

- Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder.
- It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
- Information security code: Open Shared-Confidential Shared-Sensitive Shared-Secret

Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: HEALTH FACILITY REQUIREMENTS				
5.4.	The HF should ensure it has in place an active morbidity and mortality committee supported by written terms of reference.				
5.4.1.	The HF morbidity and mortality committee should maintain a register of the HCP names involved in DNC assessment and diagnosis.				
5.4.3.	The HF should report the ICU mortality rate to DHA on regular basis, refer to Guidelines for Reporting Human Organ and Tissue Donation Services Registry And Key Performance Indicators.				
5.4.4.	The HF morbidity and mortality committee should review the death cases with primary diagnosis of acute cerebral lesion, and not DNC diagnosis, as per (Appendix 7) , and to provide recommendations for DNC diagnosis optimization as per the approved standards				
6	STANDARD TWO: HEALTHCARE PROFESSIONALS REQUIRMENTS				
6.1.	All HCP involved in the process of organ donation program in Dubai should hold an active DHA license as per the Professionals Qualification Requirements (PQR) and work within their scope of practice.				
6.2.	A minimum of three DHA licensed HCP can perform the brain functions assessment to diagnose DNC.				
6.3.	HCP assessing and diagnosing DNC should be physicians				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Random	CP_9.6.03_F37	2	Jul 10 ,2023	Jul 10,2026	1/5

- Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder.
- It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
- Information security code: Open Shared-Confidential Shared-Sensitive Shared-Secret

	from following specialties:				
6.3.1.	Critical Care Specialist (Adult or Paediatric).				
6.3.2.	Neurology Specialist (Adult or Paediatric).				
6.3.3.	Neurosurgery Specialist.				
6.3.4.	Internal Medicine Specialist.				
6.3.5.	Anaesthesia Specialist (Adult or Paediatric).				
6.3.6.	Paediatric Specialist.				
6.3.7.	Other specialised physicians privileged to diagnose DNC can perform the assessment.				
6.4.	One of the three HCP must be a Neuroscience Physician (Neurology/Neurosurgery) to diagnose DNC.				
6.5.	It is strictly prohibited for transplant HCP or surgeons to take part in diagnosing DNC or obtaining the consent.				
6.6.	The Clinical Privileging Committee or Medical Director of the HF should privilege the HCP who perform brain functions assessment to diagnose DNC aligned with their education, training, experience and competencies (refer to Clinical Privileging Policy).				
6.7.	If the number of HCP permitted to perform brain functions assessment to determine the DNC are less than three, a grandfathering approach should be adopted.				
6.7.1.	Grandfathering should only be undertaken once both hospitals have signed a memorandum of understanding.				
a.	Grandfathering also could be provided by the National Center for Donation and Transplantation from MOHAP.				
6.7.2.	The nominated hospital performing grandfathering should have sufficient and competent privileged HCP who are licensed by DHA or other health regulator in the UAE.				
6.7.3.	Grandfathering should be free from any conflict of				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Random	CP_9.6.03_F37	2	Jul 10 ,2023	Jul 10,2026	2/5

- Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder.
- It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
- Information security code: Open Shared-Confidential Shared-Sensitive Shared-Secret

	interest that may affect the determination of DNC.				
6.8.	All HCP involved in the Organ Donation Unit (ODU) should be trained and aware about the UAE organ donation process management protocol; to standardize the critical care case notification and referral of possible deceased organ donor.				
7	STANDARD THREE: ASSESSMENT OF DEATH BY NEUROLOGICAL CRITERIA (DNC)				
7.6.	The assessment of DNC should be performed by filling and signing the brain functions assessment form (Appendix 1).				
7.7.1.	Two clinical examinations, separated by age-defined intervals, should be carried out using the brain function assessment form of DNC (Appendix 1).				
a.	Minimum of three HCP should perform the clinical examination.				
b.	First clinical examination; physician (1) and physician (2)				
c.	Second clinical examination; physician (3) with one of the above physicians or physician (4).				
7.7.2.	If the two clinical examinations are completed to the maximum extent possible and all the tests have been completed without constraints, the apnea test should be performed, to verify the absence of brainstem reflexes, and confirm DNC (Appendix 1).				
7.7.3.	Apnoea test should be conducted once by two of the three HCP after the second assessment.				
8	STANDARD FOUR: REPORTING POSSIBLE AND POTENTIAL DNC DONORS				
8.1.	All HF should report potential DNC donors.				
8.6	Referral of potential donors should include the below clinical evaluation:				
8.6.1.	Progress Note/ History of presenting illness (Admission until referral)				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Random	CP_9.6.03_F37	2	Jul 10 ,2023	Jul 10,2026	3/5

- Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder.
- It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
- Information security code: Open Shared-Confidential Shared-Sensitive Shared-Secret

a.	Current Illness (Cause of coma, admission day, GCS, death diagnosis done, etc)				
b.	Previous disease				
c.	Previous surgeries				
d.	Previous clinical treatments				
e.	Current or previous cancer disease (Kind, time, treatment)				
f.	Current or previous diagnosis of chronic diseases (Kind, time, treatment)				
g.	Previous drug consumption (Alcohol, tobacco, etc)				
8.6.2.	Current Clinical Status				
a.	Vital signs				
8.6.3.	Imaging Exams: Brain CT Scan, T X-Ray, other				
8.6.4.	Lab results:				
b.	Complete Blood Count				
c.	Coagulation Profile (PT/PTT/INR)				
d.	Electrolyte & Renal Profile (Sodium/Potassium/Creatinine/Urea/eGFR)				
e.	Liver Profile (Total Protein/Albumin/Total Bilirubin/ALT/AST/ALP)				
f.	Pancreas Profile (Amylase/Glucose)				
g.	Blood Gases (100% FiO2)				
h.	ECG				
8.6.5.	Cultures (Blood/urine/sputum)				
8.6.6.	COVID-19 PCR				
8.6.7.	QuantiFERON-TB				
8.6.8.	Urine analysis				
8.8.	The ODU should maintain a donor registry of all possible and potential DNC Donors.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Random	CP_9.6.03_F37	2	Jul 10 ,2023	Jul 10,2026	4/5

- Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder.
- It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
- Information security code: Open Shared-Confidential Shared-Sensitive Shared-Secret

8.8.3.	The ODU should ensure that the assessment form and the DNC declaration are completed and signed regardless the outcome of the assessment, and should ensure uploading those forms into the patient health record.				
9	STANDARD FIVE: DNC DECLARATION AND ISSUANCE OF DEATH CERTIFICATE				
9.1.	If the Potential DNC Donor meets the criteria for organ donation, then the NCDT should be informed within 12 hours for the necessary action (Appendix 2) .				
9.1.1.	The ODU should facilitate the availability of medical reports and tests of the Potential DNC Donor and to be shared with the NCDT.				
9.1.3.	The unified consent form for organ donation is obtained by the NCDT from the next of kin in the presence of the most responsible physician (MRP), or deputy to proceed with the donation (Appendix 6) .				
9.1.4.	The ODU should facilitate the referral and transfer of the DNC Donor to the organ transplant facility for organ retrieval and transplantation.				
9.2.1.	Assessment and the denial of the next kin should be clearly documented in the patient medical record and maintained.				
9.3.	Issuance of death certificate:				
9.3.1.	The death certificate should be issued after the DNC declaration is duly signed and as per the following:				
b.	If the consent for organ donation is obtained after the consultation with NCDT, it is issued within 6 hours before proceeding to the operating room for organ retrieval.				
c.	If the organ donation is rejected it is issued after the withdrawing of life sustaining therapy.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Human Organs & Tissues Donation Services (Deceased Donor) Inspection Checklist- Random	CP_9.6.03_F37	2	Jul 10 ,2023	Jul 10,2026	5/5