Forensic Science Regulator
Overseeing Quality

Code of Practice

Forensic Medical Examination Standard

Adult and Child Sexual Assault Complainants

FSR-C-116 Annex A CONSULTATION

This is a consultation issued to allow comments from interested parties; all comments will be given consideration when finalising the final document prior to publication. Comments should be sent to FSRConsultation1@homeoffice.gov.uk and should be submitted by **28 December 2018**. This mailbox is not for general correspondence and is not routinely monitored so no acknowledgement will normally be sent.

Annex A: Self-Assessment Questionnaire - The Forensic Medical Examination of Adult and Child Sexual Assault Complainants

15. MODIFICATION

15.1.1 This is the consultation version of this document.

15.1.2 This document is intended to form the Annex in the Forensic Science Regulator's *Forensic Medical Examination Standard* FSR-C-116. Comments on the content, relevance and support for inclusion in the standard are sought from interested parties.

15.2 About this Self-Assessment

15.2.1 This self-assessment contains an overview of the standard that a Facility must achieve in order to meet the Forensic Science Regulator's (FSR's) *Codes of Practice and Conduct* relating to the forensic medical examination of adult and child sexual assault complainants.

15.2.2 The purpose of the self-assessment is to provide a guide to the requirements a Facility should be meeting and to provide an indication of where the facility may need to improve, or where it is doing well.

15.2.3 This self-assessment is divided into two categories: Management Requirements and Technical Requirements. The requirements contained in each of these two categories are there to provide a general overview for assessing how a Facility is performing in each area.

15.3 Self–Assessment Key

15.3.1 Against each requirement there are four assessment options. These indicate where the Facility currently stands on any particular area.

a. **Fully Met (FM)** – Every aspect has been met or exceeded. The Facility can evidence this by both documented and practical examples where applicable.

b. **Partially Met (PM) –** Some or most has been met and can be evidenced. This option should be selected if the Facility undertakes activities to meet the requirements but cannot evidence it, or has not effectively communicated with employees about it.

c. **Not Met (NM) –** None or very little has been met. This option should be selected if activities, procedures or systems are still under development or have not been implemented.

d. **Not Applicable (NA) –** The requirement covers an area that does not relate to the Facility due to the nature of its activities, location or other practical reason.

15.4 Self-Assessment Table

Part A. Management Requirements		
1	**Organisation and Management Responsibility**	**Assessment**
1.1	The organisation and management responsibility of the facility is defined and documented.	
1.2	The facility has an organogram that clearly shows the lines of management/reporting (e.g. responsibility, clinical governance structures and legal responsibilities) that cover all aspects of the facility, including the staff working therein.	
1.3	The facility is managed by a person or persons with the competence and delegated responsibility for all aspects of the services provided.	
1.4	Policies on business continuity, independence, impartiality, integrity and confidentiality are in place at the facility.	
2	**Quality Management System**	**Assessment**
2.1	A quality management system (QMS) is in place that directs and controls all providers of services at the facility with regard to quality.	
2.2	The QMS for the facility includes all of the elements listed below: • quality manual; • procedures, instruction and forms; • document control system; • continual improvement process; • evaluation and audit; • management review.	

2.3	A quality manager (however named) has been appointed to ensure that the quality management system functions correctly.	
Part B. Technical Requirements		
3	**Training and Ongoing Competence of Personnel**	**Assessment**
3.1	All professionals working within the facility have undergone training in both theoretical and practical aspects of forensic science according to the roles within which they are working. These would include sampling, packaging and anti-contamination procedures.	
3.2	All professionals working within the facility have been assessed for competency in the theoretical and practical aspects of forensic science according to their roles. Records are kept showing how competency was achieved and is maintained.	
3.3	Each individual has access to continuing professional development to maintain ongoing competency.	
3.4	Records of individuals' continuing professional development are retained.	
3.5	All professionals working within the facility have the required background checks/clearances.	
4	**Accommodation and Environmental Conditions**	
4.1	Accommodation at the facility is age-appropriate and accessible to the communities it serves including service deliverers.	
4.2	Accommodation at the facility has adequate security for the service, users and staff (e.g. security camera at facility entrance/alarm system linked to local police response).	
4.3	The forensic area of the facility includes a pre-examination waiting room (a separate waiting area for complainants who may undergo a forensic medical examination) designated as a DNA clean area.	
4.4	The forensic area of the facility includes a dedicated forensic medical examination room that is the designated DNA clean area.	

