Organ & Tissue Donation: A Life Saving Process

Program Overview:

The objective of this course is to educate nurses and healthcare workers on the latest statistics, procedures and fundamental aspects of organ and tissue donation.

Course Objectives:

1. Identify the need for organ and tissue donation.
2. Define organ donation, tissue donation and transplantation.
3. Define live organ donation and which organs are most commonly used.
4. List which organs and tissue may be eligible for donation.
5. List the role and organizations involved in organ and tissue donation.
6. Identify the organ and tissue recovery procedure.
7. List the reason for which a donated organ or tissue may not be eligible for transplantation.
8. Identify the members of the patient donor advocate team.
9. Describe the role nurses play in organ and tissue donation.
10. Describe the New Jersey Hero Act.

Historical Events and Significant Milestones in Organ Donation and Transplantation

- 1869—First skin transplant performed.
- 1906—First transplant of a cornea performed.
- 1954—First successful kidney transplant performed. A living donor gave a kidney to his identical twin.
- 1966—First successful pancreas transplant performed.
- 1967—First simultaneous kidney/pancreas transplant performed.
- 1967—First successful liver transplant performed.
- 1967—First U.S. heart transplant performed.
- 1968—Uniform Anatomical Gift Act drafted by the National Conference of Commissioners on Uniform State Laws; established the Uniform Donor Card as a legal document of gift in all 50 states, identified the types and priority of individuals who could donate a deceased person’s organs, and enabled anyone over 18 to legally donate his or her organs upon death.
- 1968—The first organ procurement organization (OPO) was established, New England Organ Bank based in Boston.
- 1981—First combined heart/lung transplant performed.
- 1984—The National Organ Transplant Act passed by Congress prohibits the selling of human organs, establishes the Organ Procurement and Transplantation Network to ensure fair and equitable allocation of donated organs, and the Scientific Registry of Transplant Recipients to conduct an ongoing evaluation of the scientific and clinical status of organ transplantation. It
also provided for grants for the establishment, initial operation, and expansion of organ procurement organizations.

- **1986**—The first contract for establishment and operation of the OPTN is awarded by the U.S. Department of Health and Human Services (HHS) to the United Network for Organ Sharing (UNOS). The OPTN provides services for equitable access and allocation of organs and sets the membership criteria and standards for transplant centers in the U.S.
- **1987**—First successful intestine transplant performed.
- **1999**—First hand transplant performed in the U.S.

**Introduction:**

Since the beginning of organ and tissue donation and transplantation the field has seen some tremendous success and has had a major impact in patients’ lives. From the first successful skin transplant in 1869 the field has evolved into a lifesaving gift for many patients daily. Major organs are donated daily by living and deceased donors. These major organs include kidneys, heart, lungs, and pancreas. Donation of tissues is also making a huge impact on patients’ lives such as corneas, ligaments, and heart valves. Today it is even possible to transplant multiple organs to one patient. Last year alone in the US, organ donors made more than 28,000 transplants possible. Another one million people received cornea and other tissue transplants that helped them recover from trauma, bone damage, spinal injuries, burns, hearing impairment and vision loss.

The need for organ and tissue donations far exceeds the demand for these lifesaving gifts. Currently there are more than 117,300 people on the organ donor wait list in the US. On average every ten minutes one new person is added to the list. That’s 144 new people added daily. Each day, about 79 people receive organ transplants. However, 18 people die each day waiting for transplants that can’t take place because of the shortage of donated organs. The fact is anyone, regardless of age or medical history, can sign up to be a donor. Most major religions in the United States support organ donation and consider donation as the final act of love and generosity toward others. There is no cost to donors or their families for organ or tissue donation. As a healthcare provider we can help educate patients about the benefits of being a donor.

The fact is that organ and tissue donation saves lives. One donor can help save up to eight lives with vital organs. The same donor can save or improve the lives of up to 50 people by donating tissues and eyes. Organs once recovered must be transplanted in a timely manner. The length of time donated organs and tissues can be kept outside the body vary: Heart: 4-6 hours, Liver: 12-24 hours, Kidney: 48-72 hours, Heart-Lung: 4-6 hours, Lung: 4-6 hours. Organs are placed with the patient in need locally and nationally.

