

# National Standard for Forensic Medical Services in the Maldives



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Male', Republic of Maldives

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## Table of Contents

Acknowledgement .....	2
1. INTRODUCTION .....	5
2. SCOPE AND APPLICATION.....	6
3. DEFINITIONS .....	6
4. GRADING LEVEL.....	7
4.1 Level 1 Forensic medical unit .....	8
4.2 Level 2 Forensic medical unit.....	8
5 LICENSURE REQUIREMENTS .....	9
6. INFRASTRUCTURE AND FUNCTIONAL REQUIREMENT .....	9
6.1 Infrastructure .....	9
6.2 Functional zones .....	10
6.3 Design .....	11
6.4 Environmental considerations .....	11
6.5 Accessibility .....	11
6.6 Safety and security.....	11
6.7 Finishes .....	11
6.8 Fixture and equipments .....	12
7 HUMAN RESOURCE REQUIREMENT .....	12
8. HANDLING, PRESERVING AND STORAGE OF DEAD BODY AND SAMPLE FOR FORENSIC POSTMORTEM EXAMINATION.....	13
9 OPERATIONAL PROCEDURES.....	16
9.1 Receipt and registration of dead body at the unit .....	16
9.2 Brought in Dead (B.I.D).....	17
9.3 Storage of dead body .....	17
9.4 Release of Dead Body.....	18
9.5 Release of dead body for police case .....	18
9.6 Release of Dead Body of Foreigners.....	19
9.7 Release of Unclaimed Dead Body .....	19
10 THE AUTOPSY .....	19
10.7 Control of contamination of Deoxyribonucleic Acid (DNA) Evidence on body of deceased .....	23
11 THE PATHOLOGIST'S AUTOPSY REPORT.....	24
11.1 Minimum documentation in the final report.....	24
11.2 The Pathologist must ensure that: .....	26

12. DOCUMENTATION AND DATA REPORTING.....	27
13 ENFORCEMENT AND SANCTIONS .....	27
14 INFECTION CONTROL .....	27
15. REFERENCE .....	31
Annex 1: Building service requirement .....	32
Annex 2: Functional zones.....	34
Annex 3: Medico-legal Form.....	40
Annex 5: Registration and storage of body.....	47
Annex 6: Release of body.....	48
Annex 7: Medical Certificate of Death after postmortem examination.....	49
Annex 8: Minimum information required for specimen identification.....	50

## 1. INTRODUCTION

Forensic medicine is the area of medicine related to examination and assessment of individuals by a forensic medicine specialist (forensic pathologist), who have been or suspected of being injured or killed by external influence, trauma or intoxication, (Erikson, 2016). It is a subspeciality of pathology that specializes in the medico legal investigation of suspicious or non-natural deaths, particularly the causation and consequences of wounds and injuries (The association of clinical pathologists, 2024). With the increasing number of autopsies to rule out cause of death, there is a growing demand for forensic medical services in the country.

This national standard for forensic medical services is a written description of steps for all significant procedures relating to the practice of forensic medicine, to allow forensic pathologist to demonstrate high standard of professional performance using valid and acceptable criteria. The aim of this standard is to provide quality and standard practice in the delivery of forensic medical services in the country. This standard shall be read in conjunction with relevant laws and regulations of the Maldives.

## 2. SCOPE AND APPLICATION

The main objective of this standard is to utilize principles of medical sciences in assisting in legal authorities with the requirements of the laws of the Maldives, when establishing cause of death, while ensuring intact chain of custody. This standard applies to all healthcare facilities providing forensic medical services in the Maldives.

## 3. DEFINITIONS

For the purpose of this standard, the following terms are defined as:

Term	Definition
<b>Forensic medicine</b>	The applied use of medical knowledge or practice, especially pathology, to the purpose of the laws, as in determining the cause of death (British dictionary definition for forensic medicine)
<b>Forensic Medical Services</b>	“Forensic medical services” is defined as the services that deals with examination and assessment of individuals who have been or are suspected to have been injured or killed by external influence such as trauma or intoxication. This means that only victims and suspects of crime, but also suicidees and accidental fatalities are examined by a specialist forensic pathologist. (Erikson, 2016).
<b>Forensic pathology</b>	Is part of forensic medicine dealing with examination of deceased persons.
<b>Forensic pathologist</b>	A forensic pathologist will analyze medical history of the deceased individual and crime scene evidence and witness testimonials, perform an autopsy to assess whether death was caused by injury or disease, as well to collect further evidence from the body.
<b>Unit</b>	A stand alone or dedicated unit within a government or private healthcare centre providing forensic medical services.

<b>Autopsy</b>	A postmortem medical examination that may involve full or partial dissection of the body, imaging of the body, external examination and review of the records and collection of appropriate specimens. Autopsies can be classified as 'pathological' or 'forensic'. A pathological autopsy is an examination performed with permission from the relatives/next-of-kin. A forensic autopsy, is an examination performed under the law ordered by a court.
<b>Medico legal</b>	A medico-legal case is a medical case with legal implications. A medical case becomes a medico-legal case when the attending doctor clinically examines the patient and their history and forms the opinion that an investigation by law enforcement is needed. A medical examination conducted for patients brought by the police or the court also falls within this category.
<b>Court</b>	The court formed S. 53 of the Act No. 22/2010 (Maldives Court Act).
<b>Investigating officer (IO)</b>	Police officer investigating the case
<b>Police case</b>	Cases under police investigation to rule out cause of death

#### 4. GRADING LEVEL

All healthcare facilities providing forensic medical services shall be graded as:

**Level 1:** Forensic medical unit: Provides forensic medical services without autopsy, however, clinical examination and sample collection are carried out.

**Level 2:** Forensic medical unit: Provides forensic medical services with autopsies.

#### 4.1 Level 1 Forensic medical unit

Level 1 forensic medical units provide forensic medical services without an autopsy suite. The unit mainly have a mortuary, and examinations performed in this facility may be limited to external examination, and/or other investigations such as postmortem imaging and percutaneous needle sampling and blood sampling.

##### *Functions*

- Washing bodies
- External examination of bodies
- Sample collection and other external examination
- Preparation of bodies prior to viewing

#### 4.2 Level 2 Forensic medical unit

Level 2 forensic medical units provide forensic medical services with a mortuary with infrastructure and personnel expertise to perform autopsies. The unit shall conduct autopsies in addition to collecting information, taking, and storing samples, external examinations including photographs, images, and percutaneous needle sampling etc.

##### *Functions*

- Washing bodies
- External examination of bodies
- Sample collection and other external examination
- Conduct autopsies
- Specimen collection and storage
- Preparation of bodies prior to viewing
- Diagnosing cause of death

## 5 LICENSURE REQUIREMENTS

- 5.1 No healthcare facility shall provide forensic medical services without prior registration and operating license from Ministry of Health.
- 5.2 Registration and licensing are required for units requesting to establish a forensic medicine unit for the first time. Existing healthcare centres/hospitals with valid registration and operating license require new service approval.
- 5.3 Service approval shall be granted by Quality Assurance and Regulations Division (QARD) on meeting standard requirements set out in this standard. And chapter 4 of Regulation no. 2021/R-28 (Regulation on Registration and Licensing of Healthcare Facilities) and other relevant laws and regulations.
- 5.4 The unit may be registered as a stand-alone or a dedicated unit withing a government or a private healthcare facility.

## 6. INFRASTRUCTURE AND FUNCTIONAL REQUIREMENT

The unit shall be ideally located in the same building as the main health facility away from public areas, in the ground level. The size of the unit shall be dependent on the calculated number of bodies to be stored and its operational policy.

### 6.1 Infrastructure

6.1.1 All the hospitals/health facilities providing forensic medical services in the Maldives shall meet following requirements. The unit shall have all mandatory infrastructure requirements in chapter 3 of Regulation No. 2021/R-28 (Regulation on Operating Healthcare Centres). they are:

S. 10 - Structural standards of healthcare centres

S. 11- Hygiene maintenance standard

S. 12- Safety standards

S.13- Reception or waiting area

S. 15- Procedure room

S. 16- Laboratory, X-ray or other examination rooms

S. 18- Sterilization and disinfection

- 6.1.2 The unit shall be accessible through an interior and exterior entrance and shall be located in a place to avoid the need for transport through public areas.
- 6.1.3 It should be located in close proximity with an anatomical laboratory or a laboratory attached to it, and other clinical areas for easy transportation of specimen (when required).
- 6.1.4 The waiting area and body viewing area shall be collocated, however there should be no access to other rooms of the unit.
- 6.1.5 The design of the unit shall provide adequate working space and equipment to perform all activities at the unit.
- 6.1.6 The unit shall be ergonomically designed to prevent possible injuries to the staff and family members.
- 6.1.7 Body storage shall have up to sufficient space for triple stacked fits within the general ceiling height of 2700mm used in hospitals.
- 6.1.8 Easy access shall be given to the places like refrigeration facilities.
- 6.1.9 The unit shall also meet building service requirement stipulated in annex 1 of this standard.