4.5	The forensic area of the facility includes a designated DNA clean dedicated bathroom/toilet facility, accessed from the medical examination room and corridor where early evidence collection can be conducted.	
4.6	The forensic area of the facility is secure at all times with controlled entry and exit from the designated DNA clean areas/forensic medical examination room.	
4.7	Air movement within and between rooms is managed with measures taken to minimise the risk of contamination from environmental background DNA.	
4.8	Air-flow within and between designated forensic areas of the facility is kept to a level that minimises the risk of trace evidence being transferred from the patient to the room environment.	
4.9	The style and finish of fixtures and fittings, such as air-conditioning, ceilings, lighting and working space allow for effective cleaning.	
5	**Furnishings and Equipment used for the Examination**	**Assessment**
5.1	Workbench surfaces, storage cupboards, seating and examination couches are impervious to water, easy to clean and resistant to disinfectants and cleaning reagents.	
5.2	Batch numbers, expiry dates and the maker of the reagent are displayed on the bottles.	
5.3	Consumables are stored in a secure main store cupboard or room and transferred in small numbers into the medical examination room storage area.	
5.4	In areas where a complainant undresses and where they are then subsequently forensically examined, floor surfaces are impervious and any joins in the floor are sealed.	
5.5	Computer keyboards, colposcopes and equipment controls are protected by removable flexible covers that can be cleaned or replaced (e.g. colposcope arm and head covers).	
5.6	Where a curtain shields the examination couch, the curtain is disposable.	
5.7	Guidance is provided on the frequency of curtain replacement and a record is kept of the date and reason for changing the curtain.	

5.8	There is a designated hand-wash basin in the forensic examination room. The taps are capable of being operated without being touched by hand.	
5.9	The medical examination couch has height and position adjustments to allow for ease of movement. Disposable covering is changed between each examination.	
5.10	There is a labelled storage area for keeping consumables used for the forensic medical examination and packaging of samples, which is kept suitably clean and protected from contamination.	
5.11	Equipment records and unique identifiers per key item are used. For example, which colposcope was used is noted.	
5.12	There is an approved sharps box and clinical and domestic waste receptacles.	
5.13	A general forensic clean of the forensic medical examination room is undertaken prior to and/or after each examination. Additionally, an up-to-date cleaning protocol is held with a cleaning log, recording the cleaner, date, time and areas cleaned.	
5.14	Deep cleaning of the forensic medical examination room is undertaken in accordance with the cleaning protocol and takes place at least every month.	
5.15	The forensic medical examination room is sealed after each clean and the door labelled. The date of cleaning, time (if appropriate) and the name of the cleaner is recorded.	
5.16	The cleaning products and spillage kits used, and the manner of application, have been demonstrated to be effective in removing detectable levels of DNA.	
5.17	The application of the cleaning product is carried out according to the manufacturer's guidelines and in a manner compliant with health and safety requirements.	
5.18	Standards used for the collection of evidence are the same for complainants who self-refer to the facility and those who are referred to the facility by the police.	
5.19	Where appropriate (e.g. colposcope) records are kept of equipment calibrations, cleaning, maintenance and/or service records.	

