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# Standards for Human Organs & Tissues Donation Services (Deceased Donor) – Donation after Circulatory Death (DCD)

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## ACKNOWLEDGMENT

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### Health Regulation Sector

#### Dubai Health Authority

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## INTRODUCTION

The Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (6) of the year (2018) with its amendments pertaining to DHA, to undertake several functions, including but not limited to:

- Developing regulations, policies, standards, and guidelines to improve quality and patient safety and promote the growth and development of the healthcare sector;
- Licensure and inspection of healthcare facilities, as well as healthcare professionals and ensuring compliance with best practices;
- Managing patient complaints and assuring patient and physician rights are upheld;
- Governing the use of narcotics, controlled and semi-controlled medications;
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Standards for Human Organs & Tissues Donation Services (Deceased Donor) – Donation after Circulatory Death (DCD) aims to fulfil the following overarching Dubai Health Sector Strategy 2026:

- Pioneering a Human-centered healthcare system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a model for accessible value-based healthcare.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.

## EXECUTIVE SUMMARY

Human Organs & Tissues Donation Services are considered one of the major and vital implementations in the world of health. These standards support saving lives through organ donation by identifying patients who are declared dead by Circulatory Criteria and who might be potential donor candidates. They outline a clear process towards assessing patients with possible and potential irreversible circulatory death due to cessation of spontaneous heart beating and breathing. These standards are developed in line with applicable laws and legislation that are already in place, including:

- Federal Decree-Law No. (25) of 2023 regarding Donation and Transplantation of Human Organs and Tissues,
- Ministerial Decree No. (19) for the year 2022 related to Death Diagnosis Criteria,
- UAE Federal Decree Law No. (4) of 2016 on Medical Liability.

## KEY UPDATES

1. Scope: only DCD type IV
2. Purpose updated: adjusted to DCD type IV
3. Definitions
  - DCD definition updated: aligned with Maastricht Classification
  - Added “Death Determination”
  - Removed “Human Organs and Tissue Services”
  - Removed “Potential Uncontrolled DCD Donor”
  - Added “Organ Retrieval Team (ORT)”

- Added “Possible DCD donor”
  - Added “Potential controlled DCD (Type IV)”
  - Added “Eligible DCD donor”
  - Added “Actual DCD donor”
  - Added “Utilized DCD donor”
  - Added “Normothermic Regional Perfusion Service”
  - Next of Kin updated: “children” → “offsprings (adult).”
4. Standard One: Healthcare Facility Requirements for privileged DCD hospital
- 5.1 title changed to “Healthcare Facility Requirements for Privileged DCD Hospital.”
  - 5.2 added
  - 5.4 updated: mandatory 24/7 ECMO facility with capacity to perform NRP.
  - 5.5 updated: added minimum team requirement: including at least one physician and one nurse.
  - 5.6.3 – 5.6.5 added
  - 5.8 updated: removed ORT team, CCSU updated, added NRP team
  - 5.11 updated: Morbidity & Mortality Committee must also review potential missed DCD opportunities.
  - 5.13– 5.15 added
5. Removed “Standard Two: Health Facility Requirements for Normothermic Regional Perfusion Service” (now integrated under Standard One).
6. Standard Two: Healthcare Professionals’ Requirements (Previously Standard Four)

- 6.2.1 updated: Family interview may now be conducted by NCDT team or privileged doctor
  - 6.2.2 updated: CCSU role updated
  - 6.2.3 added: ICU physician/anesthesiologist responsibilities defined for cDCD Type IV and uDCD Type IV
  - 6.2.4 added
  - 6.3 updated: Mandatory training on DCD Standards and in-hospital Type IV protocols. Training must now be certified.
  - 6.5 added: Mandatory documentation using the Hayat digital platform.
7. Added “Standard Three: Workflow for DCD Type IV”
  8. Removed: “Standard Five: Declaration of Death by Circulatory Criteria (DCC)”
  9. Removed “Standard Six: Inclusion Criteria for DCD Donors.”
  10. Removed “Standard Seven: Referral of Potential DCD Donors.”
  11. Removed “Standard Nine: Family communication for breaking bad news”
  12. Standard Four: Family Communication for Organ and Tissue Donation (Previously Standard Ten)
    - 8.5 updated: Family interview may now be conducted by NCDT designated team or privileged doctor.
    - 8.6 updated: Family interview for organ donation must be performed only after family acknowledgement of understanding that the death has been determined.
    - 8.9 updated: adapted to type IV DCD

### 13. Standard Five: Organ & Tissue Retrieval in Hospitals with Retrieval Services

- 9.1 updated: retrieval must be performed exclusively in DCD-privileged hospitals.
- 9.2 updated: adapted to type IV only.
- 9.2.7 updated: NCDT responsible for ensuring completion of documentation
- Removed procedure related to administration of heparin + reactivation of thoracic compressions and ventilation after death

### 14. Standard Six: Organ and Tissue Donation Registry and Key Performance Indicators – DCD

- 10.1–10.5 added: formal governance framework requiring: appointment of Quality Representative, structured data collection plan and data integrity assurance, continuous performance monitoring.
- Removed: uncontrolled DCD identification KPI, conversion rate KPI
- KPI technical details moved to Appendix 3 (KPI Cards).
- Added KPI “Percentage of Successful Organ Preservation Procedures in Eligible DCD Type IV Donors.

