

BUTTE COUNTY SHERIFF'S OFFICE
DEPARTMENTAL ORDER

FILE KEY: 6003

Page 1 of 10

TO: ALL PERSONNEL

FROM: SHERIFF-CORONER

SUBJECT: Organ and tissue donation policy

DATE: April 19, 2007

REFERENCE: CALIFORNIA HEALTH AND SAFETY CODE CHAPTER 3.5 (Uniform Anatomical Gift Act) CALIFORNIA GOVERNMENT CODE §27491.44

PURPOSE: To establish and publish organ and tissue donation policy and procedures.

BACKGROUND: The Coroner's Office supports the Uniform Anatomical Gift Act and shall work closely with community organizations (i.e., Northern California Transplant Bank (NCTB), The Musculoskeletal Transplant Foundation (MTF) (formerly University of California at San Francisco) tissue bank and the California Transplant Donors Network (CTDN)) 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.

ACTION: Effective immediately, the following procedures shall be implemented.

ATTACHMENT: Specimen Chain of Custody form

Distribution "A"
(REV/07)

BUTTE COUNTY SHERIFF'S OFFICE

DEPARTMENTAL ORDER

FILE KEY: 6003

Page 2 of 10

I) General

A) Procedure

1) Authorization to Release

The Detective Sergeant, Chief Deputy Coroner or his designee 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.

2) 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 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.

3) ***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 whenever practical.

4) Request for Examination (7155.7 H&S)

If the coroner is considering withholding one or more organs of a potential donor for any reason, the coroner, or his or her designee, upon request from a qualified organ procurement organization, shall be present during the procedure to remove the organs. The coroner, or his or her designee, may request a biopsy of those organs or deny removal of the organs if necessary.

If the coroner, or his or her designee or the contracted Forensic Pathologist, is present during the removal of the organs, the qualified procurement organization requesting the removal of the organ shall reimburse the Coroner's Office or the Forensic Pathologist if present, for the actual costs incurred in performing this duty.

BUTTE COUNTY SHERIFF'S OFFICE

DEPARTMENTAL ORDER

FILE KEY: 6003

Page 3 of 10

5) Potential Donors

For potential tissue donations, the donor organization will contact Sheriff's Office to determine the classification 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 Sheriff's Office again for the required release authorization for tissue recovery. *All tissue not included in this policy may be recovered once the forensic autopsy or external examination is completed by the pathologist.*

6) Vitreous Fluid/Peripheral Blood Samples

- (a) On *all* Coroner's cases, the donor organization will draw vitreous fluid samples (if an eye donor), peripheral blood, and a testable amount, up to 50 ml, of urine if the proposed recovery procedure would make the recovery of urine at a later point impossible. A minimum of two sodium fluoride (gray top) 10 milliliter tubes each filled with blood well mixed with the NaF preservative are required. Obtaining additional tubes of NaF-preserved blood is recommended if possible."
- (b) If the organ/tissue recovery is done at the hospital, admission blood will be left in the hospital's clinical laboratory refrigerators. At the time of the recovery, the procurement organization will draw the samples listed in this policy and the recovery team shall transport the drawn specimens immediately to the clinical lab to insure prompt refrigeration of the specimens. The individual drawing the samples will establish a chain of custody indicating who drew the specimen with the initials of the drawing person on the tube / specimen container in addition to the date and time of specimen collection. *If both organ and tissue donor organizations are involved in the recovery, one set of blood tubes is sufficient for both.*
- (c) If the organ/tissue recovery is done at a mortuary, the same specimen identification and chain of custody form shall be completed. The form shall indicate who took the samples and who at the mortuary received the sample and placed it in the refrigeration unit. The temperature of the refrigeration unit used to store the specimen(s) will also be recorded on the chain of custody form.

7) Donor Organization Facility Use

BUTTE COUNTY SHERIFF'S OFFICE

DEPARTMENTAL ORDER

FILE KEY: 6003

Page 4 of 10

Donor organizations may be charged a facility use fee if organ and/or tissue removal is performed at one of the local mortuaries. That fee is to be paid directly to the participating mortuary by the donor organization.

8) Appeal

Donor organizations may appeal a Deputy Coroner's decision to prohibit organ and/or tissue recovery of a particular Coroner case by requesting the Butte County Sheriff's dispatch center contact the Chief Deputy Coroner. If the attending and/or trauma physician wants to discuss medical issues related to the appeal, the Chief Deputy Coroner shall contact the Forensic Pathologist and request that the Pathologist contact the physician to review the medical aspects of the case. The Forensic Pathologist will convey the medical recommendations to the Chief Deputy Coroner.

- 9) **Final Decision:** The Chief Deputy Coroner, who may consult with a Forensic Pathologist as appropriate, will make the final decision when the donor organization appeals the decision of a Deputy Coroner.

10) 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 the Chief Deputy Coroner, or his designee, for instructions on how to proceed. All trauma will be fully documented by the transplant team and submitted to the Coroner's Office.

II) 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.

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

- 1) PUBLIC WITNESSED NEAR DROWNING
 - (a) Allowed: Eyes and anything below the neck
- 2) CASES COVERED IN CATEGORIES 2, 3, 4 and 5
 - (a) Will be determined after consultation with the Coroner's Office.