**What is an Organ Donation?**

Organ donation is the process of giving an organ or a part of an organ for the purpose of transplantation into another person.

In order for a person to become an organ donor, blood and oxygen must flow through the organs until the time of recovery to ensure viability. This requires that a person die under circumstances that have resulted in an irreparable neurological injury, usually from massive trauma to the brain such as aneurysm, stroke or automobile accident. Only after all efforts to save the patient’s life have been
exhausted, tests are performed to confirm the absence of brain or brain stem activity, and brain death has been declared, is donation a possibility. The state donor registry is searched to determine if the patient has personally consented to donation. If the potential donor is not found on the registry, his or her legally authorized representative (usually a spouse, relative or close friend) is offered the opportunity to authorize the donation. Once the donation decision is established, the family is asked to provide a medical and social history. Donation professionals determine which organs can be transplanted and to which patients on the national transplant waiting list the organs are to be allocated.

Organ donation can occur with:

- a deceased donor, who can give kidneys, pancreas, liver, lungs, heart, intestinal organs
- a living donor, who can give a kidney, or a portion of the liver, lung, intestine, or pancreas

What Organs Can Be Donated?

Currently, the following organs can be donated and transplanted:
Heart - A muscular organ that pumps blood through the body. A heart transplant can be used to help those suffering from heart failure, as well as babies born with heart defects.

Heart Transplants: There are many reasons why a person might require a heart transplant. Patients suffering from irreversible heart damage due to heart disease, heart failure, heart attacks, coronary artery disease or cardiomyopathy are candidates for heart transplants. Additionally, many babies are born with heart defects that can only be treated with heart donations.

Each year, over 2000 heart transplants are performed in the United States. These lives were saved as a result of selfless individuals who chose to give the gift of life. Yet, thousands more are still on the waiting list of a heart transplant. They could benefit from this procedure if more donor hearts were available.

Liver - A large organ that secretes bile and is active in the formation of certain blood proteins and in the metabolism of carbohydrates, fats, and proteins. Liver transplants may be used to treat various conditions which cause liver failure, such as cirrhosis or liver cancer.

Liver Transplants: The liver aids in digestion and plays a major role in metabolism, detoxification and hormone production. It is the largest solid organ in the body, as well as the second most commonly transplanted organ. A human being cannot survive without a functioning liver, making liver transplants one of the few realistic treatment options for those suffering from conditions which cause liver failure (such as cirrhosis, liver cancer, hemochromatosis, Wilson's disease and biliary atresia).

There are currently over 17,000 patients in the United States awaiting a liver transplant. Unfortunately, there are not enough liver donors to keep up with this demand; at an average of just over 5,000 liver transplantations performed in the US each year, the need for more registered organ donors is clear. With more people opting to give the gift of life, thousands of lives could be saved or improved each year!

Kidneys - A pair of organs that maintain proper water and electrolyte balance, regulate acid-base concentration, and filter the blood of metabolic waste, which is excreted as urine. The kidneys are the most commonly transplanted organ. A kidney transplant may be recommended for those who have been diagnosed with chronic end stage renal disease (severe kidney failure).

Kidney Transplants: The kidneys are responsible for filtering the blood, keeping it clean and maintaining a proper balance of water and electrolytes. When the kidneys become overworked over a long period of time as the result of kidney diseases, they lose their filtering capacity and can no longer function. The most common kidney diseases are diabetes and high blood pressure, but other causes of kidney failure include infection and certain genetic disorders.

With diabetes so widespread throughout the United States, kidneys are the most commonly transplanted organ by a large margin. There are currently over 80,000 people on the kidney transplant waiting list. Without a kidney transplant, these patients are often unable to live a normal life, undergoing painful dialysis frequently until a donor kidney is found.

With just under 20,000 kidney transplants performed each year, the need for donor kidneys has never been greater. Tens of thousands of patients are still awaiting that life-changing phone call to let them know that a donor kidney has been found.
Lungs - A pair of two spongy organs that remove carbon dioxide from the blood and provide it with oxygen. Lung transplants are recommended for those with severe lung disease, such as cystic fibrosis, COPD (chronic obstructive pulmonary disease) and emphysema.

