Shipping Kidneys in KPD: Panel Discussion

Purpose

To provide a forum where Living Donation experts can answer questions from living donor coordinators and their respective transplant programs to address issues, concerns, challenges and barriers to shipping kidneys and receiving shipped kidneys in KPD.

Background

The KPD program has moved to a shipping kidney model to address limitations to donor travel due to the COVID-19 pandemic. This change resulted in programs submitting questions about this new process to KPD.

A summary of the questions and responses from the experts at the forum are in the table in *Appendix A* below.

To view the video, please visit: https://professionaleducation.blood.ca/en/organes-et-tissus/programmes-et-services/programme-de-don-croise-de-rein-dcr/shipping-living-donor

Key Messages

1. Dr. Paquet- **Source Establishment**

    a. The transplant hospital receiving the shipped kidney is considered by Health Canada to be the Source Establishment (SE) for the kidney. The SE is responsible for the quality and safety of the organ, including the potential transmission of infectious disease with the organ. The source establishment must ensure that the organ is safe and that all tests have been done on the donor prior to kidney procurement as per Health Canada guidelines and is sent to the SE. The health and future health of the donor is the responsibility of the Retrieval Centre. The SE is also responsible for making sure that the kidney is shipped and labelled correctly even when these activities are being carried out at the Retrieval Centre.

    b. Medical recommendations for COVID testing are evolving along with our understanding of the virus. Follow the Health Canada recommendations and guidelines for donor COVID testing at your centre.

2. Dr. Paraskevas- **Surgical Communication, Grievance Adjudication Process, CIT**

    a. Published reports indicate that an acceptable cold ischemic time for a shipped kidney can be up to 16 hours without an increased risk of delayed graft function or all-cause graft loss in the transplant recipient.
    b. The Kidney Surgical Sub-Committee (KSSC) has developed a document which provides guidance to surgeons on processes for shipping kidneys and for the handling of surgical/shipping adverse events within the surgical community. It highlights the importance of surgeons working together to standardize acceptable practices for donors and shipping. Consistent communication between Retrieval and Source Establishment surgeons both pre- and post-transplant is recommended.
    c. Programs should work with their OR staff to help them understand that these surgeries are planned well ahead of time and even our busiest centres will be doing relatively few living donor nephrectomies and transplants compared to the vast number of procedures in the hospitals. These surgeries are about obtaining a kidney for a patient in need just like a deceased donor offer, not about elective surgery for the donor.

3. Dr. Mainra- **Health Canada (HC) Collaborative's Living Donation Working Group, Shipping LD Kidneys Checklist**

    Shipping LD Kidneys Checklist Form for Retrieval Establishments
    Shipping LD Kidneys Checklist Form for Source Establishments

    a. The HC Living Donation Working Group has created two checklists, one for the retrieval establishment (donor centre) and one for the source establishment (transplant centre). These checklists are to help the retrieval and transplant centres ensure that they have all

the documentation required by regulations to ensure that the kidney retrieval and shipping is done safely and within the HC guidelines. The checklists are being translated and then will be distributed for use.

4. Richard Cowin- **Packaging and Labelling**

   a. The regulations specify the labelling and packaging requirements for shipping a kidney. These requirements are similar for a deceased donor organ and a living donor organ and whether the organ is put in a container to take it to the recipient in the OR next door or to ship it on a plane to another city. A table in Section 32 of the **Guidance Document for Cell, Tissue and Organ Establishments - Safety of Human Cells, Tissues and Organs for Transplantation** indicates what needs to be on the labels (internal, external, and package insert) that accompany the organ.

5. Michael Garrels- **Site communication**

   a. Schedule a teleconference to begin planning the organ travel as early as possible, including coordinators and surgeons on the initial planning call.
   b. Surgeons should speak in advance of the day of transplant to discuss and establish communication expectations (if anatomical concerns arise, if there is a delay in the OR causing a delay in the organs to travel, etc., how will they communicate, etc.);
   c. Good communication on the day of the transplant.
   d. Need flexibility in your centre to deal with unforeseen delays (transportation, OR, etc.). Having back-up plans for uncontrollable events is very important.
   e. Expenses related to kidney shipping are the responsibility of the recipient centre.

