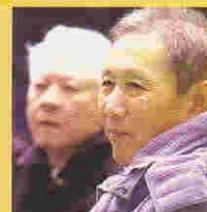


# CODE OF PRACTICE FOR RESIDENTIAL CARE HOMES (ELDERLY PERSONS)



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**CODE OF PRACTICE**

**FOR**

**RESIDENTIAL CARE HOMES**

**(ELDERLY PERSONS)**

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**October 2005**  
**(Revised Edition)**

## Table of Contents

		<b>Page</b>
<b>Chapter 1</b>	<b><u>Introduction</u></b>	
1.1	General	1
1.2	Purpose of the Ordinance and the Regulations	2
1.3	Certificate of Exemption and Licence	2
1.4	Certificate of Registration	3
1.5	Insurance Coverage	3
1.6	Closure of Home	4
<b>Chapter 2</b>	<b><u>Classification of Residential Care Homes for the Elderly</u></b>	
2.1	Classification of Homes	5
2.2	Definition of Types of Homes	5
2.3	Classification of Mixed Homes	6
<b>Chapter 3</b>	<b><u>Licence</u></b>	
3.1	Application for a Licence	7
3.2	Issue of Licence	8
3.3	Licensing Conditions	8
3.4	Renewal of Licence	8
3.5	Display of Licence	8
3.6	Format of Licence	9
<b>Chapter 4</b>	<b><u>Building and Accommodation</u></b>	
4.1	General	10
4.2	Lease Conditions and Deed of Mutual Covenant	10
4.3	Restriction on Home Premises	10
4.4	Design	10
4.5	Basic Facilities	11
4.6	Accessibility	11
4.7	Fire Exits	12
4.8	Fire Resisting Construction	12
4.9	Heating, Lighting and Ventilation	12
4.10	Water Supply and Ablutions	13
4.11	Repair	13

		<b>Page</b>
<b>Chapter 5</b>	<b><u>Safety and Fire Precautions</u></b>	
5.1	General	14
5.2	Location	14
5.3	Height	14
5.4	Fire Service Installations	15
5.5	Additional Requirements	18
5.6	Fire Precautions	21
<b>Chapter 6</b>	<b><u>Floor Space</u></b>	
6.1	Area of Floor Space	23
6.2	Number of Residents	23
<b>Chapter 7</b>	<b><u>Furniture and Equipment</u></b>	
7.1	General	24
7.2	Dormitory	24
7.3	Sitting/Dining Room	25
7.4	Toilet/Bathroom	26
7.5	Kitchen/Pantry	27
7.6	Laundry	28
7.7	Office	29
7.8	Medical Equipment and Supplies	29
7.9	Miscellaneous	31
<b>Chapter 8</b>	<b><u>Management</u></b>	
8.1	Display of Name of Residential Care Home for the Elderly	32
8.2	Procedures on Admission of Residents to Home	32
8.3	Schedule of Daily Activities	33
8.4	Staff Duty List/Roster and Attendance Records	33
8.5	Record Keeping	33
8.6	Staff Meeting	37

		<b>Page</b>
<b>Chapter 9</b>	<b><u>Staffing</u></b>	
9.1	Employment of Staff	38
9.2	Definition	39
9.3	Overnight Staff	40
9.4	Conditions of Service	41
9.5	First Aid and Other Training	42
9.6	Relief Staff	43
9.7	Changes in Staff Employment	43
9.8	Importation of Workers	43
<b>Chapter 10</b>	<b><u>Health Worker</u></b>	
10.1	Application	44
10.2	Qualification	44
10.3	Registration	45
10.4	Registration Fee	46
10.5	Cancellation of Registration	46
10.6	Job Description of Health Worker	46
<b>Chapter 11</b>	<b><u>Health and Care Services</u></b>	
11.1	General	48
11.2	Health	48
11.3	Drug Storage and Management	50
11.4	Annual Medical Examination	50
11.5	Personal Care	50
11.6	General Principles of Least Restraint	51
11.7	Principles to be Observed in Applying Physical Restraint	52
11.8	Notes to be Observed in Using Urinary Drainage Catheter	55
11.9	Notes to be Observed in Using Feeding Tube	55
11.10	Other Special Nursing Procedures	56
<b>Chapter 12</b>	<b><u>Infection Control</u></b>	
12.1	General	57
12.2	Duties of Infection Control Officer (ICO)	57
12.3	Prevention of Infectious Diseases	58
12.4	Management of Infectious Diseases	59
12.5	Other Information	60

	<b>Page</b>
<b>Chapter 13</b>	<b><u>Nutrition and Diet</u></b>
13.1	General 61
13.2	Design of Menu 61
13.3	Meals and Choice of Food 61
13.4	Preparation and Serving of Food 62
13.5	Meal Time 63
13.6	Special Attention on Food Provision 63
13.7	Provision of Water 64
13.8	Monitoring of Nutritional Status 64
13.9	Other Information 64
<b>Chapter 14</b>	<b><u>Cleanliness and Sanitation</u></b>
14.1	General 65
14.2	Staff 65
14.3	Residents 66
14.4	Cleaning Schedule 66
14.5	General Sanitation 67
14.6	Pest and Vector Control 67
14.7	Other Information 67
<b>Chapter 15</b>	<b><u>Social Care</u></b>
15.1	General 68
15.2	Programmes and Activities 68
15.3	Homely Atmosphere 68
15.4	Adjustment to Home Life 69

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## Table of Annexes

<b>Annex A</b>	<a href="#"><u>Application for a Licence</u></a>
<b>Annex B</b>	<a href="#"><u>Staff Employment Record</u></a>
<b>Annex C</b>	<a href="#"><u>Guidance Notes on Submission of Floor Plans</u></a>
<b>Annex D</b>	<a href="#"><u>Licence of Residential Care Home for the Elderly</u></a>
<b>Annex E</b>	<a href="#"><u>Medical Examination Form</u></a>
<b>Annex F</b>	<a href="#"><u>Application for Registration as a Health Worker</u></a>
<b>Annex G</b>	<a href="#"><u>Training Courses for Health Worker Approved by DSW</u></a> (as at July 2005)
<b>Annex H</b>	<a href="#"><u>The List of Notifiable Diseases (as at August 2005)</u></a>

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## CHAPTER 1

### INTRODUCTION

#### 1.1 General

1.1.1 The Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) came into full operation on 1 June 1996.

1.1.2 This Code of Practice is issued by the Director of Social Welfare under Section 22(1) of the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459), setting out principles, procedures, guidelines and standards for the operation, keeping, management or other control of residential care homes. The Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Regulation (Cap.459 sub. leg. A) and the Residential Care Homes (Elderly Persons) (Appeal Board) Regulation (Cap. 459 sub. leg. B) which govern the operation of residential care homes for the elderly in Hong Kong can be purchased by calling the Publications Sales Section of Information Services Department at 2537 1910 or visiting the online Government Bookstore at <http://bookstore.esdlife.com>.

1.1.3 The statutory provisions cited or mentioned in this Code of Practice are those in force as at October 2005. Readers are advised to check if there are any subsequent amendments to these provisions.

1.1.4 Under Section 2 of the Residential Care Homes (Elderly Persons) Ordinance, a residential care home for the elderly is defined as :

any premises at which more than 5 persons who have attained the age of 60 years are habitually received for the purposes of care while resident therein.

1.1.5 By virtue of Section 3, the Residential Care Homes (Elderly Persons) Ordinance shall not apply to :

- (a) any residential care home maintained and controlled by -
  - (i) the Government;
  - (ii) the Housing Authority;
- (b) any residential care home used or intended for use solely for the purpose of the medical treatment of persons requiring medical treatment;
- (c) any residential care home or type or description of residential care home excluded by the Director of Social Welfare by order published in the Gazette.