## 6.2 Functional zones

- 6.2.1 All units providing forensic medical services shall have the following functional zones but not limited to:
- Entry lobby/exit lobby.
  - Body holding area.
  - Body washing area.
  - Waiting/viewing area.
  - Storage and support area.
  - Staff area.
- 6.2.2 The unit shall meet all the detailed requirements of all functional zones set out in annex 2 of this standard.

### **6.3 Design**

- 6.3.1 The design of the unit shall have sufficient space, working surfaces and appropriate equipment to carry out required procedures,
- 6.3.2 Infection control, cooling and ventilation must be considered,
- 6.3.3 The unit shall have adequate lighting and be ergonomically designed to avoid potential injuries to staff, and others who seek services,
- 6.3.4 Body storage up to triple stack fits may be used,
- 6.3.5 Easy access to maintenance staff, especially in refrigeration rooms.

### **6.4 Environmental considerations**

Acoustic design shall ensure that conversations in adjoining rooms cannot be heard by the relatives in the waiting or viewing area.

### **6.5 Accessibility**

There shall be separate access for the following:

- 6.5.1 Direct access from hospital for transportation of the body,
- 6.5.2 Direct access to families to viewing and waiting area,
- 6.5.3 Access to police and ambulance vehicles,
- 6.5.4 Internal access from body holding area may have direct access to and from hospital corridor, viewing room and from body holding area to the autopsy room.

### **6.6 Safety and security**

- 6.6.1 The unit shall have safety aspects including adequate protection from sharp edges.
- 6.6.2 The unit shall have security for storage of bodies, valuables left by the deceased and staff belongings.

### **6.7 Finishes**

- 6.7.1 Floor finish shall have non-slip flooring for areas subject to water and shall be impervious.
- 6.7.2 The flooring shall be from a material easy to clean, sealed with coving at the edges and shall have adequate drainage system.
- 6.7.3 Drainage system shall have appropriate filtration trap system for easy hosing down.
- 6.7.4 Wall surfaces in body holding area and autopsy room shall be washable or scrubbable.
- 6.7.5 Ceilings shall also be impermeable, non-porous and washable.

## 6.8 Fixture and equipments

The unit shall ensure:

- 6.8.1 Adequate provision for operation and maintenance.
- 6.8.2 Adequately sized doors to allow delivery and removal of equipment.
- 6.8.3 Electricity adequate for required heat load.

## 7 HUMAN RESOURCE REQUIREMENT

7.1 Forensic medical unit requires sufficient, dedicated, and competent staff able to work in teams and who are considerate of and able to relate to the potential risk of injuries and infections. The minimum human resource requirement includes:

1. Pathologist(s) and other clinicians
2. Technician(s)
3. Administrative staff
4. Radiologist(s)
5. Mortuary attendant
6. Social Worker(s)
7. Counsellor(s)
8. Ambulance officer(s)
9. Religious scholar(s) - optional
10. Porters
11. Security

7.2 To minimize the risk of inflicted disease, recommended basic vaccination programs shall be followed by all autopsy-attending individuals. Staff members with chronically reduced immune systems shall not attend regular work in the autopsy room unless medically approved.

7.3 Units performing autopsies shall have designated permanent staff of a size ensuring the level of activity.

7.4 Pathologist performing autopsies shall have credentials and experience in autopsy and have registration and practicing license from Maldives Medical and Dental Council.

- 7.5 All the clinical staff at the unit shall have valid registration and practicing license from their respective regulatory body of Ministry of Health.
- 7.6 Job descriptions shall be available with required education, norms for ethical standards, rules of conflict of interest and confidentiality.
- 7.7 All staff in contact with the deceased or with access to autopsy unit shall follow recommended occupational health screenings.

## 8. HANDLING, PRESERVING AND STORAGE OF DEAD BODY AND SAMPLE FOR FORENSIC POSTMORTEM EXAMINATION

### General considerations

- 8.1. Circumstance of death should be well informed.
- 8.2. Proper photographic documentation of the body should be undertaken.
- 8.3. Make a note of position of body in relation with fixed objects, records the clothing, all visible injuries and distribution of rigor mortis, livor mortis and state of decomposition.
- 8.4. Blood stain pattern over the body and surrounding at the scene should be noted and collect all biological materials as evidence.
- 8.5. Preliminary examination of body shall be carried out.
- 8.6. May estimate time since death from a record of rigor mortis, livor mortis and stage of decomposition.
- 8.7. Transport the body to the mortuary in a secure manner and temporarily store until further examination is done.
- 8.8. All dead bodies are potentially infectious, and therefore strict standard precautions shall be observed by the health personnel involved in handling each case.
- 8.9. For cases with identified notifiable infectious disease, Health Protection Agency (HPA) should be notified.
- 8.10. For all high-risk cases requiring forensic postmortem examination, the bodies may be transferred to a more suitable facility that can handle high risk forensic postmortem examination.
- 8.11. Deaths declared in hospital, who may require clinical autopsy to rule out cause of death,

the ward staff on duty must inform the assigned Medical Officer (MO) / specialist about the death, who shall decide on further evaluation/clinical autopsies to rule out cause of death with the consent of guardian.

8.12. Brought in dead cases, or suspicious deaths declared in hospital shall be informed to the designated focal point for forensic medical service (medical officer &/or specialist &/or staff.) and the focal point must ensure following steps are followed:

- a. Police must be notified,
- b. Medico legal form (in annex 3) should be completed by the attending physician/medical officer.
- c. Complete Death form in (in annex 4) (certificate of death shall be given by a registered medical practitioner.
- d. Details of the notification of death (name of the person called and name of the person informed, date and time) must be recorded in the case record of the deceased.
- e. Transfer of the deceased to the mortuary shall be made as soon as practical with all relevant documents accompanied by police.

8.13 If forensic postmortem examination is required by Police for the purpose of their investigation, a notice shall be issued by the Investigation Officer (IO).

8.14 The units performing medical autopsies should be a part of a medical institution, which is identifiable in the organizational chart and should have dedicated staff, administration, and facilities.

8.15 Yearly reports of the unit should be submitted to the Ministry of Health.

8.16 The autopsy practice **MUST** be under the leadership of a specialist pathologist who has experience in performing autopsies.

8.17 Medical autopsies should only be performed by a specialist in pathology, or by a trainee physically supervised by a specialist in pathology.

8.18 The premises of the unit should regard hygiene, safety and storage facilities.

8.19 Universal precautions as outlined in 'National Infection and Prevention Control Guideline shall be followed by the units.

8.20 The premises dedicated to and suitable for autopsy procedures should fulfil the

requirement of biosafety level II. This includes handwashing facility, eye washing station, automatic door locking facilities, waste management and decontamination facilities as per the prescribed standard.

- 8.21 The staff of the unit may be immunized for vaccine preventable diseases.
- 8.22 The unit shall have a regular insect / rodent control program.
- 8.23 The units shall have appropriate personal protective items and written protocols that are to be followed within the premises and all staff sensitized.
- 8.24 The unit may have a dedicated sterilization system or may use hospital sterilization for decontamination as per the prescribed standard with biohazard warning sign to be displayed in the premises.
- 8.25 The unit shall be located to avoid the need for transporting bodies through public areas. And should be located in close proximity to anatomical pathology laboratories (if available), for easy transfer of specimens.
- 8.26 The unit shall have procedures in place in the event of accidental contamination.
- 8.27 The unit **MUST** observe absolute confidentiality in information of the deceased, except where disclosure is required by Law or pursuant to an order of a court.
- 8.28 Medical or educational research on samples collected without prior approval from National Health Research Committee at the Ministry of Health, shall be considered violation of the Regulation No. 2019/R-1006 (Health Research Regulation).
- 8.29 The unit shall be responsible for damages caused by negligence on their part and shall be subject to provisions in Act No 13/2015 (Health Professionals Act) and Act No 29/2015 (Health Service Act) and other relevant Laws and regulations.
- 8.30 The unit and the staff **MUST** take all actions to protect intact chain of custody during all procedures and storing.
- 8.31 The units shall have ways to address and compensate for any misconduct/negligence which results in breach of chain of custody, or damage to the deceased.
- 8.32 Ensure as far as possible there is no opportunity for contamination of body from any fixtures, fittings or person at the units.
- 8.33 Ensure dignity of the deceased and ethical issues relating to the deceased and family are accommodated.