### 15. Appendices

- Appendix 1 “Unified Consent Form” moved from Appendix 2.
- Appendix 2 “Flowchart for DCD Type IV” added
- Added Appendix 3 “KPI Cards” (moved from standard body).
- Removed Appendix 1 “Death Determination by Circulatory Criteria (DCC) Form”
- Removed Appendix 3 “Consent Form for Post-Mortem Measures”

## ABBREVIATIONS

<b>CCSU</b>	:	Critical Care Support Unit
<b>CCSUC</b>	:	Critical Care Support Unit Coordinator
<b>CPR</b>	:	Cardiopulmonary resuscitation
<b>DCC</b>	:	Death by Circulatory Criteria
<b>DCD</b>	:	Donation after Circulatory Death
<b>uDCD</b>	:	Uncontrolled Donation after Circulatory Death
<b>cDCD</b>	:	Controlled Donation after Circulatory Death
<b>DHA</b>	:	Dubai Health Authority.
<b>ED</b>	:	Emergency Department
<b>ECMO</b>	:	Extracorporeal Membrane Oxygenation
<b>ICU</b>	:	Intensive Care Unit
<b>MRP</b>	:	Most Responsible Physician
<b>NCDT</b>	:	National Center for Organ and Tissue Donation and Transplantation
<b>NRP</b>	:	Normothermic Regional Perfusion
<b>ORT</b>	:	Organ Retrieval Team
<b>PQR</b>	:	Professionals Qualification Requirements

## DEFINITIONS

**Clinical Privileging:** process of granting a DHA-licensed healthcare professional permission to carry out specific duties as per healthcare facility scope of practice and licensure. This involves reviewing credentials and qualifications, training, competence, practical independence and experience, aligning to the needs of the Clinical Privileging Committee (CPC) which is the responsible entity to authorize or deny clinical privileges.

**Consent For Donation:** legally valid from the potential donor's next of kin for the retrieval of donor organs and tissues for the sole purpose of transplantation using a unified consent form, which may be executed through written or verbal communication

**Critical Care Support Unit (CCSU):** 24/7 operating unit within the healthcare facility ICU responsible for all organ donation matters, run by the critical care support unit director and coordinator/s. Formerly known as the *Organ Donation Unit (ODU)*.

**Critical Care Support Unit Director (CCSUD):** an ICU physician that leads the CCSU, including all standard operating procedures required for the unit, to supervise the critical care support unit team and coordinators, and oversees implementation of all steps of the organ and tissue donation process. This position was previously known as the *Organ Donation Unit Director*.

**Critical Care Support Unit Coordinator (CCSUC):** critical care nurse, critical care physician or other trained clinical staff assigned by the healthcare facility management, responsible for ensuring that all organ and tissue donation process steps occurs as per legal regulations and protocols, and all communications between the CCSU, DHA, and the National Center for Organ and Tissue Donation and Transplantation (NCDT) are done on a timely manner to facilitate organ

donation and transplant. This role was previously known as the *Organ Donation Unit Coordinator (ODUC)*.

**Death By Circulatory Criteria (DCC):** defined by unresponsiveness, the absence of breathing (or only occasional gasps), and the absence of circulation in a permanent way.

**Donation after Circulatory Death (DCD):** process of retrieval of organs for the purpose of transplantation from a human being declared dead by DCC. DCD donors are categorized according to the Maastricht Classification which defines controlled and uncontrolled DCD:

<b>Category I. Uncontrolled</b>	Found dead <b>IA.</b> Out-of-hospital <b>IB.</b> In-hospital	Sudden unexpected Circulatory Arrest (CA) without any attempt of resuscitation by a life-medical team; WIT to be considered according to National life recommendations in place; reference to in- or out-of-hospital life-(IH-OH) setting
<b>Category II. Uncontrolled</b>	Witnessed cardiac arrest <b>IIA.</b> Out-of- hospital <b>IIB.</b> In-hospital	Sudden unexpected irreversible CA with unsuccessful resuscitation life-by a life-medical team. reference to in- or out-of-hospital (IH-OH) life-setting
<b>Category III. Controlled</b>	Withdrawal of artificial-sustaining therapy	Planned withdrawal of artificial-sustaining therapy; expected CA
<b>Category IV. Uncontrolled Controlled</b>	Cardiac arrest while brain dead	Sudden CA after brain death diagnosis during donor artificial management but prior to planes organ retrieval.

*Adapted from New classification of donation after circulatory death donors: definitions and terminology [13].*

**Death Determination:** is defined by complete and terminal cessation of heart, and breath (cardiocirculatory system) or by permanent termination of all brain functions and is performed by privileged physicians in agreement with legal regulation in the UAE.

**Emergency Department (ED):** is a specialized hospital unit that provides immediate medical care to patients with acute illnesses or injuries that require urgent attention.

**Medical Director:** is a DHA licensed healthcare professional who holds responsibility and oversight of medical services within a DHA licensed healthcare facility.

**Most Responsible Physician (MRP):** refers to the qualified physician who has a primary responsibility for the patients care in the healthcare facility.

**National Center for Organ and Tissue Donation and Transplantation (NCDT):** is a federal center under the Ministry of Health and Prevention (MOHAP) responsible for regulating and coordinating organ and tissue donation and transplantation in the UAE.