Lung Transplants: Lungs function to circulate the air we breathe, providing a steady supply of oxygen to cells while removing carbon dioxide from the body. Damaged lungs can cause people to feel constantly out of breath as well as fatigued due to the lack of oxygen reaching their vital organs. Diseases affecting the pulmonary or respiratory system, such as Chronic Obstructive Pulmonary Disease (COPD), Cystic Fibrosis and lung cancer can damage lung tissue and have permanent effects.

With only about 1,600 lung transplants performed annually, there are hundreds of people left on the lung transplant waiting list each year whose lives could be saved through the gift of donation. The choice to become a lung donor can both lengthen and improve a recipient's life. Donors can contribute one or both lungs, or, in rare cases, can become a living donor by giving only a portion of their lung to another person. As more names are added to an already-long lung transplant waiting list, choosing to become a lung donor can help bring hope to thousands of people.

Pancreas - Long, irregularly shaped gland which lies behind the stomach and aids in the digestion of proteins, carbohydrates, and fats. Pancreatic transplants are indicated for those with insulin-dependent Type I diabetes.

Pancreas Transplants: At only about 3.5 ounces, the pancreas is one of the body's smallest organs. Yet this digestive powerhouse, located below the liver and under the stomach, is responsible for regulating the absorption of sugar into cells by making insulin. When the pancreas fails to produce enough insulin, blood sugars levels can spike dangerously high and low. This condition is known as Type I, or juvenile, diabetes. Although it can develop at any age, Type I diabetes is most commonly diagnosed in children and young adults who are genetically predisposed to the disorder.

While more than 1,400 people are currently on the pancreas transplant waiting list, only a few hundred of the procedures are performed each year. An additional 2,300 people are waiting for a dual kidney and pancreas transplant. Many pancreas recipients are forced to wait for 1-3 years before finding a pancreas donor that is a match for them. For those suffering with Type I diabetes, a pancreas transplant presents the only potential cure. Registering to become a pancreas donor can provide new hope to people whose lives depend on finding a match.

Intestines - The portion of the digestive tract extending from the stomach to the anus, consisting of upper and lower segments. Patients qualify for intestine transplants if they have been diagnosed with life-threatening intestinal diseases such as total parenteral nutrition or short-gut syndrome.

Intestine Transplants: The 25 feet of intestine resting below the stomach is responsible for moving food through the digestive system while extracting fluids and nutrients vital to the body. When the intestine is not functioning properly, dehydration, infection, fatigue and even malnutrition or starvation can occur. The primary cause of intestine transplants is Short Bowel Syndrome, a condition where the intestine fails to properly absorb nutrients due to disease or surgical removal.

Intestine transplants are most common among infants and children under age five who are born with certain intestinal disorders. Only about half of patients on the intestine donation waiting list each year
will receive a transplant. Without a transplant, many patients cannot eat solid foods or live a normal life. The gift of an intestine donation has the potential to restore a recipient's capacity to thrive physically and emotionally.

The following tissues can be donated as well:

Cornea - The outer curved transparent tissues covering the iris and pupils on the outside of the eye. Cornea transplants are a common procedure used to restore vision for those with eye diseases and corneal infections.

Eye Transplants: From eye donation, corneas can be transplanted.

Corneas are the clear dome-shaped part of an eye. They cover the colored iris and provide much of the eye's ability to focus and see clearly. Hereditary conditions, scarring after infection, irregular shaping and swelling can all cause the cornea to distort light, leading to a reduction in vision.

Most often performed on older people, cornea transplants can restore sight for people whose sight cannot be corrected by glasses or contacts alone.

As one of the most common and successful transplants performed in the United States, corneal transplants increase vision for about 40,000 people each year. Choosing to become an eye donor is the easiest way to give the gift of sight to someone who is otherwise left in the dark.

Skin - A tissue which protects the body from infection and injury. Skin transplants, referred to as skin grafts, are used to treat severe burns, extensive wounding and skin loss due to infection.

Heart Valves - Tissues that prevent the back flow of blood into the heart. Heart valve transplants are used to treat malfunctioning heart valves caused by infections, birth defects and aging.

Tendons - Tissues which attach muscles to bones. Tendon transplants are recommended for patients who have lost muscle function and due to nerve injury or damage to tendons.

Living Organ Donation: What Is a Living Donor?