- 1.1.6 Operators of residential care homes for the elderly should study this Code of Practice carefully, in conjunction with the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Regulation and the Residential Care Homes (Elderly Persons) (Appeal Board) Regulation. The Director of Social Welfare may refuse to issue a licence to an applicant under Section 8(3)(c)(iii) of the Ordinance if it appears to him that the premises to be used for a residential care home for the elderly do not comply with any requirements related to design, structure, fire precautions, health, sanitation and safety set out in this Code of Practice. For consultation or advice, please call at 2961 7211 or 2834 7414 to contact with the Licensing Office of Residential Care Homes for the Elderly, Social Welfare Department, at Room 2354, 23/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.
- 1.1.7 Compliance with this Code of Practice does not release the operator or any other person from any liability, obligation or requirement imposed under any other Ordinance or common law.

## **1.2 Purpose of the Ordinance and the Regulations**

The Residential Care Homes (Elderly Persons) Ordinance and its subsidiary Regulations provide for the control of residential homes established for the care of elderly persons through a licensing system administered by the Director of Social Welfare. The purpose of the legislation aims at ensuring that residents in these homes receive services of acceptable standards that are of benefit to them physically, emotionally and socially.

## **1.3 Certificate of Exemption and Licence**

- 1.3.1 Under Section 6 of the Residential Care Homes (Elderly Persons) Ordinance, any person who on any occasion operates, keeps, manages or otherwise has control of a residential care home for the elderly is required to possess :
- (a) a certificate of exemption that has been issued under Section 7(2) or renewed under Section 7(5) of the Residential Care Homes (Elderly Persons) Ordinance in respect of that residential care home for the elderly and is for the time being in force; or
  - (b) a licence that has been issued under Section 8(2)(a) or renewed under Section 9 of the Residential Care Homes (Elderly Persons) Ordinance in respect of that residential care home for the elderly and is for the time being in force.

1.3.2 Nevertheless, the Department's policy is that certificates of exemption are to be granted to residential care homes for the elderly already in operation before 1 April 1995 but which are unable to comply fully with the legislative requirements. All residential care homes for the elderly which come into existence and which want to commence operation on or after 1 April 1995 should be subject to regulation by the issue of a licence rather than the issue of a certificate of exemption. The main reason for the policy is that regulation under a licence will in the opinion of the Director of Social Welfare, better ensure high standards of residential care for elderly persons and better safeguard the interests of elderly residents. All the pre-existing residential care homes for the elderly have fully met licensing requirements in July 2002 and no more certificate of exemption has been renewed afterwards. It is unlikely that in future the Director of Social Welfare will issue a certificate of exemption for any residential care home for the elderly unless there are exceptional grounds which warrant a departure from the policy. Hence, details of application for a certificate of exemption would not be mentioned in the following chapters of this Code of Practice.

1.3.3 A licence, which is issued in respect of a specific residential care home for the elderly contains information of the home being certified under the hand of the Director of Social Welfare, shall be evidence of facts stated therein under Section 8(5) of the Residential Care Homes (Elderly Persons) Ordinance and, is thus non-transferable. In case there is any change(s) in home name, home address, home type, licensing capacity and/or licence holder, application for a new licence is required. Application for licence must be made to the Director of Social Welfare on the prescribed form as specified in Annex A. The Form and the related information can be obtained from the Licensing Office of Residential Care Homes for the Elderly at Room 2354, 23/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or downloaded from the website of Social Welfare Department at <http://www.swd.gov.hk>.

## **1.4 Certificate of Registration**

The operator of a private residential care home for the elderly is required to register the home with the Inland Revenue Department according to the Business Registration Ordinance, Cap. 310 and with the Registrar of Companies under the Companies Ordinance, Cap. 32 if the home is owned by a corporate body.

## **1.5 Insurance Coverage**

According to the Employees' Compensation Ordinance, Cap. 282, the operator of a residential care home for the elderly, being an employer, should provide employees' compensation insurance against his/her liability to all employees. Besides, it is also desirable for the operator of a residential care home for the elderly to provide insurance coverage for the home, e.g. public liabilities.

## **1.6 Closure of Home**

In case the operator intends to close the home, he/she should inform the Licensing Office of Residential Care Homes for the Elderly in writing of his/her intention to do so as well as the evacuation plan for the residents. The operator should also give a notice in writing to the residents and their relatives or contact persons at least 30 days in advance to inform them of the plan. Upon closure of the home, the operator should return the licence to the Licensing Office of the Residential Care Homes for the Elderly as soon as possible. Section 35 of the Residential Care Homes (Elderly Persons) Regulation and Section 10(e)(i) of the Residential Care Homes (Elderly Persons) Ordinance are relevant.

## CHAPTER 2

### CLASSIFICATION OF RESIDENTIAL CARE HOMES FOR THE ELDERLY

#### 2.1 Classification of Homes

Residential facilities are provided for aged people who, for personal, social, health or other reasons, can no longer live alone or with their families. According to the level of care and assistance required by the residents and the type prescribed for the purpose of Section 8(4)(c) of the Residential Care Homes (Elderly Persons) Ordinance, a residential care home for the elderly may be classified as :

- (a) a care-and-attention home; or
- (b) an aged home; or
- (c) a self-care hostel.

#### 2.2 Definition of Types of Homes

Under Section 3 of the Residential Care Homes (Elderly Persons) Regulation:

- (a) A 'care-and-attention home' means

an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are generally weak in health and are suffering from a functional disability to the extent that they require personal care and attention in the course of daily living activities but do not require a high degree of professional medical or nursing care.

- (b) An 'aged home' means

an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are capable of observing personal hygiene but have a degree of difficulty in performing household duties related to cleaning, cooking, laundering, shopping and other domestic tasks.

- (c) A 'self-care hostel' means

an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are capable of observing personal hygiene and performing household duties related to cleaning, cooking, laundering, shopping and other domestic tasks.

## 2.3 Classification of Mixed Homes

- 2.3.1 Some residential care homes for the elderly provide more than one class of care for their residents. For example, some aged homes are established with care-and-attention units. Likewise, some aged homes also provide self-care hostel places.
- 2.3.2 In classifying a mixed home (namely, homes with care-and-attention cum aged home places, homes with care-and-attention cum self-care places, homes with aged home cum self-care places, homes with care-and-attention cum aged home cum self-care places), the “majority rule” will apply. For example, a home with care-and-attention cum aged home places with over 50% of its residents being in need of care-and-attention care is classified as a care-and-attention home. In case of equal distribution of places in the two sections, e.g. 50% care-and-attention places and 50% aged home places, the home will be classified as the one that requires a higher level of care (i.e. a care-and-attention home in this case). This is to ensure that the well-being of the residents are protected.
- 2.3.3 In a home with three types of care (namely, care-and-attention care, aged home care and hostel care), a modified majority rule will apply. Such a home will only be classified as either a care-and-attention home or aged home, it would not be appropriate to classify such a home as a self-care hostel, irrespective of the number of self-care places. This is to ensure that elderly residents receive a proper level of care. In classifying such a home, the number of aged home places in the home will first be added to the number of self-care places. This total will then be compared with the number of care-and-attention places. The home will be classified as either a care-and-attention home or an aged home according to the majority rule.

