

## SERVICE STANDARD 23: FORENSIC MEDICINE SERVICES

## PREAMBLE

Forensic Medicine Services standards can be applied when there is a resident Forensic Medicine Specialist in the Facility. These services cover forensic pathology, clinical forensic medicine, medicolegal consultation and forensic laboratory services (if applicable). These services may be provided from within, or external to the Facility by the resident Forensic Medicine Specialist. If the Facility does not provide Forensic Medicine Services, the Standard 23A shall be used for Mortuary Services.

## 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 Forensic Medicine Services appropriate to the level of medicolegal services provided by the Facility.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS			
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK	
23.1.1.1	Vision, Mission, and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Forensic Medicine Services are clearly documented and measurable, indicating safety and quality services being delivered. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed, and revised as required accordingly and communicated to all staff.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.						NA
	2.	Goals and objectives of the Forensic Medicine Services in line with the Facility statements are available, endorsed and dated.						NA
	3.	Evidence of planned reviews of the above statements.						NA
	4.	These statements are communicated to all staff (orientation programme, minutes of meeting, etc)						NA
	5.	Achievement of goals and objectives are monitored, reviewed and revised accordingly.						NA
23.1.1.2 CORE	There is an organisation chart which: a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of the Forensic Medicine		NA			NA		

	<p>Services, consultants, medical practitioners and staff of the Forensic Medicine Services;</p> <p>b) is accessible to all staff and clients;</p> <p>c) includes off-site services if applicable;</p> <p>d) is revised when there is a major change in any of the following:</p> <p>    i) organisation;</p> <p>    ii) functions;</p> <p>    iii) reporting relationships;</p> <p>    iv) staffing patterns.</p>																
	<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of the Forensic Medicine Services, consultants, medical practitioners and staff of the Forensic Medicine Services.</td><td>NA</td></tr><tr><td>2.</td><td>Organisation chart of the service is endorsed, dated and accessible.</td><td>NA</td></tr><tr><td>3.</td><td>The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of the Forensic Medicine Services, consultants, medical practitioners and staff of the Forensic Medicine Services.	NA	2.	Organisation chart of the service is endorsed, dated and accessible.	NA	3.	The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).	NA				
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2.	Organisation chart of the service is endorsed, dated and accessible.	NA															
3.	The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).	NA															
23.1.1.3	<p>The Forensic Medicine Services are organised to reflect the role of the Facility in the activities of the services, which are readily available and include the following:</p> <p>a) perform professional activities in accordance with the ethical standards of the profession;</p> <p>b) access to information (if applicable) regarding the sequence of events, laboratory investigation results, professional consultancy, and opinion;</p> <p>c) provision of reasonable quality care by periodic review and evaluation of forensic practice within the Facility;</p> <p>d) communication with medical, nursing, police, and other relevant agencies on matters related to the services provided;</p> <p>e) provision of services on a 24-hour basis;</p> <p>f) provision of consultation services by a Forensic Medicine Specialist to the medical profession and other relevant agencies;</p> <p>g) introduction of new methods, improvement on techniques, and participation in research activities, where appropriate.</p>	NA			NA												
	<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Written documentation on the scope of the Forensic Medicine Services to include but not limited to (a) to (g).</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Written documentation on the scope of the Forensic Medicine Services to include but not limited to (a) to (g).	NA										
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1.	Written documentation on the scope of the Forensic Medicine Services to include but not limited to (a) to (g).	NA															
23.1.1.4	Regular staff meetings are held between the Head of Service and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the	NA			NA												

