

**SERVICE STANDARD 23****Forensic Medicine Services****PREAMBLE**

This set of standards applies when there is a resident Forensic Medicine Specialist in the Facility and the set of standards cover Forensic Pathology Services, Clinical Forensic Medicine and Forensic Laboratory Services. These services can be grouped under the Forensic Medicine Department or provided by other clinical departments as directed by the Hospital Director/Person In Charge (PIC) of the Facility. However organised the following standards and criteria shall apply.

These services may be provided within, or external to, the Facility.

In the absence of a resident Forensic Medicine Specialist, the Mortuary Services Standards 23A shall be used.

**TOPIC 23.1: ORGANISATION AND MANAGEMENT****STANDARD 23.1.1**

Where forensic medicine services are provided on site, the services are organised and administered to provide quality services appropriate to the level of services provided by the Facility.

**CRITERIA FOR COMPLIANCE:**

- 23.1.1.1 There are documented purposes which may be termed Vision and Mission statements, Goals and Objectives that suit the scope of the Forensic Medicine Services. When compiling the purposes, consideration shall be given to the following:
- a) They are what the services want to achieve.
  - b) They support and contribute to the goals of the Facility.
  - c) They are written and consistent with professional standards, guidelines and relevant legislation.
  - d) They are monitored, reviewed and revised as required accordingly.
- 23.1.1.2 There is an organisation chart which:
- a) provides a clear representation of the structure, function and reporting relationships of the services;
  - b) is available to all staff;
  - c) includes off-site services when applicable;

d) is revised when there is a major change in:

- i) organisation;
- ii) functions;
- iii) reporting relationships;
- iv) goals and objectives;
- v) staffing patterns.

23.1.1.3 There are written objectives that reflect the role of the Facility to guide the activities of the Forensic Medicine Services, which are readily available and include the following:

- a) carry out professional activities in accordance with the ethical standards of the professions involved;
- b) provide ready access of laboratory results, date sequence of events, professional opinion and advice;
- c) contribution to the provision of high quality care by periodic review and evaluation of forensic practice within the Facility;
- d) communication with medical, nursing, police, and other relevant individuals on matters related to the services provided;
- e) provision of services on a 24-hour basis;
- f) provision of consultative services by a Forensic Medicine Specialist to the medical profession and other relevant staff in the selection of the investigations, their interpretation, and followup;
- g) introduction of new methods, improvement on techniques and participation in research activities, when appropriate.

23.1.1.4 There are written and dated specific job descriptions for all categories of staff which include:

- a) qualifications, training, experience and certification required for the position;
- b) lines of authority;
- c) accountability, functions, and responsibilities;
- d) a review when required and when there is a major change in:
  - i) nature and scope of work;
  - ii) duties and responsibilities;
  - iii) general and specific accountabilities;
  - iv) qualifications required;

- v) staffing patterns (number or category);
- vi) Statutory Regulations.

- 23.1.1.5 Staff meetings are held regularly to discuss issues related to the provision of forensic medicine services and staff are also informed of the activities and outcomes of relevant committees. Records of meetings are kept.
- 23.1.1.6 Confidential personnel records inclusive of personal health card, immunisation and work related incidents are maintained for every staff.
- 23.1.1.7 The Head of Forensic Medicine Services is involved in the planning, management, and justification of the budget and resources utilisation of the services.
- 23.1.1.8 The Head of the Forensic Medicine Services is involved in the appointment and/OR assignment of staff.
- 23.1.1.9 The Head of the Forensic Medicine Services shall ensure that the staff of the Forensic Medicine Services complete and forward incident reports to the Person In Charge (PIC) of the Facility.
- 23.1.1.10 Incidents reported monthly have had Root Cause Analysis done and action taken to prevent recurrence.
- 23.1.1.11 There is cooperation between the staff of Forensic Medicine Services with other relevant staff in contributing to matters relating to forensic activities.
- 23.1.1.12 Appropriate statistics and records shall be maintained and used for managing the services.

### **STANDARD 23.1.2**

Facilities that do not have their own forensic laboratories or cannot provide a full range of laboratory services, shall arrange with off-site facilities to provide the services needed.

All medico-legal specimens are sent to laboratories recognised by law (Criminal Procedure Code), or other medical based laboratories as identified by legal requirements.

#### **CRITERIA FOR COMPLIANCE:**

- 23.1.2.1 The off-site Forensic Medicine Services shall fulfil the legal requirements:-
- a) Note;
  - b) Legal requirement as stipulated by the Ministry of Health circulars/directives, National policies and guidelines.
  - c) Chain of evidence.

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**TOPIC 23.2: HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT****STANDARD 23.2.1**

The Forensic Medicine Services are supervised by a qualified and experienced Forensic Medicine Specialist. The day-to-day operations of the services may be delegated to a suitably qualified, trained and experienced staff.