6. Canadian Blood Services, **KPD Support**

   a. Our Living Donation Team is currently working with Air Canada to better understand their processes so we can share these with programs. They are very supportive of shipping kidneys and understand the necessity of moving them quickly and accurately.
   b. The KPD program has gathered and shared SOPs from several programs. The SOP's include procedures for packaging and labelling and forms currently being used for the chain of custody and travel arrangements. If you would like a copy, please reach out to KPD@blood.ca;
   c. Also, the KPD team has started scheduling early chain calls to plan shipping logistics and teleconferences closer to the transplant date that include the surgeons who will be performing the donor nephrectomy and transplant.

Appendix A

	Question	Response
1	Dr. Paquet, could you please tell us how COVID has impacted the KPD program? Time stamp- 8:09	• COVID-19 caught us by surprise. • The KPD program was stopped March 16th, temporarily. • **The KPD Recovery plan** was developed by CBS in collaboration with the KTAC, LDAC, and KSSC executive teams. As of early June, the KPD program was restarted. **KPD Recovery Plan:** • The first priority was to focus on and try to complete all the chains that were in progress before the pause in March. • The second priority was the safety of living donors and recipients; the recommendation was made that living donors should not be using public transportation. • This second priority, donor and recipient safety and limiting travel, gave the KPD team a reason to move faster to help programs implement shipping kidneys between cities and provinces. • Programs come back into the KPD Program as they are ready to receive kidneys and indicate from which centres they can receive a shipped kidney. Donors may travel by private vehicle at the discretion of the programs. • The KPD team created a matching matrix; programs indicate which centres they can safely receive a kidney from (either by air or ground shipment or donor travel by private vehicle). • With the KPD restart in June, the KPD program moved to monthly match runs; all match runs that have occurred since June used this matching matrix. Donors are matched to recipients at only the programs that indicated they were able to receive a shipped kidney from that centre. • In this post COVID era, for shipping and receiving shipped kidneys to work, we will need flexibility from everyone: ORs, transplant teams, procurement teams, surgeons, etc. to work out individual situations.
2	Dr. Paquet, there seems to be confusion about the definition of the Source Establishment and its responsibility for the donor and the kidney. Can you speak to that? Time stamp- 14:20	• Health Canada considers the transplant centre to be the Source Establishment for the safety of the organ that will be transplanted in the recipient. • The Source Establishment is responsible for the quality and safety of the organ even though they will never see the donor. This includes the potential transmission of infectious disease or a condition with the organ. • The Retrieval Establishment is responsible for ensuring the organ is safe to be transplanted and all tests have been done on the donor

	Question	Response
		before the procurement. The test results are sent to the source establishment prior to transplant. • The health and future health of the donor is the responsibility of the Retrieval Establishment. • The Source Establishment must ensure all safety measures have been met as per Health Canada guidelines and the kidney is shipped and labelled correctly even though these activities are being carried out at the donor centre.
3	Back in March, the Canadian donation and transplantation community wrote a document that is posted on the Canadian Blood Services website outlining recommendations for how to manage donors and recipients during Covid-19. What is the overarching recommendation of the Guidance Document? Time Stamp- 17:27	• The recommendations are posted on the Canadian Blood Services website: o https://professionaleducation.blood.ca/en/organs-and-tissues/covid-19-update/covid-19-statement-canadian-organ-and-tissue-donation-and • Recommendations must balance the incidence trends in provinces and territories, the risk posed to potential recipients who will become immunocompromised, and the risks of suspending or delaying transplantation. • Decision to proceed with organ donation and transplantation is predicated on hospital capacity and resource considerations. • The main theme of the recommendations is the safety of the donor and recipient. This includes potential risks to the recipient, who will be immunocompromised following transplantation. • The transplant centers are asked to balance the risks and benefits for the recipient, the risk of developing COVID versus the risk of not receiving a transplant.
4	Will the donors receive antibody testing for COVID before their donor nephrectomy? Time Stamp- 19:09	• This is in the March 2020 Consensus Guidance document developed by the Canadian transplant community and posted on the Canadian Blood Services Professional Education Website o https://professionaleducation.blood.ca/sites/msi/files/20200528_covid-19_consensus_guidance_final.pdf • Current data suggests the optimal test type in this ambulatory setting is a nasopharyngeal swab. • It is recommended that a living donor is eligible to donate if they have tested negative for COVID-19 with the testing taking place within 24–48 hours prior to surgery AND have a negative symptom screen AND have not travelled outside of Canada in the previous 14 days. • Medical recommendations are changing as we learn more about the behavior of the virus and risk of infection, so programs should follow their own internal processes. • The KPD Program itself has not made any recommendations on this, and the KPD Protocol for Evaluation Donors has not changed or added any testing for COVID-19 in the donor screening tool. Programs can react quickly to any changes following direction from Health Canada as required.