8.34 The unit shall have standard operating procedures for:

- a. Receiving and handling of body
- b. Storage and Release of body
- c. Autopsy and evidence collection
- d. Pathologists report

## 9 OPERATIONAL PROCEDURES

### 9.1 Receipt and registration of dead body at the unit

Forensic medical units may receive dead bodies for temporary storage before being transferred to the native country or for autopsies to investigate cause of death when autopsy services are not available. All dead bodies brought in to the unit shall be registered at the unit and the following shall be considered:

9.1.1 Death has taken place shall be confirmed by a medical doctor before registration at the unit.

9.1.2 Upon receiving the body at mortuary, the staff in charge shall fill the registration form and document the following details in Registration Book/or electronic data management system.

- a. Name, age, sex and address of the deceased,
- b. National Identification number,
- c. Nationality and Passport number for foreign nationals,
- d. Date and time of death/found dead,
- e. Date and time of arrival to unit,
- f. Religion of the deceased,
- g. Biohazard/ non biohazard.

9.1.3 Additionally, cases under police investigation, the following details shall be recorded.

9.1.3.1 Police case number,

9.1.3.2 Details of the police officer in charge (IO) of the case and contact number,

9.1.3.3 Court order for autopsy,

9.1.3.4 Details of the deceased (including suspected cause of death).

9.1.4 For bodies received at the unit for autopsy, shall be entered in **RED INK** in registration

book/electronic data management system, and shall be given an autopsy number different from that of registration number.

- 9.1.5 When registration at the unit is complete, assign a staff in charge at the unit who is responsible until the body is released from the unit.
- 9.1.6 All bodies shall be tagged with a body identification tag after registration at the unit and paste on the body bag.
- 9.1.7 A red body identification tag for police cases and for forensic autopsy.
- 9.1.8 When registration is complete, the staff in-charge of the case shall ensure all necessary arrangements to store the body are being taken.
- 9.1.9 Timely documentation of every step/procedure at the unit shall be documented and signed by the respective staff.
- 9.1.10 The unit shall ensure intact chain of custody are protected in every step at the unit for police cases.

## 9.2 Brought in Dead (B.I.D)

- 9.2.1 B.I.D brought/accompanied by Police officer shall be taken directly to the mortuary,
- 9.2.2 Police shall decide the need for forensic postmortem examination.

## 9.3 Storage of dead body

The unit shall ensure the following requirements are fulfilled:

- 9.3.1 For storing the body, refrigerator temperature should be set at  $4 \pm 2$  °C (not frozen) unless identified and claimed within four (4) hours from the time of receipt at unit.
- 9.3.2 The bodies shall be kept in body freezers after labelling using identification details stipulated in 9.1 of this standard.
- 9.3.3 Ensure that the identification label on the body freezer door corresponds with the identification tag on the dead body placed inside freezer.
- 9.3.4 Temporary body storage may be allowed upon formal request by relevant government authorities and with approval by the unit head.
- 9.3.5 Flow chart for registration and storage of dead body in annex 5.

#### **9.4 Release of Dead Body**

- 9.4.1 The medical officer in charge of the units is responsible for the release of all dead bodies (including whole body, body parts and any human remains) from the unit.
- 9.4.2 The Police shall be notified, and clearance shall be obtained before the release of bodies under police investigation.
- 9.4.3 The following details of the claimant(s) shall be documented on the Registration Book electronic data management system:
- a. Name of the claimant
  - b. Address of Claimant
  - c. Identification/Passport No.
  - d. Relationship to the Deceased
  - e. Date and Time of Release to the Claimant
  - f. Signature of the claimant
- 9.4.4 The claimants shall make their own arrangement for the process of performing the funeral rites in accordance with the respective religious rituals and transportation of the body.
- 9.4.5 The forensic staff shall not be involved in the procedures of last rites including escorting the body during transportation.
- 9.4.6 The unit shall not be held responsible for any untoward incidences after a dead body has been claimed.

#### **9.5 Release of dead body for police case**

- 9.5.1 All units providing forensic medical services may follow the flowchart for release of dead body is in annex 6, or the unit may formulate unit's own template with the details outlined here.
- 9.5.2 For all cases identified as police cases, police shall be notified, and clearance shall be obtained from police for the release of the body.
- 9.5.3 The following additional information shall be recorded:
- a. Name and designation of the claimant.
  - b. Claimant service number

## 9.6 Release of Dead Body of Foreigners

Handling of dead body of foreigners is based as per procedures released by the Ministry of Foreign Affairs and/or designated Diplomatic Office

- 9.6.1 The relevant High Commission/ Embassy or consulate shall be notified for issuance of confirmation on the status of nationality of the deceased prior to releasing the dead body to the claimant.
- 9.6.2 The claimants shall make their own arrangement for the process of performing the funeral rights and / or transportation of the body.
- 9.6.3 Ensure that the relevant High Commission/ Embassy/Consulate are notified prior to repatriation of the deceased foreign nationals.
- 9.6.4 Release of dead foreign nationals will also follow the same flow chart release of other bodies.

## 9.7 Release of Unclaimed Dead Body

Release of unclaimed dead body shall be carried out as per stipulated guidelines by Maldives Police Services and Ministry designated for social services, or any other related ministry.

## 10 THE AUTOPSY

There are two (2) types of autopsies:

1. Forensic autopsy
2. Clinical autopsy

Forensic autopsies are conducted in cases of suspicious, violent or unknown cause of death. Clinical autopsies are performed based on the consent of the relatives in order to better understand the cause of death.

The following should be followed before performing autopsies:

- 10.1 Confirm that the unit is licensed by the Ministry of Health. Autopsies should only be carried out in licensed facilities which meet the requirements set out in this standard.
- 10.2 Ensure correct identification of the body which the pathologist has authorization from Maldives Police Service to do an autopsy.
- 10.3 Ensure clothing (if present) once removed from the body takes place over the body

wrapping, so that any evidence shed from the clothing will not be lost.

10.4 Note if the parts of the body have been examined and no abnormality found, because negative findings may be equally significant.

## 10.5 Post-Autopsy

### 10.5.1 *Death Certificate:*

For clinical autopsies, Medical Certificate of cause of death shall be filled by the pathologist who performed autopsy. The unit may produce its own template for medical certificate for death, according to hospital policy, however, shall include minimum information outlined in medical certificate of cause of death after postmortem examination in annex 7.

### 10.5.2 *Additional Expertise and other Guidelines*

Additional expertise and other guidelines that may be required by an autopsy facility may be crucial in achieving a correct post-mortem diagnosis. The facility shall have defined criteria to involve additional expertise, for example examination of the brain by a neuropathology expert. Mechanisms shall be in place to access necessary additional analytic methods and/or expertise from other specialty areas within pathology, microbiology, toxicology, clinical chemistry, and radiology. All facilities shall have procedures manuals and written autopsy guidelines including but not limited to:

1. Hygiene and biosafety procedures including disposal of materials and bodily fluids and tissues
2. Storage of requisitions, reports, results, biomaterials
3. Mortuary procedures and processes
4. Communication processes and protocols with other clinicians, non-medical personnel, police, relatives, additional expertise, and other areas requiring communication protocols.
5. Procedure manuals for all procedures that the autopsy facility is licensed to perform.

## 10.6 Management of Evidence and Specimen

- 10.6.1 The unit **MUST** ensure handling of body, specimen and evidence collected during forensic examination safeguards intact chain of custody.
- 10.6.2 Withdrawing (or extracting) of blood, urine, or other body fluid for chemical analysis shall be done by the Forensic pathologist at the unit before dissection or conducting the autopsy when required. However, on the other hand fluids shall not be obtained if an autopsy is planned, to avoid introducing artifacts, e.g., puncture wounds. However, cultures of blood, and blood for toxicology, should be obtained before opening the body at autopsy percutaneously from the subclavian or femoral artery.
- 10.6.3 Blood for Deoxyribonucleic Acid (DNA) analysis is to be stored on Ethylenediaminetetraacetic acid (EDTA) tubes only, for better preservation.
- 10.6.4 Chemical analysis of biological samples will be determined by the nature of the case.
- 10.6.5 The pathologist performing autopsy shall give due considerations when collecting biological samples for chemical and toxicology analysis for:
- a. Blood in alcohol analysis
  - b. Pesticide detection
  - c. Cannabis and other drugs of pleasure
- 10.6.6 To ensure an intact chain of custody, all evidence and specimens taken are handed over immediately to the IO.
- 10.6.7 The IO shall be responsible for the chain of custody and transmission of the evidence and specimens to the relevant laboratories.
- 10.6.8 Specimen shall be collected by pathologist or by trained personnel under supervision of the pathologist.
- 10.6.9 Specimen shall be collected in the appropriate container. Table 1 summarizes types of specimens to be collected and type of containers.
- 10.6.10 Minimum requirements for specimen identification are attached in annex 8. The unit may use their own template according to hospital policy.
- 10.6.11 All Specimen container shall be labelled and sealed properly and labelled as follows:
- a. Name of the deceased,