BUTTE COUNTY SHERIFF'S OFFICE

DEPARTMENTAL ORDER

FILE KEY: 6003

Page 5 of 10

- 3) SIDS and INFECTIOUS CASES
 - (a) Case by case basis

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

- 1) GUNSHOT WOUNDS OF THE HEAD
 - (a) Anything below the neck, following receipt of adequate oral report from attending physician or OPO (Organ Processing Organization) representative documenting lack of trauma to other areas of the body. If history or medical documentation is open to more than one interpretation, consultation with the pathologist may be necessary.
- 2) OTHER GUNSHOT WOUNDS
 - (a) Anything not affected by the track of the gunshot, following receipt of adequate oral report from attending physician or OPO (Organ Processing Organization) representative documenting lack of trauma to other areas of the body. If history or medical documentation is open to more than one interpretation, consultation with the pathologist may be necessary.
- 3) NON-GUNSHOT WOUND HOMICIDES (blunt trauma, stab wounds, etc.)
 - (a) Anything not affected by trauma, following receipt of adequate oral report from attending physician or OPO representative documenting lack of trauma to other areas of the body. If history or medical documentation is open to more than one interpretation, consultation with the pathologist may be necessary.
- 4) EYES IN ALL HOMICIDES CASES
 - (a) Allowed, after the body is received by Coroner's Office and subsequently viewed by the pathologist during normal hours.

C) CATEGORY 3 ACCIDENTS – (Including Motor Vehicle Accidents)

****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**

BUTTE COUNTY SHERIFF'S OFFICE

DEPARTMENTAL ORDER

FILE KEY: 6003

Page 6 of 10

be ruled out visually. The decedent can not be a donor until after the autopsy has been completed in this type of case.)

- 1) VEHICLE vs. PEDESTRIAN (Includes bicycle and motorcycle)**
 - (a) 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 the pathologist is required in order to determine if there will be any restrictions.

- 2) ALL OTHER ACCIDENTS**
 - (a) Head trauma only
 - (i) Allowed: Eyes and anything below the neck.

 - (b) Chest or chest/abdominal trauma
 - (i) Allowed: Eyes and anything below diaphragm if confirmed undamaged.

 - (c) Abdominal trauma only
 - (i) Allowed: Eyes and anything confirmed undamaged.

 - (d) Minimal trauma or if the investigation suggests a cardiovascular event
 - (i) Allowed: Eyes, heart and anything below the diaphragm not affected by injury after consultation with Pathology. The donor service will provide a cardiac pathology report if the heart is recovered for valves.

- 3) ASPHYXIAL ACCIDENTS (including positional asphyxiation)**
 - (a) Every case requires consultation with the pathologist.

D) CATEGORY 4 SUICIDES

- 1) GSW (Gunshot Wound)**
 - (a) Allowed: Anything uninvolved by trauma.

- 2) OVERDOSE**
 - (a) Allowed: Eyes, leg veins and long bones of the arms, bones of the pelvis and lower extremities and heart for valves taken without consultation. Other organs after consultation with the pathologist. The donor service will provide a cardiac pathology report if the heart is recovered for valves.

- 3) SHARP INJURIES**
 - (a) Allowed: Eyes, leg veins, long bones of the arms, bones of the pelvis and lower extremities, heart for valves and anything not in the area of, or affected

BUTTE COUNTY SHERIFF'S OFFICE

DEPARTMENTAL ORDER

FILE KEY: 6003

Page 7 of 10

by, the injury. The donor service will provide a cardiac pathology report if the heart is recovered for valves.

4) ASPHYXIATION (including HANGINGS)

(a) Allowed:

- (i) Eyes after viewing by the pathologist. Other tissues acceptable prior to viewing include leg veins and long bones of the arms, bones of the pelvis and lower extremities and heart for valves. The donor service will provide a cardiac pathology report if the heart is recovered for valves.
- (ii) Hospital in-patient cases:
- (iii) Following discussion with the pathologist.
- (iv) Chart review cases: any organs or tissue allowed.

5) External exams

- (a) Leg veins and long bones of the arms, bones of the pelvis and lower extremities and heart for valves. The donor service will provide a cardiac pathology report if the heart is recovered for valves.

E) CATEGORY 5 NATURALS

1) Allowed:

- (a) Eyes, leg veins, long bones of the arms, bones of the pelvis and lower extremities. No internal organs will be allowed before autopsy.*

F) CATEGORY 6 UNDETERMINED

- 1) It is understood that by the nature of an initial classification of "Undetermined", consultation with the pathologist is required in order to determine if there will be any restrictions.

III) 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.

BUTTE COUNTY SHERIFF'S OFFICE

DEPARTMENTAL ORDER

FILE KEY: 6003

Page 8 of 10

- 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.

**BUTTE COUNTY SHERIFF'S OFFICE
DEPARTMENTAL ORDER**

FILE KEY: 6003

Page 9 of 10

SPECIMEN CHAIN OF CUSTODY

Decedent: _____ **Birth**

Date: _____

Identifying Data:

Butte County Sheriff's Office Report #: _____

Law Enforcement Agency Report #: _____

UNDI TRAUMA #: _____

DL# _____ **SS#** _____

Other: _____

Date of Death: : _____ **Time:** _____

Location of

Death: _____

**BUTTE COUNTY SHERIFF'S OFFICE
DEPARTMENTAL ORDER**

FILE KEY: 6003

Page 10 of 10

SPECIMEN TRANSFER DOCUMENTATION

Describe Specimen To Be Transferred:	Released By:	Release Date:	Release Time:	Received By:

Example: <i>Purple Topped Tube of Blood</i>	<i>A. Jones</i>	<i>1/1/07</i>	<i>1647</i>	<i>B. Jones</i>
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(REV/07)