## CHAPTER 3

### LICENCE

#### 3.1 Application for a Licence

Licences may be issued to residential care homes for the elderly which are able to comply with the requirements of the Residential Care Homes (Elderly Persons) Ordinance, its Regulation and this Code of Practice. Under Section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance, an application for a licence must be made to the Director of Social Welfare in such form as specified in Annex A and accompanied by such information and plans as the Director of Social Welfare may require. The details are as follows :

- (a) The application form (the original and three copies) duly completed can be sent in by registered post or in person to the Licensing Office of Residential Care Homes for the Elderly (hereafter referred to as the Licensing Office).
- (b) The following documents should also be submitted :
  - photocopy of the Hong Kong Identity Card of the applicant (applicable if application is made by an individual);
  - photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable if application is made by a corporate body);
  - certified copy of Business Registration Application issued by the Commissioner of Inland Revenue (applicable for private residential care home for the elderly);
  - photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable for private residential care home for the elderly);
  - full list of staff employed/to be employed (Annex B);
  - photocopy of the tenancy agreement in respect of the home premises (applicable for home premises which is rented);
  - photocopy of the deed of assignment in respect of the home premises (applicable for home premises which is self-owned); and
  - seven copies of layout plans of the residential care home for the elderly. For details of the requirements on the layout plans, please refer to the Guidance Notes at Annex C.

- (c) Upon receipt of the above required documents, and if they are all in order, the Licensing Office would under normal circumstances, take 8 weeks to complete processing the application for a licence and issue the licence.

### **3.2 Issue of Licence**

Under Section 8(2) of the Residential Care Homes (Elderly Persons) Ordinance, the Director of Social Welfare on receipt of an application shall determine the application :

- (a) by issuing to and in the name of the applicant, a licence, with or without conditions, for a period of 36 months or such lesser period as may be indicated in the licence; or
- (b) by refusing to issue a licence to the applicant.

### **3.3 Licensing Conditions**

Under Section 8(4)(b) of the Residential Care Homes (Elderly Persons) Ordinance, the Director of Social Welfare is empowered to issue a licence with conditions and the licensing conditions may include :

- (a) requirements relating to design, structure, fire precautions, space and staffing matters;
- (b) display of licence; and
- (c) any other conditions as deemed fit by the Director of Social Welfare.

### **3.4 Renewal of Licence**

Under Section 9 (1) & (2) of the Residential Care Homes (Elderly Persons) Ordinance, a person holding a licence in respect of a residential care home for the elderly may apply to the Director of Social Welfare not more than 4 months and not less than 2 months before the expiry of the licence for it to be renewed for a period of not more than 36 months.

### **3.5 Display of Licence**

To assist members of the public to identify the legal status of the residential care homes for the elderly, operators are required to display the licence in a prominent place of the home premises.

### **3.6 Format of Licence**

A licence issued under Section 8 or renewed under Section 9 of the Residential Care Homes (Elderly Persons) Ordinance is in such form as specified in Annex D.

## **CHAPTER 4**

### **BUILDING AND ACCOMMODATION**

#### **4.1 General**

All residential care homes for the elderly are subject to inspection by the building safety inspector and should comply with the relevant provisions of the Buildings Ordinance, Cap. 123 and its subsidiary Regulations as well as any requirement made by the Buildings Department regarding building safety.

#### **4.2 Lease Conditions and Deed of Mutual Covenant**

It is the responsibility of the operator to ensure that his/her premises for the operation of the residential care home for the elderly comply with the lease conditions and the Deed of Mutual Covenant. Operators should understand that the lease and the Deed of Mutual Covenant are legal binding documents and their residential care homes may be ordered to terminate operating in the premises in civil proceedings.

#### **4.3 Restriction on Home Premises**

4.3.1 No part of a residential care home for the elderly shall be located in or under any structures built without the approval and consent of the Building Authority, unless the concerned structures are exempted under Section 41 of the Buildings Ordinance or Section 3 of the Buildings Ordinance (Application to the New Territories) Ordinance.

4.3.2 A residential care home for the elderly shall only be allowed to situate in a non-domestic building or in the non-domestic part of a composite building if no objection in writing is issued by the Buildings Department to the change in use application.

#### **4.4 Design**

Under Section 21 of the Residential Care Homes (Elderly Persons) Regulation, every residential care home for the elderly shall, to the satisfaction of the Director of Social Welfare, be designed in the following manner to suit the particular needs of residents :

- (a) every passage and doorway shall be wide enough to accommodate residents using walking aids or wheelchairs;

- (b) non-slip tiles shall be fitted in every place, especially toilets, bathrooms and kitchen and warning sign should be posted at appropriate location where the safety of residents is in jeopardy by reason of a risk of slippage; and
- (c) the ceiling (the structural or the suspended false ceiling) of every room shall be situated at a height not less than 2.5 m measuring vertically from the floor or not less than 2.3 m measuring vertically from the floor to the underside of any beam, unless permitted by the Director of Social Welfare.

In addition to the above requirements, the operator should ensure that :

- (d) one call bell should be installed for each care-and-attention resident;
- (e) all bathrooms, toilets and corridors should be fitted with appropriate handrails;
- (f) the design of furniture and fitting-out works of the premises should be hazard-free; and
- (g) at all windows, balconies, verandahs, staircases, landings or where there is a difference in adjacent levels greater than 600 mm, protective barriers designed to minimize the risk of persons or objects falling should be provided at a height of not less than 1.1 m and constructed as to inhibit the passage of articles more than 100 mm in their smallest dimension.

#### **4.5 Basic Facilities**

The basic facilities in a residential care home for the elderly shall include dormitories, dining/sitting area, toilet/bathroom/shower, kitchen, laundry and office area. All circulation area including corridor and sitting out area should not be converted into dormitories. A residential care home should provide meals and laundry service for the residents. A reasonable size of kitchen should be set up and the size will depend on the number of residents under care and the number of meals to be served. For instance, a kitchen catering for 100 residents is recommended to be 20 square metres.

#### **4.6 Accessibility**

Section 23 of the Residential Care Homes (Elderly Persons) Regulation requires that every residential care home for the elderly shall, to the satisfaction of the Director of Social Welfare, be accessible by emergency services.

## **4.7 Fire Exits**

- 4.7.1 Adequate fire exits and exit routes shall be provided to and in every residential care home for the elderly in accordance with the “Code of Practice for the Provision of Means of Escape in Case of Fire 1996” issued by the Buildings Department and any subsequent amendments or revisions made.
- 4.7.2 The capacity of a residential care home for the elderly and staff establishment etc. shall be taken in assessing the requirements for means of escape.
- 4.7.3 All fire-rated doors to protected lobbies, exits, kitchens and plant rooms should be capable of self-closing and be kept closed at all the times.
- 4.7.4 Every exit route shall be adequately lit and kept clear of obstructions. The general requirements of exit routes in the “Code of Practice for the Provision of Means of Escape in Case of Fire 1996” and any subsequent amendments or revisions made shall be observed and complied with.

## **4.8 Fire Resisting Construction**

- 4.8.1 A residential care home for the elderly shall be separated from other parts of the building in which it is situated by fire resisting construction in accordance with the “Code of Practice for Fire Resisting Construction 1996” issued by the Buildings Department and any subsequent amendments or revisions made.
- 4.8.2 The kitchen in a residential care home for the elderly shall be separated from other parts of the home premises by walls having a fire resistance period of not less than 1 hour and the door of the kitchen shall have a fire resistance period of not less than ½hour, be capable of self-closing and be kept closed at all the times.
- 4.8.3 Areas of special hazards (for electrical or hazardous installations) in a residential care home for the elderly shall be enclosed by walls having a fire resistance period of not less than 2 hours or 4 hours where adjoining required staircases. Doors at any opening to such enclosure from the home premises shall have a fire resistance period of not less than 1 hour, be capable of self-closing and be kept closed at all the times.

## **4.9 Heating, Lighting and Ventilation**

- 4.9.1 Under Section 24 of the Residential Care Homes (Elderly Persons) Regulation, every residential care home for the elderly shall, to the satisfaction of the Director of Social Welfare, be well heated, lighted and

ventilated.

