LifeBanc Mission Statement

To increase organ and tissue donation for those awaiting transplant.

To provide community and professional education to people of all ages about the need for and the benefits of organ and tissue donation.

To respect and support those individuals and families whose generosity and compassion make it possible to improve and save the lives of others.
Introduction

There are approximately 105,000 patients on the UNOS (United Network for Organ Sharing) waiting list who need an organ transplant. A new name is added to the list nearly every 13 minutes. Across the United States, at least 18 people die each day due to the shortage of donated organs. Tissue transplants can greatly enhance a person’s life by restoring the gift of sight or mobility. More than 500,000 people can benefit each year from tissue donation. Increased education among health care professionals and the public is the key to solving the donor shortage.

LifeBanc recognizes the integral role the funeral profession plays in the donation process. It is our desire to increase awareness of how the donation process affects the funeral home and the donor family’s choice of memorialization. This reference guide, created just for you, explains the donation process, addresses concerns about donation and provides information on how donor families can honor their loved one.

LifeBanc is a resource for education and is staffed by people who understand your concerns. Your feedback is necessary in implementing any changes that will enable us to better serve you and your funeral home, as well as the families we share.

LifeBanc embraces the funeral home staff as one of the essential supports to our donor families. The positive attitude you convey about donation will impact how a family feels about their decision to donate. Through education and communication, LifeBanc and funeral homes can unite in the common goal of serving our communities.
About LifeBanc

For nearly 25 years, LifeBanc has served as the federally designated, nonprofit organ procurement organization (OPO) for Northeast Ohio. It is the successor of the Committee on Donor Enlistment (CODE), one of the original, seven independent OPO’s in the United States. Later known as Organ Recovery, Inc., the agency became LifeBanc in 1986. LifeBanc’s staff is responsible for all aspects of the organ and tissue donation process, public and professional education programs, and bereavement services for donor families.

LifeBanc serves a population of 4.3 million people and works with more than 80 hospitals throughout the following counties: Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Erie, Geauga, Harrison, Holmes, Huron, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas and Wayne. LifeBanc is a member of the United Network for Organ Sharing (UNOS), the Association of Organ Procurement Organizations (AOPO) and the American Association of Tissue Banks (AATB).

Along with serving the public, professional community and donor hospitals, LifeBanc provides organs to two transplanting centers: The Cleveland Clinic Transplant Center and University Hospitals Case Medical Center. In 2001, LifeBanc Tissue Services was formed, enabling it to ensure the highest quality standards in the recovery tissue, such as bone, heart valves and ligaments, for use in transplantation. The Tissue Services staff is responsible for tissue recovery, quality assurance and compliance with federal regulations.

LifeBanc has a central office in Cleveland, as well as satellite locations at the Cuyahoga County Coroner’s Office.
Organ and Tissue Donation

**Organ donors** are individuals who suffer irreversible and catastrophic brain injury resulting in death. To sustain cardiovascular function, they are maintained on a ventilator and clinically managed with appropriate fluids and medications until the organs are recovered and later transplanted. Transplantable organs include: heart, kidneys, liver, lung, pancreas and small intestine.

**Tissue donations** are most commonly obtained from a person who has already been declared cardiac dead or from an organ donor after removal of transplantable organs. Transplantable tissue includes: bone (e.g., femur, fibula, humerus, ilium, radius, tibia and ulna), cartilage, connective tissue (ligaments and tendons), corneas (eyes), heart valves, skin and veins/vessels. Tissue is recovered within 24 hours after death if the donor’s body has been refrigerated.