	Forensic Medicine Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service, and implemented.				
	<b>EVIDENCE OF COMPLIANCE</b>				
	1. Minutes are accessible, disseminated and acknowledged by the staff.	NA			
	2. Attendance list of members with adequate representatives of the service.	NA			
	3. Frequency of meetings as scheduled.	NA			
	4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).	NA			
23.1.1.5	The Head of Forensic Medicine Services is involved in the planning, justification and management of the budget and resource utilisation of the services.	NA			NA
	<b>EVIDENCE OF COMPLIANCE</b>				
	1. Minutes of Facility-wide management meeting	NA			
	2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.	NA			
	3. Approved budget and resources.	NA			
23.1.1.6	The Head of Forensic Medicine Services is involved in the appointment and/or assignment of staff.	NA			NA
	<b>EVIDENCE OF COMPLIANCE</b>				
	1. Records on staff interview (if applicable)	NA			
	2. Appointment/assignment letter of Head of Service	NA			
	3. Job description of Head of Service	NA			
	4. Records on staff deployment	NA			
	5. Duty roster	NA			
23.1.1.7	There is collaboration between the staff of Forensic Medicine Services and other relevant agencies in matters relating to Forensic Medicine activities.	NA			NA
	<b>EVIDENCE OF COMPLIANCE</b>				

	1.	Documented evidence of interaction with the relevant agency/services of the Facility. *Examples: scan meeting, under-5, maternal mortality etc.	NA					
23.1.1.8	Appropriate statistics and records shall be maintained in relation to the provision of Forensic Medicine Services and used for managing the services.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Records are available but not limited to the following:						
	a)	workload/census;	NA					
	b)	annual report;	NA					
	c)	accident/incident reports;	NA					
	d)	staffing number and staff profile;	NA					
	e)	staff training records;	NA					
	f)	data on performance improvement activities, including performance indicators.	NA					

**STANDARD 23.1.2**

*Facilities that do not have their own forensic laboratories or cannot provide a full range of forensic laboratory services shall have arrangements with off-site facilities to provide the services needed. All medico-legal specimens are sent to laboratories as per Criminal Procedure Code (CPC) provision or other medical-based laboratories as identified by legal requirements.*

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
23.1.2.1	The off-site forensic laboratory shall fulfil the legal requirements as follows: a) stipulated by the provision of Criminal Procedure Code or other relevant directives, national policies and guidelines; b) preservation of the chain of evidence.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	The external providers of the Forensic Laboratory Services conform to all relevant approved standards.	NA					
	2.	There is a Criminal Procedure Code provision with the external service to provide Forensic Laboratory Services:	NA					
	3.	The medical-based laboratory services conform to all relevant approved standards.	NA					
23.1.2.2	The on-site medical-based laboratory shall fulfil the legal requirements as follows: a) stipulated by the provision of Ministry of Health circulars/directives, national policies and guidelines; b) preservation of the chain of evidence.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Verification on-site during survey on compliance to (a) and (b).	NA					

## TOPIC 23.2

## HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

## STANDARD 23.2.1

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

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
23.2.1.1	The direction and supervision of the services shall be by a Forensic Medicine Specialist. The Forensic Medicine Specialist is competent in the specialty and actively practicing as evidenced by: a) being on regular duty in the Forensic Medicine Services; b) participating in continuing medical education activities.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	The Forensic Medicine Specialist is registered with the National Specialist Register (NSR).	NA					
	2.	Appointment/assignment letter	NA					
	3.	Job description	NA					
	4.	Documentation of participation in continuing medical education.	NA					
23.2.1.2 CORE	The Head and staff of the Forensic Medicine Services shall be individuals qualified by education, training and experience to practice forensic medicine to commensurate with the requirements of the various positions.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	All staff of the Forensic Medicine Services shall have a valid professional Annual Practising Certificate (APC) or its equivalent.	NA					
	2.	List of staff with post basic certification in various disciplines.	NA					
	3.	Experience of staff meets the demand of their positions.	NA					
	4.	Assignment according to staff speciality.	NA					
23.2.1.3	The authority, responsibilities, and accountabilities of the Head of Forensic Medicine Services are clearly delineated and documented.			NA			NA	
	EVIDENCE OF COMPLIANCE							