- b. Police case No,
- c. Registration number (unit),
- d. Postmortem No,
- e. Type/name of specimen,
- f. Name of test,
- g. Date and time specimen taken,

10.6.12 The relevant forms shall be filled up depending on the test/analysis required.

Table 1: Types of specimens and container

Type of test	Specimen	Quantity	Type of specimen container
Histopathology	Specific organ	Specific area/whole organ	Container to be filled with formalin 10%
Toxicology & alcohol analysis	Blood	10ml	Universal glass bottle with sodium fluoride 0.2%
	Urine	25ml	Universal glass bottle with sodium fluoride 0.2%
	Stomach wash/vomitus	All or ≥ 25ml	Universal glass bottle
	Stomach content	All or ≥ 25ml	Universal glass bottle
	Vitreous humor		Universal glass bottle with sodium fluoride 0.2%
	Bile	all	Universal glass bottle with sodium fluoride 0.2%
	Cerebro spinal fluid	all	Universal glass bottle with sodium fluoride 0.2%
	Brain tissue	50-100grms	Specimen container
	Liver	50-100grms	Specimen container
	Kidney	50-100grms	Specimen container
Deoxyribonucleic Acid (DNA) profiling test	Blood	2.5 ml (for adult) 15-20 drop (for baby/newborn)	FTA card put into paper envelop after it is dried at room temperature
	Vaginal swab	2 swabs (external and internal)	Specimen container
	Anal swab	2 swabs (1 internal)	Specimen container

		and 1 external)	
	Bite marks swab/body swab	1 swab for each bite mark/each body part	Placed swabs into plain tube/plastic container with cover
Blood group	Blood	205ml	Vacutainer EDTA
HIV	Blood	205ml	Vacutainer plan red
Hai analysis	Hair from head	>12 pieces (cu/pulled/combed)	Sterile container
	Pubic hair	>12 pieces (cut)	Sterile container
Criminology	Bullet and or other bullets fragments	All that is taken from the dead body	Placed in separate sterile container (yellow/red cover) Each lined with cotton/gauze
	Clothes/personal items	All	Placed separately into envelope/paper bag of appropriate size
	Nail scrapings	All	Sterile container (white cover)
Entomology	Maggots (with the tissue of dead body)	Live sample (20-30 maggots)	Sterile container with a puncture cover (yellow/red)
		Dead sample 20-30 maggots	Sterile container with 70% alcohol or 10% formalin. (yellow or red colour)
Microbiology	Spermatozoa	1 swab every area	Every swab is smeared onto a slide and placed into slide container

### 10.7 Control of contamination of Deoxyribonucleic Acid (DNA) Evidence on body of deceased

For the control of contamination of DNA, the following steps shall be followed **STRICTLY**:

- 10.7.1 Ensure that all equipment and the autopsy table have been cleaned prior to placing the body (whilst still in the body bag).
- 10.7.2 Examine the body whilst still inside the body bag.
- 10.7.3 If needed/indicated, take photographs of the body.
- 10.7.4 Remove the clothing from the body whilst still inside the body bag.

10.7.5 Examine the clothes on a clean covered surface and take photographs, if required

10.7.6 Pack each piece of clothing separately using clean packaging papers.

## 11 THE PATHOLOGIST'S AUTOPSY REPORT

The autopsy report is a professionally prepared detailed opinion of the Forensic pathologist that provides the cause, manner, and mode of death. With reference to the autopsy report, the examining Forensic pathologist shall complete the autopsy report. All types of autopsy reports both hard copies and electronic copies shall be archived safely for an indefinite period under "lock and key". All electronic copies shall be stored in pdf format. In instances where the autopsy reports shall be required by a party, the authorized staff shall duplicate only hard copies under authorization by the superiors in the respective divisions. Any amendments to the autopsy reports shall be made in the Autopsy Examination Report Book with a personalized signature of the respective Forensic Physicians present accordingly.

### 11.1 Minimum documentation in the final report

Up on completion of autopsy, the Pathologist shall produce a formal report that will record the following but not limited to:

- 11.1.1 Identification details of the body as in section 9.1. of this standard, date of birth, date of death, consigner (name and address), date and time of autopsy.
- 11.1.2 Autopsy number, name of pathologist, and name of autopsy technician.
- 11.1.3 Legal requirements (written consent, contact with police etc., or any other legal requirements outlined by the court.).
- 11.1.4 Purpose of autopsy.
- 11.1.5 Clinical history of the deceased.
- 11.1.6 Type of autopsy (complete/partial).
- 11.1.7 External examination evidence.
- 11.1.8 Internal examination, including gross description.
- 11.1.9 Cause of Death (After autopsy)
- 11.1.10 List of sampled organs and/or lesions.

- 11.1.11 The information pathologist received in advance of the autopsy.
- 11.1.12 The data justifying decisions and actions taken at the examination of the scene and the body has been retained.
- 11.1.13 All investigations made either personally or by submission to a laboratory for report.
- 11.1.14 Conclusions and an explanation for those conclusions where unusual features are found but are concluded not to be relevant, the pathologist must explain why the finding has been discounted.
- 11.1.15 The reasoning underlying why, where findings are susceptible of alternative explanations (one explanation is favored).
- 11.1.16 The reasoning that supports conclusions, detailing all material drawn upon to support that reasoning, including reference to pertinent and current literature.
- 11.1.17 All samples that have been retained by the pathologist, whether or not it has been assigned police exhibit references.
- 11.1.18 Any other information required under the Prosecutor General's Office guidance on expert witnesses' obligations on disclosure.
- 11.1.19 Ensure the report meets the requirements set out in criminal procedures of the Maldives.
- 11.1.20 Produce report as soon as possible after analysis of the evidence collected.
- 11.1.21 Location of tissue samples taken for microscopy and their identification.
- 11.1.22 Microscopic descriptions: the microscopic description as part of listed minimum documentation shall include:
  - a. Gross findings should be demonstrated to clinicians immediately after each autopsy procedure, if necessary, by means of photographic or multimedia documentation. A preliminary written report should be given within two working days after the autopsy.
  - b. The preliminary report should list all findings in an orderly manner and should address each clinical question. The preliminary report should include an estimate of the expected turnaround time of the final report.

- c. The final report should be in the form of a standardized autopsy protocol, ensuring a standardized setup of gross organ descriptions and areas and microscopic descriptions of studied organs and tissues.
- d. Cause of death, including chain of events from underlying disease to immediate cause of death or condition, and other major diagnoses and findings should be reported according to the WHO guidelines/International Statistical Classification of Diseases and related health problems (ICD).
- e. If necessary, additional comments shall be given to explain the chain of events leading to the death of the patient, to answer any questions of the clinician, and/or to comment on major differences between the clinically estimated cause of death and patho-anatomical findings.

11.1.23 Ancillary studies (toxicology, bacteriology etc.) and their results.

11.1.24 Any photographic documentation.

11.1.25 Any retained organs, with an explanatory note about the reasons for retainment.

11.1.26 Other types of storage (fluids, tissues, or swabs).

11.1.27 An addendum should contain a reference to the relevant legislation and give a general description on the storage length and timeline of destruction of biological material and remnants from the autopsy.

## 11.2 The Pathologist must ensure that:

11.2.1 The report meets the requirement set in Criminal laws and regulations of the Maldives.

11.2.2 A critical conclusion is in place for all cases involving violent or suspicious death and to have a procedure in place to scrutinize the report by another pathologist to ensure that:

- a. The report is internally consistent,
- b. The conclusions drawn are justifiable,
- c. The report is capable of being understood without reference to other material.

11.2.3 The report is finalized within the recommended turnaround time.

## 12. DOCUMENTATION AND DATA REPORTING

All units providing forensic medical services shall maintain its records in physical or via an electronic data management system. The unit shall:

- 12.1 Develop guidelines for documentation and data management system aligned with hospital policy.
- 12.2 Autopsy reports shall be kept safely under locked system with restricted access.
- 12.3 Autopsy reports shall ONLY be shared upon request from Maldives Police Service or on request by a court.
- 12.4 The unit shall have a record of copies printed and details of staff accessed.
- 12.5 No information shall be shared with patient party without approval from Maldives Police Services.
- 12.6 Any amendments to the autopsy report shall be done with presence and personalized signature of the respective pathologist.
- 12.7 Number of autopsies performed shall be reported to Ministry of Health annually.

## 13 ENFORCEMENT AND SANCTIONS

- 13.1 All units providing forensic medical services shall comply with all provisions stipulated in this guideline, and all other relevant laws and regulations of the Maldives.
- 13.2 QARD may impose sanctions in any breach of requirements of this standard and any other relevant laws and regulations.