<table>
<thead>
<tr>
<th>Organ Donor</th>
<th>Organ Donor</th>
<th>Tissue Donor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Brain Death</strong></td>
<td><strong>Donation After Cardiac Death (DCD)</strong></td>
<td><strong>Cardiac Death</strong></td>
</tr>
<tr>
<td>Irreversible, nonsurvivable brain injury.</td>
<td>Irreversible, nonsurvivable brain injury.</td>
<td>Patient may or may not have sustained a brain injury.</td>
</tr>
<tr>
<td>Patient currently maintained on a ventilator.</td>
<td>Patient currently maintained on a ventilator.</td>
<td>Patient is not currently on a ventilator.</td>
</tr>
<tr>
<td>Tests performed to confirm no blood flow to brain/brain stem (e.g. EEG, cerebral blood flow, clinical exam).</td>
<td>Patient has not progressed to brain death.</td>
<td>No cardiac or respiratory activity.</td>
</tr>
<tr>
<td>Patient has an indication of donor status (first-person consent) or legal next of kin provides authorization/consent.</td>
<td>Family decides to take patient off ventilator.</td>
<td>Patient has an indication of donor status (first-person consent) or legal next of kin provides authorization/consent.</td>
</tr>
<tr>
<td>Organ donors may also donate eyes and tissue.</td>
<td>Family wants donation to occur.</td>
<td>May donate eyes and tissue such as bone, connective tissue (ligaments and tendons), heart valves and veins/vessels.</td>
</tr>
</tbody>
</table>
Routine Notification

Recognizing that the organ and tissue shortage is a growing national health care crisis, the federal government issued strong regulations in June 1998 to help save and improve more lives through organ and tissue donation. Under the federal regulations, hospitals must notify LifeBanc of:

1) every cardiac death or brain death;
2) every imminent death due to a severe brain injury; or
3) every patient who the doctor has already declared brain dead.

It is LifeBanc’s responsibility to determine, through a stringent medical/social history, if a patient meets the requirements for organ and tissue donation. In addition, only a LifeBanc staff member or a formally trained requestor may offer families the option of donation.

Here are some things to remember:

• LifeBanc must be notified of every death that occurs in a hospital.

• LifeBanc must be notified in a timely manner of all patients who are brain dead, as well as those who are severely brain injured and ventilator dependent.

• It is the responsibility of LifeBanc to screen all potential donor referrals for medical suitability.

• Families of potential eye and tissue donors will be approached for consent only by a LifeBanc donor referral coordinator. Only a member of LifeBanc’s procurement staff may discuss with a family the option of organ donation.

All families of potential donors have the right to information and education about the donation process. The LifeBanc staff is available to answer any questions and will treat families with respect for individual circumstances and beliefs.
OneCall for Life
1-888-558-LIFE (5433)
Routine Notification and Donor Referral Process Summary

Hospital staff member calls LifeBanc to report death or to refer a potential donor.

The donor referral coordinator assesses patient’s potential for either:

ORGAN DONATION

The donor referral coordinator takes minimal information and pages the procurement transplant coordinator on call.

The procurement transplant coordinator:
• Returns call.
• Speaks with nurse.
• Arrives on site.
• Facilitates donation process in conjunction with hospital staff.

EYE DONATION

The donor referral coordinator takes minimal information and pages the Cleveland Eye Bank technician on call.

The Cleveland Eye Bank technician:
• Returns call.
• Speaks with nurse.
• Determines donor suitability.

TISSUE DONATION

The donor referral coordinator takes minimal information and pages/contacts the tissue coordinator.

The tissue coordinator may:
• Accept the donation.
• Request more information.
• Decline the donation based on “rule-out” criteria.

NO DONATION

The donor referral coordinator makes a determination:

The donor referral coordinator provides medical rule out, records outcome/data and thanks caller.

The donor referral coordinator is the ONLY person who can approach the family with donation options.

If donation is to take place:
The donor referral coordinator:
• Interviews the family; obtains a medical/social history.
• Makes arrangements for tissue and/or eye recovery.

If no donation is to take place:

The donor referral coordinator records the outcome.
Religious Views on Organ and Tissue Donation

**African Methodist Episcopal (AME) and AME Zion**
Organ and tissue donation is viewed as an act of neighborly love and charity by these denominations. The Church encourages all members to support donation as a way of helping others.

**Amish**
The Amish consent to transplantation if they know it is for the well-being of the recipient. John Hostetler, a world-renowned authority on Amish religion and professor of anthropology at Temple University, writes in his book, *Amish Society*, “The Amish believe…it is God who heals. However, nothing in the Amish understanding of the Bible forbids them from using modern medical services, including surgery, hospitalization, dental work, anesthesia, blood transfusions or immunization.”