Because the number of organs donated by deceased donors is not enough to meet the needs of patients awaiting organ transplants, people sometimes offer to donate an organ or part of an organ to a loved one or friend. This is what is known as being a living donor.

Living organ donation is possible because certain organs are able to either regenerate themselves, or continue to function well when a section is removed. Transplant teams throughout the country have developed new techniques and procedures to save more patients' lives through living donor transplants.

Living donations are handled by each individual transplant center where the recipient is waiting.

It is currently possible for a living person to donate:

- a kidney
- a portion of the liver
- a lobe of a lung
- a portion of the intestine
- in some rare instances, a portion of their pancreas

Currently, living organ donors account for almost half (45%) of all organ donation in the United States.

Who Can Become a Living Donor?

Any healthy adult can become a living donor, regardless of race or gender. This means they must be relatively physically fit and free from chronic diseases such as diabetes, cancer and heart disease. The donor's blood type must also be compatible with that of the intended recipient. Potential living donors are carefully considered in terms of fully understanding the physical and psychological risks that come with being a living donor.

What Are Living Donor Kidney Exchange Programs?

Family members or friends often offer to donate a kidney to patients. However, up to 35 percent of the time they are excluded because of biological incompatibility. Under various kidney exchange programs, individuals who are unable to donate a kidney to their intended recipients due to incompatibility are exchanged to form compatible pairs. The transplants are performed simultaneously.

Independent Donor Advocate Team:

In determining which potential living donors will be accepted, transplantation teams serve as ethical gatekeepers, with less societal oversight than occurs in much of transplantation. Additionally, they may have an inherent conflict of interest because they seek to obtain an organ for patients on the waiting list while assuming major responsibilities to potential and actual donors.

The development and use of an independent donor advocacy team that focuses on the donor's needs is of paramount importance. Such a team can best protect the donor if it offers the multidisciplinary expertise needed to address the whole range of medical, ethical, social, and psychological questions and issues. Each team should include a clinician with experience in transplantation, a social worker or other mental health professional with experience in interpreting donor motivations and addressing intrafamilial conflict, and a nurse.

Whether these healthcare professionals or another group of healthcare professionals are involved, the goal is to provide the expertise and skills necessary to ensure (1) that the potential donor adequately understands the risks that surround his or her donation and recognizes the uncertainties involved, especially in the absence of comprehensive data about outcomes, and (2) that the potential donor is making a voluntary decision regarding donation without undue pressure or coercion by family members or by anyone else. Focusing on the welfare and rights of the donor, the donor advocacy team can also act as a safety valve by providing a confidential way out for prospective donors who believe that they are being pressured or coerced to donate.
What Agencies and Organizations are involved in the Organ Recovery and Transplantation Process?

Several different agencies are involved in the organ recovery and transplantation process. The Following are the major organizations that coordinate and facilitate a very complex process.

1. **United Network for Organ Sharing (UNOS):** UNOS is the private, non-profit organization that manages the nation’s organ transplant system under contract with the federal government. UNOS is involved in many aspects of the organ transplant and donation process:
   - Managing the national transplant waiting list, matching donors to recipients 24 hours a day, 365 days a year.
   - Maintaining the database that contains all organ transplant data for every transplant event that occurs in the U.S.
   - Bring together members to develop policies that make the best use of the limited supply of organs and give all patients a fair chance at receiving the organ they need, regardless of age, sex, ethnicity, religion, lifestyle or financial/social status.
   - Monitoring every organ match to ensure organ allocation policies are followed.
   - Provides assistance to patients, family members and friends.
   - Educates transplant professionals about their important role in the donation and transplant processes.
   - Educating the public about the importance of organ donation.

2. **Organ Procurement and Transplantation Network (OPTN)**

Organ Procurement and Transplantation Network (OPTN) - In 1987, Congress passed the National Organ Transplant Act, which mandated the establishment of the OPTN and Scientific Registry of Transplant Recipients. The purpose of the OPTN is to improve the effectiveness of the nation's organ procurement, donation and transplantation system by increasing the availability of and access to donor organs for patients with end-stage organ failure. The act stipulated that the network be a nonprofit, private sector entity whose members are all U.S. transplant centers, organ procurement organizations and histocompatibility laboratories. These members, along with professional and voluntary healthcare organizations and the representatives of the general public, are governed by a Board of Directors.

