



Republic of Botswana

National Health Quality Standards

Standards & Guidelines for Mortuaries/Forensic

Improving Quality & Safety of Health Services



National Health Quality Standards

**Standards & Guidelines
For Mortuaries/Forensic Services**

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Foreword

The Government of Botswana through the Ministry of Health has since independence managed to build health facilities of different capacities delivering health services at different levels of care. The adoption of the Primary Health strategy has critically influenced the development of public health facilities to be in areas within reach of every citizen. In addition over the years the private health sector has also grown significantly. This has always been a good development pertaining to access to health by the people of this country.

Notwithstanding the above, there have been some major challenges faced by our health system, one which is provision of quality and safe health services. People are no longer complaining of lack of hospitals and clinics but rather of the quality and safety of service they receive. The National Health Quality Standards represent a new approach in the way we provide health and are aimed at propelling us to greater heights in meeting the needs and expectations of our patients and the public at large. They set out basic requirements that will promote delivery of services based on shared values, and also establish the basis for continuous improvement of the quality and safety of the patient care. The standards will not only provide a framework for self assessment and for external review and investigation, but would also enhance the reputation and credibility of our health system. Their implementation framework provides an execution strategy or road map to realize this.

These National Health Quality Standards have been designed in such a way that they can be implemented in all types of health services or settings. They provide the foundation which is applicable to the full spectrum of patient care for the various levels of care in an organization as a whole and to specific areas as appropriate.

I urge all providers to use them to strive to continuously improve the quality and safety of care. May I kindly underscore that successful implementation of the standards requires all health sectors whether in Government or private sector to take account of the quality and safety of all their services. They should conduct self-assessments against the standards and manage their performance. It is envisaged that all health service providers will be subjected to compliance with the standards once the legislation is put in place. I therefore urge all providers to adopt the standards in advance of the proposed legislation. Progress by health sectors to achieve compliance against these standards will be assessed through independent inspections and audits.

I am confident that their implementation will build on the improvements achieved this far and will serve as a catalyst for a change to a culture of continuous improvement that puts the patients at the forefront so that we are able to provide the right care for the right person at the right time, the first time.



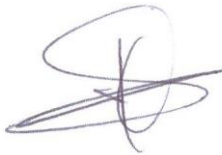
Rev. Dr. John G.N. Seakgosing
Minister of Health

Acknowledgements

The National Health Quality Standards are a product of various stakeholders drawn from different disciplines from both Government and private sector and other interested stakeholders. The Ministry of Health acknowledges enormous support from the Council for Health Service Accreditation of Southern Africa (COHSASA) who through their expertise and advice has made the development of the National Health Quality Standards a reality.

Our sincere thanks to the general public and various stakeholders with vested interest in health for their valuable inputs and comments; and the management and staff of; and the management and staff of Princess Marina and National Health Laboratory for allowing us to use their facility as a pilot test site for the Mortuary Services Standards.

Lastly, let me be mindful of the fact that health is dynamic and assure you that the Government is committed to ensure that these standards remain relevant and the Ministry will be thankful to all stakeholders to be involved in their continuous monitoring and future reviews.

A handwritten signature in blue ink, consisting of several overlapping loops and a central vertical stroke, positioned above the name Dr. K. Seipone.

Dr. K. Seipone
Director Health Services

Definition of Terms

Acceptability	Acknowledgement that the reasonable expectations of the client, funders and the community have been satisfied.
Accessibility	Means that access to health services is unrestricted by geographic, economic, social, cultural, organisational or linguistic barriers.
Accountability	The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
Accreditation	A determination by an accrediting body that an eligible organisation is in compliance with applicable predetermined standards. (See also certification, licensure.)
Adverse event	An adverse event may be defined as any event or circumstance that leads to unintended or unexpected physical or psychological injury, disease, suffering, disability or death not related to the natural cause of the underlying condition or treatment.
Advocacy	Representation of individuals who cannot act on their own behalf and/or promoting individual rights and access to the resources that will allow them to fulfill their responsibilities.
Appraisal system	The evaluation of the performance of individuals or groups by colleagues using established criteria.
Appropriateness	The extent to which a particular procedure, treatment, test or service is effective, clearly indicated, not excessive, adequate in quantity, and provided in the setting best suited to the client's needs.
Assessment	Process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed. The assessment forms the basis of a plan for services or action.
Audit	<ol style="list-style-type: none">1. Systematic inspection of records or accounts by an external party to verify their accuracy and completeness.2. Periodic in-depth review of key aspects of the organisation's operations. An audit provides management with timely information about specific topics and/or the cost-effectiveness of operations, addressing both quality and resource management issues.3. In performance measurement, regular systematic, focused inspections by an external party of organisation records and data management

processes to ensure the accuracy and completeness of performance data.

Benchmarking	A method of improving processes by studying the processes of organisations that have achieved outstanding results and adapting these processes to fit the particular needs and capabilities of the health facility concerned.
Biologicals	Medicines made from living organisms and their products including, for example, serums, vaccines, antigens and antitoxins.
Biohazard	Biohazards are infectious agents or hazardous biological materials that present a risk or potential risk to the health of humans, animals or the environment. The risk can be direct (through infection) or indirect (through damage to the environment). Biohazardous materials include certain types of recombinant DNA: organisms and viruses infectious to humans, animals or plants (e.g. parasites, viruses, bacteria, fungi, prions, rickettsias), and biologically active agents (i.e. toxins, allergens, venoms) that may cause disease in other living organisms or cause significant impact to the environment or community. Biological materials not generally considered to be biohazardous may be designated as biohazardous materials by regulations and guidelines.
Business plan	A plan of how to achieve the mission of the facility. The plan includes financial, personnel and other sub-plans, as well as service development and a quality strategy.
Certification	The procedure and action by which a duly authorised body evaluates and recognises (certifies) an individual, institution or programme as meeting predetermined requirements, such as standards. Certification differs from accreditation in that certification can be applied to individuals, e.g. a medical specialist, whereas accreditation is applied only to institutions or programmes, e.g. a clinic/health centre or a training programme. Certification programmes may be non-governmental or governmental and do not exclude the uncertified from practice, as do licensure programmes. While licensing is meant to establish the minimum competence required to protect public health, safety and welfare, certification enables the public to identify those practitioners who have met a standard of training and experience that is set above the level required for licensure.
Clinical personnel	All health workers who are registered/enrolled with a professional body, and who are involved in the care of clients/patients in a particular setting. (See also health professionals.)
Clinician	Refers to a person registered as a medical doctor.

Clinical waste	Clinical waste is waste arising from medical, dental or veterinary practice or research, which has the potential to transmit infection. Other hazardous waste, such as chemical or radioactive, may be included in clinical waste, as well as waste such as human tissues, which requires special disposal for aesthetic reasons.
Community	A collection of individuals, families, groups and organisations that interact with one another, cooperate in common activities and solve mutual concerns, usually in a geographic locality or environment.
Compliance	To act in accordance with predetermined requirements, such as standards.
Compliance survey	An external evaluation of an organisation to assess its level of compliance with standards and to make determinations regarding its compliance status. The survey includes evaluation of documentation provided by personnel as evidence of compliance, verbal information concerning the implementation of standards, or examples of their implementation that will enable a determination of compliance to be made, and on-site observations by surveyors.
Confidentiality	The assurance of limits on the use and dissemination of information collected from individuals.
Continuity	The provision of coordinated services within and across programmes and organisations, and during the transition between levels of services, across the continuum, over time, without interruption, cessation or duplication of diagnosis or treatment.
Continuum	The cycle of treatment and care incorporating access, entry, assessment, care planning, implementation of treatment and care, evaluation and community management.
Continuing education	<ol style="list-style-type: none"> 1. Activities designed to extend knowledge to prepare for specialisation and career advancement and to facilitate personal development. 2. Education beyond initial professional preparation that is relevant to the type of client service delivered by the organisation that provides current knowledge relevant to the individual's field of practice, and that is related to findings from quality improvement activities.
Contract administration	Written agreements and the administration thereof between the purchaser of the service (the health facility) and the provider of the service (the external company).
Contracted service	A service that is obtained by the organisation through a

contract with an agency or business. The contracted service is monitored and coordinated by the organisation's staff and complies with national regulations and organisational policies.

Credentialing	The process of obtaining and reviewing the clinical training, experience, certification and registration of a health professional to ensure that competence is maintained and consistent with privileges.
Criterion	A descriptive statement that is measurable and that reflects the intent of a standard in terms of performance, behaviour, circumstances or clinical status. A number of criteria may be developed for each standard.
Data	Unorganised facts from which information can be generated
(a) Longitudinal data	Implies that it is for a given time span.
(b) Comparative data	When a data set is compared with like data sets or with a given time, usually of the previous month or year.
Data retention	Guidelines on how long an organisation should keep information on various media.
Delegation	Act or function for which the responsibility has been assigned to a particular person or group. The ultimate accountability for the act remains with the original delegating person or group.
Effectiveness	Successfully achieving or attaining results (outcomes), goals or objectives.
Efficiency	Refers to how well resources (inputs) are brought together to achieve results (outcomes) with minimal expenditure.
Element, generic	An organisational system within a service element that must achieve and maintain the stated standards and criteria in order for the service element to function optimally.
Element, service	Organisational unit of the mortuary services service or staff with a director, manager or other designated person in charge. May be a professional service, such as nursing or surgery, a professional support service, e.g. radiology or physiotherapy, a general support system such as administration or health record system, a committee to guide aspects of the service, e.g. health and safety, or a community health service.
Ethics	Standards of conduct that are morally correct.