**Assembly of God**
The Church has no official policy regarding organ and tissue donation. The decision to donate is left up to the individual.

**Baptist**
The Baptist Church supports organ and tissue donation as an act of charity. The decision to donate is left up to the individual. In 1988, the Southern Baptist Convention—the largest Protestant denomination in the United States—adopted a resolution to “encourage volunteerism regarding organ donations in the spirit of stewardship, compassion for the needs of others and alleviating suffering.”

**Brethren**
While no official position has been taken by the Brethren denominations, according to Pastor Mike Smith, there is consensus among the National Fellowship of Grace Brethren that organ and tissue donation is a charitable act so long as it does not impede the life or hasten the death of the donor, or does not come from an unborn child.

**Buddhism**
Buddhists believe organ and tissue donation is a matter of individual conscience and place a high value on acts of compassion. The importance of letting loved ones know your wishes is stressed.

**Catholicism**
Catholics view organ and tissue donation as an act of charity and love. Transplants are morally and ethically acceptable to the Vatican. Pope John Paul II has stated, “The Catholic Church would promote the fact that there is a need for organ donors and Christians should accept this as a ‘challenge to their generosity and fraternal love’ so long as ethical principles are followed.”

**Christian Church (Disciples of Christ)**
The Christian Church encourages organ and tissue donation, stating that we were created for God’s glory and for sharing God’s love. A 1985 resolution adopted by the General Assembly encourages members to “enroll as organ donors and prayerfully support those who have received an organ transplant.”
Church of Christ, Scientist (Christian Science)
Christian Scientists normally rely on spiritual rather than medical means for healing. However, members may choose whichever form of medical treatment they desire—including a transplant. Organ and tissue donation is an individual decision.

Church of Jesus Christ of Latter-Day Saints (Mormons)
Mormons believe donation is an individual decision made in conjunction with family, medical personnel and prayer. The Church does not oppose donation.

Church of the Nazarene
The Church encourages members who do not object personally to support donor and recipient anatomical gifts through living wills and trusts. Further, the Church appeals for morally and ethically fair distribution of organs to those qualified to receive them (Manual, Church of the Nazarene 1997-2001, paragraph 904.2).

Episcopal
The Church passed a resolution in 1982 that recognizes the life-giving benefits of organ, blood and tissue donation.

Greek Orthodox
The Church is not opposed to organ donation as long as the organs and tissue in question are used to better human life, i.e., for transplantation or for research that will lead to improvements in the treatment and prevention of disease.

Hinduism
Organ donation is an individual choice. H.L. Travedi, in Transplantation Proceedings, writes, “There is nothing in the Hindu religion indicating that parts of humans, dead or alive, cannot be used to alleviate the suffering of other humans.”

Independent Conservative Evangelical
Generally, Evangelicals have no opposition to organ and tissue donation. Each church is autonomous and leaves the decision to donate up to the individual.

Islam
In a 1990 Transplantation Proceedings article entitled “Islamic Views on Organ Transplantation,” A. Sachedina writes, “…the majority of the Muslim scholars belonging to various schools of Islamic law have invoked the principle of priority of saving human life and have permitted the organ transplant as a necessity to procure that noble end.”

Jehovah’s Witness
According to the Watch Tower Society, Jehovah’s Witnesses believe donation is a matter of individual choice. Members are often assumed to be against donation because they refuse blood transfusions. Donation can occur if all blood is removed from organs and tissue before being transplanted.

Judaism
All four branches of Judaism—Conservative, Orthodox, Reconstructionist and Reform—support and encourage donation. The basic principle of Jewish ethics, “the infinite worth of the human being,” also includes donation of corneas since eyesight restoration is considered a lifesaving operation.

(continued)
Lutheran
In 1984, the Lutheran Church passed a resolution stating that donation contributes to the well-being of humanity and can be “an expression of sacrificial love for a neighbor in need.” Members are called on to consider donating organs and to make any necessary family and legal arrangements, including the use of a signed donor card.

Mennonite
Mennonites have no formal position on donation. The decision to donate is up to the individual and his or her family.

Moravian
The Church has not made a statement addressing donation or transplantation. The decision is a matter of individual choice.

Pentecostal
The decision to donate is left up to the individual.