	1.	Appointment/assignment letter for Head of Service.	NA					
	2.	Description of duties and responsibilities.	NA					
23.2.1.4	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the needs of the services.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Number of staff and qualification should commensurate with workload.	NA					
	2.	Staffing pattern	NA					
	3.	Duty roster	NA					
	4.	Census and statistics	NA					
23.2.1.5	<p>There are written and dated specific job descriptions for all categories of staff that include:</p> <p>a) qualifications, training, experience and certification required for the position;</p> <p>b) lines of authority;</p> <p>c) accountabilities, functions, and responsibilities;</p> <p>d) reviewed when required and when there is a major change in any of the following:</p> <p>i) nature and scope of work;</p> <p>ii) duties and responsibilities;</p> <p>iii) general and specific accountabilities;</p> <p>iv) qualifications required and privileges granted;</p> <p>v) staffing patterns;</p> <p>vi) Statutory Regulations.</p> <p>e) administrative and clinical functions.</p>			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).	NA					
	2.	Job description includes specialisation skills	NA					
	3.	Relevant privileges granted where applicable	NA					
	4.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	NA					
23.2.1.6	Personnel records on training, staff development, leave and others are maintained for every staff.			NA			NA	

	<div>Note: Staff personal record may be kept in Human Resource Department as per Facility policy.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">Staff personal records include:</td></tr><tr><td>a)</td><td>staff biodata;</td><td>NA</td></tr><tr><td>b)</td><td>qualification and experience;</td><td>NA</td></tr><tr><td>c)</td><td>evidence of current registration;</td><td>NA</td></tr><tr><td>d)</td><td>training record;</td><td>NA</td></tr><tr><td>e)</td><td>competency record and privileging;</td><td>NA</td></tr><tr><td>f)</td><td>leave record;</td><td>NA</td></tr><tr><td>g)</td><td>confidentiality agreement;</td><td>NA</td></tr><tr><td>h)</td><td>health records;</td><td>NA</td></tr><tr><td>i)</td><td>immunisation status.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Staff personal records include:		a)	staff biodata;	NA	b)	qualification and experience;	NA	c)	evidence of current registration;	NA	d)	training record;	NA	e)	competency record and privileging;	NA	f)	leave record;	NA	g)	confidentiality agreement;	NA	h)	health records;	NA	i)	immunisation status.	NA				
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23.2.1.7	<div>There is a structured orientation programme to introduce new staff to the Forensic Medicine Services and relevant aspects of the Facility to prepare them for their roles and responsibilities. These include but are not limited to: a) rules and regulations, especially those related to health hazards and safety precautions; b) all relevant current manuals on operation policies and hazards and safety precautions; c) requirements for immunisation against relevant high-risk diseases (cross-reference with the hospital infection control unit).</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Policy requiring all new staff to attend a structured orientation programme.</td><td>NA</td></tr><tr><td>2.</td><td>Documentation of orientation and induction programme with relevant topics which include (a) to (c).</td><td>NA</td></tr><tr><td>3.</td><td>Attendance list.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Policy requiring all new staff to attend a structured orientation programme.	NA	2.	Documentation of orientation and induction programme with relevant topics which include (a) to (c).	NA	3.	Attendance list.	NA	NA			NA																					
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23.2.1.8	<div>Staff are closely supervised and given appropriate instructions to carry out their duties.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr></table>	EVIDENCE OF COMPLIANCE			NA			NA																														
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	1.	Job description and privileging certificate are available.	NA					
23.2.1.9	There is evidence of training needs assessment and a staff development plan that provides the knowledge and skills required for staff to maintain competency in their current positions and for future advancement.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Training needs assessment is carried out and gaps identified.	NA					
	2.	A staff development plan based on training needs assessment is available.	NA					
	3.	Training schedule/calendar is in place.	NA					
	4.	Training module	NA					
23.2.1.10	There are continuing education activities for staff, including medical practitioners, to pursue professional interests and to prepare for current and future changes in practice.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Training calendar includes in-house/external courses/ workshop/conferences	NA					
	2.	Contents of training programme	NA					
	3.	Training records on continuing education activities are kept and maintained for each staff including training in life support.	NA					
	4.	Certificate of attendance / postgraduate / degree/ post basic / training.	NA					
23.2.1.11	Staff including medical practitioners receive written evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Performance appraisals for staff including medical practitioners are completed upon probationary period and as an annual exercise.	NA					
23.2.1.12	The roles of the Forensic Medicine Services in training and education include undergraduate, postgraduate, and other health professional education, research projects, and special studies, as appropriate.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							