	Question	Response
5	Will Canadian Blood Services engage agencies such as organ donation organizations (ODOs) or advocate for provinces to get funding for shipment costs? Time Stamp – 20:50	• CBS is here to help and facilitate, when possible, relating to KPD. • Funding of transplant services is provided by the provinces and territories and these costs will need to be discussed at the program level. • It is recommended that programs discuss the costs related to shipping and receiving a shipped kidney with their hospital, province, and ODO from the perspective of equity for the transplant recipient. • It is the recipient that needs the transplant and health care, so it should not matter from what kind of donor the kidney comes; all patients should have equal access to receiving a kidney that is available for them.
6	Will Canadian Blood Services supply coolers? Time stamp: 22:50	• Canadian Blood Services is looking into purchasing a supply of both coolers and the carrying sleeves. • CBS will let programs know as soon as we have something on order and will work with the programs for processes for moving coolers back and forth.
7	Will Canadian Blood Services provide funding for chartered flights in the event a commercial flight is delayed or cancelled? Time stamp: 24:16	• Two different questions, funding and what happens with a delayed or cancelled flight. • Funding: anything related to funding should be discussed locally with the Minister of Health or ODO. Transportation of organs for transplantation is the responsibility of the recipient's program and source establishment. • ODOs and some centres in KPD are already shipping organs on commercial flights with no costs to the transplant sites. • It is the responsibility of the transplant programs involved to work with the Air Canada MEDA Desk to arrange flights, including managing changes in plans due to a delay or cancelled flight. It is up to programs to decide if private charters are within their budget and ability to access. • Air and ground transportation should be the same as what ODO's do with organs from deceased donors including those shipped as a result of matching in the HSP program. Living donor kidneys should be treated the same as deceased donor kidneys when it comes to travel. • Programs should be using existing processes that are currently in place for deceased donors.
	Dr. Paraskevas, chair of Kidney Surgical-sub Committee	
8	Would you please give us a brief overview of the make-up of the Kidney Surgical Sub-committee (KSSC) and the importance of the Position Statement and Guidance Document they have created? Time stamp: 27:11	• The idea for the Kidney Surgical Sub Committee came from a KTAC meeting in Spring 2017. This committee is key to making the transition to a shipping kidney model successful. Programs designate a surgical representative for the committee, and they will work together in real time during a KPD chain. • The Guidance Document was put together by KSSC and highlights the importance of surgeons working together to come to agreements on acceptable standards of practice for KPD donors and shipped kidneys.