Presbyterian
The Church encourages and supports donation. A person’s right to make decisions regarding his or her body is respected.

Religious Society of Friends (Quakers)
The Quakers have no official position on donation. It is widely believed to be an individual choice.

Roma (Gypsies)
The Roma are people of different ethnic groups with no formal religion, but common folk beliefs. They oppose donation because of a traditional belief that the soul retraces its steps for one year after death. Thus, the body must remain intact because the soul maintains its physical shape.

Seventh-Day Adventist
Donation and transplantation are strongly encouraged. The Church is affiliated with many hospitals, including Loma Linda Medical Center in California, which specializes in pediatric heart transplants.

Shinto
A dead body is considered to be impure and dangerous, and thus, quite powerful. Families are often concerned that they not injure the itai, the relationship between the dead person and the bereaved people.

Unitarian Universalist
Organ and tissue donation is widely supported. It is viewed as an act of love and selfless giving.

United Church of Christ
The Church is extremely supportive of organ donation. It is not seen as a controversial issue.

United Methodist Church
The Methodist Church has issued a policy statement recognizing the benefits of organ and tissue donation and encouraging members to sign and carry donor cards or indicate donor status on their driver’s licenses.

Obituary and Memorial Information

Donor families may be unaware of the choices they have to honor the memory of their loved one. LifeBanc supports your efforts to provide grieving families with options that re-affirm their decision to donate life and personalize each funeral service.

If a family wishes to have their loved one’s gift of life recognized formally in the obituary, you may suggest any of the following phrases:

- Jane gave in death, as she gave in life. Jane was an organ and/or tissue donor.
- Jane was an organ and/or tissue donor.
- Jane’s final act was to give the gift of life through organ and/or tissue donation.
- Jane gave the gift of life through organ and/or tissue donation.

Information about memorial donations may also be included in a donor’s obituary. These contributions will be used to support public education about organ and tissue donation. When a donation is made in memory of the deceased, the donor family will be notified by letter that a contribution was made and by whom.

Make checks payable to:
LifeBanc
4775 Richmond Road
Cleveland, Ohio 44128-5919

In addition, if your funeral home offers pre-planning services, LifeBanc can provide informational material to assist the people you serve in learning about the choice of donation.
Organ Donation

Transplants are the only life-saving option for patients suffering from end-stage organ failure. The recipients are identified by a comprehensive evaluation of medical compatibility, such as blood and tissue type, medical urgency, time on waiting list and geographic location. First priority is always given to the sickest patients in the immediate area, moving to patients in the state and then proceeding on to the national waiting list. This ensures the fair allocation of organs to the patients with the greatest need.

The recovery procedures vary slightly for each organ; however, the initial operative procedure begins with a long midline incision, so all organs can be easily removed. Depending on the medical condition of the organs at the time of procurement, age of the donor and the donor’s wishes, every vital organ might not be removed. This is important information for you. Being aware of which organs have been donated will help you determine the type of leakage and distribution problems that may be involved with a donor.

Embalming an Organ Donor

- Embalming an organ donor is similar to embalming an autopsy case, with little variation in the preparation.

- When embalming the body of a heart and lung donor, inject the left and right subclavian arteries from inside the thoracic cavity to preserve the arms and shoulders.

- Inject the left and right common carotids to preserve the head.

- Inject the abdominal aorta to preserve remaining abdominal viscera, trunk and legs.

- Use hypodermic injection if any additional preservation is needed.

- Fill the thoracic cavity with phenol cavity packs.

- Aspirate and inject cavity fluid after suturing cavity closed.

- When the liver, kidneys, intestines and pancreas have been donated, the body can be embalmed in two separate ways:

  1) By the method described above, if possible.

  2) By the six-point injection method. For the six-point method, the right and left common carotids, axillaries and femoral arteries are used.

- Inject hypodermically the trunk walls, apply an autopsy gel and then suture it closed.
• Aspirate and inject the abdominal cavity with cavity fluid to ensure preservation of any remaining organs.

• It is important for you to know that in liver recoveries, the iliac arteries and abdominal aorta are removed.