Evaluation	The process of determining the extent to which goals and objectives have been achieved. Actual performance or quality is compared with standards in order to provide a feedback mechanism that will facilitate continuing improvement.
Function	A goal directed interrelated series of processes, such as patient assessment, patient care and improving the organisation of care.
Governance	The function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its mission.
Governing body	Individuals, group or agency with ultimate authority and accountability for the overall strategic directions and modes of operation of the organisation, also known as the council, board, etc.
Guidelines	Principles guiding or directing action.
Health	A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.
Health worker	<p>A health worker/provider is an individual who provides preventive, curative, promotional or rehabilitative health services in a systematic way to individuals, families or communities.</p> <p>An individual health worker/provider may be a health professional within medicine, nursing, or a field of allied health. Health providers may also be a public/community health professional.</p>
Health professionals	Medical, nursing or allied health professional personnel who provide clinical treatment and care to clients, having membership of the appropriate professional body and, where required, having completed and maintained registration or certification from a statutory authority. (See also clinical personnel.)
High-risk	Refers to aspects of service delivery which, if incorrect, will place clients at risk or deprive them of substantial benefit.
High-volume	Refers to aspects of service delivery that occur frequently or affect large numbers of clients.
Human resource planning	Process designed to ensure that the personnel needs of the organisation will be constantly and appropriately met. Such planning is accomplished through the analysis of internal factors such as current and expected skill needs, vacancies, service expansions and reductions, and factors in the external environment such as the labour market.

Implementation	The delivery of planned services.
Integrity of data	Relates to the completeness and accuracy of a set of data required to fulfill a particular information need. This data is protected from unauthorised additions, alterations or deletions.
Incident plan, external	A plan that defines the role of the clinic/health centre in the event of a major national or local disaster that may affect the health of many people. The plan is developed in participation with the relevant local authority, police, civil defence, fire brigade and ambulance teams.
Incident plan, internal	A plan that provides details of preparation for action in the event of a disaster within the mortuary services service that affects the health or safety of patients and staff, such as fire, bomb threats, explosions or loss of vital services.
Incidents	Events that are unusual, unexpected, may have an element of risk, or that may have a negative effect on clients, groups, staff or the organisation.
Indicator	<ol style="list-style-type: none"> 1. A measure used to determine, over time, performance of functions, systems or processes. 2. A statistical value that provides an indication of the condition or direction, over time, or performance of a defined process, or achievement of a defined outcome. 3. The measurement of a specific activity that is being carried out in a health setting, e.g. weight for age is a measurement of a child's nutritional status.
Induction programme	Learning activities designed to enable newly appointed staff to function effectively in a new position.
Information	Data that is organised, interpreted and used. Information may be in written, audio, video or photographic form.
Information management	Planning, organising and controlling data. Information management is an organisation-wide function that includes clinical, financial and administrative databases. The management of information applies to computer based and manual systems.
Information system	Network of steps to collect and transform data into information that supports decision making.
In-service training	Organised education designed to enhance the skills of the organisation's staff members or teach them new skills relevant to their responsibilities and disciplines. Usually provided in house i.e. at the place of employment.

Job description	Details of accountability, responsibility, formal lines of communication, principal duties and entitlements. It is a guide for an individual in a specific position within an organisation.
Leader	A person providing direction, guidance, regulation or control. A person followed by others.
Leadership	The ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision, aligning people, and motivating and inspiring people to overcome obstacles.
Licensing	The process whereby a governmental authority grants a health organisation permission to operate following an on-site inspection to determine whether minimum health and safety standards have been met.
Manager	An individual who is in charge of a certain group of tasks, or a certain section of an organisation. A manager often has a staff of people who report to him or her. Synonyms: director, executive, head, supervisor, overseer, foreman.
Management	Setting targets or goals for the future through planning and budgeting, establishing processes for achieving targets and allocating resources to accomplish plans. Ensuring that plans are achieved by the organisation, staffing, controlling and problem solving.
Mechanism	The mode of operation of a process or a system of mutually adapted parts working together.
Medical practitioner	Registered medical practitioners are medical doctors with a medical degree registered as medical practitioners in the country they practice in by the statutory registration authority of that country. A general practitioner (GP) is a medical practitioner who treats acute and chronic illnesses and provides preventive care and health education for all ages and all sexes. They have particular skills in treating people with multiple health issues and comorbidities.
Mission statement	A statement that captures an organisation's purpose, customer orientation and business philosophy.
Monitoring	A process of recording observations of some form of activity.
Monitoring and evaluation	A process designed to help organisations effectively use their quality assessment and improvement resources by focusing on high priority, quality of care issues. The

process includes: identifying the most important aspects of the care that the organisation (or department/service) provides by using indicators to systematically monitor these aspects of care,

evaluating the care at least when thresholds are approached or reached to identify opportunities for improvement or problems, taking action(s) to improve care or solve problems, evaluating the effectiveness of those actions and communicating findings through established channels.

Multidisciplinary	The combination of several disciplines working towards a common goal.
Multidisciplinary team	A number of people of several disciplines with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short term or permanent basis. Examples include project, problem-solving, quality improvement and self managed teams. For instance, the management team and quality improvement steering committees are multidisciplinary teams.
Objective	A target that must be reached if the organisation is to achieve its goals. It is the translation of the goals into specific, concrete terms against which results can be measured.
Organisation	Comprises all sites/locations under the governance of and accountable to the governing body/owners.
Organisational chart	A graphic representation of responsibility, relationships and formal lines of communication within the facility.
Orientation programme	<ol style="list-style-type: none">1. Activities designed to introduce new personnel to the work environment.2. The process by which an individual becomes familiar with all aspects of the work environment and responsibilities, or the process by which individuals, families, and/or communities become familiar with the services and programmes offered by the organisation.
Peer review	The systematic, critical analysis of care, including the procedures used, treatment provided, the use of resources, and the resulting outcome and quality of life for the patient, with a view to improving the quality of patient care, by a group of persons of the same professional background.

Performance appraisal	The continuous process by which a manager and a staff member review the staff member's performance, set performance goals, and evaluate progress towards these goals.
Performance measure	A quantitative tool or instrument that provides an indication of an organisation's performance regarding a specified process or outcome.
Planning	The determination of priorities, expected outcomes and health interventions.
Planning, operational	Determining ways in which goals and objectives can be achieved.
Planning, project	The art of directing and coordinating human and material resources throughout the life of a project by using modern management techniques in order to achieve predetermined objectives of scope, quality, time and cost, and participant satisfaction.
Planning, strategic	Determining an organisation's mission and determining appropriate goals and objectives to implement the mission.
Policy	Written statements that act as guidelines and reflect the position and values of the organisation on a given subject.
Practice	Partners in a professional practice, employed personnel and their patients/ clients.
Privileging	Delineation, for each member of the clinical staff, of the specific surgical or diagnostic procedures that may be performed and the types of illness that may be managed independently or under supervision.
Procedure	A mode of action. A procedure outlines the detailed steps required to implement a policy.
Process	A sequence of steps through which inputs (from health facilities) are converted into outputs (for patients).
Professional registration	Registration in terms of current legislation pertaining to the profession concerned.
Professional staff	Staff who have a college or university level of education, and/or who may require licensure, registration or certification from a provincial or state authority in order to practice, and/or staff who exercise independent judgment in decisions affecting the service delivered to clients.
Professional team	A number of health professionals whose functions are interdependent. They work together for the care and treatment of a specific patient or group of patients.

Protocol	A formal statement. May include written policies, procedures or guidelines.
Quality	Degree of excellence. The extent to which an organisation meets clients' needs and exceeds their expectations.
Quality activities	Activities that measure performance, identify opportunities for improvement in the delivery of services, and include action and follow-up.
Quality control	The monitoring of output to check if it conforms to specifications or requirements and action taken to rectify the output. It ensures safety, transfer of accurate information, accuracy of procedures and reproducibility.
Quality improvement	The actions undertaken throughout the organisation to increase the effectiveness and efficiency of activities and processes, in order to bring added benefits to both the organisation and its customers.
Quality improvement programme	<ol style="list-style-type: none"> 1. A planned, systematic use of selected evaluation tools designed to measure and assess the structure, process and/or outcome of practice against established standards, and to institute appropriate action to achieve and maintain quality. 2. A systematic process for closing the gap between actual performance and desirable outcomes. 3. Continuous quality improvement is a management method that seeks to develop the organisation in an orderly and planned fashion, using participative management, and has at its core the examination of process.
Recruitment and retention	The process used to attract, hire and retain qualified staff. Retention strategies may include reward and recognition programmes.
Reliability	The ability of an indicator to accurately and consistently identify the events it was designed to identify across multiple health settings.
Research	Critical and exhaustive investigation of a theory or contribution to an existing body of knowledge aimed at the discovery and interpretation of facts.
Responsibility	The obligation that an individual assumes when undertaking delegated functions. The individual who authorises the delegated function retains accountability.

Risk	Exposure to any event that may jeopardise the client, staff member, physician, volunteer, reputation, net income, property or liability of the organisation.
Risk management	A systematic process of identifying, assessing and taking action to prevent or manage clinical, administrative, property and occupational health and safety risks in the organisation in accordance with relevant legislation.
Safety	The degree to which potential risks and unintended results associated with health are avoided or minimised.
Seamless continuum of care	In the ideal health system, care is delivered in an integrated, uninterrupted or 'seamless' flow. It is defined as an integrated, client oriented system of care composed of both services and integrating mechanisms that guides and tracks clients over time through a comprehensive array of health, mental health and social services spanning all levels of intensity of care.
Setting	The particular health environment that is appropriate for the patient's needs during the continuum of care, i.e. inpatient care, outpatient attendance, rehabilitative and restorative unit, or community setting.
Staff	All individuals employed by the facility, this includes full time, part time, casual or contract, clinical and non-clinical personnel.
Staff development	The formal and informal learning activities that contribute to personal and professional growth, encompassing induction, in service training and continuing education.
Stakeholder	Individual, organisation or group that has an interest or share in services.
Standards	1. The desired and achievable level of performance corresponding with a criterion, or criteria, against which actual performance is measured.
Standard development	Standards for evaluation may be developed in three stages. <ol style="list-style-type: none"> 1. Normative development entails establishing what experts believe should happen. 2. Empirical standards reflect what is achievable in practice. 3. A compromise between what is professionally optimal and what can reasonably be expected to operate.