	1.	Records of participation in training and education.	NA					
	2.	A copy of Memorandum of Understanding (MOU) in the Hospital	NA					
23.2.1.13	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.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records of participation of other health personnel in forensic services in training and education	NA					
	2.	A copy of Memorandum of Understanding (MOU) in the Hospital	NA					

## TOPIC 23.3

### POLICIES AND PROCEDURES

#### STANDARD 23.3.1

*There are written and dated policies and procedures that reflect current knowledge and principles of forensic medicine. They are consistent with statutory requirements and the objectives of the Forensic Medicine Services. There are documented Standard Operating Procedure Manual available for reference.*

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
23.3.1.1 CORE	There are written policies and procedures for the Forensic Medicine Services which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices. These policies and procedures are signed, authorised and dated. There is a mechanism for and evidence of a periodic review at least once in every three years.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Documented policies and procedures for the service.	NA					
	2.	Policies and procedures are consistent with regulatory requirements and current standard practices.	NA					
	3.	Evidence of periodic review of policies and procedures.	NA					
	4.	The policies and procedures are endorsed and dated.	NA					
23.3.1.2	Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, management, and where required, with other external service providers and with reference to relevant sources involved. Cross-departmental collaboration is practiced in developing relevant policies and procedures where applicable.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of committee meetings on development and revision on policies and procedures.	NA					
	2.	Minutes of meeting with evidence of cross reference with other departments	NA					
	3.	Documented cross departmental policies	NA					
23.3.1.3	Current policies and procedures are communicated to all staff.			NA			NA	

	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Training and briefing on the current policies and procedures/Minutes of meetings	NA				
	2.	Circulation list and acknowledgement	NA				
23.3.1.4	Copies of policies and procedures, including Standard Operating Procedure Manual, protocols, guidelines, relevant Acts, Regulations, By-Laws, and statutory requirements are accessible for staff reference.		NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Copies of policies and procedures, including Standard Operating Procedure Manual, protocols, guidelines, relevant Acts, Regulations, By-Laws, and statutory requirements are accessible on-site for staff reference.	NA				
23.3.1.5 CORE	There are policies and procedures relating to all post-mortem examinations including but not limited to: a) persons (police or magistrate) who are authorised to order a forensic post-mortem examination; b) written orders (e.g. Polis 61 Form) for a medico-legal post-mortem examination; c) identification of body part or the deceased by full name*/identification document number*/identity card*/passport*/police report number/post-mortem number and/or medical record number; d) name, rank, and number of the police officer ordering the forensic post-mortem examination; e) retention of records and specimens; f) types of specimens collected at post-mortem which are to be submitted for histopathological, microbiological/virological, toxicological, and other relevant investigations.		NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Documented policies and procedures including but not limited to items (a) to (f). * not applicable to unknown bodies.	NA				
23.3.1.6	There are written instructions for the proper handling of the specimens as required by law which include collection, labelling, sealing, packaging, transport of specimens, dispatch/handling over to relevant authority. These instructions are readily accessible to the staff. The preservation of the chain of evidence shall be maintained throughout the process of specimen handling.		NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	Standard operating procedures/work instruction/guidelines on specimen handling	NA					
	2.	Specimen dispatch record book	NA					
	3.	Specimen handling form	NA					
23.3.1.7 CORE	Complete records and documentation of body management 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 examinee; d) all relevant forensic medicine reports (e.g. post-mortem reports, laboratory results) are filed with the records of the deceased or examinee; e) all movement of records or reports out of the forensic services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Complete records and documentation of body management include (a) to (e).	NA					
23.3.1.8 CORE	There is evidence of compliance with policies and procedures. These include but not limited to: a) preparation of the dead body in the ward before transfer to mortuary; b) tagging of the deceased for proper identification; c) method of transportation to the mortuary; d) record of receiving the deceased in the mortuary; e) viewing of the deceased by relatives; f) procedures for releasing the deceased to the next of kin; g) procedures of burial of unclaimed bodies.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Compliance with policies and procedures through:						
	a)	interview of staff on practices;	NA					
	b)	verify with observation on practices;	NA					
	c)	results of audit on practices;	NA					
	d)	practices in line with established policies and procedures .	NA					
23.3.1.9 CORE	There are written safety procedures and manuals on hazards and safety precautions specific to the Forensic Medicine Services. All staff shall practice Standard Precautions and Safety Guidelines.			NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	Safety procedures and manuals on hazards and safety precautions are available.	NA					
	2.	Verification on practice in Standard Precautions and Safety Guidelines on-site.	NA					
23.3.1.10	A Forensic Medicine Services staff shall be assigned as the safety officer to monitor safety of staff in the mortuary and observance of Code of Safe Practice as well as Fire Safety Management.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Assignment letter of Safety Officer	NA					
	2.	Job description	NA					