**Next of Kin:** A person authorized to make decisions on behalf of the patient, in cases where the patient is incompetent, or the relatives up to the fourth degree available in the country or by telephone or computer visual and audio/sign language communication, based on the below order:

- |                            |  |
|----------------------------|--|
| A. The father.             | E. The grandfather.  |
| B. The mother.             | F. The siblings.   |
| C. The offsprings (Adult). | G. The paternal uncle and the full uncle are precedents to the half uncle. |
| D. The spouse.             |  |

**Normothermic Regional Perfusion Service (NRP):** a specialized service in organ donation after circulatory death (DCD) that maintains organ viability through controlled warm blood perfusion. A trained team manages the perfusion equipment and monitors different parameters in order to preserve organs, using techniques that prevent cerebral perfusion while ensuring organs are suitable for transplant.

**Organ Retrieval Team (ORT):** a specialized group responsible for carrying out the surgical retrieval of organs from deceased donors. ORT ensures that organs are procured in alignment with medical protocols and legal standards.

**Possible DCD donor:** a patient with a devastating brain injury or a patient with circulatory failure and apparently medically suitable for organ donation.

**Potential controlled DCD (cDCD) donor (type IV):** a dead person who suffers cardiac arrest after the determination of brain death or during organ donation procedures following brain death.

**Eligible DCD donor:** A medically suitable person who has been declared dead based on the irreversible absence of circulatory and respiratory functions as stipulated by the law of the relevant jurisdiction, within a time frame that enables organ recovery.

**Actual DCD donor:** a consented eligible donor in whom an operative incision was made with the intent of organ recovery for the purpose of transplantation and from whom at least one organ was recovered for the purpose of transplantation.

**Utilized DCD donor:** an actual donor from whom at least one organ was transplanted.

## 1. BACKGROUND

Organ donation not only saves lives but also creates opportunities to improve life quality for patients suffering from end-stage organ failure. Deceased individuals are assessed based on their age, their medical records, and the fulfillment of the medical criteria dictated by the organ donation and transplantation authorities, as candidates for organ and tissue donation. The criteria for the determination of death are based on a set of first-release consensus recommendations for the assessment and diagnosis of death, as per the international panel of worldwide experts. It is defined as complete and terminal cessation of heart and breath functions or irreversible termination of all brain functions.

Currently, the demand for organs and tissues for transplantation is much higher than the available supply. In 2023, world statistics showed that Spain (Spanish Model) has the highest rate of dead donors for every million population (donor PMP/year), followed by the USA (USA Model) and other European countries. Although the organ donation activity in the UAE has increased significantly in the last 4 years, the implementation and consolidation of best practices in organ and tissue donation recommended by these standards will contribute to this continuous increase in the number of donors together with saving more lives.

## 2. SCOPE

2.1. Human Organs & Tissues Donation Services (Deceased Donor) – Donation after Circulatory Death (DCD) type IV in DHA licensed health facilities with ED and ICU services.

### 3. PURPOSE

- 3.1. To ensure the provision of the highest levels of safety and quality of Human Organs & Tissues Donation Services (Deceased Donor) – DCD in Dubai Health Authority (DHA) licensed health facilities.
- 3.2. To ensure the right family to donate after cardiac arrest in the DNC scenario, consistently aligned with international best practices and UAE law.

### 4. APPLICABILITY

- 4.1. DHA licensed healthcare facilities with Emergency Department (ED) and Intensive Care Units (ICU) under the jurisdiction of DHA.

### 5. STANDARD ONE: HEALTHCARE FACILITY REQUIREMENTS FOR PRIVILEGED DCD HOSPITAL

- 5.1. The healthcare facility must be licensed and accredited according to DHA requirements.
- 5.2. The healthcare facility shall meet requirements as per the DHA Health Facility Guidelines (HFG) 2019, Part B – Health Facility Briefing & Design - Intensive Care Unit.
- 5.3. The healthcare facility must have a 24/7 ECMO service with a capacity to perform Normothermic Regional Perfusion Service (NRP), well-trained staff, and recognized experience in NRP for DCD donation.
- 5.4. The healthcare facility must have dedicated donor management and operating areas.

- 
- 5.5. The healthcare facility shall have a multidisciplinary Critical Care Support Unit (CCSU) that includes at least a physician and a nurse to follow and support all possible and potential DCD cases.
- 5.6. Equipment and supplies requirements:
- 5.6.1. The healthcare facility must be equipped with state-of-the-art surgical equipment.
- 5.6.2. Ensure availability of sterile packaging materials for organ retrieval.
- 5.6.3. The healthcare facility shall have a chest compression device utilized for CPR.
- 5.6.4. The healthcare facility must have state-of-the-art NRP equipment, including Extracorporeal Membrane Oxygenation devices and monitoring systems.
- 5.6.5. Ensure the continuous availability of sets, cannulas, and other disposable materials required for the procedures
- 5.7. Infrastructure requirements:
- 5.6.1. The healthcare facility must have dedicated operating rooms specifically for organ retrieval procedures.
- 5.6.2. Ensure the availability of a secure and sterile storage area for preservation fluids and surgical instruments.
- 5.8. Organizational structure requirements:
- 5.8.1. Critical Care Support Unit (CCSU) shall have at least one physician and one nurse available 24/7 to oversee and support all steps of the DCD process, from the ICU to the operating room.