6	Examination Methods and Procedures	Assessment
6.1	All professionals working at the facility who come into contact with complainants of sexual violence have the relevant skills, knowledge and competency to work with complainants in the immediate aftermath of a sexual assault.	
6.2	Facility staff have a clear understanding of the different ways that complainants of sexual assault may behave following an assault. A non-judgemental approach is adopted in every case.	
6.3	Staff at the facility ensure that complainants are always given the correct information and advice regarding a forensic medical examination and the options available to them.	
6.4	Staff at the facility are able to provide basic information to complainants about: • options to attend the facility and the opportunity to undertake a forensic medical examination; • options to report the sexual offence to the police if they so choose; • potential medical concerns of the complainant that relate to the sexual assault; • the importance of body fluids and the recovery of such forensic evidence; • the provision of early evidence samples; • the impact different actions may have on the collection of evidence; • the value of clothing in providing evidence.	
6.5	Staff at the facility are aware that the time spans for conducting a forensic examination will vary on a case-by-case basis. The decision whether or when to carry out a forensic medical examination is made in consultation with a forensic practitioner. The collection of forensic samples is only one aspect and consideration is always given to other forensic evidence, such as interpretation of injuries and the therapeutic needs of the victim.	
6.6	The facility has a policy in place that identifies who has the responsibility for requesting the attendance of the forensic practitioner and/or paediatrician, and the expected time frames for attendance at the facility.	

6.7	The provider of the forensic medical workforce ensures that they are able to 'provide a timely response (within two hours, or as agreed for a particular case, specifically if a child is involved) to reflect the clinical and forensic needs of the patient.	
6.8	Separate rotas are in place to ensure that the forensic practitioner available for sexual offence forensic medical examinations is not also used for custody medicine during the same time period.	
6.9	Where it becomes necessary to use the same forensic practitioner for both forensic medical examinations of a victim and custody medicine examination, the reasons are recorded together with the steps undertaken to reduce the risk of contamination.	
6.10	A crisis worker (or equivalent) is available to meet the complainant (and their significant others), accompany them to the pre-examination waiting area of the facility and provide immediate support.	
6.11	The crisis worker is able to ensure that a urine sample or oral sample is taken using the early evidence kit where appropriate	
6.12	The forensic practitioner or paediatrician (where appropriate) uses the medical history, together with the first account, to guide the examination, evidence collection and support any subsequent forensic laboratory examination and findings.	
6.13	Where more than one person conducts the examination, all forensic practitioners agree their roles and responsibilities before the examination commences and document this.	
6.14	A record of all persons in attendance at any time during the forensic medical examination is made. The name and contact details for each visitor, including non-facility professionals in attendance, are recorded.	
7	**Collection, Storage and Transport of Forensic Samples**	**Assessment**
7.1	The facility has clear policies for 'uniquely' labelling, sealing and storage of samples to provide a clear documented chain of continuity.	

7.2	Where the complainant has reported the assault to the police, it is the responsibility of a police officer to transfer evidence from the facility to the appropriate laboratory or other designated storage site used by the police. This is recorded appropriately to demonstrate the chain of custody.	
7.3	Where the complainant has not reported the assault to the police, it shall be the responsibility of the forensic practitioner or crisis worker to transfer evidence from the examination room to the storage room(s) within the facility. This is recorded appropriately to demonstrate the chain of custody.	
7.4	Samples collected before or during the forensic medical examinations are stored in secure locations at the facility with access restricted to authorised nominated personnel (for self and non-police referrals).	
7.5	The facility follows sample storage policies agreed with the police and the forensic science provider to ensure that optimal storage conditions for all samples collected as part of the forensic medical examination are maintained. A policy on storage timescale requirements and a destruction timeline is also in place and agreed.	
7.6	Where samples are held in cold storage at the facility, a system is in place to ensure that samples are kept at a specified temperature at all times, which includes maintaining temperature monitoring logs and use of alarms to notify failure of the equipment.	
7.7	The facility has ensured that policies are in place to address evidence storage in cases where the complainant is undecided about reporting to the police.	
7.8	There is adequate space and provision at the facility to store samples taken from complainants who self-refer.	
7.9	The sample collection, labelling, transfer and storage of evidence collected as part of the forensic medical examination is documented to ensure that there has been no loss or alteration of evidence prior to criminal proceedings.	
7.10	Forensic practitioners or paediatricians (where appropriate) are appropriately trained and familiar with how to operate the equipment required to capture a permanent record/image.	
7.11	Imaging records taken by forensic practitioners or paediatricians (where appropriate) are stored securely by the facility.	