Standard, minimum	A predetermined expectation set by a competent authority that describes the minimally acceptable level of (a) structures in place (b) performance of a process and/or (c) measurable outcome that is practically attainable.
Standards-based evaluation	An assessment process that determines a health organisation's or practitioner's compliance with pre-established standards.
Structure	The physical and human resources of an organisation.
Surveyor	A physician, nurse, administrator, or any other health professional who meets health quality surveyor selection criteria, evaluates standard compliance and provides consultation regarding standard compliance to surveyed organisations.
System	The sum total of all the elements (including processes) that interact to produce a common goal or product.
Team	A number of people with complementary skills whose functions are interdependent. They work together for a common purpose or result (outcome) on a short term or permanent basis. Examples include project, problem solving, quality improvement and self managed teams. (See also multidisciplinary team and professional team.)
Timeliness	The degree to which care is provided to the patient at the most beneficial or necessary time.
User	Someone who uses or could use the services offered by the facility.
Utilisation management	Proactive process by which an organisation works towards maintaining and improving the quality of service through the effective and efficient use of human and material resources.
Utilisation review	<p>A method of controlling utilisation that may be:</p> <p>Prospective (pre-admission certification). The purpose is to assess whether hospitalisation has been justified and is diagnosis independent.</p> <p>Concurrent – Conducted to assess inpatient care at the time it is provided, the use of resources, the timeliness with which treatment is provided, and the adequacy and timeliness of discharge planning.</p> <p>Retrospective – Follows a patient's discharge from the clinic/health centre or any patient who has received ambulatory care.</p>

Validation of survey	A process whereby a facilitator assesses the completed self assessment documents of a facility. The validation ensures that criteria have been correctly interpreted and appropriately answered, and that the technical aspects of the assessment have been correctly addressed. The facilitator uses the opportunity to provide education and consultation on standard interpretation and compliance.
Vision	A short, succinct statement of what the organisation intends to become and to achieve at some point in the future.
Waste management	Collection, treatment, storage, transportation and disposal of waste material including biomedical, household, clinical, confidential and other waste.
Workload measurement	Manual or computerised tool for assessing and monitoring the volume of activity provided by a specific team in relation to the needs for the care, treatment and/or service they are providing.

Introduction

The National Health Quality Standards for mortuary services includes guidelines for their consistent interpretation and accurate assessment.

The purpose of this manual is to serve as a guide to health quality surveyors and facilitators, as well as mortuary services staff. It provides information on certain key aspects pertaining to the layout of the standards and their interpretation, as well as core principles to be applied in assessing standard compliance.

The standards were developed for and will apply to mortuaries attached to hospitals and to company owned or single proprietor private mortuaries. Where autopsies are performed, the relevant section of the standards will be applied.

Anatomical pathology uses autopsy to investigate the cause of death. Autopsy is a medical procedure that consists of a thorough examination of a corpse to determine the cause and manner of death to evaluate any disease or injury that may be present.

The Ministry of Health is responsible for the overall development and co-ordination of the mortuary services function and it is concerned with the development of legislation, regulations, guidelines, standards and provision of technical support to the local authorities, private, parastatal and government agencies.

Effective management of a mortuary services service begins with understanding the various responsibilities and authorities of individuals in the organisation, and how these individuals work together with other departments and organisations, within and outside the health service. Accountabilities and responsibilities need to be clearly defined in written documents, with due regard to any legal obligations. The management then needs to ensure that personnel are trained and educated to provide the services required and that they maintain competence.

The management must ensure that personnel work within a safe environment, and that they have the required facilities and equipment to enable them to meet their objectives.

The standards presented here are designed to help bridge the gap between today and a better tomorrow bringing patient care quality and patient safety to new levels. Implementing standards can be an evolutionary process taking time to do things right and better.

A: Structure/Format

This set of standards consists of several Service Elements (SE's) for the various services/departments. Each Service Element contains the relevant standards and criteria (measurable elements) to be assessed in order to ascertain the level of compliance with the standards.

Information on the mortuary service standards in this document has been set out in the following format and the first section of Service Element 1: management and leadership is used as an example to demonstrate the layout:

1 MANAGEMENT AND LEADERSHIP

OVERVIEW OF MANAGEMENT AND LEADERSHIP

Effective management of a mortuary begins with understanding the various responsibilities and authorities of individuals in the facility, and how these individuals work together.

1.1 Governance of facility

1.1.1 The governing body's accountability and responsibilities are documented and are known to the facility's managers.

Intent of 1.1.1

There is a governing body responsible for directing the operation of the organisation, which is accountable for providing quality health services to its community.....

1.1.1 Criteria

1.1.1.1 Documents describe governance, accountability and responsibilities.

Guideline: This Governance structure refers to the authority (ies) above the level of the Facility Manager and may include National/District levels in the Public Sector together with the Hospital Advisory Board, or Corporate structures in the Private Sector

With reference to the example of Service Element 1 above the table below explains the hierarchical layout and purpose of each section:

HEADINGS IN EXAMPLE ABOVE	EXPLANATION
1. MANAGEMENT AND LEADERSHIP:	Number and name of the service element
Overview of Management and Leadership	General description of the service element and context of the standards in the service element.
1.1 Governance of the organisation	The first “performance indicator” (or main section) for this service element.
1.1.1 The governing body's accountability and responsibilities are documented and are known to the health facility managers.	The first standard in this service element.
Intent of 1.1.1 There is a governing body	A description of the context/scope of the above mentioned standard 1.1.1. Note that the information in this intent statement forms an integral part of aspects to be considered when measuring compliance of criteria.
1.1.1 Criteria	This heading indicates that what follows is

	the list of criteria (measurable items) that support standard 1.1.1
1.1.1.1 Documents describe governance accountability and responsibilities.	The first criterion in this section for standard 1.1.1
Guideline in a separate block in italics	A description/explanation of what is expected and guidance on how to assess compliance with the criterion.

B: Additional Notes on the “Guidelines” (section in italics below the criteria in the above example)

Purpose/intention of the guideline statements:

The purpose of these guidelines is to provide guidance on the scope and interpretation of the criteria statements. The information should also provide facility staff /clients with a clear indication of the requirements for compliance and some direction on the health quality surveyors’ expectations.

In some instances the guidelines also state the minimum requirements for compliance and provide direction on how to reach a decision on the compliance score.

Linked criteria/standards:

Where the comment “Linked to:” appears in the guideline text box, it refers to other criteria and standards that are linked to the criterion being assessed. For further information on how to deal with these linked criteria, refer to item 7 in section C (“Rules for scoring”) of this document.

Root criterion

Where the guideline text box contains the word “root criterion”, the following applies:

- A “root” criterion is considered to be the central focus of a process or system; which is supported by several other “sub-criteria” that intend to describe the smaller components of such a system or process.
- The rating of a root criterion is dependent on the compliance rating of its supporting criteria, and should; therefore reflect the aggregated average of the scores of such supporting criteria.
- This implies that a root criterion cannot be scored until such time that all its linked criteria have been assessed.

For more details on the scoring methodology for root criteria and their links, refer to item 7 in section C below.

C: Rules for assessment of compliance with criteria and the scoring system

The standards in this manual are written expectations of structures, processes or performance outcomes and it is assumed that, if these standards are met, improved quality services/care can be delivered. If these standards are substantially met, a facility/organisation will be compliant. The standards in turn are defined by objective, measurable elements referred to as “criteria”. Criteria are given weighted values (severity ratings) according to how important the criterion requirement is in relation to various aspects (categories) such as legality, client and staff safety, physical structure, operational effectiveness and efficiency.

Take note that assessing compliance with the standards and criteria includes various activities such as studying documentation, staff interviews, record audits and observation of processes, physical facilities and equipment.

Criteria are scored as follows:

In assessing the level of compliance with a criterion, one should not move beyond what that criterion intends to measure. **Each criterion should be assessed** individually according to the following principles:

- I. **Compliant (C)** means the condition required is met. Evidence of compliance should be present in a tangible and/or observable form, e.g. written material, physical items, etc.
 - Should the standards, for example, require a **written** policy and procedure but the facility has only a verbal policy in place, then the criterion should be scored as **non-compliant**.
 - Should the facility have a written policy but no evidence is found of consistent implementation thereof or if there is evidence of non-adherence, then the criterion should be scored as **partially compliant**.
- II. The same principle applies in all instances where either the standards or criteria contain words such as **policies, procedures, programmes, plans, protocols, guidelines, etc.**
- III. **Partially compliant (PC)** means the condition required is not totally met, but there is definite progress (>50%) towards compliance and the deficiency does not seriously compromise the standard. Other considerations for PC ratings are:
 - If the criterion requires a documented system as listed above, but there is no implementation or implementation is partial or if the policy document is still in draft form.
 - If the criterion contains more than one requirement, but not all components are compliant.
 - If assessment results can be quantified by means of conducting an audit, e.g.: “less than 80% of staff have received training”, or “evidence was found in less than 80% of records audited”.
 - Since there are degrees of partial compliance (PC), the category PC is further subdivided into four degrees of severity: mild (1), moderate (2), serious (3) and very serious (4). These can be thought of as being 80% towards compliance, 60% towards compliance, 40% towards compliance and 20% towards compliance. Obviously, the further away from compliance, the more severe the deficiency will be.
- IV. **Non-compliant (NC)** means there is no observable progress towards complying with the required condition. The degree of non-compliance is again scored in terms of severity, from mild (1) to very serious (4), as explained above.
- V. **Not applicable (NA)** means the criterion is not applicable because the facility either does not provide the service at all, or not at the particular level the criterion is designed to measure. Such criteria are excluded in calculating compliance scores.