## 14 INFECTION CONTROL

The following are infection prevention and control measures:

- 14.1 Bodies stored at the units shall be contained as it may contain infectious disease.
- 14.2 Layout and design shall address ways to prevent cross contamination.
- 14.3 Provision of adequate number of handwashing facilities in all required areas.
- 14.4 Provision of cleaning, waste storage and waste disposal areas.

- 14.5 Specimen storage facility.
- 14.6 Isolation of space and ventilation system for potential hazards.
- 14.7 Provision of safety shower and eye wash or eye/face wash equipment within the unit, with first aid facilities in the event of spillage.
- 14.8 Follow steps of IPC measures set out in table 2 of this standard.
- 14.9 Waste generated at the unit shall be treated as per the national healthcare waste management policy.

**Table 2: Infection prevention and control measures**

<b>Standards Universal Precaution</b>	<ol style="list-style-type: none"> <li>1. Consider all autopsies as a potential infective source and the facility should adhere to National Infection and Prevention Control Guidelines</li> <li>2. Additional precaution may be needed depending on the known or suspected infectious status of the body.</li> <li>3. All bodies that are removed from the mortuary should be secured in an approved body bag that prevents leakage of body exudate or other substances.</li> <li>4. Separation of clean and dirty floors throughout the unit with clear transition zones</li> <li>5. A negative pressure ventilation system for the Autopsy Suite to minimize the spread of airborne pathogens.</li> <li>6. Pressurized water sprays should not be used in the Autopsy Room because of the dangers of aerosol contamination, but as most surfaces are frequently hosed down, it is important that all surfaces are impervious to water and stains and easy to clean.</li> <li>7. Ceilings and wall surfaces in the autopsy and body holding areas should be washable, impermeable and non-porous and/or scrubbable. Wall protection in areas subjected to damage from heavy equipment.</li> </ol>
<b>De-contamination</b>	<ol style="list-style-type: none"> <li>1. Decontamination of Autopsy room at the conclusion of autopsy: At the conclusion of the autopsy, the area of the incision and any other contaminated skin surfaces are washed with freshly open undiluted bleach (sodium hypochlorite). After 10 min, the skin may be washed with water.</li> </ol>

2. After the autopsy the body should be washed with a detergent solution followed by an antiseptic such as a 1:10 solution of household bleach and the body should be rinsed with water and placed in a disposable leakproof plastic body bag
3. All gowns, gloves, plastic sheets, and other disposable supplies are to be placed in a red or orange "Biohazard" bag and autoclaved (134 ° F steam) for one hour and then incinerated depending on the risk of the case.
4. Hard surfaces and surgical instruments are disinfected using fresh undiluted bleach or 1 Normal sodium hydroxide (1N NaOH). These two treatments are equally efficacious. Sodium hydroxide is preferred for steel instruments because it is less corrosive than bleach.
5. Sodium hydroxide should remain in contact with the surface for 60 minutes, and then rinse with water
6. Decontaminating the Tissue:
  - Use formalin fixation followed by formic acid treatment of tissue blocks.
  - The intact brain is fixed in formalin for one week prior to cutting.
  - Tissue blocks are taken, agitated in a least 250 ml of 95 - 100% formic acid for 1 hour (volume depends on the number of blocks), and then returned to formalin for 2 days prior to embedding.
  - Alternatively, take the necessary diagnostic sections from the fresh brain; fix them in formalin for 2 to 7 days (as one would for a surgical biopsy for dementia). Advantages of this approach are the brain tissue is only handled once, the autopsy room needs to be decontaminated only once and the diagnosis can be provided more promptly to the clinicians and the pathology staff.
  - The Forensic Physician conducting the autopsy shall be responsible for cleaning his or her area of tissue dissection during or after the autopsy.

#### Post-exposure management

1. Contact the designated infection prevention and control focal point.
2. To minimize the theoretical risk of infection following accidents the following

	<p>actions are recommended:</p> <ul style="list-style-type: none"> <li>- Contamination of broken skin with internal body fluids or tissues; wash with detergent and abundant amounts of warm water (avoid scrubbing), rinse and dry.</li> <li>- Brief exposure (1 min to 1:10 dilution of Bleach) can be considered for maximum safety Needle sticks; gently encourage bleeding; wash (avoid scrubbing) with warm soapy water, rinse, dry and cover with dressing.</li> <li>- Splashes to eye or mouth; irrigate with tap water (mouth) or saline (eye); report according to normal laboratory accident procedures.</li> </ul> <p>3. Needle stick injuries shall be recorded and treated according to the 'sharp and needle stick injury' guideline</p>
<p><b>Protective Equipment</b></p>	<ol style="list-style-type: none"> <li>1. Protective garments: Surgical scrub suit, surgical cap, impervious gowns with full sleeve coverage, eye, and face protection (e.g. Face shield), shoe cover and double surgical gloves with an interposed layer of cut proof synthetic mesh gloves should be used.</li> <li>2. Respiratory protection: N95 or N100 respirators or powdered air purifying respirators (PAPR) equipped with high efficiency particulate air (HEPA) filtration should be worn. A PARP is recommended for any procedure that may result in mechanical generation of aerosols (e.g., use of oscillating saws). Autopsy personnel who cannot wear N95 respirators because of facial hair or other limitations should wear PAPRs.</li> <li>3. Handling of protective equipment: Protective outer garments must be removed when leaving the immediate autopsy area and discarded in appropriate laundry or waste receptacles, either in an antechamber to the autopsy suite or immediately inside the entrance if an antechamber is not available. Hands should be washed upon glove removal</li> </ol>
<p><b>Containment devices</b></p>	<p>Biosafety cabinets should be available for handling and examining smaller specimens.</p> <p>Oscillating saws with vacuum shrouds should be used to reduce the amount of particulate and droplet aerosols generated.</p>

## 15. REFERENCE

Cambridge dictionary. (2024). Autopsy. Retrieved from:

<https://dictionary.cambridge.org/dictionary/english/autopsy>.

Dictionary. Com. Forensic medicine. Retrieved from:

<https://www.dictionary.com/browse/forensic-medicine/1000>.

Erikson, A. (2016). Forensic pathology. *Science Direct*. Retrieved from

[https://www.sciencedirect.com/topics/medicine-and-dentistry/forensic-medicine#:~:text=Forensic%20medicine%20is%20defined%20as,'%20\(Parikh%2C%201999\)](https://www.sciencedirect.com/topics/medicine-and-dentistry/forensic-medicine#:~:text=Forensic%20medicine%20is%20defined%20as,'%20(Parikh%2C%201999)).

Ministry of Health Malaysia. (2012). Standard operating procedure for forensic medical services. Retrieved from:

[file:///C:/Users/gulisthan/Downloads/SOP\\_Forensic\\_Medicine\\_Services%20\(2\).pdf](file:///C:/Users/gulisthan/Downloads/SOP_Forensic_Medicine_Services%20(2).pdf)

Ministry of health. (2016). National Healthcare waste management policy.

Requirements for the retention of laboratory records and diagnostic materials. (2013).

National pathology accreditation advisory council. 6<sup>th</sup> edition. Retrieved from:

<https://www.rcpa.edu.au/library/Practising-Pathology/DM/Doc/Requirements-for-the-Retention-of-Laboratory-recor.aspx>

The association of clinical pathologists. (2024). Forensic & Autopsy Pathology. Retrieved from

<https://pathologists.org.uk/specialities/forensic-pathology/>.

The royal college of pathologists. (2012). Code of practice for performance standard for forensic pathology in England, Wales and Northern Ireland. Retrieved from:

<https://www.rcpath.org/static/5617496b-cd1a-4ce3-9ec8eabfb0db8f3a/Code-of-practice-and-performance-standards-for-forensic-pathology-in-England-Wales-and-Northern-Ireland.pdf>.

## Annex 1: Building service requirement

Internet and communication system shall be available in the unit as per the hospital policy.

### *Heating ventilation and air conditioning (HVAC)*

- a. The temperature of the Autopsy Room should be maintained to suit the activity.
- b. The ventilation system should be designed to minimize the spread of odors and airborne pathogens by being isolated from other ventilation systems.
- c. Autopsy suites must have adequate air-exchanges per hour, and correct directionality and exhaust of airflow - Exhausts should be suitably filtered and discharged in a manner that will not contaminate any adjacent area or system.
- d. Autopsy suites should have a minimum of 12 air-exchanges per hour and should be at a negative pressure relative to adjacent passageways and office spaces.
- e. Air should not be returned to the building interior, but should be exhausted outdoors, away from areas of human traffic or gathering spaces (e.g., off the roof) and other air intake systems.
- f. For autopsies, local airflow control (i.e., laminar flow systems), can direct aerosols away from personnel; however, this safety feature does not remove the need for appropriate personal protective equipment.
- g. Temperature in the body holding area and autopsy area shall be maintained at 20-21°C.
- h. Ventilation systems should be isolated from the hospital ventilation system to prevent spread of odors, and airborne infections.
- i. Working area in body holding area and autopsy area is considered as non-refrigerated areas. These areas should have negative pressure. Refrigerated rooms do not require negative pressure.