4.9.2 Every room used for habitation or for the purposes of an office or as a kitchen in a residential care home for the elderly shall be provided with natural lighting and ventilation complying with Regulations 30, 31, 32 and 33 of the Building (Planning) Regulations, Cap. 123, sub. leg. F. The Director of Social Welfare may consider to permit any substandard provision of natural lighting and ventilation on case by case basis taking into account of home environment and design merits.

4.9.3 Every room containing a soil fitment or waste fitment in a residential care home for the elderly shall be provided with a window in accordance with the Regulation 36 of the Building (Planning) Regulations, Cap. 123, sub. leg. F. Any deficiency to the window provision may be accepted on condition that artificial lighting and mechanical ventilation are provided to the satisfaction of the Director of Social Welfare.

The provision of heater, electric fan and/or air conditioner in dormitory and toilet/bathroom are described in para. 7.2 and 7.4 in Chapter 7 of this Code of Practice.

#### **4.10 Water Supply and Ablutions**

Under Section 26 of the Residential Care Homes (Elderly Persons) Regulation, every residential care home for the elderly shall, to the satisfaction of the Director of Social Welfare, be provided with :

- (a) an adequate and wholesome supply of water;
- (b) adequate washing and laundering facilities; and
- (c) adequate bathing facilities.

Details of the facilities required are described in Chapter 7 of this Code of Practice for reference.

#### **4.11 Repair**

Under Section 27 of the Residential Care Homes (Elderly Persons) Regulation, every residential care home for the elderly shall, to the satisfaction of the Director of Social Welfare, be kept in a state of good repair.

## CHAPTER 5

### SAFETY AND FIRE PRECAUTIONS

#### 5.1 General

Under Section 31 of the Residential Care Homes (Elderly Persons) Regulation, residential care homes for the elderly are subject to inspection by the Fire Services Department (FSD). Operators should comply with any recommendation made by FSD regarding safety and fire precautionary measures.

#### 5.2 Location

Under Section 19 of the Residential Care Homes (Elderly Persons) Regulation, no residential care home for the elderly shall be situated in any part of :

- (a) an industrial building; or
- (b) any premises the floor of which is immediately over the ceiling or below the floor slab of any :
  - (i) godown;
  - (ii) cinema;
  - (iii) theatre; or
  - (iv) premises wherein any trade (including those as specified in Regulation 49 of the Building (Planning) Regulations, Cap.123, sub. leg. F) which, in the opinion of the Director of Social Welfare, may pose a risk to the life or safety of the residents is carried on.

#### 5.3 Height

5.3.1 Subject to para. 5.3.2 below, no part of a residential care home for the elderly shall be situated at a height more than 24 m above the ground floor, measuring vertically from the ground of the building to the floor of the premises in which the residential care home for the elderly is to be situated.

5.3.2 The Director of Social Welfare may by notice in writing served on an operator authorize that any part of such residential care home for the elderly may be situated at a height more than 24 m above the ground floor as may be indicated in the notice. Please refer to Section 20 of the Residential Care Homes (Elderly Persons) Regulation.

## 5.4 Fire Service Installations

All requirements and specifications on fire service installations and equipment are based upon the latest version of the “Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment” and Circular Letters published from time to time to relevant professionals by the Director of Fire Services.

In addition, the Director of Social Welfare in consultation with the Director of Fire Services may, however, impose additional requirements, and vary any the following requirements having regard to the circumstances of any particular residential care home for the elderly.

### 5.4.1 Requirements for residential care homes for the elderly occupying an area of less than 230 m<sup>2</sup> :

- (a) A fire detection system shall be provided for the entire home and smoke detector(s) shall be provided in area(s) used for sleeping accommodation. The alarm of such system shall be transmitted to the Fire Services Communication Centre by direct telephone line. The installation work shall be carried out by a Registered Fire Service Installation Contractor in Class 1, and a copy of the ‘Certificate of Fire Service Installations and Equipment’ (Form FS 251) shall be submitted to the Director of Social Welfare upon completion.
- (b) A manual fire alarm system shall be provided with one actuating point and one audio warning device located at or near the main entrance lobby and at a conspicuous location of the common corridor. Visual alarm signals in addition to audio warning devices shall be provided to form part of the fire alarm system. The alarm of such system shall be integrated with fire detection system.
- (c) All fire service installations control panels shall be installed at the reception area or near the main entrance inside the home.
- (d) One 4.5 kg CO<sub>2</sub> gas fire extinguisher shall be provided in each kitchen/pantry/switch room and one fire blanket of a type approved by FSD shall be provided in the kitchen. One 9 litres CO<sub>2</sub>/water fire extinguisher shall be provided at the location near the reception area or near the main entrance inside the home.
- (e) All exits to the exit routes of the building shall be indicated by illuminated exit signs of a type approved by FSD. Colour contrast for translucent surrounds to lettering shall comply with one of the followings and shall be consistent throughout the entire home.

Letter Colour

Green

White

Contrasting Colour

White

Green

- (f) If an exit sign is not clearly visible from any location in the home especially the corridors leading from each room to the exit routes of the home, suitable directional signs conforming to British Standard 5499 : Part 1 shall be provided at conspicuous locations to assist occupants to identify the exits in the event of an emergency.
- (g) Emergency lighting shall be provided throughout the entire home. The minimum illumination provided at floor level by the emergency lighting systems shall be :

Staircase/exit route	not less than 2 lux.
Any other area throughout the premises	not less than 1 lux.

The measurements shall be taken at the mid-point between any two emergency lighting fittings. All readings shall be taken by a portable photoelectric photometer and a discretionary tolerance of plus or minus 10% is permitted. In the event of power failure, the emergency lighting shall be activated within 5 seconds. If the emergency lighting system is not backed up by emergency generator, a self-contained battery type emergency lighting system conforming to the requirements stipulated by the Director of Fire Services will be accepted.

- (h) When a ventilation/air conditioning control system is provided, it shall conform to the specifications as stipulated in the latest version of the “Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment” published by the Director of Fire Services and Circular Letters published from time to time to relevant professionals by the Director of Fire Services.

5.4.2 Requirements for residential care homes for the elderly occupying an area exceeding 230 m<sup>2</sup> :

- (a) A smoke detection system shall be provided in area(s) used for sleeping accommodation. The alarm of such system shall be transmitted to the Fire Services Communication Centre by direct telephone line. The installation work shall be carried out by a Registered Fire Service Installation Contractor in Class 1, and a copy of the ‘Certificate of Fire Service Installations and Equipment’ (Form FS 251) shall be submitted to the Director of Social Welfare upon completion.

- (b) A hose reel system shall be provided for the home such that every part of the home premises can be reached by a length of not more than 30 m of hose reel tubing. The system shall conform to the specifications as stipulated in the latest version of the “Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment” published by the Director of Fire Services and Circular Letters published from time to time to relevant professionals by the Director of Fire Services. The installation work shall be carried out by a Registered Fire Service Installation Contractor in Class 2, and a copy of the ‘Certificate of Fire Service Installations and Equipment’ (Form FS 251) shall be submitted to the Director of Social Welfare upon completion.
- (c) An automatic sprinkler system shall be installed for the entire home premises. The system shall conform to the specifications as stipulated in the latest version of the “Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment” published by the Director of Fire Services, and Circular Letters published from time to time to relevant professionals by the Director of Fire Services. The installation works shall be carried out by a Registered Fire Service Installation Contractor in Class 2, and a copy of the ‘Certificate of Fire Service Installations and Equipment’ (Form FS 251) shall be submitted to the Director of Social Welfare upon completion.
- (d) A manual fire alarm system shall be provided with one actuating point and one audio warning device at each hose reel point. This actuating point shall include facilities for fire pump start and audio warning device initiation. Visual alarm signals in addition to audio warning devices shall be provided to form part of the fire alarm system. The alarm of such system shall be integrated with the fire detection system.
- (e) All fire service installations control panels shall be installed at the reception area or near the main entrance inside the home.
- (f) One 4.5 kg CO<sub>2</sub> gas fire extinguisher shall be provided in each kitchen/pantry/switch room and one fire blanket of a type approved by FSD shall be provided in the kitchen.
- (g) All exits to the exit routes of the building shall be indicated by illuminated exit signs of a type approved by FSD. Colour contrast for translucent surrounds to lettering shall comply with one of the followings and shall be consistent throughout the entire home.