- VI. To quantify the degree of compliance, criteria are awarded points according to their level of compliance and seriousness as follows:

Rating	Score
C	80-100
PC mild	75
PC moderate	65
PC serious	55
PC very serious	45
NC mild	35
NC moderate	25
NC serious	15
NC very serious	5
NA	Not scored

VII. **Critical criteria**

A standard may have one or more criteria that are marked “critical”. This is where non or partial compliance will compromise client or staff safety, or where there are legal transgressions.

The methodology used in scoring critical criteria calls for an exception to the rule of PC ratings as described above:

Where a critical criterion is scored as PC, but it is so serious as to constitute a danger to clients and/or staff safety, is in direct contravention of an act or regulation, severely affects community care or the efficiency of the facility, then it must be scored as NC, e.g. there is a fire alarm but it is not working. This must then be scored as NC rather than PC.

Furthermore, non-complaint critical criteria will result in the entire standard being scored as non-or partially compliant.

VIII. **Scoring “linked” criteria**

Several criteria (either in the same SE or in different SEs) are linked with one another, either because they deal with the same system or process, they are duplications, or one of the criteria may be seen as the “root” with several other criteria focussing on “sub-components” of such a “root” criterion.

Should such a linked criterion be scored NC or PC, then this may have an impact on the compliance ratings of other linked criteria. The following rules should be applied when scoring linked criteria:

- If a **critical** criterion scores NC or PC, then selected linked criteria should reflect a similar score.
- Also, if a substantial number of **non-critical** criteria linked to a critical criterion score NC or PC, the critical criterion should reflect a similar score.
- The same rule applies to criteria that relate to **legal** requirements and client/staff **safety** matters.

The decision to apply the above will depend on the local circumstances and the consideration of the following additional rules:

- If the majority of criteria that focus on the same system or process are scored either NC or PC, then the root criterion should reflect a similar score (because this would constitute a **high-volume** deficiency) Example: if **most** of the policies and procedures in the organisation have not been reviewed, then the root criterion (1.2.4.5) is scored NC.

D: The Matrix Model

As explained above, the structure of the standards and criteria is such that many of these are “interlinked”, either within the same Service Element or between the different Service Elements. “Interlinked” means that the same standard/criterion is either repeated in more than one location, or that the standard/criterion is similar to, or closely linked to another standard/criterion in terms of its meaning or in terms of the system or process that it measured.

In using the matrix, scoring rules should apply as indicated in subparagraphs 7.1 to 7.4 above.

E: Additional Comments

- i. Several criteria require compliance with laws and regulations. In instances where national laws/regulations do not exist for such an item, it will be expected that the facility will develop their own internal policy in accordance with internationally accepted norms and standards.
- ii. Any reference to “staff/personnel” in the standards and criteria should be interpreted to read all personnel employed by the facility unless otherwise stated. The requirements also apply to all health professionals who are allowed to render client care, regardless of their employment status.

SE1: MANAGEMENT OF MORTUARY SERVICES

OVERVIEW OF MANAGEMENT OF MORTUARY SERVICES

Providing excellent service requires effective and efficient management and leadership, which occur at various levels in an organisation. At the governance level there is an entity; an owner(s) or a group of identified individuals (for example a board or governing body) responsible for directing the operation of the organisation and accountable for providing quality services.

Within the organisation there are individuals assigned the responsibility of ensuring that the policies of governance are implemented, and that there are systems of administration and organisation to provide excellent service. At departmental and service level, heads of departments and services ensure effective management and leadership. Each mortuary service provider must identify these individuals and involve them in ensuring that the organisation is an effective, efficient resource for its clients.

Leaders must identify the organisation's mission and make sure that the resources needed to fulfill this mission are available. For many organisations, this does not mean adding new resources but using current resources more efficiently, even when they are scarce. Also, leaders must work well together to coordinate and integrate all the organisation's activities.

Effective management and leadership begin with understanding the various responsibilities and authority of individuals in the organisation, and how these individuals work together. Collectively and individually they are responsible for complying with laws and regulations, and for meeting the organisation's responsibility to the population served.

Over time, effective management and leadership helps overcome perceived barriers and communication problems between departments and services. Services become increasingly integrated. In particular, the integration of all quality management and improvement activities results in improved outcomes.

Standards

1.1 Governance of the Mortuary Service

1.1.1 Governance responsibilities and accountabilities are described in byelaws, policies and procedures, or similar documents.

Standard intent

NB Standards 1.1.1 to 1.2.3 and their criteria will not apply to mortuaries attached to hospitals, where this aspect is assessed under SE 1 Management and leadership and SE 2 Human Resource management.

According to the Oxford dictionary (Internet 2012) to govern is “to conduct the policy, actions and affairs of (a state, organisation or people) with authority.” The same source defines governance as “the action or manner of governing a state, organisation, etc.” It relates to decisions that define expectations, grant power, or verify performance. It consists of either a separate process or part of management or leadership processes”.

A governing body is the group of people given the power and authority to govern an organisation. Governing bodies can take the form of a board, a council, a steering committee, or an assembly of elders or traditional owners. Their role is to plan strategic direction, set the organisation’s goals, lead the organisation, make the policies and evaluate and support the management and personnel

There is a governing body responsible for directing the operation of the mortuary, which is accountable for providing quality mortuary services to its community or to the population that seeks care. The responsibilities and accountability of this entity are described in a document that identifies how they are to be carried out, and are known to those responsible for management of the mortuary. The responsibilities of governing bodies lie primarily in approving plans and documents submitted by the managers of the mortuary. Those elements of management requiring approval by governance are documented.

The process and practices that will apply will vary significantly given the environment in which they are applied. Governance in the public sector, which includes Ministries, Boards and similar entities, takes into account legal and constitutional accountability and responsibilities.

In a business or nonprofit organisation governance, in addition to legal and constitutional accountability, relates to consistent management, policies, processes, guidance and decision rights for a given area of responsibility.

1.1.1 Criteria

1.1.1.1 Documents describe governance accountability and responsibilities.

Root criterion

Please note that the criterion requires an organisational chart of both the Governance Structure and the local organisation. This document(s) should also illustrate the

relationship between the Facility Manager and the first level of Governance above him/her.

The phrase “lines of authority and accountability” requires more than merely a list of available posts or services rendered; it should be formulated in such a manner that it indicates to each staff member who his/her direct supervisor is, and also his/her span of responsibility. It is not a requirement to reflect names of individuals. It goes without saying that as with any other official document, the organogram should be duly authorised (dated and signed).

1.1.1.2 There is an organisational chart or document, which describes the lines of authority and accountability from governance and within the service.

A mere organogram does not render this criterion compliant unless there is a concise description/listing of the key functions of the relevant structures as reflected in 1.1.1.1.

Note that some of this information may be contained in Acts, regulations or directives.

1.1.1.3 The responsibilities of governance include providing support to the personnel in the health facility.

1.1.1.4 The support from organisation managers includes regular supervisory visits, policies, guidelines, monitoring, written communication and education.

1.1.2 *The organisation’s managers ensure that policies and procedures are implemented to support the activities of the mortuaries and to guide the personnel.*

Standard Intent

Policies and procedures are formulated at different levels of authority, e.g. national Acts and regulations, national health and labour departmental policies, and mortuary policies.

Organisational leaders must ensure that all policies applying to the mortuaries are available to the personnel, and that they are implemented and monitored as they relate to various departments, services and functions. Leaders should ensure that policies and procedures are available to guide the personnel in such matters as use and care of resources, financial practices, human resource management and dealing with complaints.

The availability and application of specific policies and guidelines will be assessed and measured in the individual mortuaries.

1.1.2 Criteria

1.1.2.1 The mortuary managers ensure that policies and procedures guide and support the activities and management of the mortuaries.

- 1.1.2.2 A designated personnel member is responsible for compiling and indexing policies and procedures, and ensuring their circulation, recall and review.**
- 1.1.2.3 Policies and procedures are signed/endorsed by persons authorised to do so.**
- 1.1.2.4 Policies and procedures are compiled into a comprehensive manual, which is indexed and easily accessible to all personnel members.**
- 1.1.2.5 All policies and procedures are reviewed at appropriate intervals, dated and signed.**
- 1.1.2.6 There is a mechanism for ensuring that policies are known and implemented.**

1.2 Human Resource Management

- 1.2.1 The organisation's management plan for the provision of adequate numbers of suitably qualified personnel.*

Standard Intent

The company's leaders define the desired education, skills, knowledge and any other requirements as part of projecting personnel complements and needs.

Personnel retention, rather than recruitment, provides greater long term benefit. Retention is increased when leaders support personnel development. Thus, the leaders collaborate to plan and implement uniform programmes and processes related to the recruitment, retention and development of all personnel members.

There is a written plan, which identifies the numbers and types of personnel required, and the skills, knowledge and other requirements needed in each department and service.

Each personnel member in the company has a record with information about his/her qualifications, results of evaluations, and work history. These records are standardised and are kept current.

The confidentiality of personnel records is protected. Personnel records are safely stored, and their contents are monitored to ensure completeness.

1.2.1 Criteria

- 1.2.1.1 There are documented processes for staffing the mortuary company's mortuaries.**

It is preferable that all these aspects be summarised in an executive-type summary for ease of access to relevant information. However, this does not preclude the presentation of separate documents related to various structured processes that are guided by policies, procedures, protocols or narratives and should be needs based.

The plan should be available either as part of the strategic planning process or as an operational plan. The plan should include the current personnel establishment, i.e. posts available, posts filled and posts vacant.

The personnel establishment should be based on scientific findings, e.g. analysed work-study findings, catchment area population, etc. The study may be conducted in house or by an independent agent.

Staffing levels for professional personnel should be based on accepted national or international norms/standards.