### *Alarms:*

- a. The temperature of the cooled and freezing facilities shall have continuous monitoring system with fitted alarm system which activates when temperature exceeds a predetermined level. Alarms shall be transmitted to a manned station.
- b. The operating temperatures of all cooled facilities should be continuously monitored and

fitted with alarms which are activated when the temperature moves outside of predetermined ranges.

**Fire Safety:**

All flammable liquids should be stored in accordance with local policies.

**Hydraulic Services:**

Backflow prevention or a physical discontinuity to the water supply in the Autopsy Unit should be provided.

Suction should be provided to remove body fluids as required.

**Lighting:**

Adequate lighting should be available in all areas that suit the need and type of task that is carried out. Glare-free surfaces at eye height for those working on dissections. Shadow-free lighting for critical examination and dissection of the body.

**Power Supply:**

- a. There should be protected covers for the power supply outlets from wetting.
- b. The unit shall have emergency break-up for the power supply to the refrigerators and equipments. Power supply outlets to have protective covers.
- c. An emergency back-up system for the power supply should be available for refrigeration, high priority equipment and illumination.

**Trade Waste:**

- a. The trade waste plumbing and drainage system must be designed to meet the requirements of the relevant sewerage authority and in accordance with healthcare waste management protocols.
- b. Information regarding chemicals and body fluids to be used and discharged must be provided during the design stage.

## Annex 2: Functional zones

	Functional Zones	Detailed requirements	Level 1	Level 2
1	Entry/ exit lobby	The Entry Lobby to the Unit is commonly connected with an internal corridor of the facility where the body enters from. This also forms an air lock prior to entering the Body Holding Area. The Exit Lobby will provide access for body retrieval from the Body Holding Area directly to the outside where a vehicle could be parked close by. Transport Trolley parking can be considered in the Lobbies if additional space is required to accommodate mobile equipment. Both Lobbies should have access to hand washing facilities.	✓	✓
2	Body Reception	<ol style="list-style-type: none"> <li>1. The transportation of bodies from and to the mortuary should be performed in areas not accessible to the public.</li> <li>2. Body reception area provides entry and exit point to the mortuary where bodies are signed in and out.</li> <li>3. Direct access is required into the body holding area and out via the external access point for people assigned with funeral proceedings and vehicles.</li> <li>4. The area should include a hand wash basin, PPE station and a workstation for body registration and removal details.</li> <li>5. A parking space for transport trollies</li> <li>6. The workstation to be separate from the clinical areas.</li> </ol>	✓	✓

	Functional Zones	Detailed requirements	Level 1	Level 2
		Space for scales that are calibrated to weigh the bodies on trolleys and reflect the weight of the deceased only should be provided. The scales to be located on the floor, to ensure trolleys can be wheeled directly onto them, with digital display at eye level or alternatively trolleys incorporating weighing scales may be used.		
3	Body Holding Area	<ol style="list-style-type: none"> <li>1. A refrigerated body holding area provides refrigerated space for the temporary storage of bodies. This includes: <ol style="list-style-type: none"> <li>a. Refrigerated cabinets stacked or placed side by side.</li> <li>b. Separate cabinets provided for isolation purposes.</li> <li>c. Ample space in front of refrigerated cabinets for maneuvering and withdrawing trays using special lifting devices which is typically battery operated.</li> </ol> </li> <li>2. A minimum of 3m<sup>2</sup> per body holding (body on loose tray or trolley)</li> <li>3. In both options, (refrigerated or cool rooms), it is recommended to have a larger for bariatric or bloated.</li> <li>4. Facilities for security of the bodies</li> <li>5. Hand wash facility</li> <li>6. Alternative for body holding should the system fail.</li> </ol>	✓	✓

	Functional Zones	Detailed requirements	Level 1	Level 2
		<p>7. Facilities for charging the electrical trolley and lifts shall be available adjacent to body holding area.</p> <p>8. Expected length of retention of the bodies to determine if freezing capacity is required.</p> <p>9. Facility for temperature monitoring, the temperature to be maintained between 2 to 6 degrees Celsius and for longer-term storage the body should be maintained at approximately -20 degrees Celsius (National Pathology Accreditation Advisory Council, 2013).</p> <p>10. The facility to monitor temperature should be connect to a building management system or to a monitoring console to ensure that the appropriate body storage temperature is maintained.</p> <p>External access to the refrigeration compressors in required for service and/or maintenance</p>		
4	Body washing area	<p>1. Body washing area shall be adjacent to the body holding area. Stainless steel tables with integral plumbing facilities and extendable hose should be found in the centre of the room.</p> <p>A separate sink/hand washing facility shall be provided</p>	✓	✓
5	Autopsy area	<p>1. The autopsy area should be located adjacent to the cool store and have ready access to a clean-</p>		✓

	Functional Zones	Detailed requirements	Level 1	Level 2
		<p>up or dirty utility area.</p> <ol style="list-style-type: none"> <li>2. Should have height adjustable post-mortem table/s which are easily cleanable and free from potentially infectious materials.</li> <li>3. Downdraught ventilated tables are preferred</li> <li>4. Tables should have hot and cold-water supply and wash outlet.</li> <li>5. Entry to the autopsy room(s) to be via staff change rooms and an anteroom, located to prevent contaminated fluids being transmitted from dirty to clean areas within the autopsy suite</li> <li>6. To exit from the autopsy room there should be provision to move to boot wash area and handwashing bay which had to be located within the autopsy room.</li> <li>7. Provision to exit the autopsy room via anteroom with provision to remove boots and dispose of PPE accordingly, prior to exiting the suite via the change rooms.</li> <li>8. The autopsy table and body lifter should have provision for bariatric bodies.</li> </ol> <p>The staff areas may comprise of workstation areas, and amenities. Staff work areas will be required for use by the pathologist, mortuary staff and police for a variety of administrative tasks and for confidential telephone calls</p>		
6	Waiting	1. This room should provide dedicated entry to the	✓	✓

	Functional Zones	Detailed requirements	Level 1	Level 2
		<p>family members and can be directly from outside.</p> <p>2. Toilet facilities for both male and female.</p> <p>3. There should be no access to other areas of the unit.</p>		
7	Viewing area	<p>1. Dual access to the viewing area, one from the waiting area and the other from the body holding area or reception area. The orientation of the room should be that the deceased is not visible from the waiting area.</p> <p>2. Should be located to ensure that it is not visible for the public.</p> <p>3. Should have access to an interview room for all confidential communication.</p> <p>4. The design of the unit to consider, religious and cultural requirement</p>		✓
8	Storage and support area	<p>This area should have sufficient storage area to the unit for:</p> <ul style="list-style-type: none"> <li>- Plastic body bags</li> <li>- Sealing machines</li> <li>- Other consumables</li> <li>- Washed linens.</li> </ul> <p>Room cleaning equipments and agents</p>	✓	✓
9	Staff area	<p>Staff area should have the following.</p> <ul style="list-style-type: none"> <li>- Changing facilities</li> <li>- Storage of clean linen</li> <li>- Office (if required)</li> </ul>	✓	✓

	Functional Zones	Detailed requirements	Level 1	Level 2
		Meeting rooms for education and tutorial purpose (optional)		
10	Procedure room	<ul style="list-style-type: none"> <li>- Procedure room should have direct access to Body holding area.</li> <li>- The room should have Mechanical extract ventilation to manage fumes and odors.</li> <li>- Handwashing facilities</li> <li>- Storage area for equipment and consumables</li> <li>- Clean and dirty utility</li> <li>- Sample storage area with refrigerators.</li> <li>- Donning and doffing area</li> </ul>	✓	✓

Annex 3: Medico-legal Form

(Name of the institute)

Type: [Assault/ Road Traffic Accident (RTA) / Domestic Violence (DV) / Gender-Base Violence (GBV) / Child Abuse / Torture / Others] <i>(circle the appropriate type)</i>			
#Medico Legal Report Reference (MLRR) Number:		Hospital Number:	
Patient Name:		Age:	Gender: *Height:
ID Card/ Passport Number:		*Date of Birth: / /	*Weight:
Nationality:	*Marital Status:	*Occupation:	
Permanent Adress:		*Current Address:	
Arrival Date:		Arrival Time:	

Patient Brought by:		
Name:		Relationship:
Address:	ID Card No:	Mobile No:

*Case Referred by:	Alleged Date of Offence:	Alleged Time of Offence:
Date of Examination:	Time of Examination:	Place of Examination:

Persons Present During Examination:	
Name:	Relationship:
*Patients Identification Marks:	
1.	_____
2.	_____

#MLRR No. to be issued by Medical Administration

\*Optional

National Standard for Forensic Medical Services in the Maldives

For cases of Domestic Violence (DV) / Gender-Base Violence (GBV) / and Child Abuse, Annex-2 form and Annex 7 or Annex 8 or Annex 9 to be filled.