**CRITERIA FOR COMPLIANCE:**

- 23.2.1.1 The direction and staffing of the services are provided by individuals qualified by education, training, experience and certification to meet the demands of the position and to achieve the objectives of the services and shall include the following:
- a) There is a Forensic Medicine Specialist on regular duty in the Forensic Medicine Services.
  - b) There is evidence that the Forensic Medicine Specialist does practise regularly and is experienced in the speciality.
  - c) The Forensic Medicine Specialist participates in continuing medical education activities.
- 23.2.1.2 The authority, responsibilities and accountabilities of the Head of Forensic Medicine Services are clearly delineated and documented in a letter of appointment.
- 23.2.1.3 There are sufficient number of qualified staff to ensure satisfactory operations and quality of the services. The number of staff employed shall commensurate with the workload of the Forensic Medicine Services.
- 23.2.1.4 There is a structured orientation programme to introduce new staff to the forensic services, and relevant aspects of the Facility to prepare them for their roles and responsibilities. This include but not limited to:
- a) rules and regulations, especially those related to health hazards and safety precautions.
  - b) all relevant current manuals.
  - c) requirement for immunisation against relevant high-risk diseases.
- 23.2.1.5 Staff are closely supervised and given appropriate instruction to carry out their duties.
- 23.2.1.6 Staff receive written evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.
- 23.2.1.7 There is evidence of a staff development plan that provides the knowledge and skills required for staff to maintain competency in their current positions as the demands on the positions evolve.

- 23.2.1.8 There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice. There is evidence that staff education and development needs have been appraised and identified.
- 23.2.1.9 The functions of the Forensic Medicine Services include undergraduate and postgraduate health professional education, where relevant, as well as research projects and special studies, as appropriate.
- 23.2.1.10 The Forensic Medicine Services shall provide continuing education activities for other health professional staff and relevant agencies to keep them informed of advances in forensic medicine and related fields.

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**TOPIC 23.3: POLICIES AND PROCEDURES****STANDARD 23.3.1**

There are documented and dated policies and procedures that reflect current knowledge and principles of forensic practice accessible for staff reference. They are consistent with requirements of statutory authorities and the objectives of the Forensic Medicine Services.

**CRITERIA FOR COMPLIANCE:**

- 23.3.1.1 There are written policies and procedures for each service and they are consistent with the overall policies of the Facility.
- 23.3.1.2 Policies and procedures are developed in collaboration with relevant staff, medical staff, Management, and other internal and external service providers.
- 23.3.1.3 Policies and procedures shall be reviewed at least once every three years and revised as required, signed and dated accordingly.
- 23.3.1.4 New and revised policies and procedures are communicated to all staff.
- 23.3.1.5 Copies of relevant regulations and statutory requirements are accessible to staff.
- 23.3.1.6 There are policies and procedures relating to medicolegal postmortem examination including but not limited to:
- a) persons (police or magistrate) who are authorised to order for a postmortem examination;
  - b) written orders (e.g. Polis 61 order) for a postmortem examination;
  - c) identification of body part or the deceased by full name/identification document number/ police report number/postmortem number and/or medical record number.
  - d) name, rank and number of the police officer ordering the postmortem examination;
  - e) retention of records and specimens;
  - f) types of specimens collected at postmortem which are to be submitted for histopathological, cytological, toxicology and other relevant investigation.
- 23.3.1.7 There are written instructions for the proper handling of the specimens are required by law which include collection, labelling, sealing, packaging, transport of specimens, despatch/handling over to relevant authority. These instructions are readily accessible to the staff. The chain of evidence shall be maintained throughout the process of specimen handling.
- 23.3.1.8 Complete records of the following shall be maintained :

- a) Registration of bodies received.
- b) Records of specimens forwarded to other laboratories.
- c) All specimens and evidences taken from the deceased or patients.
- d) All relevant reports (e.g. laboratory results) are filed with the records of the deceased.
- e) All movement of record or reports out of the forensic services.

23.3.1.9 There is evidence of compliance with policies and procedures.

23.3.1.10 There are written safety procedures and manuals on hazards and safety precautions specific to the Forensic Medicine Services. All staff shall practise Standard Precautions and Safety Guidelines.

23.3.1.11 A Forensic Medicine Services staff shall be assigned as the safety officer to monitor safety in the mortuary and observance of Code of Safe Practice.

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**TOPIC 23.4: FACILITIES AND EQUIPMENT****STANDARD 23.4.1**

There are adequate facilities and equipment for the safe and efficient provision of Forensic Medicine Services taking into consideration the potentially hazardous circumstances of the services. This shall comply with relevant regulations and requirements of statutory authorities.