7.12	The facility has a defined system for the secure storage of records, which protects the anonymity of the complainant.	
7.13	Procedures are in place to enable the disclosure of notes and images where a request is made in court proceedings.	
8	**Ensuring the Quality of the Examination Procedure**	**Assessment**
8.1	Auditing the quality of forensic medical examination procedures for the following: • adherence to procedures that minimise the possibility of contamination; • record keeping for the use of locks/security seals for rooms in the forensic area; • steps that have been taken to identify contamination; • that staff understand the scientific basis for preventative and decontamination procedures; • that staff are competent in conducting cleaning and the associated record keeping; • that an audit plan is in place.	
8.2	To undertake a medical examination, the forensic practitioners wear barrier clothing/personnel protective equipment (PPE) as defined below: • disposable barrier clothing such as scrubs or aprons and disposable sleeve covers; • face mask; • non-latex powder-free gloves (available in a range of sizes). In addition, it is preferable to wear the following:• mob caps; • shoe covers.	
8.3	Forensic practitioners know the correct order to put barrier clothing/PPE on and change it after every forensic examination, cleaning or maintenance task.	

8.4	The facility has processes in place to address: • agreement/consents for DNA elimination sample donation; • security and access of information at a local/national level; • secure and recorded transfer of samples in accordance with guidance provided by the forensic science provider that will undertake the DNA profiling for elimination purposes; and • sharing agreement of profile information (between staff member, facility management, forensic medical provider, police investigator).	
8.5	All staff working within the facility have provided a DNA elimination sample prior to entering any part of the forensic area of the facility.	
8.6	DNA elimination samples are taken in accordance with the Forensic Science Regulator's Protocol FSR-P-302.	
8.7	A record is kept of: • which room is used for each examination; • the date and times of the examination; and • the names of all persons who enter the examination room during the examination, including interpreters and any person who supports the complainant.	
8.8	Cleaning of the facility is carried out and recorded on a cleaning log for audit purposes.	
8.9	Cleaning is conducted by appropriately trained staff every time the DNA clean area of the facility has been used.	
8.10	Deep cleaning is conducted at least every month.	
8.11	The environmental monitoring sampling (EMS) annual scheduling plan is in place (appropriate frequency established through trend analysis) and sampling is conducted midway between each deep clean.	
8.12	When contamination is identified, the room or equipment is immediately deep cleaned and EMS swabs are taken. The quarantine or use of the room or equipment is determined by risk, and the criteria to be reinstated are clearly defined.	

9	Records, Notes and Statements	Assessment
9.1	Each contact with the complainant by any professional is clearly, accurately and legibly recorded in the set of case notes pertaining to that complainant.	
9.2	Notes are recorded contemporaneously or, where this is not possible, notes are made as soon as possible after the activity has taken place. Batch numbers of consumables/reagents/equipment/barrier clothing/PPE, and who used/wore them, are recorded in the case notes.	
9.3	All notes (including permanent records such as colposcope images) are retained by the facility in a secure location that complies with data protection requirements.	
9.4	The notes are available and accessible if they are required for the purpose of the investigation, peer review, second opinion and any court proceedings.	
9.5	Where notes are required to be removed from the facility, the reason for removal is documented. A record is kept by the facility of the professional removing and returning the notes within an agreed timescale.	
9.6	The facility has defined a process for the production of statements and reports in an agreed format and to an agreed standard. There is a policy regarding quality assurance of statements/reports.	
9.7	Where preliminary findings are provided, these are recorded in writing with appropriate caveats.	
9.8	The facility has defined a process for a critical conclusions check of the report/statement by a second competent individual.	
9.9	Forensic practitioners are appropriately trained to produce a statement that is acceptable for use within in the criminal justice process.	
9.10	All forensic practitioners are provided with ongoing support from an experienced forensic physician to assist them with statement writing.	

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