- 
- a. CCSU supervises donor management and organ assessment.
  - b. CCSU ensures that all legal and administrative documentation is completed.
  - c. CCSU coordinates with the National Center for Organ and Tissue Donation and Transplantation (NCDT) for organ allocation and transport.
- 5.8.2. Normothermic Regional Perfusion Team must consist of specialists trained in vessel cannulation, perfusion techniques and organ preservation.
- a. Continuous education and certification in NRP protocols are mandatory.
  - b. The NRP coordinator is a designated team leader to oversee the NRP process and ensure adherence to protocols.
  - c. All NRP team members must receive ongoing training to stay updated on the latest advancements in perfusion techniques.
  - d. Regular competency assessments and certification updates are required by DHA requirements.
- 5.9. Operational protocols:
- 5.9.1. Verify all legal and administrative documentation, including donor consent and death declaration.
  - 5.9.2. Schedule and prepare the operating room, ensuring all necessary equipment and supplies are ready.
  - 5.9.3. Conduct a thorough pre-perfusion and retrieval verification process to confirm donor suitability and organ viability in coordination with NCDT.
  - 5.9.4. Prepare the NRP equipment and ensure all necessary supplies are ready.

- 
- 5.9.5. Anticoagulation and cannulation, shall be done after death declaration and consent for donation.
- 5.9.6. Initiate NRP immediately after cardiac arrest using perfusion devices to maintain organ viability.
- 5.9.7. Continuously monitoring the donor's physiological parameters during NRP to assess organ function.
- 5.9.8. Ensure NRP is conducted according to standardized protocols.
- 5.9.9. Coordinate with NCDT to ensure timely retrieval.
- 5.9.10. Conduct a detailed review of the NRP process and document any deviations or incidents.
- 5.10. The healthcare facility shall have the following policies and procedures in place to cover all relevant donation steps, which include but are not limited to:
- 5.10.1. Donor identification and referral information;
- 5.10.2. Donor evaluation;
- 5.10.3. Family communication;
- 5.10.4. Communication protocols among all the stakeholders directly or indirectly involved in the process;
- 5.10.5. NRP procedures;
- 5.10.6. Organ and tissue retrieval procedures;
- 5.10.7. Organ and tissue packaging and transportation; and
- 5.10.8. Ex-situ perfusion machine (if applicable).

5.11. The NRP service shall develop the following policies and procedures which include but

are not limited to:

5.11.1. Anticoagulation and cannulation.

5.11.2. NRP equipment and disposable material preparation.

5.11.3. NRP management

5.11.4. Organ viability monitoring.

5.12. All staff involved in the retrieval process must undergo training in organ donation protocols, ethical considerations, and communication skills.

5.13. All NRP team members must receive ongoing training to stay updated on the latest advancements in perfusion techniques.

5.14. Regular competency assessments and certification updates are required according to DHA regulations.

5.15. The healthcare facility shall ensure an active morbidity and mortality committee is in place, supported by written terms of reference.

5.15.1. The healthcare facility morbidity and mortality committee shall maintain a register of the healthcare professionals involved in DCC assessment and diagnosis.

5.15.2. The healthcare facility, morbidity and mortality committee shall review the cases of DCC determined and potential missed DCD opportunities to provide recommendations for assessment and management whenever required.

## 6. STANDARD TWO: HEALTHCARE PROFESSIONALS' REQUIREMENTS

- 6.1. All healthcare professionals involved in the process of organ and tissue donation programs in Dubai shall hold an active DHA license as per the Professionals Qualification Requirements (PQR) and work within their scope of practice.
- 6.2. Healthcare professionals involved in the DCD process must include, but are not limited to the following roles and responsibilities:
- 6.2.1. NCDT team or privileged doctor in alignment with DHA Clinical Privileging Policy:
- Shall conduct the family interview for organ and tissue donation.
- 6.2.2. CCSU:
- Supported by NCDT and hospital protocol, shall facilitate communication among the ICU team, NRP service, and the OR staff to coordinate the cannulation, anticoagulation and retrieval processes.
  - CCSU shall provide continuous family communication and support.
- 6.2.3. The ICU physician or anesthesiologist:
- In cDCD type IV, shall explain to the family the adequation of artificial sustaining therapy process, apply Article No. (10) Point 2 of the UAE Federal Decree Law No. (4) of 2016 on Medical Liability and confirm circulatory arrest.
  - In uDCD type IV, restart chest compressions and mechanical ventilation to guarantee that NRP can be started for organ preservation.

6.2.4. NRP team:

- a. Responsible for in-situ organ preservation through normothermic regional perfusion on DCD type IV donors.
- b. The NRP team shall perform the cannulation and anticoagulation, preparing the NRP equipment and set, besides managing the organ perfusion and monitoring the organ viability.

6.2.5. Operating room staff shall prepare and maintain the operating room for the retrieval process:

- a. Ensure all necessary equipment and supplies are available.
- b. Assist the surgical team during the retrieval process.
- c. Maintain sterile conditions and adherence to surgical protocols.

6.2.6. Social workers and psychologists shall provide emotional and psychological support to the donor's family.

6.3. Training and qualifications:

6.3.1. General requirements:

- a. All healthcare professionals involved in any type of DCD process shall be trained on Standards for Human Organs & Tissues Donation Services (Deceased Donor) – DCD and in-hospital protocols for DCD type IV.
- b. Furthermore, they must have appropriate qualifications and training relevant to their roles. Regular participation in continuing education and certified

training programs on organ donation general principles, DCD practices, ethical considerations, and communication skills is mandatory.

#### 6.3.2. Specific training programs:

- a. ICU physicians and nurses: must undergo certified training in clinical, ethical and legal considerations in DCD and advanced communication skills for discussing breaking bad news.
- b. CCSUC must receive certified training on clinical (donor assessment) and the logistical aspects of DCD, legal and ethical considerations, and effective coordination of multi-disciplinary teams.
- c. NRP team, operating room staff and surgical teams: must be trained in NRP for organ donors, organ preservation methods, and maintenance of sterile conditions.

