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Standards for Human Organs and Tissues Donation Services (Living Donor)- Final

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Final	Random	N/A	Remarks
5	Standard One: Registration and Licensure Procedures				
5.4.	Accreditation				
5.4.1.	The hospital shall be accredited as per the DHA Hospital accreditation policy before the commencement of living donor organ retrieval services.				
5.4.2.	The hospital laboratory must be accredited as per the DHA Clinical Laboratory accreditation policy before the commencement of living donor organ retrieval services.				
5.7.	The health facility shall develop the following policies and procedures at minimum and provide documented evidence to HRS upon request:				
5.7.1.	Patient Continuity of Care				
5.7.2.	Living donor acceptance criteria.				
5.7.3.	Patient education and informed consent, including the requirements listed in Appendix 1.				
5.7.4.	Living donor exclusion criteria as elaborated in Appendix 2 (kidney) and Appendix 3 (liver).				
5.7.5.	Blood type determination of the candidate, which must include the requirements listed in Appendix 4.				
5.7.6.	Pre-operative living donor assessment and evaluation, which must include the requirements listed in Appendix 4 (clinical) and Appendix 5 (psychosocial).				

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5.7.7.	Post-recovery follow-up protocol, including the requirements listed in Appendix 6 (kidney) and Appendix 7 (liver).				
5.7.8.	Patient health records must be maintained and demonstrate that all policies and procedures were followed.				
5.7.9.	Infection control measures including post-donation follow-up testing detailed in Appendix 6 (kidney) and Appendix 7 (liver) and hazardous waste management.				
5.7.10.	Adverse event reporting to the DHA in accordance with Appendix 8.				
5.7.11.	Patient privacy.				
5.7.12.	Medication management.				
5.7.13.	Emergency action plan.				
5.7.14.	Patient discharge/transfer.				
5.8.	The health facility shall provide documented evidence of the following:				
5.8.1.	Transfer of critical/complicated cases when required.				
5.9.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premises in two languages (Arabic and English).				
5.11.	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.				
6	Standard Two: Health Facility Requirements				
6.1.	Living Donation recovery services shall only be performed in DHA organ transplant licensed hospitals.				
6.5.	The hospital providing living donor recovery services shall have the following services:				
6.5.1.	Psychiatry, Clinical Psychology, or Social Work				
6.5.2.	Cardiology				
6.5.3.	Gastroenterology with endoscopy				
6.5.4.	Pulmonology with bronchoscopy				

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6.5.5.	Radiology				
6.5.6.	Haematology				
6.5.7.	Pathology Laboratory				
6.5.8.	Biochemistry Laboratory				
6.5.9.	Nephrology with haemodialysis unit (preferably with portable dialysis machines).				
6.5.10.	Intensive Care Unit (ICU).				
6.5.11.	Quality Management.				
6.5.12.	Blood banking services.				
6.5.13.	Microbiology services.				
6.6.	The hospitals shall provide the following:				
6.6.1.	Minimum of two Operating Theatres (OTs).				
6.6.2.	Minimum of two (2) rooms for the management of patients both before and after organ recovery.				
6.7.	The hospital shall install and operate equipment required for provision of the proposed services in accordance with the manufacturer's specifications.				
6.8.	The hospital shall ensure easy access to the health facility and treatment areas for all patient groups.				
6.9.	The health facility design should provide assurance of patient and staff health and safety.				
8	Standard Four: Healthcare Professionals Requirements for Living Donor Liver Recovery				
8.6.	A DHA licensed health facility providing liver living donor assessment and organ recovery services shall also have the following DHA licensed healthcare professionals to support the above physicians:				
8.6.1.	Hepatologists experienced and trained to manage and provide care for patients during evaluation, recovery, and post-organ donation.				
8.6.2.	Registered Nurses (RNs) experienced and trained to care for patients during evaluation, recovery, and post-organ donation.				

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8.6.3.	Living Donor Coordinator to work with patients and their families to coordinate care, beginning with evaluation and continuing through and after donation. The coordinator shall be a registered nurse or other licensed clinician with minimum of three (3) years of acute care experience required. Experience relevant to hepatology transplant subspecialty is preferred.				
8.6.4.	Clinical Pharmacist to provide comprehensive medication management to living donors.				
8.6.5.	Clinical Social Worker to coordinate psychosocial needs of living donors, living donor candidates, and their families.				
8.6.6.	Clinical Dietician to provide nutritional services to living donors.				
8.7.	Living donor liver recovery services shall collaborate with medical experts in these fields; including but not limited to:				
8.7.1.	Anaesthesiology (with experience in intra-operative management of living organ donors).				
8.7.2.	Histocompatibility and immunogenetics.				
8.7.3.	Immunology.				
8.7.4.	Infectious Disease.				
8.7.5.	Pathology.				
8.7.6.	Physical therapy and rehabilitation medicine.				
8.7.7.	Radiology.				
11	Standard Seven: Pre-Op Assessment and Evaluation of Living Donor				
11.1.2.	The organ recovery hospital shall have a process to address conflicting or indeterminate primary blood type results in their written protocol.				

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