	Question	Response
		• The pandemic has given this issue (shipping living donor kidneys) some urgency, however, the idea of transitioning to the shipping model has been around much longer. • The Guidance Document provides information to surgeons and programs with concerns related to the process of shipping living donor kidneys. • The Guidance Document introduces the process that will be used for handling adverse and serious adverse event resolution.
9	What is an acceptable cold ischemic time (CIT) time? Time stamp: 32:30	• In 2017 and 2018 the surgeons discussed a lot of the evidence behind acceptable CIT and whether, given the Canadian geographic context, we would be placing kidneys under undue risk. • There are several published reports that speak to CIT in kidney transplant in general. A report from our colleagues in BC, looking at CIT using the American SRTR data on KPD shipping in the U.S., found there is no difference in the risk of delayed graft function or all cause graft loss in transplant recipients who receive kidneys that are shipped versus not shipped up to, and including, a CIT of 16 hours.
10	Concerns have been raised about travel and/ or OR delays potentially extending the CIT. Dr. Paraskevas, what processes does your program have in place to address this? Time stamp: 34:47	• Recipient centers in the east will have their shipped kidneys coming from the west arrive at the end of the day and/or in the early evenings. Most ORs are in the process of scaling down their OR activities in the evening. Our hope is that these well-planned cases will not conflict with emergency cases. • Our institution has proposed that given we know ahead of time when the kidney will be arriving, we will try to allocate an OR specifically to perform the transplant. This will be taken into account when scheduling the staff that week. Therefore, the kidney will not have to compete with emergency cases on the list.
11	The Shipping Kidneys document recommends communication practices between surgeons to help ensure optimal outcomes with the shipped kidney. Would you be able to describe the recommendations? Time stamp: 38:05	• The Guidance Document recommends that there be consistent communication both pre-operatively and post-operatively about the conduct of the case, the appearance of the kidney, and anatomical considerations. This may include sending photographs if required. • The creation of KSSC encourages a better familiarity of the surgical members across the country and their understanding that there will be communication between surgeons; pre-operative, related to planning the surgery, and post-operative, reviewing the status of the kidney that will be received.
12	What if a kidney arrives in unexpected condition or is deemed unusable by the receiving surgeon? Time stamp: 40:05	• Surgeons are aware that kidneys may arrive with unexpected anatomical deviations. • Surgeons should follow the process outlined in the Shipping Kidneys Document; this includes filling in a report about why it was considered not transplantable. The report will be reviewed by a small panel made up of the Kidney Surgical Sub-Committee members. • The report and communication between programs serve two purposes. Firstly, it put the onus on donor and recipient centers to closely

	Question	Response
		communicate and exchange graphics about the nature of a potential issue anatomically, which will hopefully prevent a receiving surgeon from not knowing about a potential concern before the kidney arrives. • Secondly, we took some experience from the HSP program, where, perhaps because of a lower level of communication, kidneys may arrive with unexpected anatomical deviations. We would like to prevent the situation where a deviation is taken lightly and a kidney is not used. We all take this extremely seriously. There is not a surgeon in the country who wants to lose using a kidney unless there is perception of risk to the recipient. • The grievance adjudication process was developed to respond to these events; the guidance document describes the constitution of the Grievance Adjudication Panel (may change name to Event Review Panel). • The panel will provide a level of reassurance for surgeons. The panel is there to review and determine if a kidney that was not used would not have been used by most surgeons on the panel. If an attempt was made to repair a kidney this will also be reviewed. We do not expect this mechanism to be required very often, however, it is there to provide a deep level of reassurance to the programs that there will be some oversight if needed.
13	What if the kidney gets there and they can't put it in the intended recipient? Time stamp: 49:51	• Like the HSP program, one option is to have a local backup recipient ready to go. Or, the kidney may be allocated locally through other mechanisms.
14	What if a flight is cancelled at the last minute and it is not possible to get the kidney on another flight in a reasonable amount of time? Time Stamp: 1:30:30	• Every program needs to prepare in the best way they can. • When an issue occurs, a real-time discussion should be had between the programs; decisions should be made based on whether the donor nephrectomy has already occurred. • If it has not, the ORs may be delayed. If the kidney has been removed it may have to be used locally with a payback for the intended recipient later. • This type of incident will be rare and will likely be somewhat unique; it will require real-time discussion and creativity. • Centres should be aware of the weather the day before and communicate and assess the flight situation(s) if required.
13	What if there is a difference of opinion of the sending surgeon and the receiving surgeon about whether the kidney could have been used? Time stamp: 40:05	• Previously answered above in question 12. • The KSSC has developed a grievance adjudication process and a panel to review any situations that occur. The panel, made up of KSSC members, will review all live donor kidneys that were deemed un-transplantable.