• Use of a drying or hardening compound may be an alternative to using cavity fluid packs in either the thoracic or abdominal cavities. After attempting arterial embalming, hypodermically inject the trunk walls. Aspirate the cavity, dry it thoroughly and then add a drying or hardening compound.

• Use dry cotton to fill the cavity before suturing; always use a powder incision sealer. Seal the sutures with a spray or liquid sealer and use plastic garments to protect against leakage.

**Cornea (Eye) Donation**

The most commonly donated and transplanted tissue is the cornea (eye). Some families find giving the gift of sight very rewarding. It may be the only type of tissue their loved one is able to donate due to the donor’s age or medical condition. In LifeBanc’s service area, the entire eye is removed (eye enucleation), then the cornea only is used for transplantation. Eye recovery is done either in a sterile area of the hospital morgue or county coroner’s office.

**Embalming an Eye Donor**

Being the most commonly donated tissue, most funeral directors are aware of the complications that an eye enucleation can present. Swelling is the most common complication. Some bruising may also be present. The following procedures may help control swelling during embalming:

• Cervical injection will control the amount of fluid to the head.

• Avoid pre-injection fluid.

• Arterial solutions should have a higher than normal index.

• Before embalming, place cotton saturated with autopsy gel in the orbits. After embalming, remove the cotton; insert a trocar button in the base of the orbit, then fill it with mortuary putty or cotton.

• You can then place an eye cap over the filler material. Then glue the eyelids closed.

• One way to check for the proper height of the eye after reconstruction is to use an instrument with a flat edge to make sure there is a straight line from the eyelid to the cheek.
Skin Donation

Donated skin is most commonly used for reconstructive or plastic surgery, particularly when a patient has endured a third-degree burn, also known as a full-thickness burn. Aside from scarring, serious burns that result in the loss of skin can be life threatening. Burns affect the rate of fluid loss in the body; the body’s ability to regulate its temperature; and protection from infection.

Full-thickness burns cannot heal unaided; skin grafts are needed. Donated skin can cover a burn site and encourage skin regeneration. Skin grafts not only accelerate healing, but also protect burn victims by lowering the risk of infection.

An instrument called a dermatome is used to remove donated skin. Skin is always removed under the sterile conditions of an operating room.

Embalmiling a Skin Donor

- The most common sites for skin removal are the buttocks, back or stomach. Donated skin has the comparative thickness of skin that peels following sunburn and is removed in sections that are approximately three inches wide.

- The two greatest areas of concerns for you are:
  1) The possibility of leakage from the removal sites.
  2) The preservation and drying of the area.

- Use a strong arterial solution just as you would for other types of skin abrasions. Avoid solutions containing lanolin and humectant co-injection fluids.

- After arterial embalming, several techniques can be used in treating the removal sites:
  - Treat the exposed tissue with a phenol cauterant, autopsy gel or embalming powder.
  - Use surface packs with undiluted cavity fluid; the areas should be cauterized in 20 minutes.
  - Apply a liquid or spray sealant. Then use plastic garments to protect against leakage.
Bone and Connective Tissue Donation

The use of allografts (bone and soft tissue transplants) is increasing rapidly. Surgeons can use donated bone and connective tissue to help patients suffering from cancer, arthritis, severe trauma, degenerative joint disease and other conditions.

Allografts are biocompatible and allow regeneration of bone and soft tissue. Bone and connective tissue transplants can restore mobility, as well as independence and confidence.

Embalming a Bone and/or Connective Tissue Donor

- The vascular disruptions and large incisions associated with long bone donors may cause leakage and distribution difficulties. As with any other embalming, first attempt arterial injection.
- Use a high-index arterial solution. The use of pre-injection and lanolin solutions is not advised.
- After attempting the arterial embalming, the extremities can be opened to allow for drainage and for additional preservation.
- You can apply autopsy gel or phenol cavity packs to the exposed tissue.
- Hypodermic injection may have to be used in more than one area; the feet will always need this supplemental treatment.
- After attempting to reposition prosthetics, use preservative powders in the extremities.
- Use liberal amounts of incision sealer before suturing with a tight baseball stitch.
- Use plastic garments as a safeguard against odor and leakage.
Vein/Vessel Donation

The saphenous vein - the longest vein in the body - is used for peripheral bypass reconstruction and cardiac surgeries. Femoral vessels are used primarily for patients suffering from Chronic Venous Insufficiency (CVI). People suffering from CVI cannot stand or walk for extended periods of time and may experience venous stasis ulcers, leg pain and swelling. Another use for the femoral vessel is hemodialysis access grafts for patients on dialysis.

