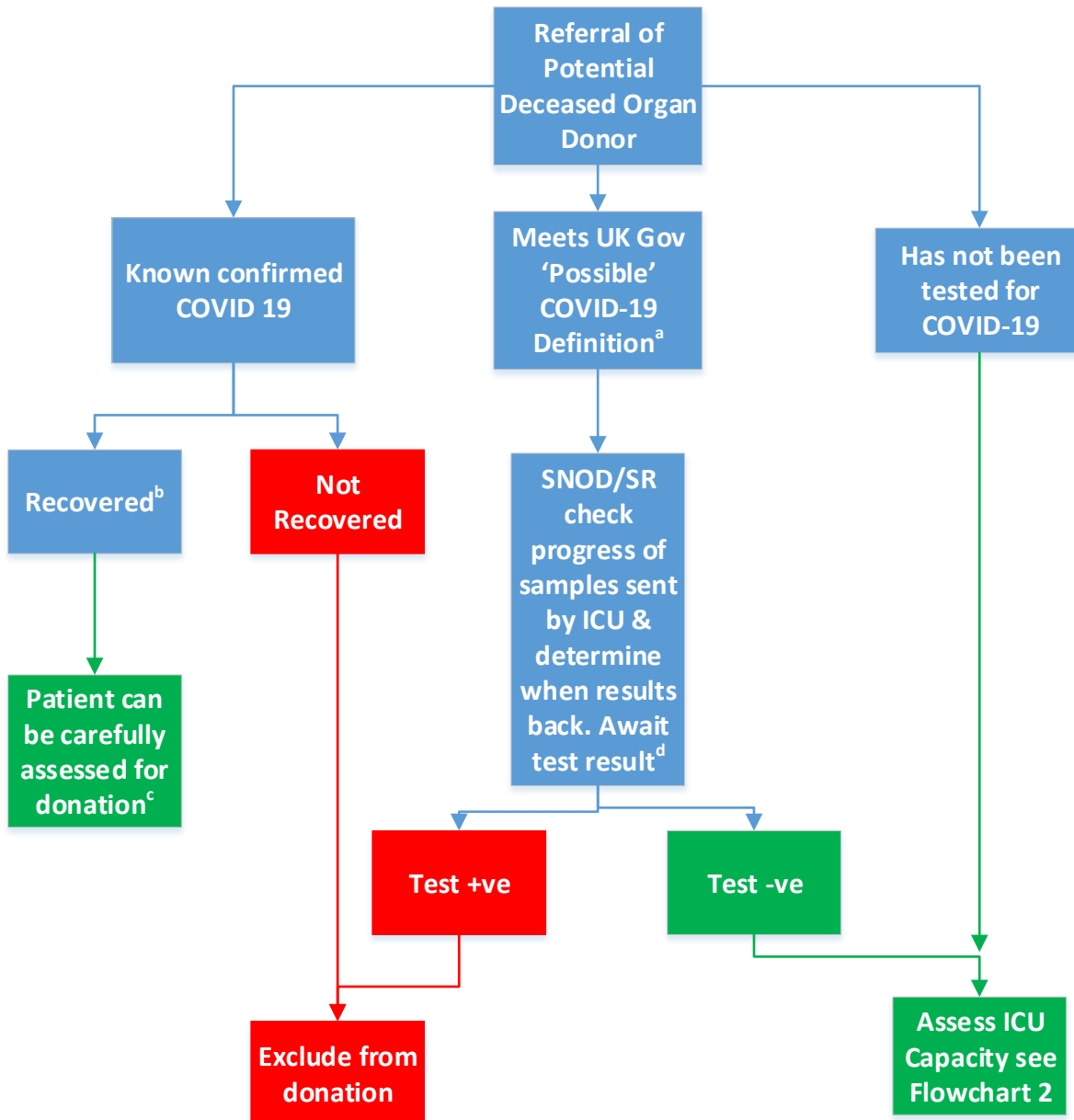


Flowchart 1 – Excluding Confirmed and Possible COVID-19



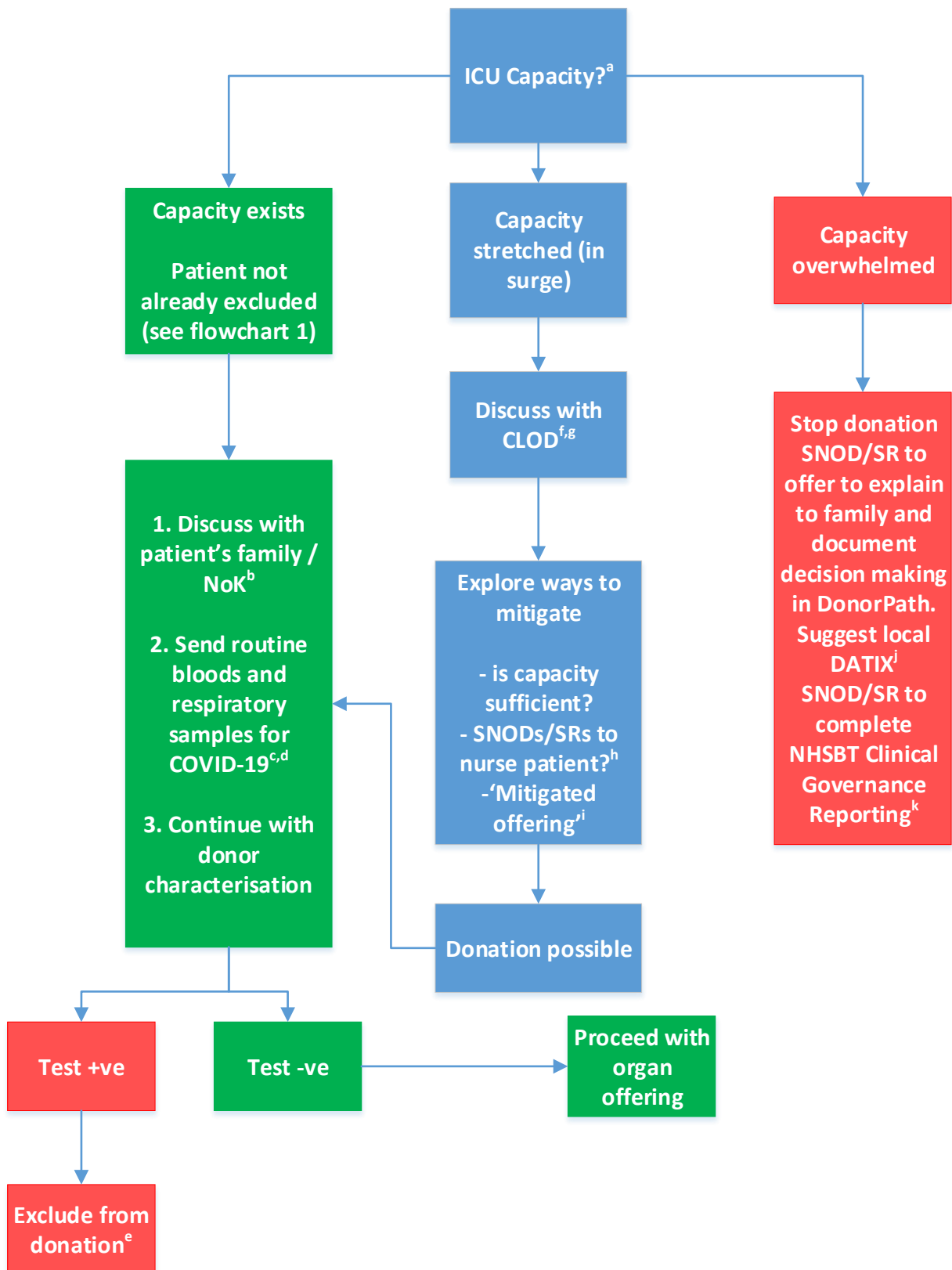
^a <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases>

^b Recovered refers to subsequent negative COVID-19 result. It should be: At least 28 days from full clinical recovery. Must discuss before considering.

^c SNODs should refer to COVID-19 Advice for SNODs available via File Director.

^d This Test is what the ICU is carrying out already, independent of any donation consideration.

Flowchart 2 – Assessing ICU Capacity



^a Decisions regarding ICU capacity is at the discretion of the ICU consultant.

^b When discussing blood sampling as per current practice with families advise that COVID-19 testing will also be undertaken.

^c Patients considered here are patients who tested COVID 19 test –'ve or with a low likelihood of being +'ve (see Flowchart 1).

^d If not already tested, will need testing. If ICU concerned regarding testing, discuss with CLOD.

^e SNOD/SR to alert ICU of confirmed positive result and make a plan for ICU to communicate with family.

^f CLODs will need knowledge of any donation occurring, if not contactable (e.g. off sick) discuss with senior Dr

^g If decision finely balanced consider using an ethical decision-making framework e.g. www.moralbalance.org