**GENERAL EXAMINATION:**

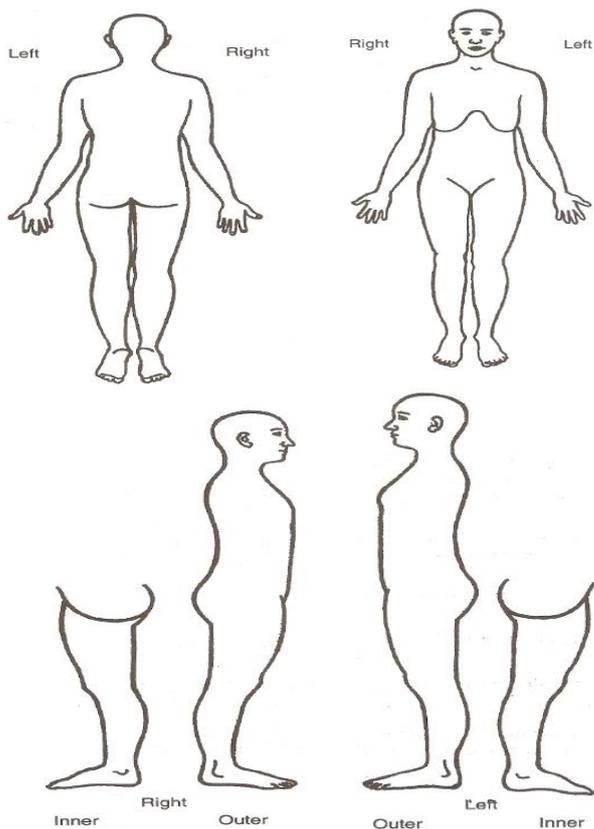
Pulse (per minute):		Respiratory Rate (per minute):	
Blood Pressure (mmHg):		Temperature (degree Celsius):	
Level of Consciousness:			

**SYSTEMIC EXAMINATION:**

SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL
CENTRAL NERVOUS SYSTEM			MUSCULOSKELETAL SYSTEM		
RESPIRATORY SYSTEM			ENT		
ASTROINTESTINAL SYSTEM			EYE		
CARDIOVASCULAR SYSTEM			DENTAL		

NO:	(Nature, Site, Size, Shape of Injury)

use #no. on the diagram below to represent the injury described above. Use annex diagrams if required.



Document Abnormal Findings -Attach Report if Available

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**PROVISIONAL DIAGNOSIS:**

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**TREATMENT GIVEN AND REMARKS:**

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**DISPOSITION:**

	✓	Comments:
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Referred:		
Discharged:		
Admitted:		

If a case is referred or admitted, the referred or admitting doctor must

fill Annex 1

**Statement of restrictions on the medical evaluation/investigation (Optional)**

“The undersigned clinicians personally certify that they were allowed to work freely and independently and permitted to speak with examine (the patient) in private, without any restriction or reservation, and without any form of coercion being used by the detaining authorities”

Or;

“The undersigned clinicians had to carry out his/her/their evaluation with the following restriction”:


Name of Examining Doctor and Qualifications: \_\_\_\_\_

\_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Signature of Examining Doctor:

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time: \_\_\_\_\_

Department	Name	Designation	Signature


**ATTACHMENTS:** Please number the Annex sheet starting from page number: 7

	✓	No. of sheets	Comments:
(Annex-1) Referral Notes:			
(Annex-2) Social History:			
(Annex-3) Forensic Expert Opinion:			
(Annex-4) Diagram (Head):			
(Annex-5) Diagram (Hands & Feet):			
(Annex-6) Diagram (Male Torso & Genital):			
(Annex-7) Diagram (Female Torso & Genital):			
(Annex-8) Diagram (Female Child):			
(Annex-9) Diagram (Male Child):			
(Annex-10) Diagram (Oral Cavity):			
(Annex-11) Gender based / domestic violence referral form for health service providers:			
(Annex-12) Domestic Violence reporting form to Family Protection Authority:			
Investigations:			
Photographs:			

FOR ADMINISTRATIVE PURPOSE:

TOTAL NUMBER OF PAGES:

DOCUMENTS RECEIVED TO MEDICAL ADMINISTRATION:

RECEIVED BY:

SIGNATURE:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Annex 4: Death Form

Department of National Registration  
Male', Republic of Maldives

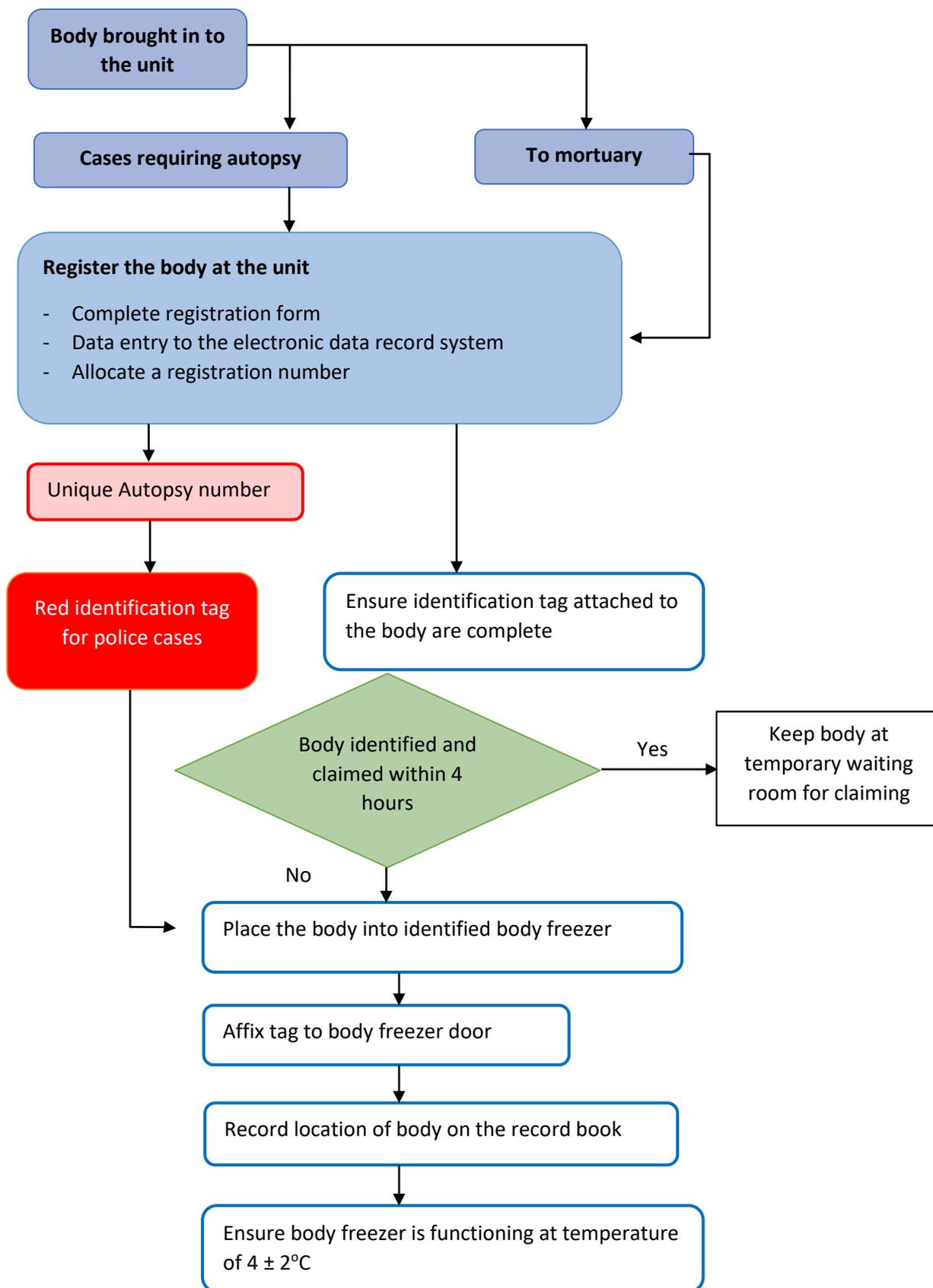


ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން  
ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

