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Hair Transplant Services Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

| Ref. | Description | Yes | No | N/A | Remarks |
|----------|---|-----|----|-----|---------|
| 5 | STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES | | | | |
| 5.3. | Hair transplant services can be provided in: | | | | |
| 5.3.1. | Hospitals | | | | |
| 5.3.2. | Day surgical centres | | | | |
| 5.3.3. | Outpatient Facilities with procedure room. | | | | |
| 5.4. | Licensed health facilities opting to add Hair Transplant services shall apply to HRS to obtain permission to provide the required service. | | | | |
| 5.6. | The health facility shall provide documented evidence of the following: | | | | |
| 5.6.1. | Transfer of critical/complicated cases when required | | | | |
| 5.6.2. | Patient discharge | | | | |
| 5.6.3. | Clinical laboratory services | | | | |
| 5.6.4. | Equipment maintenance services | | | | |
| 5.6.5. | Medical waste management as per Dubai Municipality (DM) requirements | | | | |
| 5.7. | The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English). | | | | |
| 5.9. | The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications. | | | | |

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| 6 | STANDARD TWO: HEALTH FACILITY REQUIREMENTS | | | | |
| 6.2. | Hair transplantation is a minor surgery that can be conducted in a procedure room. | | | | |
| 7 | STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS | | | | |
| 7.3. | All healthcare professionals should maintain an up-to-date surgical logbook of all performed Hair Transplant cases that include the following: | | | | |
| 7.3.1. | Date | | | | |
| 7.3.2. | Name | | | | |
| 7.3.3. | Gender | | | | |
| 7.3.4. | Graft/follicle numbers | | | | |
| 7.3.5. | Method of harvesting donor hair | | | | |
| 7.3.6. | Performed independently or under supervision | | | | |
| 7.3.7. | Outcome of procedure | | | | |
| 7.4. | The following DHA licensed physicians can obtain a DHA license to practice hair transplant services: | | | | |
| 7.4.1. | Plastic Surgeons | | | | |
| 7.4.2. | Dermatologists, General Surgeons and General practitioners with the additional requirements: | | | | |
| a. | Acquire an accredited physician certificate in hair transplant/ restoration surgery from one (1) of the following certifying bodies: | | | | |
| i. | American Board of Hair Restoration Surgery (ABHRS) | | | | |
| ii. | Fellow International Society of Hair Restoration Surgery (FISHRS) | | | | |
| 7.5. | Hair transplant technicians could be: | | | | |
| 7.5.1. | Healthcare professionals with BSc or diploma (minimum three (3) years course duration) in allied health with emphasis in hair transplant OR BSc degree in nursing and certificate confirming on job training and indicate the following: | | | | |
| a. | Training conducted in a licensed hair transplant centre | | | | |

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| b. | Training performed by a licensed hair transplant surgeon. | | | | |
| 7.6. | Hair transplant technicians shall have one (1) year experience in the related field and a minimum of twenty (20) procedures per year. | | | | |
| 7.7. | All licensed healthcare professionals shall be certified in Basic life support (BLS) and Advanced Cardiovascular life support (ACLS). | | | | |
| 7.11. | The physician shall only perform one (1) hair transplant procedure at a time. | | | | |
| 8 | STANDARD FOUR: PATIENT SELECTION | | | | |
| 8.2. | Contraindications to Hair Transplant Surgery: | | | | |
| 8.2.1. | Patient with Diffuse Patterned Alopecia (DUPA) | | | | |
| 8.2.2. | Non-androgenetic causes of hair loss | | | | |
| 8.2.3. | Immunocompromised patients. | | | | |
| 8.2.4. | Drug Sensitivities. | | | | |
| 8.2.5. | Keloids. | | | | |
| 8.2.6. | Connective Tissue Disease. | | | | |
| 9 | STANDARD FIVE: PRE-OPERATIVE COUNSELING AND INFORMED CONSENT | | | | |
| 9.1. | As per article (5) of the Federal Law number (4) of 2016 on concerning Medical Liability promulgating the bylaw of the medical liability law, Informed Consent shall be obtained by the treating physician prior to procedure/ surgery and/ or interventions (excluding emergency cases), after discussing the complication, risks, benefits and alternatives. | | | | |
| 9.2. | Consent documentation shall be maintained in the patient's health records. | | | | |
| 9.4. | Detailed informed consent form listing details about the procedure and possible benefits, risks and complications should be signed by the patient. | | | | |
| 9.5. | The cost of surgery and follow-up sessions should be clear to the patients and documented. | | | | |

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| 9.6. | The consent form should specifically state the limitations of the procedure and if more procedures are needed for proper results, it should be clearly mentioned. | | | | |
| 9.10. | Preoperative laboratory studies to be performed include but not limited to the following: | | | | |
| 9.10.1. | Hb | | | | |
| 9.10.2. | Blood counts including platelet count | | | | |
| 9.10.3. | Bleeding and clotting time (or prothrombin time and activated partial thromboplastin time) | | | | |
| 9.10.4. | Blood chemistry profile (including sugar) | | | | |
| 10 | STANDARD SIX: PATIENT CARE AND INFECTION CONTROL | | | | |
| 10.6. | Infection control measures shall be used in the health facility to prevent or reduce the potential for disease transmission, measures shall include but, not limited to the following: | | | | |
| 10.6.2. | Personal Protective Equipment (PPE) | | | | |
| 10.6.3. | Sterilization and disinfection of patient care items | | | | |
| 10.6.4. | Environmental infection control and Medical Waste Management | | | | |

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