Letter Colour

Green

White

Contrasting Colour

White

Green

- (h) If an exit sign is not clearly visible from any location in the home especially the corridors leading from each room to the exit routes of the home, suitable directional signs conforming to British Standard 5499 : Part 1 shall be provided at conspicuous locations to assist occupants to identify the exits in the event of an emergency.
- (i) Emergency lighting shall be provided throughout the entire home. The minimum illumination provided at floor level by the emergency lighting systems shall be :

Staircase/exit route	not less than 2 lux.
Any other area throughout the premises	not less than 1 lux.

The measurements shall be taken at the mid-point between any two emergency lighting fittings. All readings shall be taken by a portable photoelectric photometer and a discretionary tolerance of plus or minus 10% is permitted. In the event of power failure, the emergency lighting shall be activated within 5 seconds. If the emergency lighting system is not backed up by emergency generator, a self-contained battery type emergency lighting system conforming to the requirements approved by the Director of Fire Services will be accepted.

- (j) When a ventilation/air conditioning control system is provided, it shall conform to the specifications as stipulated in the latest version of the “Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment” published by the Director of Fire Services and Circular Letters published from time to time to relevant professionals by the Director of Fire Services.

## 5.5 Additional Requirements

- 5.5.1 Primary and secondary electrical supply shall be provided to all fire service installations. Where practicable, the secondary electrical supply shall be connected to an independently powered generator of sufficient electrical capacity to meet the essential services it is required to provide.

- 5.5.2 All linings for acoustic, thermal insulation and decorative purposes within protected means of escape in the residential care home for the elderly shall be of Class 1 or 2 Rate of Surface Spread of Flame as per British Standard 476 : Part 7 or its international equivalent, or be brought up to that standard by use of an approved fire retardant product. To this effect, a copy of the 'Certificate of Fire Service Installations and Equipment' (Form FS 251) issued by a Registered Class 2 Fire Service Installation Contractor shall be submitted to the Director of Social Welfare as proof of compliance.
- 5.5.3 All mechanical ventilating systems that embody the use of ducting or trunking, passing through any wall, floor or ceiling from one compartment to another, shall comply with the Building (Ventilating Systems) Regulations, Cap. 123 sub. leg. J. and Circular Letters published from time to time to relevant professionals by the Director of Fire Services. Detailed drawings showing layout of the ventilating system shall be submitted via the Social Welfare Department to the Ventilation Division of the Fire Services Department for verification inspection, and a copy of letter of compliance shall be submitted to the Director of Social Welfare as proof of compliance. The system shall subsequently be inspected by a Registered Specialist Contractor (Ventilation Works Category) at intervals not exceeding 12 months and a separate copy of the 'inspection certificate' shall be forwarded when available to the Director of Social Welfare as proof of compliance.
- 5.5.4 All linings for acoustic, thermal insulation and decorative purposes in ducting and concealed locations shall be of class 1 or 2 Rate of Surface Spread of Flame as per British Standard 476 : Part 7 or its international equivalent, or be brought up to that standard by use of an approved fire retardant product. To this effect, a copy of the 'Certificate of Fire Service Installations and Equipment' (Form FS 251) issued by a Registered Class 2 Fire Service Installation Contractor shall be submitted to the Director of Social Welfare as proof of compliance.
- 5.5.5 All installation and alteration works for fire service installations and equipment shall follow the certification procedures for fire service installations and equipment as published from time to time by the Director of Fire Services. As a general rule, if there is a need to alter or add any fire service installations and equipment in the premises, the applicant should appoint a Registered Fire Service Installation Contractor to carry out the work. The Registered Fire Service Installation Contractor should submit a certificate FSI/314A or FSI/314B as appropriate, together with three copies of FSI plan to the Director of Fire Services. Upon completion of the work, the Registered Fire Service Installation Contractor should inspect and certify the installations and submit a copy of the 'Certificate of Fire Service Installations and Equipment' (Form FS 251) to the Director of Fire Services. A copy of the Form FS 251 shall also be submitted to the Director of Social Welfare as proof of compliance.

- 5.5.6 All fire service installations and equipment installed in the home premises shall be maintained in efficient working order at all times and inspected by a Registered Fire Service Installation Contractor at least once in every 12 months. A copy of the 'Certificate of Fire Service Installations and Equipment' (Form FS 251) issued by the Contractor shall be submitted to the Director of Social Welfare as proof of compliance.
- 5.5.7 All fixed electrical installations in the home premises shall be installed, inspected, tested and certificated by an electrical worker and contractor registered with the Director of Electrical & Mechanical Services. A copy of the certificate shall be forwarded to the Director of Social Welfare when available as proof of compliance with the provisions in the Electricity Ordinance, Cap. 406, which shall be re-validated every five years thereafter.
- 5.5.8 No storage of dangerous goods in excess of exempted quantity within the meaning of the Dangerous Goods Ordinance, Cap. 295 is permitted without a licence or approval granted by the Director of Fire Services.
- 5.5.9 All gas installation work at the home premises must be undertaken by a Registered Gas Contractor in accordance with the Gas Safety Ordinance, Cap. 51. Certification of compliance/completion in accordance with gas safety regulations and relevant Towngas, or liquefied petroleum gas (LPG), codes of practice shall be provided by the contractor for any new gas installation, or alteration to existing installations, and submitted to the Director of Social Welfare when available. If a piped gas supply (Towngas or LPG central supply) is already available in the building then it should be used to supply all gas equipment. Only where a piped-gas supply is not available should consideration be given to using individual LPG cylinders stored in a purposely designed chamber (in accordance with the latest edition of "Gas Utilisation Code of Practice 06 - LPG Installations for Catering Purposes in Commercial Premises" issued by the Gas Authority). All gas appliances installed in residential units should be those models equipped with flame failure device and only water heaters of the room-sealed type should be installed. All gas equipment should be inspected/maintained annually for safe operation by a Registered Gas Contractor. Documentary proof of continuing annual inspection/ maintenance shall be submitted with any application for renewal of licence.
- 5.5.10 An evacuation plan shall be drawn up and submitted to the Director of Social Welfare. Fire drills shall be conducted at intervals of not less than once every six months with proper records.

5.5.11 All polyurethane (PU) foam filled mattresses and upholstered furniture shall respectively conform to the flammability standards in accordance with British Standard BS 7177:1996 and British Standard BS 7176:1995, for use in medium hazards premises/building, or to another standard acceptable to the Director of Fire Services. The PU foam filled mattress and upholstered furniture meeting the specified standards shall bear an appropriate label. Invoices from manufacturers/suppliers and test certificates from a testing laboratory both indicating that the PU foam filled mattress and/or furniture items comply with the specified standards shall be produced for verification. The test certificates shall be issued by a testing laboratory accredited to conduct tests according to the specified standards, and be authenticated by the company's stamp of manufactures/suppliers.

## **5.6 Fire Precautions**

5.6.1 All staff of the residential care home for the elderly must be fully conversant with the potential fire danger and any member discovering a fire must :

- (a) give an alarm to warn all other staff and residents;
- (b) ensure that the fire is reported to the FSD by dialling 999; and
- (c) make joint effort with other members of staff to evacuate the residents, particularly those requiring assistance.