#### 6.4. Ethical considerations and conflict of interest:

##### 6.4.1. Separation of roles:

- a. There must be a clear separation between the medical team responsible of patient care and death declaration and the team involved in the organ donation and transplantation process, including organ retrieval, to avoid any conflict of interest.
- b. It is strictly prohibited for the designated CCSU team assigned for that potential donor to take part in the determination of death.

- c. It is strictly prohibited for transplant healthcare professionals or consultant surgeons to take part in death declaration or obtaining donation consent.

6.4.2. Family communication and support:

- a. Healthcare professionals must ensure that discussions with the family regarding breaking bad news and organ donation are conducted with sensitivity, transparency, and respect for the donors' and families wishes.
- b. Continuous support shall be provided to the family throughout the process, including information regarding the determination of death, the donation process, and the cannulation and anticoagulation.

- 6.5. Documentation and compliance: all stages of the DCD process must be thoroughly documented using the Hayat digital platform, including donor evaluation, consent, and organ retrieval.

7. **STANDARD THREE: WORKFLOW FOR DCD TYPE IV (CIRCULATORY ARREST IN ELIGIBLE DNC DONORS)**

- 7.1. Donation after DNC shall always be prioritized over DCD type IV.

7.2. Identification of a potential DCD type IV donor: as outlined in **Appendix 2**

- 7.2.1. All eligible DNC donors in whom the family wants to consent for organ donation post-cardiac arrest shall be considered for DCD type IV.
- 7.2.2. The consented DNC donors who experience unexpected cardiac arrest, before starting the organ retrieval, shall be considered for uncontrolled DCD type IV.

- 7.3. In case of a potential controlled DCD type IV donor:

- 7.3.1. If the family accepts donation after circulatory arrest, the NCDT team or the privileged doctor obtain the consent for donation.
- 7.3.2. Controlled DCD type IV donors admitted in non-privileged DCD hospitals shall be transferred to a privileged DCD hospital designated by NCDT, who, after the organ is accepted for transplant, shall authorize and coordinate this transfer.
- 7.3.3. CCSU, supported by NCDT and hospital protocol, shall facilitate communication among the ICU team, NRP service, and the OR staff to coordinate the cannulation, anticoagulation and retrieval processes.
- 7.3.4. The ICU physician or anesthesiologist shall apply Article No. (10) Point 2 of the UAE Federal Decree Law No. (4) of 2016 on Medical Liability and confirm circulatory arrest.
- 7.3.5. CCSU shall provide continuous family communication and support.
- 7.4. In case of a potential uncontrolled DCD type IV donor:
  - 7.4.1. The ICU team shall immediately communicate with the CCSU and NCDT and activate the hospital protocol for uDCD.
  - 7.4.2. Since the death has already been determined and the consent for donation has been obtained, these steps should be considered fulfilled in the uDCD protocol.
  - 7.4.3. Immediately after circulatory arrest confirmation, the chest compression and mechanical ventilation shall be restarted to maintain the organ viability.
  - 7.4.4. The donor eligibility in this case shall be reevaluated by CCSU, advised and validated by NCDT, before cannulation, anticoagulation and organ retrieval.

7.4.5. CCSU, supported by NCDT and hospital protocol, shall facilitate communication among the ICU team, NRP service, the OR staff to coordinate the retrieval processes.

7.4.6. CCSU shall provide continuous family communication and support.

## 8. **STANDARD FOUR: FAMILY COMMUNICATION FOR ORGAN AND TISSUE DONATION**

8.1. The healthcare facility shall have a family communication protocol implemented in all critical care units (ICU, PICU, etc.).

8.2. The healthcare facility must have a separate private room, preferably in the ICU or nearby for family communication purposes.

8.3. The CCSU shall facilitate communication among the family, ICU team and NCDT.

8.4. If there aren't family members available in the UAE, contact the coordinators of NCDT for support in finding an authorized family member outside of the UAE (for support: +971 4 230 1111; +971 54 233 1046; for back up: +971 54 2331043).

8.5. The family interview for organ and tissue donation will only be conducted by the designated team by NCDT or privileged doctor, in Alignment with Privileging Policy.

8.6. Family interview for organ donation must be performed only after family acknowledgement of understanding that the death has been determined.

8.7. ICU team, multidisciplinary team (social worker, psychologist), and CCSU shall provide maximum and continuous family support.

8.8. If relatives have migration backgrounds:

8.8.1. Overcome language barriers through an official translator;

- 
- 8.8.2. Choose a family contact person;
  - 8.8.3. Clarify cultural and religious needs, as needed.
  - 8.9. Family interview for organ and tissue donation:
    - 8.9.1. Ensure that the family understands the implications of DCD, including the potential for a limited time with the patient after the consent for donation and the need for organ preservation and prompt organ retrieval.
  - 8.10. Family support and communication:
    - 8.10.1. Maintain open and honest communication with the family throughout the process. Address any questions or concerns they may have promptly and compassionately.
    - 8.10.2. Provide emotional support to the family during and after the viewing and offer follow-up support services as needed.
  - 9. **STANDARD FIVE: ORGAN & TISSUE RETRIEVAL IN HOSPITALS WITH RETRIEVAL SERVICES**
    - 9.1. Healthcare facilities that perform Organ and Tissue Retrieval shall have retrieval, packaging and transportation policies and procedures in place.
    - 9.2. The healthcare facility shall train all healthcare professionals involved in the organ retrieval policies and procedures regarding organ and tissue retrieval, packaging and transportation.

