

**Human Tissue (Removal, Preservation and Transplant) (Amendment of Schedule)
Regulations 2024**

GN No. 40 of 2024

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THE HUMAN TISSUE (REMOVAL PRESERVATION AND TRANSPLANT) ACT

**Regulations made by the Minister, on the advice of the Tissue Donation, Removal and
Transplant Board, under section 28 of the Human Tissue (Removal, Preservation
and Transplant) Act**

1. These regulations may be cited as the **Human Tissue (Removal, Preservation and Transplant) (Amendment of Schedule) Regulations 2024**.
2. In these regulations -
"Act" means the Human Tissue (Removal, Preservation and Transplant) Act.
3. The Schedule to the Act is repealed and replaced by the Schedule set out in the Schedule to these regulations.
4. These regulations shall come into operation on 10 January 2024.

Made by the Minister, on the advice of the Tissue Donation, Removal and Transplant Board, on 5 January 2024.

SCHEDULE

[Regulation 3]

SCHEDULE

[Section 15(2)]

PROCEDURE FOR CERTIFYING BRAIN DEATH OF A DONOR

1. A person shall be certified, brain dead where -
 - (a) his condition is not due to depressant drugs, neuromuscular blocking agents, alcohol, overdose of illegal drugs, hypothermia or metabolic and endocrine factors; and

- (b) the diagnosis of the condition which has led to the irreversible cessation of brain stem function (brain death) is established.

2. Death shall be diagnosed by the irreversible cessation of brain stem function (brain death) where -

- (a) both pupils are fixed and non-reactive to strong light (drug/eye drops effect excluded);
- (b) there is no reflex in the corneals;
- (c) there is no motor response to painful stimuli (spinal reflex excluded);
- (d) there is no oculoccephalic reflex (doll's eye reflex);
- (e) there is no gag reflex or reflex to tracheobronchial stimulation;
- (f) there is no vestibular-ocular response on the instillation of 50 cc ice-cold water into each ear; and
- (g) there is no spontaneous respiration even with PaCO₂ greater or equal to 60 mm Hg or 20 mm Hg rise from normal baseline value.

3. (1) Death shall be diagnosed by at least 2 specialists.

(2) One of the specialists shall -

- (a) preferably be the one who was in charge of the patient; and
- (b) as far as practicable, be a neurosurgeon, neurologist, a physician or an anaesthetist.

4. (1) Each specialist shall make his diagnosis independently of the other after ensuring that the preconditions, as referred to in paragraph (1), have been met.

(2) Each specialist shall record the result of his examinations and diagnosis separately and independently of each other.

5. Each test to ascertain brain death in a patient shall be performed twice before the pronouncement of death except for paragraph (2) (g) where the test will be performed only once by each specialist.

6. A patient shall be presumed to be alive unless and until it is conclusively established that the patient is brain dead.

7. The time of death shall not be the time at which artificial ventilation has been withdrawn or when the heartbeat ceases, but shall be the time at which the patient has been conclusively certified as brain dead.

8. A diagnosis of brain death shall normally not be considered until the expiry of at least 6 hours after the onset of a coma, or, where a cardiac arrest is the cause of the coma, until 24 hours after the circulation has been restored.
