable tissue will be determined by the criteria contained in this policy and procedure. The donor organization shall obtain consent from the decedent’s legal next-of-kin prior to contacting the Coroner’s Office for the required release authorization for tissue recovery. Deputies will discuss time limits with the donor organization to determine the need to contact the on-call pathologist for tissue release.

**VITREOUS FLUID/PERIPHERAL BLOOD SAMPLES**

On all Coroner’s cases, the donor organization will draw vitreous fluid samples (if an eye donor) and peripheral blood and hand-deliver them to the Coroner’s Office according to the Office’s procedures to ensure chain of custody requirements. If both organ and tissue donor organizations are involved in the recovery, one set of blood tubes is sufficient for both. In addition, after all organ donations, the donor organizations will fax a completed “Coroner’s Notice of Organ Procurement” form to the Coroner’s Office.

**DONOR ORGANIZATION FACILITY USE**

Donor organizations will be charged a facility use fee if organ and/or tissue removal is performed in the Coroner’s Office. Donor organization staff involved in organ and/or tissue removal in the Coroner’s Office will be required to have a background investigation and photo identification badge. Prior approval is required for donor organizations to use the Coroner’s Office for this purpose, and donor organization staff shall annually sign a County waiver form.

**APPEAL** (see Appeal Process on Recovery Requests Flowchart)

Donor organizations may appeal the denial to recover a particular organ and/or tissue of a Coroner case. A Deputy Coroner shall contact the Forensic Pathologist on duty or on-call and request that the Pathologist review the medical aspects of the case. The Forensic Pathologist will convey the medical recommendations to the Deputy Coroner who will advise the donor agency. If the donor agency desires further consultation with the pathologist, the deputy coroner will request the pathologist to contact the recovery coordinator.

**Final Decision:** The Coroner, following consultation with the on-call Forensic Pathologist as appropriate, will make the final decision when the donor organization appeals the decision of a Deputy Coroner.

**EVIDENCE OF TRAUMA**
Transplant surgeons and Tissue Recovery Coordinators shall cease surgical removal procedures if evidence of significant trauma to the affected area is encountered. When internal trauma is identified, the surgeon and/or coordinator shall immediately contact the Coroner’s Office and speak directly to a Deputy Coroner for instructions on how to proceed. All trauma will be fully documented by the transplant team and submitted to the Coroner’s Office.

**NO DOCUMENTED TRAUMA**

When trauma or the lack of trauma cannot be assessed because the decedent died in the ER or at the scene, the deputy coroner will establish when the case will time-out for recovery from the transplant coordinator. If there is sufficient time for the pathologist to review the case at the morning meeting and recovery of organ/tissue before the case times out, the deputy will send a message to the pathologist requesting their review of the case at their earliest convenience. The notice will be made by writing a chrono and placing it in the path file with the request statement highlighted to ensure it is not missed during the case review. A copy of the chrono will also be given to the assistant coroner or supervising deputy coroner. During the morning case review, the pathologist will determine if tissue can be released prior to autopsy or they will process that case first to allow adequate time for tissue recovery. If the case will time out or there will not be adequate time for recovery after the pathologist arrives the next morning, a call will be placed to the on-call pathologist for consultation. If the pathologist cannot be reached the on-call supervisor will be contacted for consultation.

**GUIDELINES**

The following guidelines will be observed in determining which Coroner cases are suitable for organ and tissue recovery. The intent of these guidelines is to maximize the cases that can be referred to donor organizations for recovery while ensuring that the mandated functions of the Coroner’s Office are carried out.

**CATEGORY 1 CHILDREN - (Under 12 years of Age)**

No recovery allowed until consultation with a forensic pathologist.

**CATEGORY 2 HOMICIDES – (Includes officer-involved shootings)**

A. **CHILD ABUSE**
   a. No donation will be permitted until consultation with forensic pathologist

Open lines of communication are needed for the pathologist to obtain input from all organizations involved including the attending physician, pediatric child abuse specialist, district attorney, detectives, deputy coroner, and donor services. The forensic pathologist may respond to the hospital to examine the body, or consult via phone, if necessary. The forensic pathologist may also respond to the operating room to consult with the transplant team and/or witness/photograph the organ recovery, if necessary. Advanced notice of potential donor case (prior to standard notification protocol) by donor service agency is preferred.
B. GUNSHOT WOUNDS
   a. Gunshot wounds of the head only: Anything below the neck, following receipt of 
      adequate oral report from attending physician or OPO (Organ Procurement 
      Organization) representative documenting lack of trauma to other areas of the 
      body. If history or medical documentation is equivocal, consultation with 
      pathology may be necessary.

   b. OTHER GUNSHOT WOUNDS/NON-GUNSHOT WOUND HOMICIDES: No 
      donation will be permitted until consultation with forensic pathologist.