	Question	Response
14	What if a kidney does not make it to the destination? Time stamp: 47:06	• There is always a small possibility that something may go wrong. • What we are putting in place related to chain of command and custody of the kidney involves hand to hand delivery of the kidney. Air Canada has taken this process very seriously; it is almost inconceivable that a flight would arrive and the flight crew would not remember that they have a kidney on board. • See question 14 for information about flight cancellations.
	Dr. Mainra- co-chair Kidney Transplant Advisory Committee	
15	As the chair of the Living Donation Working Group for the Health Canada (HC) Collaborative, are you able to describe the collaborative, the members of the group and what you are working on? Time stamp: 51:10	• In the fall of 2018, HC formed the collaborative to try to identify system improvements that could increase transplants and quality of transplant outcomes. • The group has a direct link to the Deputy Ministers of Health who are looking for recommendations to take to their provinces. • The collaborative started with 8 working groups, with one being the Living Donation Working Group that Dr. Mainra now chairs and was previously chaired by Dr. Landsberg. o The overarching goal is to see if we can improve access to living donation and improve the efficiency of living donation. Hopefully the improvement of access and efficiency will translate to increasing the overall number of living donor transplants within Canada. • The working group is made up of approximately 16 members including physicians, government representation, donor coordinators, patients, and living donors. o The group is currently working on two funded projects: one investigating the barriers to living donation and access to living donation, especially in ethnic communities, and a second focused on trying to remove or alleviate some of the barriers to shipping living donor kidneys. The pandemic has fueled this project quite dramatically to achieve completion. •
16	The Shipping LD Kidneys Checklist Form for Retrieval Establishments and Shipping LD Kidneys Checklist Form for Source Establishments sound like useful documents. Would you please tell us more about their content and purpose? Time stamp: 54:26	Shipping LD Kidneys Checklist Form for Retrieval Establishments Shipping LD Kidneys Checklist Form for Source Establishments • The Working Group is currently working on two checklists, one for the Retrieval Establishment (the donor center) and one for the Source Establishment (the transplant centre). • These are summaries of all the information that is required to ensure that that kidney retrieved from the living donor, transported to the transplanting site, and transplanted into the recipient are done so safely and within the guidelines for HC. These documents have received formal review and feedback from HC, specifically those directly involved in auditing our programs. • Our team is working on similar standardized SOPs for shipping and receiving. HC has put us in touch with the regulations and standards branches to review these documents. • Next steps:

	Question	Response
		○ The checklists are in the process of being translated into French. ○ Once they have been translated, we will send them to CBS to be distributed to programs across the country. ○ We are just beginning the work on the SOPs. Once they are finalized, they will be translated and then distributed across the country. • We have also created a summary document of packaging SOPs, including information on packaging SOPs from Australia, UK, and the U.S. and compared them to various packaging SOPs from our Canadian programs. We have highlighted the similarities and nuances within these practices. Programs may use this summary document when putting together their packaging SOPs.
	Richard Cowin; Senior Perfusionist	
17	Richard one of your responsibilities is to package and label the kidney for shipping. How do you know what is needed to follow Health Canada regulations? Time stamp: 58:55	• The regulations themselves stipulate what must go with the kidney, the requirements for labelling. The table in section 32 of the HC Regulations clearly indicates what needs to be on labels, both the internal label that goes on the organ, and the external label that goes on the box, as well as the package insert which is additional information that accompanies the organ. • HC states that whatever you package the kidney in, it must maintain the integrity of the organ. • The CSA standards give more details related to packaging: The kidney is required to be in a three-layer system of some sort (3 bags, a container and two bags, whether you put ice in-between the layers etc.); the details are left up to each individual center, as long as it meets the requirements for HC and the CSA.
18	Richard is there any difference in packaging and labelling processes for a deceased donor kidney vs a living donor kidney? Time stamp: 1:00:43	• Short answer is no. The same process is occurring, there may be some differences in what information is on the labels and required in the paperwork. There are slight variations for the information that is required for a deceased donor kidney versus a living donor kidney from HC. • At my hospital, St. Joe's Hospital Hamilton (SJHH), one OR is used for both the donor and recipient. The retrieval is completed, the kidney is perfused and packaged in a jar, double bagged and placed in a cooler. The room is cleaned and prepared for the recipient. • The recipient is then brought into the same OR. • This is the same process for a deceased donor kidney, except the kidney does not stay in the room, it is shipped off to a site. • Overall, the only differences with packaging and labelling a deceased donor kidney and a living donor kidney will be in the paperwork and labels.