1.2.1.2 The desired education, qualifications, skills and knowledge are defined for all personnel members.

The organisation complies with laws and regulations that define the desired educational levels, skills or other requirements of individual staff members, or define staffing numbers or the mix of personnel for the organisation. The organisation considers the mission of the organisation and the needs of the population served in addition to the requirements of laws and regulations.

1.2.1.3 Documented personnel information is maintained on each personnel member.

1.2.1.4 Each personnel member's responsibilities are defined in a current job description, which is agreed to by the employee.

The responsibilities of individual staff members are defined in current job descriptions.

The job description/performance agreement provides details of accountability, responsibility, formal lines of communication, principal duties and entitlements. It is a guide for an individual in a specific position within an organisation. Key performance areas should be included in order to evaluate the staff member's performance.

1.2.1.5 All personnel members are orientated and inducted to the mortuary and to their specific job responsibilities at the time of appointment.

1.2.1.6 Each personnel member receives ongoing in-service education and training to maintain or advance his/her skills and knowledge, based on identified needs.

1.2.2 There is an adequate number of suitably qualified and competent personnel to provide a safe and effective mortuary service.

Standard intent

A mortuary needs an appropriate number of suitably qualified people to fulfill its mission and meet client needs.

A staffing plan reflects the knowledge, skills and availability of personnel required to provide an effective service. Orientation and induction programmes assure the competence of personnel before they begin to carry out their functions.

Personnel act in accordance with job descriptions, and are evaluated in accordance with their assigned responsibilities. The in-service training needs of personnel in the service are continuously assessed and appropriate training provided to ensure a safe and effective service.

A mortuary service should provide personnel with opportunities to learn and advance personally. Thus, in-service education and other learning opportunities should be offered to personnel.

1.2.2 Criteria

1.2.2.1 There is a process in place to recruit personnel.

1.2.2.2 There is a process in place to evaluate the qualifications of new personnel.

1.2.2.3 There is a process in place to appoint, evaluate and terminate personnel.

1.2.2.4 Personnel members employed in the service have a written job description, which defines their responsibilities.

1.2.2.5 There is at least one documented evaluation of personnel each year, or more frequently, as defined by the organisation.

1.2.3 *Sound industrial relations, which are based on current labour legislation, are implemented and maintained in the organisation.*

Standard intent

Consistent application of fair labour practice, grievance and disciplinary procedures, and dismissal, demotion and retrenchment policies and procedures, is essential to prevent labour unrest, with its consequent negative effects on customer care. Membership of personnel in trade unions and/or health professional organisations must be encouraged, and there must be negotiation and consultation between these bodies, the management of the organisation and the personnel to promote harmonious working relationships. Current employment policies need to be known and applied.

The mortuary manager/supervisor has a responsibility to:

- be conversant with all current labour laws and regulations
- educate personnel in relevant aspects of labour law and
- ensure that these policies and procedures are effectively implemented.

1.2.3 Criteria

1.2.3.1 There are mutually agreed policies and procedures with the personnel for the satisfactory conduct of industrial relations activities.

- 1.2.3.2** **Written disciplinary procedures, which meet the requirements of current legislation, are available.**
- 1.2.3.3** **There is a grievance procedure in terms of current legislation.**
- 1.2.3.4** **There are dispute and appeal procedures.**
- 1.2.3.5** **There are recognition agreements for trade unions and/or health professional organisations.**

1.3 **Management of the Mortuary**

1.3.1 *A mortuary manager/supervisor is responsible for operating the mortuary within applicable Laws and Regulations.*

Standard Intent

The manager is appointed to be responsible for the overall, day to day operation of the mortuaries. These responsibilities are documented and known to the personnel of the mortuaries. The individual appointed to carry out these functions has the education and experience to do so.

The manager is responsible for the implementation of all policies, which have been approved by the governing body.

1.3.1 Criteria

- 1.3.1.1** **The mortuary manager/supervisor is responsible and accountable for the day to day operation of the mortuary service.**
- 1.3.1.2** **The manager has the education and experience to carry out his or her responsibilities.**

A mortuary supervisor should possess a minimum of a Cambridge Certificate and at least certificate training in mortuary technology.

- 1.3.1.3** **The manager ensures that approved policies are carried out.**
- 1.3.1.4** **The manager ensures compliance with applicable Laws and regulations.**
- 1.3.1.5** **The manager implements processes to manage and control human, financial and other resources.**
- 1.3.1.6** **The manager is involved in the preparation financial estimates for the mortuary.**
- 1.3.1.7** **There are designated individuals appointed to act in the absence of the mortuary manager/supervisor to provide the service with direction at all times.**

- 1.3.2 *The manager/supervisor of the mortuary service ensures that dated, written and signed policies and procedures are developed and maintained.*

Standard intent

The mortuary manager/supervisor must ensure that all policies, which apply to the organization, are available to the personnel, and that they are implemented and monitored, as they relate to various departments, services and functions. Policies and procedures must be available to guide the personnel in such matters as allocation, use and care of resources, financial practices, human resource management and dealing with complaints.

1.3.2 Criteria

- 1.3.2.1 The manager/supervisor ensures that policies and procedures are available to guide the service.**
- 1.3.2.2 The manager/supervisor provides guidelines on professional conduct within the mortuary service.**
- 1.3.2.3 Policies and procedures are signed by persons authorised to do so.**
- 1.3.2.4 Policies and procedures are compiled in a comprehensive manual, which is indexed and easily accessible to all personnel.**
- 1.3.2.5 Each policy and procedure is reviewed, dated and signed.**
- 1.3.2.6 There is a mechanism to ensure that policies and procedures are known to and implemented by personnel working in the mortuary service.**
- 1.3.3 *The mortuary service manager ensures that there is a written, planned and organised orientation and induction programme available for new personnel.*

Standard intent

The decision to appoint an individual to the staff of an organisation sets several processes in motion. To perform well, a new personnel member needs to understand the entire organisation and how his or her specific responsibilities contribute to the organisation's mission. This is accomplished through a general orientation to the organisation and his or her role in the organisation, and a specific orientation to the job responsibilities of his or her position.

1.3.3 Criteria

- 1.3.3.1 There is a written, planned orientation and induction programme for mortuary service personnel who are new to the service.**

The organisation has a generic/macro orientation programme for all employees and evidence of participation is available in the individual's personnel record or other training record.

Each department/service has established a service-specific orientation programme and evidence of participation is available in the individual's personnel record or other training record.

Even if there is only person in a department, he/she should plan and document an orientation and induction programme in the event that additional personnel should become available in the future.

1.3.3.2 The orientation and induction programme prepares personnel for their roles and responsibilities in the mortuary service.

1.3.3.3 The orientation and induction programme includes instruction on the manner of communication with visitors to the mortuary.

1.3.3.4 The orientation and induction programme includes health and safety and infection control policies as they apply to the mortuary service.

1.3.4 *Management of the mortuary service ensures the provision of in-service training programmes for its personnel on issues pertinent to the needs of the individual and to the objectives of the service, according to the following criteria:*

Standard intent

The organisation has a responsibility to ensure that personnel are educated in matters which effect their functioning in the specific organization. In particular, personnel are trained in health and safety matters, and infection control.

Education is relevant to each personnel member as well as to the continuing advancement of the organization in meeting client's needs and maintaining acceptable personnel performance, teaching new skills, and providing training on new equipment and procedures. There is documented evidence that each personnel member who has attended training has gained the required competencies.

The leaders of the organization support the commitment to on-going personnel in-service education by making available space, equipment and time for education and training programmes.

1.3.4 Criteria

1.3.4.1 The mortuary service provides documented in-service training programmes for its personnel consistent with service objectives.

The organisation has a generic/macro in-service education programme for all employees and evidence of participation is available.

It is preferable that a summarised plan is provided for ease of access to relevant information. However, this does not preclude the presentation of separate documents related to various education and training programmes and should be needs based.

- 1.3.4.2 The in-service training programme ensures that all personnel are competent and updated when new systems and equipment are installed.**
- 1.3.4.3 The in-service training programme provides supervisory training.**
- 1.3.4.4 Personnel in the service receive in-service training to ensure competency.**
- 1.3.4.5 The in-service training programme includes on-going training in emergency procedures (e.g. fire drill and security).**
- 1.3.4.6 Records of the holding of in-service training sessions are kept, including records of attendance.**

*Evidence of ongoing in-service education must be submitted by means of analysed attendance data.
Refer to skills development, continuing education strategies and service specific programmes to evaluate relevance.*

SE 2: FACILITIES AND EQUIPMENT

OVERVIEW OF FACILITIES AND EQUIPMENT

Buildings, plant and equipment must comply with relevant legislation and must be maintained in a safe working condition. The facilities must be suitable for the activities to be carried out and must allow for the storage of human bodies and the performance of post mortem examinations and autopsies.

Personnel facilities such as canteens, toilets and locker rooms shall be separate from the mortuary areas so as to prevent infection.

Standards

2.1 Facilities and Equipment

2.1.1 The facilities and equipment are adequate to provide an effective and safe mortuary service.

Standard intent

Management must ensure that resources are adequate to meet statutory requirements and the needs of clients. Mortuary managers/supervisors keep organisation managers informed of facilities, which are inadequate, additional equipment requirements, and the current state of facilities and equipment.

2.1.1 Criteria

2.1.1.1 There is evidence that permits required by the local authority for the carrying out of mortuary operation are current.

2.1.1.2 Facilities and equipment are maintained to provide clean and safe working conditions which comply with relevant legislation.

2.1.1.3 Mortuary vehicles comply with specifications applicable to the transport of human bodies.

2.1.1.4 All areas are provided with adequate lighting and ventilation.

2.1.1.5 Washing facilities (showers and hand-wash basin with hot and cold water are provided.

2.1.1.6 Lockers for storing personal clothing and property are provided away from work areas and are not used to store work clothing and personal protective equipment.

