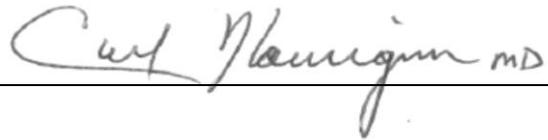


 Corrections and Community Supervision DIRECTIVE	TITLE Inmates as Organ Donors		NO. 4330
			DATE 5/10/2016
SUPERSEDES DIR #4330 Dtd. 3/25/2015	DISTRIBUTION A B	PAGES PAGE 1 OF 3	DATE LAST REVISED
REFERENCES (Include but are not limited to)	APPROVING AUTHORITY 		

I. BACKGROUND: It is the Department's policy to assure that medical procedures are performed on competent inmates only with informed consent, and that such procedures minimize disruption to facilities and use State resources only for medically necessary care for inmates.

Organ donation differs from other medical procedures in that it does not benefit the donor's health. Thus it raises issues similar to those raised by inmate participation in research.

II. POLICY

A. Criteria for Approval: Because it may not be possible to assure informed consent for organ donation from someone who is incarcerated, and because the risk posed by the potential organ donor to staff or the public must be carefully assessed, an inmate may only be permitted to serve as an organ donor as follows:

1. Living Donors
 - a. For an immediate family member for whom no other acceptable donor can be identified; and
 - b. With approval of the Commissioner, after reviewing the recommendation of the Deputy Commissioner/Chief Medical Officer.
2. Brain Death
 - a. In circumstances when an inmate is declared brain dead, and the family, if any, wishes to pursue organ donation, organs can be harvested from the inmate pursuant to a Court Order obtained by the family.

For the purposes of this policy, immediate family shall consist only of parents, siblings, children, and spouse. In these cases, the medical advantage from the closeness of the relationship is particularly important.

B. Exclusions

1. Inmates who are not competent to give consent cannot be approved to be organ donors.
2. Autopsy is required by statute in all cases of inmate deaths. The State has responsibility to assure society that no inmate death is in any way related with providing donor organs.
3. Inmates are not allowed to be blood donors. Because of the risk of blood-borne communicable disease in inmates, the U.S. Food and Drug Administration does not allow donations of blood from inmates.

- C. Costs: All costs associated with inmate organ donations must be borne by some identified responsible party other than the Department. This includes the cost of inmate movement and of security. Such arrangements are to be agreed upon in writing in advance.
- D. Place of Donation: All donor procedures must occur within the State of New York; any inpatient procedures on the donor must occur in an accredited hospital which is willing to comply with the security requirements of the Department.

III. PROCEDURE

A. Living Donors

1. Any inmate wishing to become an organ donor should be made aware of this policy. Application must be made by the inmate to the Deputy Commissioner/Chief Medical Officer.
2. An assessment of the potential risk to staff and the public posed by the potential organ donor on any trips outside the facility will be requested from the Office of Special Investigations as well as the Director of Classification and Movement. A verification of identity and relationship to the inmate will also be completed by the Office of Classification and Movement. A report and recommendation from the Office of Special Investigations will be sent to the Deputy Commissioner for Correctional Facilities. The Deputy Commissioner for Correctional Facilities will review and discuss with the Deputy Commissioner/Chief Medical Officer.
3. The Deputy Commissioner/Chief Medical Officer will recommend that the Commissioner grant approval only after being satisfied that all conditions noted above are met.
4. If approval is granted by the Commissioner, the Deputy Commissioner/Chief Medical Officer will send a letter to the inmate advising of the approval with a copy to the Supervisor of Utilization Management (SUM).
5. The SUM will maintain a log of all currently incarcerated inmates who have been approved to be an organ donor.
6. The Senior Utilization Review Nurse (SURN) assigned to the facility in which the inmate resides will update the problem list with the code V590 for "Approved Organ Donor."
7. The SURN will monitor the progression of the donation process until the donation is completed, or the inmate is released from DOCCS custody. In the event that an approved inmate is transferred to another HUB, the sending HUB's SURN will notify the receiving HUB's SURN of the inmate's donor status.
8. The SURN will notify the Deputy Commissioner/Chief Medical Officer, the Facility Health Services Director at the facility in which the inmate resides, and the SUM in advance of any actual organ donation by the inmate.
9. The SURN assigned to the facility in which the inmate resides will update the problem list with the code V561 for "Organ Donation."

B. Brain Death

1. With a Court Order obtained by the inmate's family, organs can be harvested from the inmate.
2. A Court Order is required regardless of any prior organ donor approval (either signed by the inmate or from the family of the deceased inmate) because of the risk that this could be perceived to result in inadequate care of a seriously ill inmate or inadequate determination as to the cause of an inmate's death. Court involvement avoids even the appearance of any impropriety.