

Coordination and communication of the organ donation process

Module — 5

Version 3.0 — February 2026

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1.0

Summary

These practical recommendations briefly describe the coordination process for an organ donor, from identification to care of the donor's body after the removal operation. In addition to the optimal coordination of all procedures, communication between the persons involved must also be ensured.

The recommendations are aimed at the medical professionals involved in the donation process. They are intended to support the smooth running of the process and can be applied in any hospital. For specific aspects of DCD-Donation (taking care of relatives, withdrawal of treatment, removal), please refer to Module 9.

The donation coordinator plays a central role in the donation process. He or she acts as the contact person for all persons involved in the process within the hospital and Swisstransplant. He or she is responsible for ensuring an optimal flow of information and a smooth process throughout. All information, inquiries, and scheduling arrangements go through them. They support the medical and nursing staff in their tasks and are available to them as an advisor.

2.0

Intensive care unit procedure

2.1 Identification and reporting of a donor

Article 45 of the Transplantation Ordinance stipulates that every hospital with an intensive care unit is obliged to identify and report potential donors [1].

In principle, a potential donor can be identified in **any department of a hospital**, e.g., the accident and emergency department, internal medicine ward, neurology, neurosurgery, paediatrics, etc. Due to the increased incidence of patients with a poor prognosis, potential donors are detected particularly in **intensive care and emergency departments**.

It is the responsibility of **the treatment team** to identify potential donors and arrange for their transfer to the intensive care unit. Professional intensive care treatment and consultation between the **donation coordinator** and the **treatment team** are essential to enable organ and tissue donation.

For details, see Swiss Donation Pathway Module 1 "Legal basis and requirements for organ donation and donor recognition."

2.2 Discussion between the donation coordinator and the treatment team

The attending **intensive care physician**, the **intensive care unit nursing staff**, and the **donation coordinator** work closely together to evaluate a potential donor. With the support of the intensive care physician, the donation coordinator obtains an overview of the donor's medical situation. Important aspects in this context are:

- Absolute contraindications are excluded. In case of uncertainty, the Donor Evaluation Tool (DET) from Swisstransplant should be completed so that the Swisstransplant **Medical Advisor (MA)** can give their assessment of the donor's suitability (see also Swiss Donation Pathway Module 1: "Legal basis and requirements for organ donation and donor recognition," Chapter 4.2.3).
- The deceased has consented to organ donation or consent has been given by the relatives in accordance with the presumed will of the deceased (see also Swiss Donation Pathway Module 2 "Taking care of relatives and communication").
- For DBD donors, the brain death protocol has been correctly completed and signed.
- Approval has been obtained from the responsible public prosecutor in cases of unnatural causes of death.
- Discuss the current clinical situation (hemodynamics), therapy adjustments, and additional monitoring if necessary.
- Discuss the reason for admission, cause of death (natural or unnatural), and medical history during hospitalization.

- Clarify the donor's medical and social history (contact the family doctor or obtain information from relatives if necessary), as well as lifestyle in relation to nicotine, alcohol, and other medical risk factors.
- Early involvement of **caregivers** (if present in the hospital), **pastoral care providers**, or support services (if necessary).

2.3 Medical examinations of the donor and entry into SOAS

The **donation coordinator** informs the relevant **laboratories** (clinical chemistry, microbiology, serology/virology, immunology etc.) and **radiology/cardiology/pulmonology departments** about the upcoming tests. If necessary, he or she organizes the transport of blood samples to the relevant laboratory at the central hospital in consultation with the **Swisstransplant National Transplant Coordination**.

The examinations (laboratory and imaging) must be arranged as quickly as possible to prevent any delay!

The **donation coordinator**, with the help of the **attending intensive care physician** and **nursing staff**, organizes all necessary examinations for organ evaluation (for details, see SDP Module 3 "Treatment of adult donors: intensive care unit," Chapter 3.0 "Laboratory tests and diagnostic imaging").

All data, examination and laboratory results, and information are entered into the DIF (Donor Information Form) entry of the SOAS (Swiss Organ Allocation System).

When a donor is entered by the donor coordinator, the SOAS system automatically generates a Swisstransplant number (ST). This number is used to identify the donor and as a reference (pseudonym) for all correspondence. As a rule, it must be known at the time of entry in the SOAS DIF whether the donor is a DBD or DCD donor (important in terms of expeditious processing and avoiding delays in organ evaluation).

The allocation process can only begin once all the relevant organ allocation information is available. To this end, it is essential that the DIF is completed in full and that the HLA, blood group, and serology findings (also in the appendix) are available. All fields marked with an "A" must be completed.

Original findings, blood group card, HLA typing, virus serology, and the brain death protocol (in the case of DBD) are labelled with the ST number/name and date of birth of the donor and attached as PDF files in SOAS.