## 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 Forensic Medicine Services. This shall comply with relevant regulations and requirements of statutory authorities.*

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
23.4.1.1	The mortuary shall be accessible from an outside entrance and following a designated route of the Facility.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Mortuary is accessible from an outside entrance of the Facility.	NA					
	2.	Conveyance of body to the Mortuary is via a designated route and entrance.	NA					
23.4.1.2	Appropriate transport for transferring bodies to the mortuary that commensurate with the dignity and respect accorded to the deceased.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Proper covered body trolley and appropriate transport are available to transfer the bodies.	NA					
23.4.1.3 CORE	There are appropriate areas for reception of bodies and storage which include: a) body receiving area shall be of a suitable size and design 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°C ± 2) shall be maintained, monitored and documented; e) there are adequate space, facilities, and equipment for the administrative, professional, and technical functions of the Forensic Medicine Services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Appropriate areas for reception of bodies and storage that address (a) to (e).	NA					

23.4.1.4	<div>There are appropriate areas for the post-mortem suite which include: a) access to the post-mortem room shall be controlled; b) the post-mortem room has adequate space, ventilation, and lighting; and is clean; c) there are adequate facilities for performing post-mortem examination and recording of findings, specimen handling, and storage; d) the post-mortem equipment is appropriate and adequate to meet the demands of the services and is properly maintained; e) the post-mortem table is of a suitable design with proper facilities for the disposal of effluent into the sewage system to ensure safety; f) there is adequate ventilation with extraction for fumes and odors in the work area where appropriate.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Appropriate areas for post-mortem suite which include items (a) to (f).</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Appropriate areas for post-mortem suite which include items (a) to (f).	NA	NA			NA																
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1.	Appropriate areas for post-mortem suite which include items (a) to (f).	NA																									
23.4.1.5 CORE	<div>There is suitable, adequate, and safe provision for air conditioning, lighting, power, water, and drainage in the mortuary appropriate to the scope of services provided, which include: a) air conditioning, which shall be efficient to maintain low humidity, constant, and comfortable room temperature; b) power supply, which shall be adequate, and there are sufficient power sockets that are suitably located; c) adequate and appropriate lighting.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">Suitable, adequate and safe provision of:</td></tr><tr><td>a)</td><td>air conditioning;</td><td>NA</td></tr><tr><td>b)</td><td>lighting</td><td>NA</td></tr><tr><td>c)</td><td>power supply</td><td>NA</td></tr><tr><td>d)</td><td>water supply;</td><td>NA</td></tr><tr><td>e)</td><td>effluent drainage.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Suitable, adequate and safe provision of:		a)	air conditioning;	NA	b)	lighting	NA	c)	power supply	NA	d)	water supply;	NA	e)	effluent drainage.	NA	NA			NA	
EVIDENCE OF COMPLIANCE																											
1.	Suitable, adequate and safe provision of:																										
a)	air conditioning;	NA																									
b)	lighting	NA																									
c)	power supply	NA																									
d)	water supply;	NA																									
e)	effluent drainage.	NA																									
23.4.1.6	<div>There are designated areas for reception and the handling of decomposed bodies/high risk cases where appropriate.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr></table>	EVIDENCE OF COMPLIANCE			NA			NA																			
EVIDENCE OF COMPLIANCE																											