- 9.3. All healthcare professionals involved in the procedures of Organ and Tissue Retrieval in Dubai shall align with the DHA Clinical Privileging Policy and work within their scope of practice.
- 9.4. Involved agents and responsibilities:
- 9.4.1. Operating room nursing team: Participates in various activities during the retrieval process, such as preparing the donor for retrieval, supporting the ORT, providing necessary instrumentation, and ensuring proper handling of retrieved organs.
- 9.4.2. Critical Care Support Unit Coordinator: Collaborate with NCDT coordinators' teams to oversee the entire process, from preparing logistics before the retrieval begins, transferring the potential donor, receiving the equipment in the operating room.
- 9.4.3. Critical care nursing team: Participates in preparing the donor for transfer to the operating room.
- 9.4.4. Other healthcare professionals: Support transferring the donor and preparing the retrieval environment. Involve necessary departments like pathology and radiology as required.
- 9.4.5. Transplant center teams are responsible for packaging and transport: properly package, label, and document all retrieved organs for transport.

9.4.6. CCSU and NCDT team shall maintain open and honest communication with the family throughout the process and address any questions or concerns they may have promptly and compassionately.

9.4.7. NCDT shall make sure that all necessary documentation for organ retrieval is completed after the procedure:

- a. Death certificate;
- b. Consent to Donate a Deceased Person's Organs and Tissues;
- c. Consent form for cannulation and anticoagulation;
- d. Donor information dossier for each team, as per legal requirements;
- e. Medical report of organ and tissue retrieval specifying organs and tissues were retrieved and procedure's summary.

## 10. **STANDARD SIX: ORGAN AND TISSUE DONATION REGISTRY AND KEY PERFORMANCE INDICATORS - DONATION AFTER CIRCULATORY DEATH**

10.1. All DHA licensed facilities providing Human Organs & Tissues Donation Services (Deceased Donor) – Donation after Circulatory Death (DCD) are required to report the indicators specific to the scope of the services.

10.2. Each facility providing the services shall assign a quality representative who will be responsible for reviewing the data from departments and reporting the Key Performance Indicators (KPIs) to DHA.

10.3. The quality representative must consider the following in data collection:

- 
- 10.3.1. Assure staff awareness of the KPIs and data collection lead(s) are adequately skilled and resourced.
- 10.3.2. Create a data collection plan based on strong methodology and available resources.
- 10.3.3. Assure adequate data collection systems and tools are in place.
- 10.3.4. Back up the data and assure protection of data integrity.
- 10.3.5. Assure continuous review of service performance and implementation of improvement plans
- 10.3.6. Reporting shall be on an annual basis to [monitoringkpis@dha.gov.ae](mailto:monitoringkpis@dha.gov.ae).
- 10.4. Quality representatives shall report to DHA the following measures as outlined in **Appendix 3**.
- 10.4.1. Percentage of ED and ICU staff with certified training on the DHA Standards for Donation after Circulatory Death and relevant policies and procedures
- 10.4.2. Percentage of Successful Organ Preservation Procedures in Eligible DCD Type IV Donors
- 10.5. Meetings of the Donor Hospital Committee (Morbidity and Mortality Committee) shall be aligned with the requirements as elaborated in DHA Standards for Morbidity and Mortality.
- 10.6. To effectively monitor and enhance the performance of services, all DHA licensed facilities providing Human Organs & Tissues Donation Services (Deceased Donor) – Donation after Circulatory Death (DCD) shall have additional internal quality

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monitoring and improvement measures that cover quality, clinical outcomes, operational efficiency, and patient satisfaction serving as measurable benchmarks for success and progress.

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APPENDIX 1: UNIFIED CONSENT FORM

UNITED ARAB EMIRATES  
MINISTRY OF HEALTH & PREVENTION



الإمارات العربية المتحدة  
وزارة الصحة ووقاية المجتمع



حياة HAYAT  
البرنامج الوطني للتبرع وزراعة الأعضاء والأنسجة البشرية  
The National Program for Donation and Transplantation of Human Organs and Tissues



دائرة الصحة  
DEPARTMENT OF HEALTH



إقرار الموافقة على التبرع بأعضاء وأنسجة شخص متوفي

Consent to Donate a Deceased Person Organs and Tissues

EOTC File No. رقم الملف بالمركز	Medical Record No. رقم الملف الطبي	Time الوقت	Date التاريخ

المعلومات الخاصة بالمتوفي Deceased person Information

Name / الاسم	
ID/ Passport No/ رقم الهوية / جواز السفر	
D.O.B / تاريخ الميلاد	
Nationality/الجنسية	
اسم المنشأة الصحية التي حدثت فيها الوفاة The Name of the Healthcare Facility Where the Death Occurred	

معلومات الشخص الذي أبدى الموافقة على التبرع بأعضاء وأنسجة المتوفي المذكور أعلاه

The Person Authorized to Consent for Organs & Tissues Donation of the deceased mentioned above