	Question	Response
19	Organs are not shipped very frequently. How is competency maintained at your centre to ensure confidence that the shipping is done safely and meets HC standards? Time stamp: 1:02:21	• The staff that complete the deceased donor procurement also do the live donor procurement. The process is very similar and being involved in both allows us to maintain our competencies. • The process is the same unless you are not keeping the kidney on ice between the donor and recipient surgeries. • Only difference will be that the deceased donor kidney will be picked up and taken to another OR.
20	What type of coolers are used at your centre? Time stamp: 1:03:21	• Same 2" thick styrofoam coolers are used across the country and are obtained from a company out of Montreal called Polymos. • The sleeves for coolers are obtained from a separate company -Trevor Owen LTD.
21	Do you use temperature verification and or internal temperature monitoring devices within the cooler? Time Stamp: 1:04:36	• When you are shipping your kidney there is no need for these devices due to cooler validation. • CBS will validate coolers if they purchase them. • The retrieval establishment checklist that was sent out by Dr. Mainra lists that coolers must be validated to hold their temperature for 48 hours (at SJHH we have done ours for 24hrs). • To validate a cooler, we let it sit in an area similar to where it would be during its travelling and monitor the temperature. This information must be outlined in the SOP.
22	Does the cooler go back and forth between sites? I suspect that the Cooler must be shipped back at some point – is there a process in your SOPs for this? Time stamp: 1:06:30	• Given that living donation surgeries are booked weeks in advance, it might be best for the transplant program to Fedex their coolers, labels and packaging SOPs to the living donor's site prior to the surgery. • That way, the transplant programs forms will be used and their cooler and sleeve will come back to them with the kidney. • This eliminates some paperwork and allows centers to ensure they are following HC regulations.
	Michael Garrels; Transplant Coordinator	
23	Michael, I understand that Toronto General Hospital has been shipping KPD LD kidneys for some time. Can you describe the donor screening checks and documentation that the receiving centre will require to ensure that they are meeting all HC standards? Time Stamp: 1:08:10	• The receiving center will require: Serology, MSHQ and 30-day MSHQ, physical exam form, Covid testing, etc. • Checklist forms, that have been created by the HC Working Group that Dr. Mainra spoke about, can help centers ensure they have included everything. • We all tend to keep our own forms, the more we ship and the more we use consistent forms, the easier for ORs to use them; this will also make translating forms easier between programs. • You can delegate things to the Retrieval Establishment (RE) – physical exam can be done by RE. Anesthesiologist review can be designated as well.

	Question	Response
24	How does your program transport the organs between the hospital and the airport? What are some ways other centres could explore transportation options? Time Stamp: 1:10:55	• Multiple ways to transport the organ to and from the airport – medical courier companies, ambulance, RCMP, OPP, inter-hospital transportation, after hours police volunteers, air ambulance to airport, etc. Work with your program on what is best for your program.
25	We received a question about who is responsible for the cost of shipping the kidney. Time Stamp: 1:12:48	• All funding flows from the recipient's program, therefore, the recipient's site (source establishment) is responsible for all travel-related costs of shipped LD kidneys.
26	Does TGH book private charter flights if there are no other reasonable options? Time Stamp: 1:12:48	• Each situation must be looked at on a case-by-case basis. • Chartered flights include air ambulance and commitment from the Ministry of Health to fund this for the overall cost savings. • Programs may need to lobby for this and track transplant opportunities lost because transportation was a problem.
27	What has been your experience with Health Canada audits and SOPs related to shipped of living donor kidneys? Time Stamp: 1:14:35	• Good standard operating procedures (SOPs), use standardized forms where possible (checklists, KPD Protocol and forms, etc.). • Audits focus on whether a program follows their SOPs and guidelines for establishing that the organ was safe for transplant at Source Establishment.
28	What has worked well at TGH in the past with respect to a communication plan or point person on the day of the surgeries? Time Stamp: 1:16:30	• Schedule a teleconference to begin planning the organ travel as early as possible. • *Surgeons should speak in advance of the day of transplant to discuss expectations and establish expectations.* • Good communication on the day of transplant. • Need flexibility in your centre to deal with unforeseen delays and occurrences. • Need someone to keep track of the kidney from the donor to the flight. • Use as chain of custody form. • Do a post review for quality check.
29	I understand that Air Canada also requires specific documentation for shipping kidneys. Can you explain that? Time Stamp: 1:18:45	• Air Canada requires documents containing flight numbers and contact information; these forms are currently used by deceased donor transplant programs. They are attached to a coded reference number so hospital staff can call the Air Canada MEDA desk and use that number for inquiries.