The OPTN is administered by the United Network of Organ Sharing (UNOS) under contract to the U.S. Department of Health and Human Services.

Organ Procurement Organizations (OPO) - Local organizations throughout the U.S. designated by the Centers for Medicare and Medicaid Services (CMS) are responsible for increasing the number of registered donors in their service areas, and for coordinating the donation process when actual donors become available. OPOs evaluate potential donors, discuss donation with surviving family members, and arrange for the surgical removal and transport of donated organs. To increase donor registration, OPOs
implement community outreach strategies to encourage people to sign up in their state donor registry.

Role of the OPO:

- Increase the number of registered donors.
- Coordinating the donation process when actual donors become available.
- Evaluate donors.
- Provides family support.
- Arranges surgical removal and transportation of donated organs.

There are 58 organ procurement organizations (OPOs) in the United States. OPOs are responsible for two main functions within their designated service area: 1) increasing the number of registered donors, and 2) coordinating the donation process when actual donors become available.

To increase donor sign-up, OPOs may implement any number of community outreach activities such as sponsoring advertising campaigns, programs in schools, worksites, or faith institutions, disseminating print and electronic materials, etc. When actual donors become available, OPOs evaluate the potential donors, check the deceased’s state donor registry, discuss donation with family members, contact the OPTN and run a match list, and arrange for the recovery and transport of donated organs. They also provide bereavement support for donor families and volunteer opportunities for interested individuals.

OPOs employ a variety of staff including procurement coordinators, requestors, specialists in public relations, communication, and health education, as well as administrative personnel. OPOs must be certified by the Centers for Medicare and Medicaid Services (CMS) and abide by CMS regulations. By federal law, all OPOs must be members of the Organ Procurement and Transplantation Network (OPTN). All OPOs are members of the Association of Organ Procurement Organizations.

Organ Recovery and Transplantation Procedure

Organ Donation Process:

Donor Identification

1. The physician pronounces brain death after evaluation, testing, and documentation of patient's condition. Each state has its own criteria for determining brain death.
2. Hospital staff refers the potential donor to the Organ Procurement Organization for the initial evaluation.
3. The OPO will then perform chart evaluation and key information gathering. This includes a thorough examination of the patient's past medical and current condition. The social history will be assessed after the family has expressed interest in the potential donation.
Obtaining Consent
After the OPO determines a patient meets criteria for donation, the consent process proceeds as follows:

1. Death is explained to the family. The physician or nursing staff usually informs the family of the death initially. The OPO staff ensures that the family understands the brain death situation.
2. The options for donation are carefully explained to the family. At this point all potential donations are discussed (Tissue, Eye, Skin, etc.) so the family is not approached multiple times for each donation option.
3. If informed consent is obtained from the legal next of kin or legal power of attorney, consent forms are read, signed, and witnessed.
4. A thorough questionnaire regarding the potential donor’s medical and social history is presented to the family.
5. Consent is obtained from the Medical Examiner/Coroner in the event that a donation may hinder a death investigation.

Evaluation and Maintenance of Potential Donor
After the proper consent process is complete and the patient is considered a donor, the evaluation and maintenance process proceeds as follows:

1. Tests are performed to determine blood type (ABO) and DNA (HLA Typing).
2. Tests are performed to rule out any transmissible diseases.
3. Transplantable organs are evaluated for suitability and stability.
4. Hemodynamic (Circulation of oxygen-rich blood) functions are stabilized.
5. Organ recipients are identified.
6. Transplant teams are mobilized. In organ donation, the surgery team responsible for the transplant is the team mobilized for the recovery. The OPO does not perform the organ recovery.

Organ Donation Process: Recovery Phase

Organ Recovery:

1. The procedures for organ donor recovery begins in an operating room of the hospital by the surgery team responsible for the transplant.
2. The donated organs are then preserved in sterile solutions and immediately transported with the transplant team to the awaiting recipients.
3. The donor is then released for autopsy and/or funeral arrangements.

Tissue Donation Process

Donor Identification
Hospital staff or Medical Examiner/Coroner refers a death to the local contracted tissue center.