The following must be uploaded to NEXUS (SWT image transmission system) before allocation begins:

- X-ray images
- Computed tomography
- Echographs (if applicable)
- Coronary angiograms (if applicable)

Upon receipt, the findings of the written examination will also be attached to SOAS as a PDF file. Further examinations and tests are carried out on request by potential transplant hospitals via Swisstransplant.

2.4 Allocation of organs

Once the **donor coordinator** has entered all the necessary donor data into SOAS, the **Swisstransplant National Transplant Coordination** checks all entries and attachments and discusses the DIF with the donor coordinator. The Swisstransplant National Transplant Coordination then calculates the priority list for the released organs in SOAS.

Once the donor has been approved by Swisstransplant's **medical advisor**, the allocation of organs begins in accordance with the priority list. The priority list is calculated according to the allocation criteria of the OZV and OZV EDI [2, 3]. This process (allocation of organs) takes an average of nine hours. At the end of the allocation process, all released organs are either allocated or rejected by the transplant centres.

Tissues are not allocated by Swisstransplant, but harvested tissues must be recorded in the SOAS.

The **donation coordinator** continues to regularly check vital signs and blood values throughout the entire assessment and allocation process (for frequency and further details, see Swiss Donation Pathway Module 3 and 4). The donation coordinator has agreed with the **attending intensive care physician** and **nursing staff** that they will be informed of any changes in the donor's condition.

3.0

Operating theatre and removal

3.1 Planning organ procurement

Planning organ procurement is logistically challenging. Both the donor and recipient sides require a certain amount of lead time and coordination between all parties involved:

- **Recipient hospital:** surgical team, anaesthesia, removal surgeons, recipient's arrival, recipient's lead time, etc.)
- **Organ procurement hospital:** surgical team, anaesthesia, possibly removal surgeons, intensive care unit, etc.)
- **relatives**
- **Swisstransplant National Transplant Coordination** (transport by external teams)

If the donor's condition is unstable, an attempt should be made to plan the MOE as quickly as possible or to register an emergency MOE. SWT must be informed immediately.

Specific technical information on preparation and responsibilities can be found in the following Swiss Donation Pathway modules:

- Module 6: "Anaesthesiological organ protection during organ procurement from adult donation after brain death (DBD) donors"
- Module 7: "organ and tissue procurement from DBD donors"
- Module 8: "Transport logistics"
- Module 9: "Identification, reporting, and treatment of a DCD donor"

3.2 Discussion before the start of procurement (time-out)

The team time-out is the final safety measure that a surgical team must observe before a surgical procedure. The content of a time-out specifically for organ procurement is listed below.

Introduction of the team

- Introduction of all participants and their roles in the MOE (**donor coordinator, anaesthesia, procurement teams, surgical staff**)

Identification and verification of the donor

- Identification of the donor: surname, first name, date of birth, wristband, patient file, ST number, blood type
- Verification of brain death protocol and consent to donation
- Is relevant imaging available?
- Is the donor's circulation stable?

General information about the procedure

- Organs/tissues intended for removal
- How are the individual organs packaged/transported (cold solution or perfusion machines)?
- Number of blood samples/spleen samples required
- Laparotomy and sternotomy
- In what order do the teams act (standardized procedure, see Swiss Donation Pathway, Module 7)

Specific surgical details

- Administration of heparin, antibiotics, etc.
- Cannulation/perfusion: Which solution is administered by whom?
- Liver split: in situ/ex situ
- For lung removal: continue ventilation after cross-clamp
- Vessel division during removal of heart and lung and during removal of liver and pancreas
- Vessels to be removed for anastomoses
- Specific procedure for OCS

End of team timeout

- Obtain confirmation from all those present that they have understood the information correctly and agree with the procedure.
- Documentation time-out

3.3 Communication during removal

Close communication between the **donation coordinator** and the **Swisstransplant National Transplant Coordination** must be ensured during the removal. This includes:

- Information to Swisstransplant in the event of X-clamp (via the coordination platform)
- At the request of the recipient hospital, the donation coordinator reports the initial visual macroscopic impression of the removal surgeon to the Swisstransplant National Transplant Coordination.
- Immediate notification of the Swisstransplant National Transplant Coordination of intraoperative biopsy results. The written findings are entered into the SOAS as soon as possible.
- Immediate reporting of any problems that could affect the subsequent transplantation or function of the organs.
- In the case of DCD: Enter relevant times (from termination to removal) in the coordination platform in the entry.
- Early communication of the approximate departure times of the individual organs and teams to the Swisstransplant National Transplant Coordination (lead time required for AAA).

Caution: Immediately inform the Swisstransplant National Transplant Coordination if an organ is rejected intraoperatively by a centre. In this case, the National coordinator informs the Swisstransplant medical advisor, who decides whether the organ should be reallocated. The team present waits in the operating room until a decision is made and removes the organ if necessary. See SOP "Organ refusal in operating room."