5.6.2 Late patrol of the home premises shall be conducted every night to ensure that :

- (a) all cooking/heating appliances are turned off;
- (b) all doors leading to common corridors are closed;
- (c) no matter or thing is left to obstruct the exit routes; and
- (d) any door along escape routes which is required to be locked should be openable in the direction of egress without the use of key in an emergency.

5.6.3 No cooking in naked flame is permitted in the home premises other than in the kitchen.

5.6.4 Smoking is not permitted in the indoor areas of the home premises.

5.6.5 If gas leakage is suspected, responsible staff **must** :

**extinguish all naked flames**

**turn off gas taps**

**not operate electrical switches**

**open windows and doors wide**

Immediately call the gas supplier's emergency number using a telephone remote from the affected area. The gas supply must not be turned on again until it has been checked by the gas supplier's staff or registered gas contractor.

**IF THE GAS CONTINUES TO LEAK AFTER THE TAPS HAVE BEEN TURNED OFF OR THE SMELL OF GAS STILL PERSISTS, RESPONSIBLE STAFF MUST :**

**Immediately call emergency services on 999 and the gas supplier using an outside telephone.** Evacuate residents from the area to a safe location and await arrival of personnel of emergency services.

## CHAPTER 6

### FLOOR SPACE

#### 6.1 Area of Floor Space

The minimum area of floor space for each resident is set out in Schedule 2 to the Residential Care Homes (Elderly Persons) Regulation as follows :

#### MINIMUM AREA OF FLOOR SPACE FOR EACH RESIDENT

<u>Type of residential care home</u>	<u>Minimum area per resident</u>
(a) Care-and-attention home	6.5 m <sup>2</sup>
(b) Aged home	6.5 m <sup>2</sup>
(c) Self-care hostel	6.5 m <sup>2</sup>

#### 6.2 Number of Residents

The right number of residents to be accommodated in a residential care home for the elderly is determined by its physical size and the space standard per capita area of 6.5 m<sup>2</sup>. Area means the net floor area for the exclusive use of the home. In determining the area of floor space per resident, the area of staff dormitory, open space, podium, garden, flat roof, bay window, staircase, column, walls, staircase hall, lift, lift landing, any space occupied by machinery for any lift, air-conditioning system or similar service provided for the building, and any other area in the home which the Director of Social Welfare considers unsuitable for the purposes of a residential care home for the elderly shall be disregarded. Please refer to Section 22 of the Residential Care Homes (Elderly Persons) Regulation.

## CHAPTER 7

### FURNITURE AND EQUIPMENT

#### 7.1 General

- 7.1.1 It is important that a residential care home for the elderly should have furniture and equipment specially made for the use of elderly residents.
- 7.1.2 There should be the provision of at least one first aid box on each floor, or in each separate unit of the home if the home premises is located at different and non-adjointing unit(s) of the same floor. The first aid box should include at least bandages, triangular bandage, elastoplast, wound dressings, sterile cotton wool, sterile gauzes, mild disinfectant, 70% alcohol, safety pins, safety scissors, and disposable gloves etc.
- 7.1.3 This Chapter listed out furniture and equipment recommended for use in a residential care home for the elderly. Every home should, according to its own circumstances, procure appropriate furniture and equipment, to ensure provision of safe and proper care to the residents.
- 7.1.4 All furniture and equipment are required to be properly maintained, and should be regularly replaced and renovated.

#### 7.2 Dormitory

Items	Minimum Quantity recommended
(1) Single bed [Note 1 & 2]	1 no. for each resident
(2) Bedside cupboard for personal belongings	1 no. for each resident
(3) Wardrobe	1 no. for each dormitory and size of the wardrobe depends on the number of residents in the dormitory
(4) Heater	1 no. for each dormitory
(5) Mattress	1 sheet for each resident
(6) Mattress cover	1 no. for each resident
(7) Pillow	2 nos. for each resident
(8) Pillow case	2 nos. for each resident plus appropriate number for spare use
(9) Bedspread/bed cover	1 no. for each resident

<b>Items</b>	<b>Minimum Quantity recommended</b>
(10) Bed sheet	2 nos. for each resident
(11) Blanket	1 no. for each resident
(12) Blanket cover	1 no. for each resident plus appropriate number for spare use
(13) Quilt	1 no. for each resident
(14) Quilt cover	1 no. for each resident plus appropriate number for spare use
(15) Draw sheet	depends on need
(16) Mackintosh	depends on need
(17) Litter bin with lid	1 no. for each dormitory
(18) Electric clock	1 no. for each dormitory, large enough for easy reading
(19) Vacuum flask	optional
(20) Thermos bag	optional
(21) Curtain with rail	1 set for each window opening
(22) Towel rack	optional
(23) Electric fan and/or air conditioner	be able to provide sufficient ventilation
(24) Call bell	1 no. for each care-and-attention resident
(25) Name plate	1 no. for each resident
(26) Screen	depends on need
(27) Emergency light	1 no. for each dormitory

- Note :
- (1) Suitable bed size and type should be provided to fit the care needs/body size of individual elderly resident.
  - (2) It is desirable that adjustable hospital beds (two-crane) are provided for needy care-and-attention residents.

### 7.3 Sitting/Dining Room

<b>Items</b>	<b>Minimum Quantity Recommended</b>
(1) Dining table and chair	1 set, depends on the number of residents
(2) Sofa	1 set
(3) Colour television set and other audio-visual equipment	1 set

<b>Items</b>	<b>Minimum Quantity Recommended</b>
(4) Supplies of newspaper, magazine and books	1 no. of daily newspaper each day and 1 no. of weekly magazine each week
(5) Electric clock and calendar	1 set, large enough for easy reading
(6) Notice board	1 no.
(7) Chair (with back) [Note 3]	number required depends on the needs of residents
(8) Litter bin with lid	1 no.
(9) Curtain with rail	1 set for each window opening
(10) Vacuum flask/tea urn	1 no.
(11) Telephone	1 set, depends on the number of residents
(12) Cupboard	optional
(13) Green plant in pot	optional
(14) Picture with frame	optional
(15) Recreational or physical training equipment	depends on number of residents
(16) Food trolley	optional
(17) Serving trays	optional

Note : (3) Chair with back, arm rest and wide/heavy base should be provided for elderly residents under restraint and/or vulnerable to fall.

#### 7.4 Toilet/Bathroom [Note 4]

<b>Items</b>	<b>Minimum Quantity Recommended</b>
(1) Litter bin with lid	1 no.
(2) Commode	depends on the number of care-and-attention residents
(3) Shower chair/bathtub seat	depends on the number of care-and-attention residents
(4) Hair dryer	1 no.
(5) Electric shaver	1 no.
(6) Plastic bucket with lid	1 no.
(7) Urinal	depends on the number of care-and-attention residents
(8) Bed pan	depends on the number of care-and-attention residents

Items	Minimum Quantity Recommended
(9) Sterilizer for bed pan and/or bed pan washer	depends on need
(10) Heater for hot water supply <i>[Note 5]</i>	1 no.
(11) Adult size European flush toilet/water basin/shower point/bath <i>[Note 6]</i>	at a ratio in accordance with Building (Standards of Sanitary Fitments, Plumbing, Drainage Works and Latrines) Regulations, Cap. 123, sub. leg. I.
(12) Individual towels, comb, mug and tooth brush	1 set for each resident
(13) Heater	depends on need
(14) Exhaust fan	1 no. in each toilet or bathroom

Note : (4) Item such as mirror should be provided if not included in the fitting-out work.

(5) If gas water heater is used, the heater shall be of a room sealed type.

(6) These items should be kept in good function with regular maintenance.