	1.	Designated areas for reception and the handling of decomposed bodies/high risk cases.	NA					
23.4.1.7	There are designated areas for body cleansing/preparation, body viewing, bereavement, performing religious rites and releasing of bodies.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Designated areas for:						
	a)	body cleansing/preparation;	NA					
	b)	body viewing;	NA					
	c)	bereavement;	NA					
	d)	performing religious rites;	NA					
	e)	release of bodies.	NA					
23.4.1.8	There are staff facilities with changing room, shower, locker facilities, and storage for protective clothing/gear, and they are suitably located.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Staff facilities are available as follows:						
	a)	changing room;	NA					
	b)	shower	NA					
	c)	locker facilities;	NA					
	d)	storage for protective clothing/gear.	NA					
23.4.1.9	There are adequate and appropriate data processing, retrieval, and communication facilities.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Documentation on death registration.	NA					
	2.	Communication facilities.	NA					
23.4.1.10	Where specialised equipment such as autopsy saw and chemicals, e.g., 10% formaldehyde and other hazardous chemicals are used, there shall be evidence that only staff who are trained and authorized operate such equipment/chemical.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	User training records	NA					

	2.	Competency assessment record*	NA					
	3.	List of staff trained and authorised to operate specialised equipment	NA					
	4.	Material Safety Data Sheet (MSDS) documents on usage, storage and disposal of hazardous chemicals are available on- site. *Refer to the Credentialing and Privileging Record (Postmortem techniques, evidence management, chain of custody, mortuary management, crime scene etc.)	NA					
23.4.1.11	All equipment shall meet current safety standards, e.g. electrical safety code based on Testing and Commissioning (T&C) documentation.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	T&C documentation is available for equipment.	NA					
23.4.1.12	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Testing, commissioning and calibration records (certificates or stickers)	NA					
	2.	Certification of equipment from certified bodies, e.g. Standards and Industrial Research Institute of Malaysia (SIRIM), etc as evidence of compliance to the relevant standards and Acts.	NA					
23.4.1.13	Adequate and designated storage area for consumables and chemicals.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Storage area for consumables and chemicals.	NA					
	2.	Inventory list for consumables and chemicals.	NA					
	3.	Material Safety Data Sheet (MSDS) documents on usage, storage and disposal of hazardous chemicals are available on- site.	NA					
23.4.1.14 CORE	Planned preventive maintenance of equipment, instrument and facility are in place.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Asset inventory	NA					
	2.	Complaint records	NA					

	3.	Logbook and Planned Preventive Maintenance (PPM) records are available.	NA					
	4.	Calibration records are available.	NA					
	5.	Replacement of equipment (Beyond Economic Repair) if applicable.	NA					
23.4.1.15	There is evidence of general cleanliness in the Forensic Medicine Services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Good housekeeping is evidenced on-site.	NA					
23.4.1.16	There are proper facilities for the disposal of biohazard material as either effluent or containerised material.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Proper disposal of biohazard material as containerised material or effluent according to regulations evidenced on-site.	NA					

## TOPIC 23.5

## SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

## STANDARD 23.5.1

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

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS			
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK	
23.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Forensic Medicine Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Planned performance improvement activities include (a) to (f)						NA
	2.	Records on performance improvement activities.						NA
	3.	Minutes of performance improvement meetings						NA
	4.	Performance improvement studies						NA
	5.	Records on innovation if available						NA
23.5.1.2	The Head of Forensic Medicine Services has assigned the responsibilities for planning, monitoring, and managing safety and performance improvement to appropriate individual/personnel within the respective services.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of meetings						NA
	2.	Letter of assignment of responsibilities						NA
	3.	Job description						NA