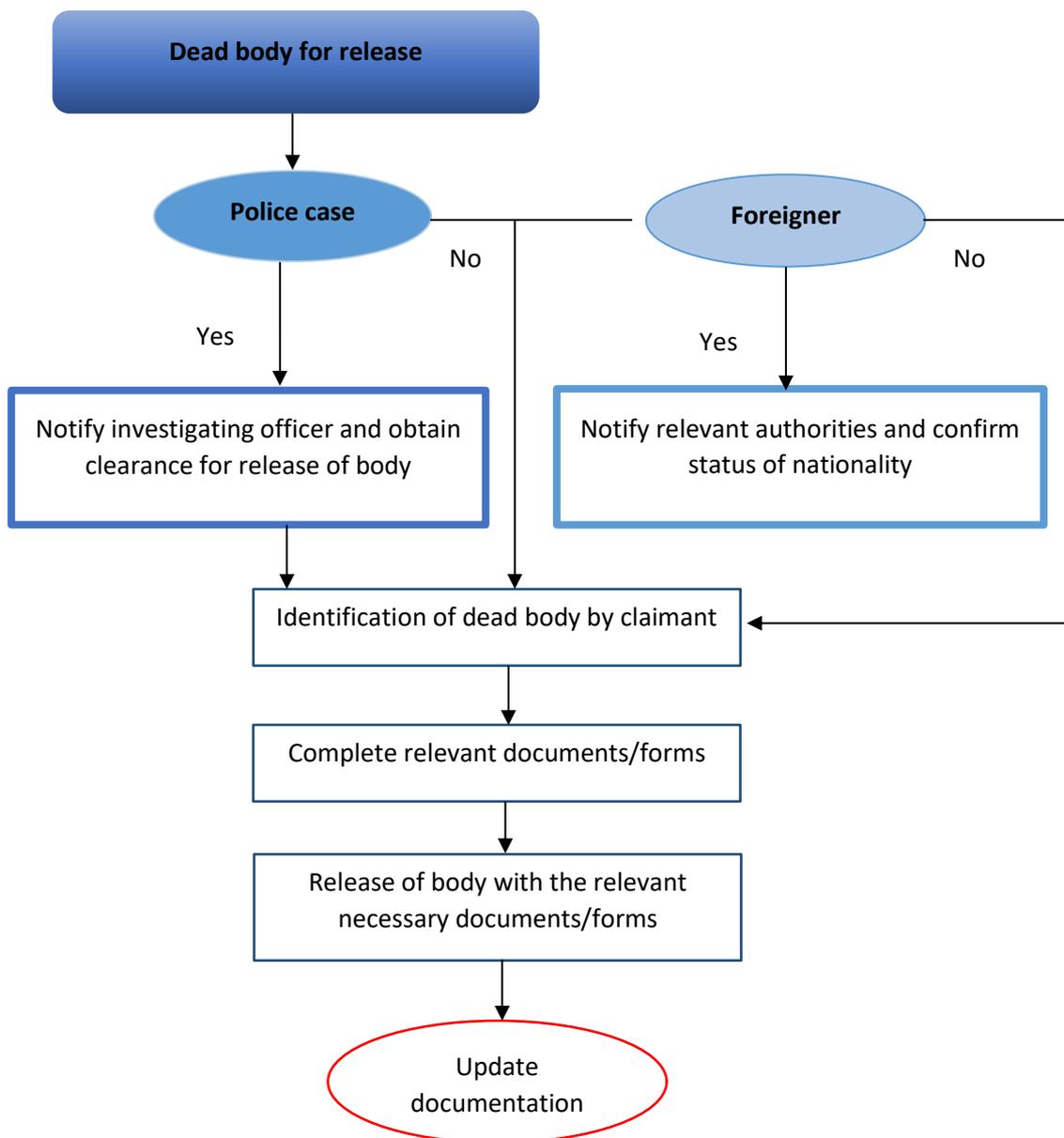
<b>Deceased's Bio-Information</b> Permanent Address (with atoll and island) Place of usual Residence (with atoll and island) No. of Children (if any) Widowed Divorced Married Single Marital Status Occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Work		ID No. <input type="checkbox"/> ID Produced <input type="checkbox"/> No <input type="checkbox"/> Yes Passport <input type="checkbox"/> Work permit <input type="checkbox"/> NIC NO. <input type="checkbox"/> No <input type="checkbox"/> Yes Age Date of Birth Gender Religion		Death Registration Number Full Name Common Name Nationality	
<b>Deceased's Mother's Bio-Information</b> ID No. <input type="checkbox"/> ID Produced <input type="checkbox"/> No <input type="checkbox"/> Yes Passport <input type="checkbox"/> Work permit <input type="checkbox"/> NIC NO. <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Birth Mother's Name Nationality Permanent Address (with atoll and island) Place of usual Residence (with atoll and island)		<b>Deceased's Father's Bio-Information</b> ID No. <input type="checkbox"/> ID Produced <input type="checkbox"/> No <input type="checkbox"/> Yes Passport <input type="checkbox"/> Work permit <input type="checkbox"/> NIC NO. <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Birth Father's Name Nationality Permanent Address (with atoll and island) Place of usual Residence (with atoll and island)			
<b>Informant's Bio-Information</b> Permanent Address (with atoll and island) Place of usual Residence (with atoll and island) I hereby declare all information I have given above are correct to the best of my knowledge. Contact number Signature of Informant		ID No. <input type="checkbox"/> ID Produced <input type="checkbox"/> No <input type="checkbox"/> Yes Passport <input type="checkbox"/> Work permit <input type="checkbox"/> NIC NO. <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Birth Informant's Name Relation with deceased Nationality			
<b>To Be Completed by the Certifiers of Death</b> Country of Death Time of Death Date of Death Atoll/Island of Death Place of Death Death Category Hiji Date of Death PART-1 / Other death Maternal death Child death Infant death Neonatal death Still birth (28 wks+) Miscarriage or abortion (< 28 wks) Disease or condition directly leading to death Antecedent causes: Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. PART-2 / Other significant conditions contributing to the death, but not related to the disease or condition causing it. This does not mean the mode of dying, e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.					
<b>Frame B: Other Medical Data</b> Was surgery performed within the last 4 weeks? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes please specify reason for surgery (disease or condition) Was an autopsy requested? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes were the findings used in the certification? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> <b>Manner of Death</b> 1. Disease <input type="checkbox"/> 2. Accidental <input type="checkbox"/> 3. Intentional self-harm <input type="checkbox"/> 4. Assault <input type="checkbox"/> 5. Legal intervention <input type="checkbox"/> 6. War <input type="checkbox"/> 7. Could not be determined <input type="checkbox"/> 8. Pending investigation <input type="checkbox"/> 9. Unknown <input type="checkbox"/> If external cause or poisoning: Date of injury: Please describe how external cause occurred (if poisoning please specify poisoning agent)					
<b>Place of Occurrence of the External Causes:</b> At home <input type="checkbox"/> Residential institution <input type="checkbox"/> School, institution or public administrative area <input type="checkbox"/> Sports & athletics area <input type="checkbox"/> Street & highway <input type="checkbox"/> Trade & services area <input type="checkbox"/> Industrial and construction area <input type="checkbox"/> Farm <input type="checkbox"/> Other Place (Please specify) <input type="checkbox"/> Unknown <input type="checkbox"/>					
<b>Fetal or Infant Death</b> Multiple pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If death within 24 hours specify number of hours survived Number of completed weeks of pregnancy If death was perinatal, please state condition of mother that affected the fetus and newborn					
<b>Pregnancy and Death</b> For women, was the deceased pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Between 43 days up to 1 year before death Did the pregnancy contribute to the death? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
<b>Certifiers of Death Information</b> Signature & Stamp Certifier's Official Address Certifier's Designation Certifier's Nationality Certifier's Name Certifier's ID No. <input type="checkbox"/> ID Produced <input type="checkbox"/> No <input type="checkbox"/> Yes Passport <input type="checkbox"/> Work permit <input type="checkbox"/> NIC NO. <input type="checkbox"/> No <input type="checkbox"/> Yes 1st Death Certifier 2nd Death Certifier 3rd Death Certifier					
<b>Burial Information</b> Signature & Stamp Designation Official Address Name of Approver Undertaker Signature Date & Time of Burial Undertaker Name/Address Registration Number Place of Burial					

V4.00/100419/27/P1

Annex 5: Registration and storage of body at the unit



Annex 6: Release of body



Annex 7: Medical Certificate of Death after postmortem examination

**MEDICAL CERTIFICATE OF CAUSE OF DEATH AFTER POSTMORTEM EXAMINATION**

(To be filled by Medical Practitioners Only)

Name of the institution

Form No: .....

I hereby certify that on (Date).....I made an autopsy examination of a body identified to me by (Name & Designation of the person).....

To be that of:.....(name of the deceased).....

ID no:...../Passport No:.....

Immediate cause of death was: .....

Due to (or in consequences of):.....

Due to (or in consequences of):.....

.....

.....

.....

Date:.....

Signature:.....

Name: .....

ID no:.....

Qualification:.....

Annex 8: Minimum information required for specimen identification.

Specimen identification tag

Description