Name: الاسم:	Kinship صلة القرابة
D.O.B: تاريخ الميلاد:	Father - الأب <input type="checkbox"/>
ID/ Passport No: رقم الهوية/الجواز:	Mother - الأم <input type="checkbox"/>
Valid to: صالحة لغاية:	Offspring- الأولاد <input type="checkbox"/>
Issuing Place: مصدرها:	Spouse أو الزوجة - <input type="checkbox"/>
E-mail: البريد الإلكتروني:	Grandfather - الجد <input type="checkbox"/>
Telephone No.: رقم التلفون:	Siblings صلة القرابة من الأخوة: <input type="checkbox"/>
Address: العنوان:	العم العصبية. ويقدم العم الشقيق على العم لأب The Uncle by Consanguinity. Priority shall be given to the full brother uncle than the uncle of paternal. <input type="checkbox"/>
Nationality: الجنسية:	في حال الاختلاف بين الأقارب في ذات درجة الترتيب يعتد برأي الأكبر سناً ويتساوى الذكر والأنثى Whenever disagreement in the decision amongst the relatives of the same degree of kinship occurs, the decision of the eldest is considered, and both male and female are equal.

☒ وفقاً لقانون دولة الإمارات العربية المتحدة (مرسوم بقانون اتحادي 25 لسنة 2023 في شأن التبرع وزراعة الأعضاء البشرية والأنسجة)، أعلن أنا المذكور أعلاه وأنا بكامل قواي العقلية وبدون أي إكراه مادي أو معنوي بأنني موافق على التبرع بأعضاء وأنسجة قريبي المتوفي المذكور أعلاه، وذلك لزراعتها لأي مريض مناسب حسب ما تراه الجهات المختصة في هذا المجال.

- According to UAE (Federal Law No. (25) of 2023 concerning the Human Organ & Tissue Donation & Transplantation), I aforementioned signed, with fully aware of and of my own free will (without any physical or moral coercion) granting consent to donate organs and tissues of my deceased relative mentioned above, in order to transplant them to any suitable patient (s) as deemed by the competent authorities in this field.

I authorize the burial of my deceased relative in UAE

أصرح بدفن قريبي المتوفى المذكور أعلاه داخل  
الدولة

I wish to repatriate the body of my deceased relative to Home Country

أرغب في إعادة جثمان قريبي المتوفى إلى  
الوطن الأم

Remarks:

ملاحظات:

Authorized Person Signature:

توقيع الشخص المخول بالموافقة:

الشهود-The Witnesses

Name الإسم

Relationship صلة القرابة

Identification No. رقم الهوية

Signature التوقيع

The authorized coordinator for the consent of donating organs and tissues:  
(Assigned by the National Organ Transplant Committee to approach deceased family for organ donation)

Name:

الاسم:

Signature:

التوقيع:

المنسق الذي حصل على الموافقة بالتبرع بالأعضاء والأنسجة:  
(المعتمد من قبل اللجنة الوطنية لزراعة الأعضاء لمقابلة  
ممثلي عائلة المتوفى، للحصول على الموافقة بالتبرع بالأعضاء  
والأنسجة)

\* Please attach copy of the authorized relative ID/ Passport who signed this Consent form

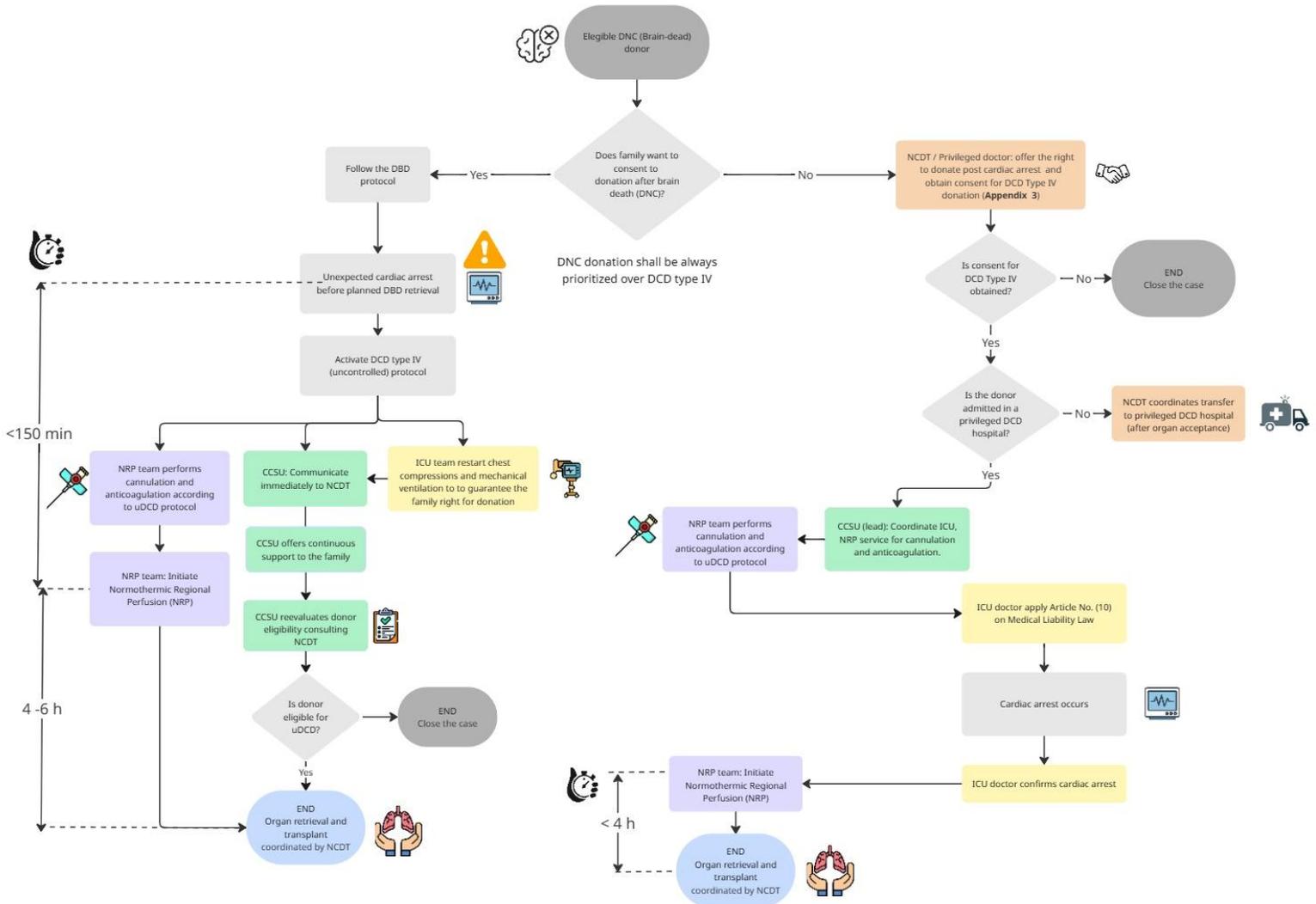
\*الرجاء ارفاق نسخة من هوية/ جواز سفر الشخص الموقع بالموافقة على هذا الإقرار