1. Tissue Center staff will evaluate if a potential donation can be considered. This is determined by evaluating the preliminary cause of death and by reviewing the chart for the medical history and current condition of the patient.
2. Legal next-of-kin will be identified.

Obtaining Consent
After determination of legal next-of-kin, the consent process proceeds as follows:

1. The options for donation are carefully explained to the family. At this point all potential donations are discussed (Tissue, Eye, Skin, etc.) so the family is not approached multiple times for each donation option.
2. If informed consent is obtained from the legal next of kin or legal power of attorney, consent forms are read, signed, and witnessed.
3. A thorough questionnaire regarding the potential donor's medical and social history is presented to the family.
4. The family is given ample opportunity to ask questions and express concerns.
5. Consent is obtained from the Medical Examiner/Coroner in the event that a donation may hinder a death investigation.

Evaluation of Potential Donor
After the proper consent process is complete and the patient is considered a donor, the evaluation process proceeds as follows:

1. Blood is drawn (if not obtained from the hospital laboratory) for tests to rule out any transmissible diseases.
2. The patient's medical chart is thoroughly evaluated.
3. An operating room is obtained and the tissue recovery team is mobilized.

Tissue Donation Process, Recovery Phase

Tissue Recovery
The procedures for tissue recovery are dependent on the tissues consented to and the viability of the potential tissues for graft development.

The recovery process is performed in a sterile environment by qualified, highly trained recovery technicians. The tissue is washed with a sterile solution and packaged in a sterile container until all blood test results have been evaluated and the tissue has been released for processing.

Processing and Storage of Donated Tissue
After all of the blood test results are evaluated and the tissue is released, the processing of the tissue proceeds as follows:

1. The tissue is removed from storage and processed in the tissue center laboratory under strict clean-room regulations. The following are a few of the grafts that can be made from donated tissue.
Donor bones can be cut and forms into smaller blocks, dowels, or wedges for cervical (spine) fusions.

- Donor bone can be used to aid in the healing process of bone fractures and defects.
- Donor bone can be ground into a surgical powder to enhance the bone growth in dental surgeries.
- Donor bone can be used to fill voids left by cancer removal in recipient bones.
- Donor tendons can be formed and used for recipient tendon repair.
- The pericardium and fascia can be rolled and sutured to form a tendon for repair. (Rare, but successful. These grafts are mostly used as skin grafts.)
- Saphenous veins are used in cardiovascular (heart) bypass surgeries.
- Heart valves are processed and used to repair heart valve defects in the recipient.

After the tissue has been processed, it is thoroughly cleaned, dried, and placed in surgical packaging.

1. The sealed, packaged tissue is sent to be sterilized and will not be opened until in a sterile operating room.
2. The sterilized tissue returns to the tissue center where it is placed in an outer container for protection against the elements.
3. The tissue is stored in a regulated environment until the surgeon needs the graft. Regulations for storing tissue include storage temperatures, expiration dates, and facility.

Distribution of Processed Tissue
Tissue distribution is different from organ distribution in that a national waiting list is not necessary. Almost anyone can receive a tissue graft. The surgeon will determine which grafts are necessary for your surgery and will then place an order for the graft to the local contracted tissue center. The tissue center will then deliver the graft to the surgery center.

Organs and Tissue may be rejected for transplantation for the following reasons:

- For organ donation after death, conditions, such as having HIV, actively spreading cancer, or severe infection would exclude organ donation.
- For a living donor having a serious condition like cancer, HIV, diabetes, kidney disease, or heart disease can prevent you from being a donor.

Role of the Nurse in Organ and Tissue Donation

In the roles of clinician, health educator and counselor, the registered professional nurse should:

- Provide the public with accurate and objective information concerning donation.
- Participate in activities to identify possible donors.
- Work closely with the healthcare facility, the organ procurement organization (OPO) and/or tissue bank, and members of the health team to seek consideration for such donation.
- Provide clinical expertise, emotional support and objective and accurate information to families who are considering organ and tissue donation.
- Advocate for patients and families in the informed choice process, recognizing and respecting their cultural and religious beliefs.
The nurse and the patient have individual rights that are clearly supported in the American Nurses Association Code for Nurses with Interpretive Statements (2001). These rights reinforce respect for the nurse’s personal belief system.