## 7.5 Kitchen/Pantry *[Note 7]*

Items	Minimum Quantity Recommended
(1) Cooking utensils	depends on need but should not be used for both raw and cooked food
(2) Crockery utensils and dining utensils	depends on the number of residents
(3) Chopped boards	at least 2 sets, one for raw food and one for cooked food
(4) Refrigerator/freezer	1 no., size depends on the number of residents
(5) Hot water supply for washing utensils	depends on need
(6) Meat mincer (heavy duty)	1 no.
(7) Food blender	1 no.
(8) Rice cooker	1 no., size depends on the number of residents
(9) Microwave oven	1 no.
(10) Hot water boiler	1 no., size depends on the number of residents

<b>Items</b>	<b>Minimum Quantity Recommended</b>
(11) Cleaning utensils	depends on need
(12) Food container	depends on need
(13) Plastic tray	depends on need
(14) Plastic basket	depends on need
(15) Garbage bin with lid	1 no.
(16) Notice board/wyte board	1 no.
(17) Exhaust fan	1 no.
(18) Container with cover/cupboard with door for cooking utensils/groceries	depends on the number of residents

Note : (7) Use of town gas or electricity for cooking in kitchen is preferred. Kerosene is not allowed to be used for safety reasons. If liquefied petroleum gas is used, the gas should be piped from a central supply or from cylinders stored in a purposely designed chamber constructed in accordance with the provisions of the Gas Safety Ordinance, Cap. 51 and its subsidiary Regulations. All gas cooking equipment should be fitted with flame failure device.

## **7.6 Laundry**

<b>Items</b>	<b>Minimum Quantity Recommended</b>
(1) Washing machine	1 no., depends on the number of residents
(2) Drying machine	1 no., depends on the number of residents
(3) Iron	1 no.
(4) Ironing board	1 no.
(5) Baskets for clothings	2 nos.
(6) Plastic bucket with lid	2 nos.
(7) Laundry clip	optional
(8) Storage rack	optional

## 7.7 Office

Items	Minimum Quantity Recommended
(1) Office desk	1 no.
(2) Office chair	2 nos.
(3) Filing cabinet	1 no.
(4) Key box	optional
(5) First aid box with supply	1 no.
(6) Stationery	optional
(7) Telephone	1 set
(8) Notice board/wyte board	1 no.
(9) Fax machine	1 set

## 7.8 Medical Equipment and Supplies

Items	Minimum Quantity Recommended
(1) Disinfecting equipment and disinfecting/dressing supplies including forceps (various), scissors, kidney dish/dressing trays/dressing bowls or sterile packs	are required to be provided in aged home and care-and-attention home
(2) Disinfectant and dressings	are required to be provided in aged home and care-and-attention home
(3) Sphygmomanometer	at least 1 no. for each aged home and care-and-attention home
(4) Stethoscope	at least 1 no. for each aged home and care-and-attention home
(5) Thermometer / Ear Thermometer (with disposable caps)	at least 2 nos. for each aged home and care-and-attention home. Disposal caps are required to be provided sufficiently, depending on the no. of residents and some are required to be reserved for urgent use
(6) Thermometer container	depends on need
(7) Diagnostic set	depends on need
(8) Tongue depressor (disposable)	are required to be provided in aged home and care-and-attention home

Items	Minimum Quantity Recommended
(9) Torches	depends on need
(10) Feeding Tube including * Nasogastric Tube, ** Percutaneous Endoscopic Gastrostomy Feeding (P.E.G.) <i>[Note 8]</i>	depends on need
(11) Urinary bag/ Urinary drainage catheter including * Foley catheter, ** Superpubic catheter <i>[Note 8]</i>	depends on need
(12) Portable oxygen respirator	depends on need
(13) Suction pump (aspirator)	depends on need
(14) Equipment for Cardio Pulmonary Resuscitation (C.P.R.) e.g. face shield, pocket mask with filter, bag-valve-mask resuscitators etc.	depends on need
(15) Medicine cup	are required to be provided in aged home and care-and-attention home
(16) Gloves (disposable)	are required to be provided in all types of homes
(17) Urine testing/Sugar blood testing stix	depends on need
(18) Bandages (various)	are required to be provided in all types of homes
(19) Scale (preferably chair-type)	depends on need
(20) Walking aids/wheelchairs/ commode chairs	depends on the no. of care-and-attention residents
(21) Ripple bed mattress	depends on need
(22) Lotions	depends on need
(23) Personal protective equipment (P.P.E.) items including surgical mask, surgical/disposable gloves, disposable caps and gowns, and goggles	should be provided sufficiently depending on the no. of staff and residents and some should be reserved for the visitors

Note : (8) The equipment marked with ‘\*’ should be applied by a nurse only whilst the equipment marked with ‘\*\*’ should only be applied by a registered nurse with relevant healthcare training. For details, please refer to para. 11.8 and 11.9 in Chapter 11 of this Code of Practice.

## 7.9 Miscellaneous

Items	Minimum Quantity Recommended
(1) Vacuum cleaner	1 no.
(2) Geriatric chair	depends on need
(3) Storage facilities	adequate storage facilities should be provided to ensure that personal belongings of residents and general stores of the home are tidily kept
(4) Screen windows/ doors/ ventilation openings and insect electrocuting device (I.E.D.) <i>[Note 9]</i>	depends on need

Note : (9) To place the I.E.D. along the most critical insect pathways e.g. entrances, doorways and other bottlenecks, vestibules.

## CHAPTER 8

### MANAGEMENT

#### 8.1 Display of Name of Residential Care Home for the Elderly

At or near the entrance to the premises of every residential care home for the elderly, there should be prominently displayed a board or other forms of signage bearing in conspicuous lettering the name in which the home is licensed.

#### 8.2 Procedures on Admission of Residents to Home

8.2.1 The rules and regulations of the residential care home for the elderly should be posted up in the home's office and printed on the admission form.

8.2.2 As an admission procedure, rules and regulations, including home fee and other charges, should be explained clearly by the home manager to the resident and his/her guardian<sup>Note 1</sup>/guarantor<sup>Note 2</sup>/family members/relatives. Fees that can be refundable to residents and schedule of payment should be stated clearly. It is advisable for the home to obtain written agreement from the resident and his/her guardian/guarantor/family members/relatives to show the latter's understanding of the rules and regulations and the fee charges to be collected.

8.2.3 Written consent and authorization should be sought from the resident and his/her guardian/guarantor/family members/relatives and documented properly in relation to any of the following conditions either on admission or as it becomes necessary :

- (a) Application of physical restraint;
- (b) Possessions or property stored or held on behalf of every resident by the home, including Hong Kong Identity Card and medical follow-up card etc. As a matter of good practice, home staff should refrain from withdrawing and using the bank account of residents for the purpose of payment of home fee and other charges unless a proper checking mechanism is established and maintained to prevent financial abuse or dispute; and
- (c) Release of personal data of the resident.

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<sup>Note 1</sup> : A "guardian" in this Code of Practice is referring to guardian appointed by the Guardianship Board and thus with legal status accorded.

<sup>Note 2</sup> : A "guarantor" in this Code of Practice is referring to non-relative of the resident voluntarily agrees to involve in the important matters of home admission and discharge/care plan/fee payment etc. without legal status accorded.

8.2.4 Every applicant should have a medical examination conducted by a registered medical practitioner, or standardised care need assessment for elderly services by means of a valid Minimum Data Set-Home Care (MDS-HC) Assessment. Specimen of medical examination form is at Annex E. Health records of each resident should be maintained and updated.

### **8.3 Schedule of Daily Activities**

A routine programme schedule or time-table for daily activities of the residents should be designed and posted at the conspicuous area i.e. common room/reception area of the residential care home for the elderly.

### **8.4 Staff Duty List/Roster and Attendance Records**

A comprehensive duty list for different posts of staff should be drawn up and a staff duty roster be set for the staff to comply with. Staff attendance records should also be established and maintained to reflect the actual situation of staff-on-duty at different time of a day.