2.1.1.7 Personnel who use equipment are trained on its use.

2.1.1.8 Records of equipment maintenance are available.

2.1.2 All equipment and supplies are safely stored.

Standard intent

The storage of equipment and supplies must allow for security, ease of access, and effective inventory taking. Acts and regulations as well as policies and procedures, guide the storage of equipment and supplies.

2.1.2 Criteria

2.1.2.1 Secure storage facilities are available.

2.1.2.2 Records of stocks of chemicals, cleaning agents and detergents are maintained.

- 2.1.2.3 Hazardous and flammable materials are stored in accordance with relevant regulations.**
- 2.1.2.4 Arrangements, including lockable doors are used to provide security for the mortuary.**
- 2.1.2.5 There is adequate storage space to enable rapid retrieval and removal of equipment when needed.**
- 2.1.3 A refrigerated facility is used to store all bodies in accordance with prescribed procedures.*

Standard intent

A body storage facility should provide refrigeration adequate for the mortuary workload and maintained at approximately 0°C. In larger facilities, where longer term storage may be required, storage with a freezing temperature of -20°C must be provided.

2.1.3 Criteria

- 2.1.3.1 Policies and procedures guiding the storage of bodies in the mortuary are available.**
- 2.1.3.2 Bodies known or suspected of harbouring infectious diseases are contained within a body bag of approved specifications.**
- 2.1.3.3 Bodies are stored at a prescribed temperature.**
- 2.1.3.4 The temperature of each refrigerator is checked and recorded twice daily.**
- 2.1.3.5 Emergency power is available for the refrigerators.**
- 2.1.3.6 Access to the refrigerators is controlled.**
- 2.1.3.7 Manual lifting of bodies is minimised by the provision of hoists and/or elevating trolleys.**
- 2.1.3.8 There is documented evidence of approval for the removal of bodies.**
- 2.1.3.9 A register is kept for the storage and removal of bodies.**

2.1.4 The post mortem/autopsy theatre is equipped with dissection facilities that meet the needs of the anatomical pathology service.

2.1.4 Criteria

- 2.1.4.1 The autopsy table and dissection bench is provided with shadow-free lighting.**
- 2.1.4.2 Adequate ventilation is provided for dissection benches where formalin fixed organs and tissues are handled.**

- 2.1.4.3 The floor surface is impervious, easy to clean, sealed at the edges and provided with drains, which have filtered traps.**
- 2.1.4.4 There is adequate storage for equipment and instruments.**
- 2.1.4.5 Working bays are large enough to enable personnel to work without being crowded.**
- 2.1.4.6 Instruments and other equipment required for an autopsy is readily accessible to each working bay.**
- 2.1.4.7 The mortuary theatre has facilities for weighing and measuring organs.**
- 2.1.4.8 The mortuary theatre has facilities for photographic evidence collection.**
- 2.1.5 There is a viewing area where relatives or other relevant persons can identify the body.*

Standard intent

The mortuary must implement processes that prevent unauthorised persons including relatives from having access to dissecting rooms. Exposure to infectious agents by visitors to the mortuary must also be prevented. Precautions must be implemented to prevent the trauma of viewing un-shrouded possibly mutilated bodies.

Control access is also essential to prevent the removal of bodies or body part.

2.1.5 Criteria

- 2.1.5.1 There is a designated viewing area separated from the body storage section.**
- 2.1.5.2 The waiting room of the viewing area is suitably furnished.**
- 2.1.5.3 There is sufficient space for seating and a mortuary trolley in the viewing area.**
- 2.1.5.4 Toilet facilities are available within easy access of the viewing area.**
- 2.1.5.5 The mortuary manager/supervisor ensures that the mortuary personnel demonstrate respect for the deceased.**
- 2.1.5.6 The personnel are courteous and display respect towards the deceased and their families at all times.**

SE 3: RISK MANAGEMENT

OVERVIEW OF RISK MANAGEMENT

Risk is exposure to any event that may jeopardise the client, personnel member, volunteer, reputation, net income, property or liability of the organisation. Risk management is a systematic process of identifying, assessing and taking action to prevent or manage clinical, administrative, property and occupational health and safety risks in the mortuary.

The risk of environmental pollution and the transmission of infections and diseases must be assessed and the necessary preventive measures implemented to protect personnel, the public and the environment. The goal of mortuary's infection surveillance, prevention and control programme is to identify and reduce the risks of acquiring and/or transmitting infections.

Effective management includes the planning, education and monitoring of resources needed to safely and effectively support the services provided. All personnel are educated about the facility, how to reduce risks, and how to monitor and report situations that pose risk. Risk management is integrated into the day to day activities of the organisation. Criteria are used to monitor important systems and identify needed improvements.

Planning should consider the following areas, when appropriate to the facility and activities of the organisation:

- Occupational health and safety programmes – the mortuary complies with legislation relating to health and safety and risk management
- Fire safety property and occupants are protected from fire and smoke.
- Emergencies response to epidemics disasters and emergencies is planned and effective.
- Hazardous materials handling storage and use of radioactive, flammable and other materials are controlled and hazardous waste is safely disposed of and
- Security – property and occupants are protected from harm and loss.

The provision of health and safety services, emergency planning and other aspects of providing a safe environment all require personnel to have the necessary knowledge and skills for their implementation.

Standards

3.1 Risk Management

3.1.1 Risks are assessed and control measures introduced in order to minimise or eliminate risk.

Standard intent

Management is accountable for integrating risk management into the everyday activities of the mortuary. Every employee should be trained in and be responsible for following sound risk management practices. These include:

- Identifying areas of risk within their areas of responsibility
- Contribute to policies and procedures to reduce risk
- Monitoring the implementation of preventive measures to reduce risk
- Ensuring the efficient and effective use of resources
- Safeguarding the company's assets and
- Participate in internal auditing procedures

3.1.1 Criteria

3.1.1.1 There is a documented risk management plan for the mortuary.

A formal process should be followed to identify and analyse risks in the organisation.

The risk management plan should include all relevant aspects and services of the organisation, e.g. staff and visitor related risks, financial, corporate and legal risks, physical facility, security and environmental risks, etc.

This does not imply a single integrated document provided all components are dealt with in documented systems.

3.1.1.2 Risk assessments are recorded and the results are made available to personnel.

3.1.1.3 There is a mechanism to ensure that personnel are aware of risks and their consequences.

3.1.1.4 The mortuary implements response plans to likely community emergencies, epidemics and natural or other disasters.

3.1.1.5 An internal incident and emergency plan is in place.

3.1.1.6 A monitoring programme provides data on incidents, injuries and other events that support planning and further risk reduction.

3.2 Safe Operating Practice

3.2.1 There is a process to ensure that safe operating practices are implemented.

3.2.1 Criteria

- 3.2.1.1 Policies and procedures are available relating to the handling and storage of bodies.**
- 3.2.1.1 Policies and procedures are available relating to the isolation of bodies suspected of harbouring infectious diseases.**
- 3.2.1.2 Policies and procedures are available relating to the handling of infected linen.**
- 3.2.1.3 Policies and procedures are available relating to the wearing of protective clothing.**
- 3.2.1.4 Policies and procedures are available relating to the colour coding of bags for soiled and infected linen and their handling, processing and disposal.**
- 3.2.1.5 There is a process to deal with used, discarded or contaminated protective clothing.**
- 3.2.1.6 First aid is available to provide immediate attention to all injuries.**
- 3.2.1.7 An emergency shower or eye-wash facility is provided in the washroom area and where chemicals are stored or handled.**
- 3.2.1.8 Counseling and treatment is available to personnel who have suffered a sharps injury.**
- 3.2.1.9 Processes for regular debriefing sessions for employees are in place.**

3.3 Prevention and Control of Infection

- 3.3.1 The mortuary implements a coordinated programme to reduce the risks of infections.*

Standard intent

The goal of a mortuary's infection surveillance, prevention and control programme is to identify and reduce the risks of acquiring and/or transmitting infections.

The infection control programme may differ from mortuary to mortuary, depending on the mortuary's geographic location, patient volume, patient population served, type of clinical activities and number of employees.

3.3.1 Criteria

- 3.3.1.1 There are processes to reduce the risk of infections.**
- 3.3.1.1 The processes are appropriate to the size and geographic location of the mortuary, the services offered, and the community served.**

- 3.3.1.2** **The infection control processes include prevention of the spread of blood-borne diseases (such as HIV, and hepatitis B/C) and focuses on processes that may lead to infection.**
- 3.3.1.3** **The processes are compliant with National laws and regulations.**
- 3.3.1.4** **All personnel, vehicles, and other areas of the mortuary are included in the infection control processes.**
- 3.3.1.5** **The mortuary has established the processes associated with infection risk and developed procedures to reduce infection risk.**

3.3.2 *Protective clothing, disinfectants and barrier techniques are available and are used correctly as required.*

Standard intent

Hand washing barrier techniques and disinfecting agents are fundamental to infection prevention and control. The mortuary identifies those situations in which the use of gowns, masks and gloves is required and provides training in their correct use. Soap and disinfectants are located in those areas where hand washing and disinfecting procedures are required. Personnel are educated in proper hand washing and disinfecting procedures.