	Question	Response
30	What is the process at TGH when a site receives a shipped kidney after hours, such as due to delayed or cancelled flights? Time Stamp: 1:20:00	• OR flexibility and communication; after hours will be quite common. Deceased donor transplants are often done after hours and your OR should have a plan for this. • There should always be a contingency plan to manage ground or flight delays for every shipped kidney. • Once TGH has a transplant date, they will put it on the OR board to notify staff in advance; if they are expecting it later in the day they will be able to prepare and make accommodations.
	Canadian Blood Services- Program Support	
31	Does Air Canada have Standard Operating Procedures for transporting living donor kidneys on flights? Time Stamp: 1:21:40	• The KPD team is currently working with Air Canada to better understand their processes. • Air Canada is very supportive of shipping organs and understands the necessity to move them as quickly as possible, with careful tracking. • We will update programs when we have a document we can share.
32	Will tracking devices be used to go with the kidneys? Time Stamp: 1:22:29	• No, there is no plan to provide tracking devices currently. We will continue to work closely with Air Canada (AC). • Programs can track flights using the AC application on smart phones. • The KPD team, in collaboration with programs who have successfully shipped kidneys, recommend programs designate a point person to coordinate all communication between their site and the sending or receiving site.
33	Can you tell us what the KPD Program has been doing since the KPD restart to support this increased practice of shipping kidneys? Time Stamp: 1:24:10	• The KPD program has gathered and shared SOPs from several programs. This includes procedures related to packaging and labelling, as well as forms currently being used for chain of custody and travel arrangements. • In addition to our regular chain teleconferences that we hold **after** all the donors have been accepted to schedule the surgeries, our team will start scheduling calls **early** after chain proposal specifically to discuss development of shipping plans. Our team can also help to arrange teleconferences between surgeons to make plans for the day of the surgery, if needed.
34	Will the KPD program develop patient information for donors and recipients related to shipping kidneys? As well as information about unpaired candidates? Time Stamp: 1:26:01	• We would like to do this with the help and support of some of the coordinators to understand what is needed and so they can provide input into the materials. • Unpaired Candidate materials have already been created but need to be revised. • KPD is also developing two animated videos to help provide patients with information and answer patient questions in a format other than written.

	Question	Response
35	What happens if one province has a COVID spike, ORs are cancelled and the chain is broken close to the OR time or after part of the chain has proceeded? Time Stamp: 1:28:09	• This is not unlike any other incident that could cause an emergency chain issue and we have worked through those with programs in the past. This is the exception, not the rule. • We will learn as we go and adjust as we learn. • KPD team is well trained on organizing and facilitating emergency teleconferences to discuss options, depending on circumstances.
	Questions from the participants	
36	Is there a specific time range for living kidney donors and potentially recipients to self-isolate before surgery? Time Stamp: 1:36:35	• Dr. Paquet: For living donation, patients should practice significant social distancing for 14 days prior to surgery. Significant social distancing includes limiting visits to public places, avoiding people with flu-like symptoms, and practicing social distancing when in public places. • If a patient develops flu-like symptoms they are asked to let the program know as soon as possible and will be tested within 24-48 hours of donation.
37	Are recipients asked to sign a specific consent to receive a shipped kidney? Time Stamp: 1:39:00	• Dr. Paquet: Risks and benefits, including those related to COVID, should be discussed with the patient prior to transplant. For example, a benefit of a shipping kidney is that it is not from someone who has traveled. This eliminates many risks related to travel and COVID and improves safety for the donor and the recipient. • Dr. Paraskevas: Most physicians are aware that the ideal situation includes shipping the living donor kidney, and the recipient receiving a shipped kidney. A scripted document will be easier for everyone. Use data Dr. Paraskevas referred to earlier to develop your scripts.