**Before a Deputy Coroner releases organs/tissue, the injuries must first be diagnostically 
ruled out. Examples of diagnostic tests would be CT scans, X-rays, etc. A visual rule out of 
injuries is not permitted. (Ex: A decedent arrives at the hospital emergency room after 
sustaining traumatic injuries. The decedent dies within five minutes of his arrival. Emergency 
room personnel report a closed head injury and no other injuries. The decedent did not 
undergo any type of tests because he was in the emergency room for only a brief span of time. 
Internal injuries can not be ruled out visually. The decedent can not be a donor until after the 
autopsy has been completed in this type of case.)

A. VEHICLE vs. PEDESTRIAN (Includes bicycle and motorcycle) 
   If, after the deputy has obtained relevant information from the concerned law 
enforcement agency, it is clear that criminal charges are not pending, donation is allowed 
for organs and tissues uninvolved by trauma. If criminal charges are being considered, 
consultation with pathology is required.

B. ALL OTHER ACCIDENTS 
   1. Head trauma only 
      Allowed: Eyes and anything below the neck.
      
   2. Chest or chest/abdominal trauma 
      Requires Pathologist Approval
   3. Abdominal trauma only 
      Requires Pathologist Approval

C. ASPHYXIAL ACCIDENTS (including positional asphyxiation) 
   Every case requires consultation with Pathology.

CATEGORY 4 SUICIDES

A. GSW (Gunshot Wound)
Allowed: Anything uninvolved by trauma.

B. OVERDOSE

Allowed: Anything uninvolved by trauma but must have admission blood.

C. SHARP INJURIES

Allowed: Anything uninvolved by trauma.

D. ASPHYXIATION (including HANGINGS)

Allowed:
1. Eyes after viewing by Pathology. All other tissues if no trauma.

2. Hospital in-patient cases:
If the death meets the criteria for Coroner’s Co-Sign, all tissue and organs can be released following a preliminary investigation. If the death does not meet the criteria for Coroner Co-sign, the on-call forensic pathologist will be consulted.

CATEGORY 5 NATURALS

Allowed:
Eyes, skin, leg veins, long bones of the arms, bones of the pelvis and lower extremities without consulting pathologist. No internal organs will be allowed before autopsy.

CATEGORY 6 UNDETERMINED

All undetermined cases will be evaluated on a case by case basis. A pathologist will be consulted and after reviewing the circumstances of the case the pathologist authorize the release of organs and tissues. If a pathologist cannot be contacted, a assistant coroner/supervisor will be contacted.
DEFINITIONS

A. CHEST
The part of the body located between the neck, the ribs and the breastbone. The organs and tissues are located above the diaphragm.

   Includes: Heart, heart valves, lungs.

B. ABDOMEN
The area between the thorax and the pelvis that encloses the visceral organs below the diaphragm.

   Includes: Liver, pancreas, spleen, kidneys, adrenal glands, intestines, vertebral bodies and abdominal aorta.

C. EYES
The organ of vision.

   Includes: The globe, sclera and cornea. Vitreous fluid sample should be retained for possible testing.

D. BELOW DIAPHRAGM
The area below the lungs.

   Includes: All of the abdominal organs plus the bones of the pelvis and lower extremities.
Family Consents

Procurement Agency Calls Deputy Coroner for permission

YES

Proceed with Recovery

END

NO

or

Donor Service wish to pursue

Accepted by Procurement Agency?

YES

Deputy calls Supervisor

Supervisor makes a Decision

Deputy Informs Procurement Agency

END

NO

Is it a medical reason?

YES

Deputy will consult with a Pathologist to determine if they will allow recovery

Deputy Informs Procurement Agency

END

NO

Recovery Coordinator may request direct consultation with pathologist

Pathologist will contact Recovery Coordinator and advise deputy coroner of the final decision

YES

Deputy calls Supervisor

Supervisor decides on course of action

Deputy Informs Procurement Agency

END

NO

Deputy still has investigative concerns?

YES

Deputy calls Supervisor

Supervisor makes a Decision

Deputy Informs Procurement Agency

END

NO

Deputy calls Donor Agency

END