3.3.2 Criteria

- 3.3.2.1** **The mortuary identifies those situations for which protective clothing is required.**
- 3.3.2.1** **Protective clothing is correctly used in those situations.**
- 3.3.2.2** **The mortuary identifies those areas where hand washing and disinfecting procedures are required.**
- 3.3.2.3** **Hand washing and disinfecting procedures are used correctly in those areas.**
- 3.3.2.4** **Gloves, masks, soap and disinfectants are available and are used correctly when required.**

3.3.3 *All areas within the mortuary are maintained in a safe clean and tidy condition.*

3.3.3 Criteria

- 3.3.3.1** **Secure storage areas and well-maintained equipment are available to housekeeping personnel.**
- 3.3.3.1** **Chemicals for cleaning are safely stored.**
- 3.3.3.2** **Mops and brooms are cleaned and dried before being stored.**
- 3.3.3.3** **Cleaning cupboards are adequately ventilated.**

- 3.3.3.4 Access to entrances, exits and emergency equipment is kept free of obstruction.**
- 3.3.3.5 Soiled linen is placed in bags designated for that purpose.**
- 3.3.3.6 Linen is not stacked close to heating or cooling equipment, the vents of motors or air-conditioning units.**
- 3.3.3.7 Soiled linen is stored in a secure facility.**
- 3.3.3.8 A separate storage area is set aside for combustible refuse, waste paper and empty containers pending their removal from the premises.**
- 3.3.3.9 Pest control mechanisms are identified and implemented.**

3.4 Healthcare and other Waste Disposal

3.4.1 The mortuary implements processes for the handling, collection, transport, storage, segregation and disposal of health waste and other waste.

Standard intent

Hazardous wastes are identified by the mortuary and are safely controlled according to a plan. Such materials and wastes include chemicals, household wastes, hazardous gases and vapours, and other regulated medical and infectious wastes. All clinical waste is regarded as hazardous or potentially hazardous.

3.4.1 Criteria

- 3.4.1.1 There is a plan for the inventory, handling, storage and use of clinical materials and the control and disposal of materials and waste.**
- 3.4.1.1 Health waste is identified by the mortuary.**
- 3.4.1.2 Health wastes are managed according to a plan.**
- 3.4.1.3 The plan includes labeling of hazardous materials and wastes.**
- 3.4.1.4 The plan identifies documentation requirements including any permits, licenses, or other regulatory requirements.**
- 3.4.1.5 The plan includes the procedures to be adopted when a spill of a hazardous chemical or infectious material occurs.**
- 3.4.1.6 The plan includes the proper disposal of health and other waste.**

3.5 Fire Safety

3.5.1 The mortuary implements the fire safety plan to reduce evident fire risks.

Standard intent

Fire is an ever present risk in a health organisation. Every organisation needs to plan how it will keep its occupants safe in case of fire or smoke. An organisation plans in particular for:

- The prevention of fire through the reduction of risks such as the safe storage and handling of potentially flammable materials
- Hazards related to any construction in or adjacent to the buildings
- Safe and unobstructed means of exit in the event of a fire
- Clearly depicted fire escape routes
- Early warning and detection systems such as fire patrols, smoke detectors, or fire alarms;
- Inspection reports from local fire departments, and
- Suppression mechanisms such as water hoses, chemical suppressants or sprinkler systems.

The mortuary's fire safety plan identifies the:

- Frequency of inspection, testing and maintenance of fire protection and safety systems, consistent with requirements
- Process for testing at least twice a year, the plan for the safe evacuation of the facility in the event of a fire or smoke
- Necessary education of personnel to effectively protect and evacuate the facility when an emergency occurs
- Participation of each personnel member in at least one emergency preparedness test per year.

National laws and regulation will apply, it is essential that some form of fire safety certification is made by relevant authorities, either in a letter or a formal certificate. This certification documentation should state the norms/standards/regulations against which such certification of compliance was issued.

In most instances, this certification remains valid until building alterations or additions take place.

3.5.1 Criteria

3.5.1.1 There are structured systems and processes in place to ensure that all occupants of the mortuary are safe from fire and smoke emergencies or hazards.

There are documented fire safety systems which include all the relevant aspects of fire safety, e.g. training, rehearsals, detection and abatement systems, servicing and storage of equipment, escape route signage, storage and handling of flammable materials, etc. This does not imply a single integrated document provided that all components of the system are dealt with in documented systems.

3.5.1.1 Documented certification is available from the relevant authority to show that the facility complies with applicable laws and regulations in relation to fire safety (e.g. fire clearance certificate).

Refer to the guideline following the intent statement above.

National legislation regarding such certification will be taken into account. At the least there should be evidence that the relevant safety authorities have declared the building or vehicle safe to perform its intended function.

3.5.1.2 Fire fighting equipment is regularly inspected and serviced at least annually and the date of the service is recorded on the apparatus.

Abatement systems include all fire safety systems such as fire fighting equipment, fire detection equipment, sprinkler systems, smoke detectors and structural abatement systems such as fire walls and fire doors.

The type of systems to be installed will depend on national requirements and compliance with such stipulations will be reflected in the certification as required.

It is essential that the testing and servicing of all fire safety equipment is up to date, automatic abatement systems are regularly tested, fire and smoke detection systems are tested, and automatic abatement doors are not forced to remain open by means of wedging or putting objects against them.

3.5.1.3 A floor plan showing the location of fire fighting equipment, electrical distribution board, evacuation routes and emergency exits is displayed.

3.6 Security

3.6.1 The organisation provides a security service that ensures the safeguarding and protection of buildings, personnel and visitors.

Standard intent

The organisation has a responsibility to ensure that personnel and visitors are safe from attacks or theft by intruders. The health and safety committee identifies areas and groups that are vulnerable and require added security. The loss of organisation property must be prevented as far as possible through the implementation of security systems.

Security officers need to be aware of their powers and duties relating to the restriction of access to premises and the apprehension of intruders.

3.6.1 Criteria

3.6.1.1 A 24-hour security system is maintained for the routine monitoring and safeguarding of the building, personnel and visitors.

3.6.1.2 The powers and duties of security officers are clearly defined.

3.6.1.3 Safety and security systems are developed with input from personnel.

3.6.1.4 Security systems include access control of defined protected areas.

3.6.1.5 The building is evaluated to identify areas requiring security doors and locks.

3.7 Training in Health and Safety

3.7.1 The mortuary educates and trains all personnel about their roles in providing a safe and effective facility.

Standard intent

The mortuaries personnel need to be educated and trained to carry out their roles in identifying and reducing risks, protecting others and themselves, and creating a safe and secure environment.

Each organisation must determine the type and level of training for personnel, and then carry out and document a programme for this training and education. The programme can include group instruction, printed education materials, a component of new personnel orientation, or some other mechanism that meets the needs of the organization. The programme includes instruction on the processes for reporting potential risks, reporting incidents and injuries, and handling hazardous and other materials that pose risks to themselves and others.

The organization plans a programme designed to periodically test personnel knowledge related to emergency procedures, including fire safety procedures, the response to hazards such as the spill of a hazardous material and the use of equipment that poses a risk to personnel. Knowledge can be tested through a variety of means such as individual or group demonstrations, the staging of mock events such as an epidemic in the community, the use of written or computer tests, or other means suitable to the knowledge being tested. The organization documents who was tested and the results of the testing.

The organization provides training to personnel to prepare them for their roles in external or internal emergencies.

3.7.1 Criteria

3.7.1.1 For each component of the mortuaries risk management programme, there is planned education to ensure that personnel can effectively carry out their responsibilities.

3.7.1.1 Personnel are trained and knowledgeable about their role in the company's plan for safety, security, hazardous materials and emergencies.

3.7.1.2 Personnel can describe and/or demonstrate their role in response to a fire.

3.7.1.3 Personnel can describe and/or demonstrate actions to eliminate, minimize, or report safety, security and other risks.

- 3.7.1.4 Personnel can describe and/or demonstrate precautions, procedures and participation in the storage, handling, segregation, disposal of hazardous wastes and materials, in related emergencies.**
- 3.7.1.5 Personnel can describe and/or demonstrate procedures and their role in internal and community emergencies and disasters.**
- 3.7.1.6 Personnel knowledge is tested regarding their role in maintaining a safe and effective facility.**
- 3.7.1.7 Personnel training and testing is documented as to who was trained and tested, and the results.**

SE 4: MANAGEMENT OF INFORMATION

OVERVIEW OF MANAGEMENT OF INFORMATION

Information is a resource that must be managed effectively and efficiently by the organisation's leaders, just like human, material and financial resources. Every organisation seeks to obtain, manage and use information to improve overall organisational performance.

Over time, organisations become more effective in:

- identifying information needs
- designing an information management system
- defining and capturing data and information
- analysing data and transforming them into useful information
- transmitting and reporting data and information and
- integrating and using information.

Although computerisation and other technologies improve efficiency, the principles of good information management apply to all methods, whether paper based or electronic.

Standards

4.1 Planning

4.1.1 *The mortuary management implements processes to meet the information needs of those who manage the organisation, and those outside the organisation who require data and information from the organisation.*

4.1.1 Criteria

4.1.1.1 The organisation has a plan to meet information needs, based on an assessment of the needs of those within and outside the organisation.

4.1.1.2 The information needs of those who provide pathology services are considered in the planning process.

4.1.1.3 The information needs and requirements of individuals and agencies outside the organisation are considered in the planning process.

4.1.1.4 The information plan includes how the confidentiality, security and integrity of data and information will be maintained.

4.1.1.5 Security and confidentiality of deceased person data and information are maintained.

4.1.1.6 The mortuary has a process to aggregate data and has determined what data and information are to be regularly aggregated to meet the needs of the organisation.

4.1.1.7 Aggregate data and information to support organisation management.

4.1.1.8 Aggregate data and information to support the quality management programme.

4.1.2 *Organisation policy identifies those authorised to make entries in the record of the deceased and determines the record's content and format.*

4.1.2 Criteria

4.1.2.1 The specific content of records has been determined by the organisation.

4.1.2.2 Those prescribed to make entries in the record are identified in organisation policy.

4.1.2.3 The format and location of entries are determined by organisation policy.

4.1.2.4 There is a process to ensure that only authorised individuals make entries in records.

4.1.3 *The organisation has a policy on the retention time of records, data and information.*

Standard intent

Dispatch records, recorded calls, deceased' records and other data are retained for a sufficient period to comply with laws and regulations and then destroyed in a manner that retains confidentiality.

