

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Death and Dying

POLICY # AD V-3

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SUBJECT: Organ or Tissue Donations

EFFECTIVE DATE: January 2009

SUPERCEDES DATE: December 2007

PURPOSE

To provide guidelines for organ donations or tissue donations by inmates.

POLICY

Inmates may request to be organ donors involving facilities outside of the Division of Prisons at their own expense. Under the provisions of G.S. 148-4, the Secretary of Correction or his designee may extend the limits of confinement of an inmate, if the level of custody permits, in the process of an approved organ donation.

PROCEDURE

1. To qualify as an organ donor the following conditions must be met:
 - A. The applicant may be in any custody level.
 - B. The applicant will provide a statement indicating the type of donation requested and the source of funding.
 - C. The clinician who will provide the service must indicate to the facility head the approximate cost and certify that the Division of Prisons is excused from any fiscal liability incurred as a result of the donation including the cost of custody supervision and transportation.
 - D. The facility head/designee will determine that the Division of Prisons will not incur any expense as a result of the donation and that security considerations have been considered.
 - E. The organ donation must be a life saving measure.
2. Any inmate requesting to be an organ donor must complete a request to undergo medical testing for organ donation and submit to the facility head. A copy of the written request will be submitted to the Facility Nurse Supervisor, Regional Assistant Director of Nursing (ADON), or Health Treatment Administrator and the Director of Health Services. Final approval of organ donations by inmates will be a joint decision of the facility head and Director of Health Services.
3. According to the procurement statues of the American Association of Tissues Banks, any person incarcerated for more that 72 hours in the last twelve months may be ineligible to give a tissue donation, either live or post mortem. Tissue includes blood, blood products, corneas, tendons, etc.
4. Health Services, in coordination with custody, will provide the procurement program with all pertinent information related to incarcerated inmate for them to make final determination regarding eligibility for donation.



1/31/09

Paula Smith MD, Director of Health Services

Date

SOR: Deputy Medical Director

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REQUEST TO UNDERGO MEDICAL TESTING FOR ORGAN DONATION

Waiver of Claims

I hereby authorize the North Carolina Department of Correction to permit me to undergo necessary testing to determine if I can successfully donate _____ for transplantation to my _____.
(specify organ)
(relationship)

I acknowledge that I will be given the opportunity to discuss this procedure with the responsible physicians at _____ and I acknowledge that I will be made aware that there are risks, complications, and consequences known and unknown, associated with all surgery, medical treatment, and administration of anesthetics recommended. I acknowledge that no guarantee or promise, oral or written, has been given by anyone in the North Carolina Department of Correction, either as to the results that may be obtained or to the risks, consequences and complications which may follow surgery, medical treatment and/or administration of anesthetics.

I further acknowledge and understand that the operation, medical services, anesthesia and post operative care and all associated cost will not be the responsibility of the North Carolina Department of Correction. I understand that _____ will be responsible for all evaluations of me as a potential _____ donor for all operations, medical services, anesthesia and post operative care which may be performed on me.
(hospital/facility)
(specify organ)

In consideration for the agreement to allow me to be evaluated and to possibly donate _____ to my _____
(specify organ) (relationship)
I hereby waive any and all claims which I have or may have in any state, federal, or

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**REQUEST TO UNDERGO MEDICAL TESTING FOR ORGAN DONATION
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other forum against the North Carolina Department of Correction, its employees and agents, or former employees and agents for any injuries or other damages I may sustain which arise from or are in any way connected with the testing, surgery, or other procedures associated with evaluation to be done or actual donation.

I also understand and agree that charges for the treatment and/or evaluations of events after the surgery which can be attributed to the surgery itself will not be paid by the North Carolina Department of Correction. I understand and agree that the North Carolina Department of Correction, its agents, and employees shall have no responsibility in paying any such costs.

I have read the forgoing information and fully understand it. Therefore, I am knowingly and voluntarily signing this consent and waiver on this the _____ day of _____, 20____, in the County of _____, North Carolina.

Signature Date

We the undersigned hereby acknowledge that _____
Inmate's Name

appeared before us this date and signed the foregoing document after being provided with sufficient opportunity to read the document.

(Witness)

(Witness)

Address_____

Address_____

Date: _____

Date: _____

*Original: Section II Outpatient Health Record
Copy: Facility Head*