3.4 Controls before organs are shipped

The **donation coordinator**, together with the **procurement teams**, ensures that all organs and tissues are correctly packaged/labelled and ready for shipment with the required test material and complete documentation.

- Ensuring the correct packaging and labelling of organs and blood tubes/spleen samples (see also Factsheet Vitalpack [4])
- Check that the Procurement report [4] is fully completed and enclosed.
- Check that transport documents are present (for unaccompanied organs)
- When using LifePort, check that the organ perfusion is correct and that the Kidney Perfusion Machine Protocol [4] has been completed in full.
- Ensure correct shipment of tissue (e.g., heart for heart valves), including blood and documents, to the appropriate institutions (e.g., EHB Brussels).

See also Module 7: "organ and tissue procurement from DBD donors," Module 8: "Transport logistics," and Module 9: "Identification, reporting, and treatment of a DCD donor."

4.0

After removal

4.1 Completion of the procurement process

The **donation coordinator** remains on site until the end of the procurement operation and then assists with the care of the donor's body. If the donor has died an unnatural or unusual death and the public prosecutor has ordered a forensic examination, all lines, accesses, and catheters must be left in place. Under normal circumstances, the donation coordinator is responsible for ensuring that all lines are removed. They also ensure that the funeral home is informed. Each hospital's specific institutional guidelines regarding the handling of deceased persons are applied at the end of the procurement process.

The surgical wound and the exit points of the catheters/cannulas are bandaged, the deceased is washed, dressed in a hospital nightgown, and covered with a cloth. The donor's body is then transferred, according to the wishes of the relatives and the possibilities available at the hospital, to a refrigerated room or to a viewing room.

The donation coordinator is available to the teams for defusing/debriefing.

The hospital's internal institutional guidelines for handling deceased persons must be followed.

4.2 Contact with relatives after the removal

More detailed information can be found in the Swiss Donation Pathway, Module 2: Taking care of relatives and communication

After the removal operation, the relatives are informed about the completion of the operation in accordance with their wishes. Depending on their needs and previous agreement, this can be done by telephone or in person if the family wishes to say goodbye in the viewing room or intensive care unit. The donation coordinator ensures that the relatives are able to perform religious rituals and that special requests (e.g., accessories) are fulfilled. If necessary, he or she calls in pastoral care. He or she informs the relatives that they can contact the donation coordinator at any time if they have any questions.

For feedback and follow-up for relatives, please refer to Swiss Donation Pathway Module 2 "Taking Care of Relatives and Communication."

4.3 Administration after Coordination

- All original documents remain at the donation hospital and are kept in the organ donor's file. According to the transplantation law, all documents must be kept for 20 years [5].
- In the event of a process deviation, record an incident in SLIDS.

- Attach the final results of virus serology and pathology scanned as PDF files in SOAS.

4.4 Feedback from the medical professionals involved

Swisstransplant National Transplant Coordination

Swisstransplant sends the donation coordinator a thank-you letter for the hospital staff via e-mail. This contains information on the allocation and the condition of the transplant recipients (3-day follow-up).

Donation coordinator

The donation coordinator forwards the thank-you letter from Swisstransplant to the specialists involved (intensive care unit, operating theatre, anaesthesia). Ideally, the donation coordinator delivers the thank-you letter to the various departments in person and is available to answer any further questions, e.g., about the course of the transplants.

If, after particularly tragic deaths, child donors, difficult family situations, or difficult processes, etc., a debriefing is requested by the employees or relatives, this should be facilitated with the support of the donation coordinator.

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- [4] Swisstransplant Extranet (nur für registrierte Benutzer), Arbeitsdokumente Spendeprozess
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Amendments

| Date | Version | Changes |
|----------------|---------|--|
| February 2026 | 3.0 | <p>Entire Module:</p> <ul style="list-style-type: none"> - Changes/corrections to improve readability. - New chapter structure introduced - References revised and updated. <p>Chapter 2.2 "Discussion between the donation coordinator and the treatment team": Reference to Donor Evaluation Tool (DET) added.</p> <p>Chapter 2.3 "Medical assessments of the donor and entry into SOS": Former list of individual examinations deleted; instead, reference made to complete list in Module 3.</p> <p>Chapter 3.2 "Discussion before the start of the procurement (time-out)": Introduced as a separate subchapter and expanded in scope.</p> <p>Section 3.3. "Communication during collection": Introduced as a separate sub-section. Additional reference made to the entry of relevant times in the coordination platform and to the early communication of approximate departure times.</p> |
| February 2023 | 2.1 | Correction |
| December | 2. | Revision and merger with Module 7, new number: Module 5 |
| March 2018 | 1.2 | New logo |
| May | 1.1 | Layout |
| September 2011 | 1.0 | Original version |

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