TEL +971 4 230 1000 هاتف • FAX +971 4 2301929 فاكس • DUBAI, UNITED ARAB EMIRATES. دبي المتحدة العربية الإمارات. P.O.BOX 1853

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## APPENDIX 2: FLOWCHART FOR DCD TYPE IV (CIRCULATORY ARREST IN ELIGIBLE DNC DONORS)



### APPENDIX 3: KPI cards

<b>1. Percentage of ED and ICU staff with certified training on the DHA Standards for Donation after Circulatory Death and relevant policies and procedures</b>	
<b>Main Domain:</b>	Structure
<b>Subdomain:</b>	Effectiveness
<b>Indicator Definition:</b>	<p>The percentage of ED and ICU staff trained on DHA Standards for Donation after Circulatory Death (DCD), including all relevant DCD steps, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Donor identification and referral;</li> <li>2. Donor evaluation;</li> <li>3. Breaking bad news;</li> <li>4. Family approach regarding donation after circulatory death;</li> <li>5. Cannulation and anticoagulation;</li> <li>6. Death declaration;</li> <li>7. Normothermic regional perfusion (basic principles);</li> <li>8. Operating theatre organization;</li> <li>9. Communication between ED team, ICU professionals, CCSU and EOTC;</li> <li>10. Organ packaging and transportation (if applicable).</li> </ol>
<b>Calculation:</b>	<p><u>Numerator:</u> number of ED and ICU staff who have completed certified training on DHA Standards for Donation after Circulatory Death.</p> <p><u>Denominator:</u> total number of ED and ICU professionals.</p>
<b>Target:</b>	70%
<b>Methodology:</b>	Numerator/ denominator x100
<b>Measuring Unit:</b>	Percentage of trained ICU staff
<b>Reporting Frequency:</b>	Reporting to authority: once a year
<b>Desired Direction:</b>	Higher is better
<b>Rationale:</b>	Training ED and ICU staff on DHA Standards for DCD is crucial

	for maintaining high-quality care and ensuring that all steps in the donation process are correctly followed, leading to better outcomes in organ donation.
<b>KPI Source:</b>	DHA Standards for Human Organs & Tissues Donation Services (Deceased Donor) – Donation after Circulatory Death (DCD)
<b>2. Percentage of Successful Organ Preservation Procedures in Eligible DCD Type IV Donors</b>	
<b>Main Domain:</b>	Process
<b>Subdomain:</b>	Effectiveness
<b>Indicator Definition:</b>	<p>The percentage of initiated organ preservation procedures in eligible Donation after Circulatory Death (DCD) type IV donors that result in successful organ transplantation.</p> <p>A successful procedure is defined as a preservation/perfusion intervention that leads to transplantation of at least one organ, or when an organ is not transplanted for reasons unrelated to the preservation/perfusion technique.</p> <p>This indicator applies to both controlled and uncontrolled DCD type IV donors.</p>
<b>Calculation:</b>	<p><u>Numerator:</u> Number of successful organ preservation procedures in eligible DCD type IV donors during the reporting period.</p> <p><u>Denominator:</u> Total number of organ preservation procedures initiated in eligible DCD type IV donors during the reporting period.</p>
<b>Target:</b>	≥ 85%
<b>Methodology:</b>	$(\text{Numerator} \div \text{Denominator}) \times 100$
<b>Measuring Unit:</b>	Percentage (%)
<b>Reporting Frequency:</b>	Reporting to authority: once a year
<b>Desired Direction:</b>	Higher is better
<b>Rationale:</b>	DCD organ preservation is a time-critical and technically complex



	<p>process. Minimizing warm ischemia time and ensuring appropriate preservation measures directly influence organ viability and transplantation outcomes. Monitoring successful preservation procedures supports quality assurance and continuous improvement of DCD programs.</p>
<b>KPI Source:</b>	<p>DHA Standards for Human Organs &amp; Tissues Donation Services (Deceased Donor) – Donation after Circulatory Death (DCD)</p>