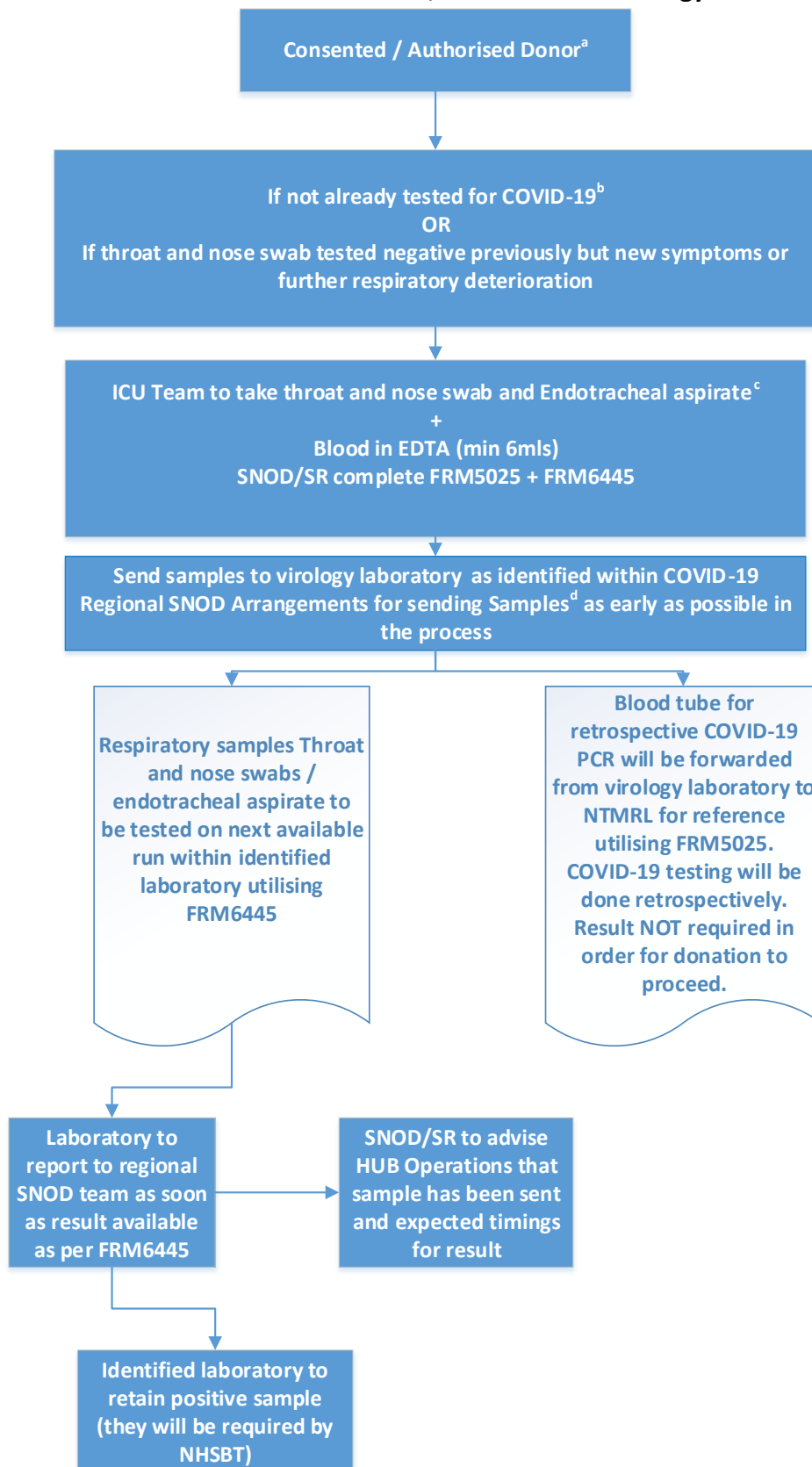
^h No conflict in DBD, in DCD seek agreement treating consultant and escalate to TM/RM on call. Consider competence.

ⁱ 'Mitigated offering' – an NHSBT protocol currently being progressed (please see recent communications for reference and updates) – May advise on circumstances where it may be appropriate to consider Abdominal only, urgent CT only plus Abdominal only, Local retrieval and Transplant only.

^j Recording is important. In the recovery phase it will be beneficial to be able to review how COVID-19 impacted patients and the wider NHS both directly and indirectly.

^k <https://safe.nhsbt.nhs.uk/incidentSubmission/Pages/IncidentSubmissionForm.aspx>

Flowchart 3 – Instructions for SNODs, Clinicians and Virology Laboratories



^a Consent / authorisation will be gained first (as per current practice. Alert family of need for testing and possible longer time for result to be available.

^b See Referral Flowchart 1 - excluding confirmed and possible COVID 19

^c ETA – endotracheal aspirate. If ICU concerned regarding testing, discuss with CLOD. Broncho-alveolar lavage is not recommended for screening owing to the higher risk of aerosol generation and the need to conserve ICU bronchoscopes.

^d COVID-19 Regional SNOD Arrangements for Sending Samples – stored within COVID-19 section of File Director.

Which samples should be taken?

SCREENING OF POTENTIAL ORGAN DONOR FOR COVID-19



1. Upper respiratory tract sample options:

- individual nose and throat swabs in separate collection tubes OR
- combined nose and throat swab in one collection tube containing universal transport medium OR
- single swab used for throat then nose



2. Lower respiratory tract sample in universal container

PLUS

Blood in EDTA (6 ml)