23.5.1.3	<p>The Head of the Forensic Medicine Services shall ensure that the staff are trained and complete incident reports, which are promptly reported, investigated, discussed by the staff with learning objectives, and forwarded to the Person In Charge (PIC) of the Facility. Incidents reported have had Root Cause Analysis done, and action taken within the agreed time frame to prevent recurrence.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">System for incident reporting is in place, which include:</td></tr><tr><td>a)</td><td>Training of staff</td><td>NA</td></tr><tr><td>b)</td><td>Policy on incident reporting</td><td>NA</td></tr><tr><td>c)</td><td>Methodology of incident reporting</td><td>NA</td></tr><tr><td>d)</td><td>Register/records of incidents</td><td>NA</td></tr><tr><td>2.</td><td>Completed incident reports</td><td>NA</td></tr><tr><td>3.</td><td>Root Cause Analysis</td><td>NA</td></tr><tr><td>4.</td><td>Corrective and preventive action plans</td><td>NA</td></tr><tr><td>5.</td><td>Remedial measure</td><td>NA</td></tr><tr><td>6.</td><td>Minutes of meetings</td><td>NA</td></tr><tr><td>7.</td><td>Acknowledgment by Head of Service and PIC/Hospital Director</td><td>NA</td></tr><tr><td>8.</td><td>Feedback given to staff regarding incident reporting.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	System for incident reporting is in place, which include:		a)	Training of staff	NA	b)	Policy on incident reporting	NA	c)	Methodology of incident reporting	NA	d)	Register/records of incidents	NA	2.	Completed incident reports	NA	3.	Root Cause Analysis	NA	4.	Corrective and preventive action plans	NA	5.	Remedial measure	NA	6.	Minutes of meetings	NA	7.	Acknowledgment by Head of Service and PIC/Hospital Director	NA	8.	Feedback given to staff regarding incident reporting.	NA	NA			NA	
EVIDENCE OF COMPLIANCE																																													
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6.	Minutes of meetings	NA																																											
7.	Acknowledgment by Head of Service and PIC/Hospital Director	NA																																											
8.	Feedback given to staff regarding incident reporting.	NA																																											
23.5.1.4 CORE	<p>There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following:</p> <p>a) turnaround time of <math>\leq 3</math> hours for releasing bodies (non-police cases) to the next of kin/claimant after body registration. (Target: <math>\geq 80\%</math>)</p> <p>b) percentage of bodies released to the right next of kin/claimant (Target: <math>\geq 99\%</math>) – sentinel event needs to be investigated immediately</p> <p>c) percentage of completion of post-mortem reports for non-complicated cases from the date of post-mortem within twelve (12) weeks (Target: <math>\geq 80\%</math>)</p> <p>Notes/Explanations Non-complicated cases refer to accidents, suicides and natural deaths which are routine police cases subjected to forensic post-mortem examination.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Specific performance indicators monitored.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Specific performance indicators monitored.	NA	NA			NA																																		
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1.	Specific performance indicators monitored.	NA																																											

	2.	Records on tracking and trending analysis.	NA					
	3.	Remedial measures taken where appropriate.	NA					
23.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Results on safety and performance improvement activities are accessible to staff.	NA					
	2.	Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings.	NA					
	3.	Minutes of service meetings	NA					
23.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and deceased is preserved.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Documentation on performance improvement activities and performance indicators.	NA					
	2.	Policy statement on anonymity on deceased and providers involved in performance improvement activities.	NA					
23.5.1.7	Forensic Medicine Services with forensic laboratory shall have an internal and external/interlaboratory comparison quality control programme. The results of the internal and external/interlaboratory comparison quality control shall be displayed and readily understood by relevant staff.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Evidence of participation of Internal Quality Control (IQC) and External Quality Control (EQA)/Interlaboratory Comparison.	NA					
	2.	Performance review/discussion of IQC and EQA/ Interlaboratory Comparison.	NA					
23.5.1.8	Forensic Medicine Specialist shall participate in audit activities with other clinical specialists.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Records of audit activities.	NA					



SERVICE SUMMARY

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OVERALL RATING : NA

OVERALL RISK : -