4.1.3 Criteria

4.1.3.1 The organisation has a policy on the retention of records and other data and information.

4.1.3.2 The retention process provides expected confidentiality and security.

4.1.3.3 Records, data and information are retained according to policy or laws and regulations.

4.1.3.4 Records, data and information are destroyed appropriately.

SE 5: QUALITY MANAGEMENT AND IMPROVEMENT

OVERVIEW OF QUALITY MANAGEMENT AND IMPROVEMENT

In order to initiate and maintain improvement, a formal quality improvement programme is required. This is most effective when it is planned and implemented on an organisation wide basis.

A formal quality improvement programme involves the accumulation of data regarding suitable measures (indicators), which are then analysed. New processes are then designed and indicator data used to monitor the outcomes.

Standards

5.1 Quality Management and Improvement

5.1.1 *A formalised proactive quality improvement approach is maintained in the service.*

Standard intent

It is the responsibility of management of the organisation to ensure that standards are set throughout the organisation. Within each department or service, it is the responsibility of managers to ensure that standards are set for the particular department. This requires co-ordination with the organisation's central/management/coordinating quality management structures or systems. Departmental managers use available data and information to identify priority areas for quality monitoring and improvement.

Quality monitoring could include:

- the availability, contents and use of deceased' records
- patient and family expectations and satisfaction.

The following will be evaluated:

- problems identified in this service for which quality improvement activities were initiated
- the processes put in place to resolve the problems
- identification of indicators to measure improvement
- the tool(s) used to evaluate these indicators
- the monitoring of these indicators and corrective steps taken when goals were not achieved and
- graphed and/or tabled results, as appropriate.

<i>A once off project such as acquiring a specific item of equipment will be scored NC.</i>

5.1.1 Criteria

5.1.1.1 There are formalised quality improvement processes for the service that have been developed and agreed upon by the personnel of the service.

5.1.1.2 There is a training programme for Personnel that is consistent with their role in the quality management and improvement programme.

5.1.1.3 Indicators of performance are identified to evaluate the quality of service rendered.

5.1.1.4 The quality improvement cycle includes the monitoring and evaluation of the standards set and the remedial action implemented.

5.1.1.5 A documentation audit system is in place.

5.1.1.6 Information on the quality management and improvement programme is communicated to personnel regularly.

5.1.2 *Improvement in quality is achieved and sustained.*

Standard Intent

The health organisation uses the information from data analysis to identify potential improvements to reduce (or prevent) adverse events. Routine monitoring data and data from intensive assessments contribute to an understanding of where improvement should be planned, and what priority should be given to the improvement. In particular, clinical and managerial leaders plan improvements to those data collection areas requiring priority.

The organisation uses appropriate resources and involves those individuals, disciplines, and departments closest to the processes or activities to be improved. Responsibility for planning and carrying out improvement is assigned to individuals or to a team. Any needed training is provided and information management or other resources are made available.

Once a change is planned, data is collected during a test period to demonstrate that the change is actually an improvement. To ensure that the improvement is sustained, monitoring data is then collected for ongoing analysis. Effective changes are incorporated into standard operating procedures and any necessary education of the personnel is carried out. The organisation documents those improvements achieved and sustained as part of its quality management and improvement processes.

5.1.2 Criteria

5.1.2.1 The organisation documents the improvements achieved and sustained.

5.1.2.2 This information leads to the development of processes to ensure that quality is sustained.

SE 6: AUTOPSY PROCESSES

OVERVIEW OF AUTOPSY PROCESSES

The autopsy processes relate to:

- the removal and transportation of the body
- the storage of the body
- medico-legal post mortem or autopsy procedure; and
- The provision of comprehensive reports on the findings of the autopsy.

Pathology services relate to the diagnosis of disease and investigation of natural and unnatural causes of death. It includes deaths caused by unnatural causes of deaths such as accidents, suicides and homicides.

Pathology services are broadly divided into Anatomical and, Clinical pathology. Sub specialities in anatomical pathology include surgical pathology, cytopathology and forensic pathology. Clinical pathology includes haematology, clinical chemistry, microbiology and immunology.

Surgical pathologists are responsible for diagnosing diseases from the analysis of tissue and organ specimens. Cyto-pathologists analyse cellular specimen.

Forensic pathologists are responsible for, amongst others, estimating the time of death, establishing cause of death, distinguishing between natural, suicide and homicide, identifying the cause of trauma or type of weapon used, if relevant. Once the forensic pathologist has drawn an appropriate conclusion from his/her findings, a comprehensive report, which can be used in a court of law is formulated. There is, therefore, a close relationship between law and medicine.

Standards

6.1 Management of Pathology Services

- 6.1.1 A medical director/head of department with appropriate registration, education, and training provides oversight of the pathology activities of the organisation.*

Standard intent

Each organisation employs or otherwise obtains the services of a doctor who is accountable for oversight of the pathology activities that take place within the organization. To accomplish these oversight responsibilities, the medical director/head of department must have training and experience related to forensic medicine/pathology services. The individual selected or appointed by the governing body to carry out these functions has the necessary qualifications as a histopathologist/forensic pathologist, forensic medical officer or medical practitioner qualified to perform post mortem examinations and/or autopsies.

6.1.1 Criteria

- 6.1.1.1 There is a trained and licensed Pathologist who is accountable for the oversight of all autopsy services of the organisation.**
- 6.1.1.2 The pathologist is accountable for the development, implementation, and monitoring of autopsy service functions.**
- 6.1.1.3 The pathologist is accountable for the in-service training/education and performance monitoring of employees that provide autopsy services.**
- 6.1.1.4 A determination is made about the current qualifications of individuals to provide pathology services.**
- 6.1.1.5 The organisation has an effective process to authorise all health professionals to provide pathology services consistent with their qualifications.**
- 6.1.1.6 The head of department/medical director is accountable for the medical components of the quality management and improvement programme.**
- 6.1.1.7 The medical director and the managerial leaders select pathology practice guidelines.**
- 6.1.1.8 The medical director and the managerial leaders adapt guidelines as appropriate for the clients served by the organisation and the resources available within the organisation.**
- 6.1.1.9 Guidelines are reviewed and adapted on a regular basis after implementation.**

6.1.2 *The pathology service is responsible for the removal and transportation of the body.*

6.1.2 Criteria

6.1.2.1 The forensic pathology service removes the body from the scene of death in consultation with the Investigation Officer after death certification by a qualified medical practitioner.

6.1.2.2 The body is handled according to prescribed policies and procedures.

6.1.2.3 The body is transported to the mortuary according to stipulated procedures after it has been certified dead by the hospital Accident and Emergency Department or Clinic doctors.

6.1.2.4 Designated vehicles are used for the transportation of bodies

6.1.3 *Bodies are admitted to the forensic mortuary and stored according to documented procedures.*

6.1.3 Criteria

6.1.3.1 The medico-legal admission requirements and processes are adhered to when a body is admitted.

6.1.3.2 The body is stored in accordance with the prescribed procedure.

6.1.3.3 Access to the body is controlled at all times.

6.1.3.4 Medico-legal post mortems are conducted within prescribed time frames.

6.1.4 *Forensic post-mortem examinations are only conducted in terms of relevant legislation.*

Standard intent

Relevant legislation must be adhered to where post mortems or autopsies are to be performed. This includes liaison between the investigating officer of the police service and the forensic pathologist, so as to maintain the chain of evidence relating to the body and any associated items.

6.1.4 Criteria

6.1.4.1 For forensic post-mortem examinations, the forensic pathologist secures custodianship of the body from the scene of death;

6.1.4.2 For forensic post-mortem examinations, the forensic pathologist will have the full authority to discretionally allow access to the body. Access to the body will be limited to those who have a medical background and fulfil the criteria.

- 6.1.4.3** For forensic post-mortem examinations, the body shall be viewed by the family representative for purposes of identification only.
- 6.1.4.4** For forensic post-mortem examinations, the family may elect to have a medical practitioner observe the Post-mortem procedure.
- 6.1.4.5** For forensic post-mortem examinations, the forensic pathologist maintains the chain of evidence relating to the body and any associated items.
- 6.1.4.6** For forensic post-mortem examinations, the forensic pathologist conducts the post mortem investigation and harvesting of evidentiary material according to prescribed laws and procedures.
- 6.1.4.7** For forensic post-mortem examinations, the forensic pathologist conducts appropriate special investigations according to prescribed laws and procedures.
- 6.1.4.8** For forensic post-mortem examinations, the forensic pathologist produces medico-legal reports, consultancy reports, expert testimony and opinions.
- 6.1.4.9** For forensic post-mortem examinations, the forensic pathologist archives documents, specimens and related materials.
- 6.1.4.10** For forensic post-mortem examinations, the forensic pathologist releases the body to a registered undertaker or for a pauper's burial in terms of relevant legislation.

6.1.5 Clinical post mortem examinations are only conducted in terms of relevant legislation.

Standard intent

Relevant legislation must be adhered to where post mortems or autopsies are to be performed. For Clinical autopsies a consent from the relatives should be obtained and liaison between the requesting doctor and the pathologist should be established.

6.1.5 Criteria

- 6.1.5.1** For clinical post-mortem examinations, the anatomical pathologist conducts the post mortem examination and harvesting of diagnostic material
- 6.1.5.2** For clinical post-mortem examinations consent from relatives should be obtained before the case is admitted for post-mortem examination.
- 6.1.5.3** For clinical post-mortem examinations, the anatomical pathologist conducts appropriate special investigations.

- 6.1.5.4 For clinical post-mortem examinations the anatomical pathologist conducts the post mortem examination and harvesting of diagnostic material;**
- 6.1.5.5 For clinical post-mortem examinations, the anatomical pathologist produces reports and submits it to the requesting entity.**
- 6.1.5.6 For clinical post-mortem examinations, the anatomical pathologist archives documents, specimens and related materials according to national regulations.**
- 6.1.5.7 Following anatomical post-mortem examinations, the mortuary personnel release the body to a registered undertaker or for a pauper's burial in terms of relevant legislation.**