Embalming Vein/Vessel Donors

- The saphenous vein and femoral vessel may not be removed from every donor.
- When the femoral vein is recovered, the femoral artery is recovered with it. This affects the distribution of arterial fluid in the lower extremities.
- The embalming procedures for the vein donor parallel that of the long bone donor. For more information, see the section entitled “Bone and Connective Tissue Donation”.
- Supplemental hypodermic treatments will often be needed for these donors.
A Time of Change

This reference guide is meant to give you an overview of the donation process. LifeBanc recognizes the impact of organ and tissue donation on your funeral home’s practices. It affects not only your embalming and restoration efforts, but also the timing of viewings and funerals. Some of the efforts the LifeBanc staff has implemented to better serve you are:

- Issuing plastic undergarments with each bone and tissue donor.
- Including a toe tag that indicates the organs and tissue recovered. This helps identify areas that may require special attention.
- Including the funeral home in the telephone contacts made by the LifeBanc staff. LifeBanc will relay to you estimated times for the recovery of donated organs and tissue to alleviate any delays, miscommunications or difficulties.
- Educating the LifeBanc staff on how the donation process affects your practices.
- Making the LifeBanc funeral service liaison available as a resource and an advocate for you.
Glossary

**Allograft**: long bone and soft tissue grafts.

**Brain Death**: when all brain activity and function cease, with no chance for recovery.

**Cardiac Death**: when all respiratory and cardiac functions cease.

**Cornea (Corneal Transplant)**: the outer clear surface of the front of the eye. In Northeast Ohio, the entire eye is removed (eye enucleation) and then the cornea is used for transplantation.

**Organ (Whole Organ) Donor**: a brain dead patient, maintained on a ventilator, who donates one or all of his or her vital organs - heart, kidneys, liver, lungs, pancreas and small intestine - for transplantation.

**Organ Procurement Organization (OPO)**: a federally designated not-for-profit organization whose responsibility is to act as the link between potential organ and tissue donors and patients who need transplants. The OPO works directly with donor families and hospitals for referrals, patient medical/social history, procurement and education.

**Routine Notification**: 1998 federal legislation that requires hospitals to have a written policy and protocols for referring potential organ and tissue donors and/or requesting donation from families of potential donors.

**Uniform Anatomical Gift Act**: legislation that provides guidelines for the voluntary donation of organs and tissue. This law outlines authorization for making an anatomical gift, describes the manner in which it may be done and prohibits the sale of organs and tissue for profit.

**Uniform Determination of Death Act**: legislation that provides guidelines for the pronouncement of death under circumstances where the death is caused by irreversible loss of all functions of the brain.

**United Network for Organ Sharing (UNOS)**: the agency that operates the national organ procurement and transplantation network (OPTN). This network is mandated by law and includes all transplant centers, all OPOs and all tissue typing laboratories in the United States. Membership by these organizations is required. UNOS members set policy for organ procurement and transplantation and monitor the national system for the equitable sharing of organs. All transplant centers send information about waiting patients to UNOS, where the nation’s central waiting list is compiled.
Organs and Tissue that can be donated

1. Heart
2. Intestine
3. Kidneys
4. Liver
5. Lungs
6. Pancreas
7. Bone
8. Cartilage
9. Corneas
10. Fascia
11. Heart Valves
12. Larynx
13. Ligaments
14. Middle Ear
15. Pericardium
16. Skin
17. Tendons
18. Veins
Coroner / Funeral Service Coordinator
Mark Lattimer

LifeBanc
Organ and Tissue Donation in Support of Life

4775 Richmond Road
Cleveland, Ohio 44128-5919
888-588-LIFE (5433)
216-752-LIFE (5433)

www.lifebanc.org
or
Cuyahoga County Coroner’s Office
216-698-6554