Registered professional nurses are often the primary care givers for patients approaching the final stage of life. It is the nurse who facilitates the coping of the patients and their families. Traditionally, professional nurses have helped facilitate the process for organ and/or tissue donation. Unfortunately, barriers have occurred that interfere with the professional nurse’s ability to serve as an advocate for organ and tissue donation and to appropriately provide supportive end-of-life care.

The registered professional nurse who is involved in the process of organ and tissue donation should:

- acquire the necessary knowledge and skills to be able to work cooperatively with members of the healthcare team, the organ procurement organization (OPO) and/or tissue bank, the facility in the identification and recovery of viable organs and tissue for transplantation.
- serve as a resource to professional colleagues, patients and their families for the dissemination of accurate information concerning organ donation; participating in educational programs and activities, including staff development and public awareness.
- be knowledgeable of the ethical, cultural, religious and social issues surrounding the donation of organs and tissues.
- The professional registered nurse can support the organ and tissue donor program of a geographic area by becoming familiar with the program and encouraging others to do the same.
- Some State Nurses Association support of the rights of professional nurses who refuse to participate in the organ and tissue donation process if it violates their conscience or religious beliefs. The nurse is obligated to notify the employer of their personal belief system if it is in conflict with personal cultural, religious and ethical beliefs.

What Every Nurse Should Know About Organ Donation

There are still many misbeliefs about organ donation. Here are some of the most common facts every nurse should know:

- There is no cost to a family for the gift of organ and tissue donation.
- All major religions in the U.S. support donation as an unselfish act of charity that will save or improve someone’s life.
- If you are sick or injured and admitted to a hospital, the number one priority is to save your life.
- When matching donor organs to recipients, the computerized matching system considers issues such as the severity of illness, blood type, time spent waiting, other important medical information, and geographic location. The recipient's financial or celebrity status or race does not figure in.
NEW JERSEY HERO ACT

With the enactment of the Hero Act on July 22, 2008, New Jersey has become the first state in the union to advocate that its residents have the fundamental responsibility to choose whether to help save another person’s life. The state’s public policy toward organ and tissue donation has moved from a position of general support to a position of advocacy that encourages positive donation decisions as imperative to saving more lives. The Hero Act was designed to create a more dynamic and comprehensive public policy regarding organ and tissue donation and includes the following mandated decisional and educational components:

- NJ residents have the right to register as organ and tissue donors upon licensure and renewal of their driver’s licenses, and issuance of state identification cards.
- By April of 2009, the NJ Motor Vehicle Commission must provide an online portal for residents to register as donors and have their decisions immediately integrated into the current database maintained by the commission, the Donate Life NJ Registry.
- Beginning in five years, all NJ drivers will review basic facts about the donation decision and its impact, prior to making the decision of whether to register, as a condition of obtaining or renewing their license.
- No later than July of 2009, the Donate Life NJ Registry and the official website of the NJ Motor Vehicle Commission will provide links through which individuals may make voluntary contributions of $1.00 or more to the Organ and Tissue Donor Awareness Education Fund.
- Beginning with the 2009-2010 school year, each public high school in NJ is required to ensure that information about organ and tissue donation is included in the Core Curriculum Content Standards for Comprehensive Health and Physical Education for grades 9-12.
- Beginning with the 2009-2010 school year, each public institution of higher education in the state will be required to provide information to its students, either through student health services or as part of the curriculum.
- The curriculum in each college of medicine in NJ will include instruction in organ and tissue donation and recovery that will be required as a condition of receiving a diploma. Each college of medicine will also offer such training for continuing education credit. Within three years, physicians licensed prior to the act will be encouraged to complete an online, credit-based course developed by experts in the field.
- The curriculum in each educational program of professional nursing in the state will include instruction in organ and tissue donation and recovery that will be required as a condition of receiving a degree or diploma. Each program of professional nursing will also offer such training for continuing education credit. Within three years, nurses licensed prior to the act will be required to complete an online, one credit hour course developed by experts, in order to be re-licensed.

Donate Life New Jersey believes that the Hero Act presents a bold and unique opportunity for New Jersey to save even more lives...and ultimately close the gap between those residents needing a transplant and the number of organs available. Please register to be an organ and tissue donor today!
Resources:

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10. https://www.njsharingnetwork.org/