**CRITERIA FOR COMPLIANCE:**

- 23.4.1.1 The mortuary shall be accessible to an outside entrance of the Facility.
- 23.4.1.2 Appropriate transport to transfer the cadaver to the mortuary, commensurate to the dignity of the deceased shall be provided.
- 23.4.1.3 There are appropriate areas for reception of bodies and storage.
- a) Body receiving area shall be of a suitable size and designed to facilitate incoming and outgoing of bodies.
  - b) Clean and dirty areas are clearly designated.
  - c) There is sufficient space and refrigeration for storage of bodies with provision for accurate identification of bodies.
  - d) The temperature of the body freezer ( $2-8^{\circ}\text{C} \pm 2$ ) shall be maintained, monitored and documented.
  - e) The storage of bodies meets local cultural and religious needs.
  - e) There are adequate space, facilities and equipment for the administrative, professional, and technical functions of the Forensic Medicine Services.
- 23.4.1.4 There are appropriate areas for autopsy suite, body cleansing, last rites and release.
- a) Access to the postmortem room shall be controlled.
  - b) The postmortem room has adequate space, ventilation, and lighting; and is clean.
  - c) There are adequate facilities for performing postmortem examination and recording of findings.
  - d) The autopsy equipment is appropriate and adequate to meet the demands of the services and is properly maintained.
  - e) Autopsy table is of a suitable design with proper facilities for the disposal of effluent into the sewage system to ensure safety.
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- f) There is adequate ventilation with extraction for fumes and odours in the work area where appropriate.
- 23.4.1.5 There is suitable, adequate and safe provision for air conditioning, lighting, power, water, and drainage.
- a) Air conditioning shall be efficient to maintain low humidity, constant and comfortable room temperature.
  - b) Power supply must be adequate, and there are sufficient power sockets which are suitably located.
  - c) Adequate and appropriate lighting.
- 23.4.1.6 There are designated areas for reception and the handling of foul body or high risk cases where appropriate.
- 23.4.1.7 There are designated areas for:
- a) body viewing;
  - b) bereavement.
- 23.4.1.8 There are staff facilities with changing room, shower, locker facilities, and storage for protective clothing, and they are suitably located.
- 23.4.1.9 There are adequate and appropriate data processing, retrieval, and communication facilities.
- 23.4.1.10 Where specialised equipment is used, there is evidence that only qualified and privileged staff, operate such equipment.
- 23.4.1.11 All equipment must meet current safety standards, e.g. electrical safety code.
- 23.4.1.12 There is documented evidence that equipment complies with relevant standards, e.g. those set by SIRIM Berhad.
- 23.4.1.13 Each equipment/instrument has a logbook and maintenance records, and these shall be made available when required.
- 23.4.1.14 There is evidence to show that the facilities and equipment are maintained in good working order and subject to ongoing planned preventive maintenance and calibration.
- 23.4.1.15 There is evidence of general cleanliness in the Forensic Medicine Services.
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23.4.1.16 There are proper facilities for the disposal of biohazard material as either effluent or containerised material.

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**TOPIC 23.5: SAFETY AND QUALITY IMPROVEMENT ACTIVITIES****STANDARD 23.5.1**

The Head of Forensic Medicine Services shall ensure the provision of high quality performance with staff involvement in the ongoing safety and quality improvement activities of the Facility.

**CRITERIA FOR COMPLIANCE:**

- 23.5.1.1 There are clearly assigned responsibilities for the safety and quality improvement activities within the services.
- 23.5.1.2 There are planned and systematic safety and quality improvement activities that monitor and evaluate the performance of the services including a plan for action and follow up to ensure that the action taken is effective in continually improving the quality of care.
- 20.5.1.1 There are safety and quality improvement activities in place which support the Facility's safety and quality improvement activities including tracking and trending of specific performance indicators which include but not limited to the following indicators:
- a) timeliness on releasing of bodies to next of kin / claimant for non-police cases within 3 hours. (from the time of received of bodies in the mortuary)
  - b) timeliness on performing autopsies for non-complicated cases within 24 hours. (from the time the 'Polis 61' order received.)
  - c) Timeliness on preparing autopsy reports for non complicated cases from the date of autopsy within 8 weeks. (prepared from the time post mortem is done)

***Notes/Explanations***

*Non-complicated cases refer to accidents, suicide and natural deaths.*

- 23.5.1.3 Appropriate documentation of quality activities is kept and confidentiality of identity of staff and deceased is preserved.
- 23.5.1.4 Forensic Medicine Services with forensic laboratory shall have an internal quality control programme. The results of the internal quality control shall be displayed and readily understood by relevant staff.
- 23.5.1.5 The Forensic Medicine Services shall subscribe to an approved external quality assessment programme. The results of the external programme shall be displayed and readily understood by relevant staff.
- 23.5.1.6 Forensic Medicine Specialist shall participate in audit activities with other clinical specialists.
- 23.5.1.7 There are safety and quality improvement activities that address staff safety.

**BACK TO STANDARDS REFERENCE**