### **8.5 Record Keeping**

8.5.1 Under Section 12 of the Residential Care Homes (Elderly Persons) Regulation, the operator of a residential care home for the elderly is required to establish and maintain a record of staff employed in the home with the following details :

- (a) Name (Chinese and English where applicable), sex, date of birth/age, address, telephone number and Hong Kong Identity Card number;
- (b) ; Supporting documents of relevant qualifications;
- (c) Post held in the home;
- (d) Monthly salary;
- (e) Working hours and shift of duty;
- (f) Terms of appointment (full time or part time); and
- (g) Date of appointment and resignation or dismissal.

8.5.2 The home manager of a residential care home for the elderly is required to establish and maintain a comprehensive system of updated records for the purpose of inspection by the Licensing Office at reasonable time. Such records, by virtue of Section 16 of the Residential Care Homes (Elderly Persons) Regulation and as a matter of good practice, are required to include :

(a) Record of Residents

- (i) The name (Chinese and English where applicable), address, sex, date of birth/age and Hong Kong Identity Card number of each resident;
- (ii) The name, address, telephone number and Hong Kong Identity Card number of at least one relative or one contact person of every resident and his/her relationship with the resident;
- (iii) Where or how any such relative or contact person may be contacted in an emergency;
- (iv) The date of admission and discharge of every resident;
- (v) Any action taken by home staff, including the use of force or mechanical restraint, to prevent or restrain a resident from injuring himself/herself or others, or damaging property, or creating a disturbance. For details, please refer to para. (e) below; and
- (vi) Possessions or property stored or held on behalf of every resident by the home, including Hong Kong Identity Card and medical follow-up card. For details, please refer to para. 8.2.3(b) above.

(b) Health Record of Residents

For details, please refer to para. 11.2(a) in Chapter 11 of this Code of Practice.

(c) Record by Visiting Registered Medical Practitioner

Scheduled visits by a registered medical practitioner for medical consultation or follow-up treatment should be made at regular intervals under Section 34 of the Residential Care Homes (Elderly Persons) Regulation. Comments on individual resident by the visiting registered medical practitioner should be properly recorded with the registered medical practitioner's name and signature as well as date of the visit (please also refer to para. 11.2(b) in Chapter 11 of this Code of Practice).

(d) Log Book

Log book is to be used by staff on duty in each shift to record daily events including irregularities observed in and between individual residents (including the residents' physical, emotional or health condition), urgent/important environmental problem affecting operation of the residential care home, follow-up action on any accident, etc. The record should be kept up-to-date and properly signed by the staff concerned. Essential information should be entered into the individual health record of the resident concerned to facilitate ongoing care management.

(e) Record on Application of Physical Restraint

Home staff should observe the general principles of least restraint in para. 11.6 and the procedures in applying physical restraint in para. 11.7 in Chapter 11 of this Code of Practice. A separate record should be maintained to record the following information in respect of the application of physical restraint to a resident:-

- (i) Name of the resident restrained;
- (ii) Reason of application;
- (iii) Means of physical restraint;
- (iv) Written consent of the resident, his/her guardian/guarantor/family members/relatives, the operator/the home manager and registered medical practitioner should be obtained at the initial application and be reviewed half-yearly;
- (v) Explanation to both the resident and his/her guardian/guarantor/family members/relatives at the initial application and each review should be made by the home staff and documented;

- (vi) Duration of application and period of release each time;
- (vii) Observation on the condition of resident after application; and
- (viii) Date and details of periodic evaluation on the need for continuing the application.

(f) Record of Accident

Accident should be recorded soon after immediate remedial action has been taken. Information should include date and time of accident happened, details of accident, name and condition of resident(s) affected, whether his/her guardian/guarantor/family members/relatives or contact persons of the resident(s) were informed and any remedial action taken. The staff who handled the accident should sign on the record.

(g) Death/Discharge Record

Information should include :

- (i) Name of the resident deceased/discharged;
- (ii) Date and reasons of death/discharge; and
- (iii) Place of death/transfer.

Essential information should be entered in the log book and the individual health record of the resident (please also refer to para. 11.2(a)(v) in Chapter 11 of this Code of Practice).

(h) Record of Complaint

Record on verbal/written complaint or opinion and information made or provided by resident(s) or any other person relating to the management or operation of the residential care home for the elderly and any remedial action taken in that regard should be kept.

(i) Record of Social Activities and Programmes

Record of social activities and programmes organized for residents should be kept. Information to be included is:

- objective, type, date, time and place of the activity;
- number and type of staff involved, number of residents participated, and external participants/organizer involved;

and

- responses/feedbacks of residents.

Photographs taken for the activity are regarded as supplementary information.

(j) Fire Drill Record

Fire drills should be conducted at intervals of not less than once every six months with record keeping including time and date of the drills, number of staff and elderly residents participated. Photograph taken for the drills are regarded as supplementary information.

(k) Other Records

Correspondence with government departments and/or other agencies in connection with the operation of the residential care home for the elderly and any elder abuse case(s) should be kept properly for easy reference and follow-up action. The home should also keep other records as directed by the Director of Social Welfare or his representative such as guidelines and circular letters issued by the Licensing Office.

All these records should be updated and properly kept in the home for inspection purpose.

## 8.6 Staff Meeting

Staff meeting, briefing session, case conference or discussion among staff should be conducted by the operator or home manager at regular intervals with records. As a matter of good practice, the operator and home manager are encouraged to consider involving residents and their guardians/guarantors/family members/relatives in home management meetings and case conferences.

## CHAPTER 9

### STAFFING

#### 9.1 Employment of Staff

The minimum staffing requirements of each type of residential care home for the elderly are set out in Schedule 1 to the Residential Care Homes (Elderly Persons) Regulation. Details are as follows :

Item	Type of Staff	Type of Residential Care Home		
		Care and Attention Home	Aged Home	Self-care Hostel
1.	Home manager	1 home manager	1 home manager	1 home manager
2.	Ancillary worker	1 ancillary worker for every 40 residents or part thereof, between 7a.m. and 6p.m.	1 ancillary worker for every 40 residents or part thereof, between 7a.m. and 6p.m.	1 ancillary worker for every 60 residents or part thereof, between 7a.m. and 6p.m.
3.	Care worker	a. 1 care worker for every 20 residents or part thereof, between 7a.m. and 3p.m.;  b. 1 care worker for every 40 residents or part thereof, between 3p.m. and 10p.m.;  c. 1 care worker for every 60 residents or part thereof, between 10p.m. and 7a.m.	No care worker required	No care worker required
4.	Health worker	Unless a nurse is present, 1 health worker for every 30 residents or part thereof, between 7a.m. and 6p.m.	Unless a nurse is present, 1 health worker for every 60 residents or part thereof	No health worker required
5.	Nurse	Unless a health worker is present, 1 nurse for every 60 residents or part thereof, between 7a.m. and 6p.m.	Unless a health worker is present, 1 nurse	No nurse required

Note : As an additional requirement for a care and attention home or an aged home, any 2 persons being a home manager, an ancillary worker, a care worker, a health worker or a nurse shall be on duty between 6 p.m. and 7 a.m.

## 9.2 Definition

The following terms are defined in Section 2 of the Residential Care Homes (Elderly Persons) Regulation.

### 9.2.1 The Operator

An operator means or a person to whom a licence has been issued under Section 8 or renewed under Section 9 of the Residential Care Homes (Elderly Persons) Ordinance. By virtue of Sections 11 to 14 of the Residential Care Homes (Elderly Persons) Regulation, the duties of an operator include :

- (a) employment of staff;
- (b) maintenance of records of staff;
- (c) furnishing of plans or diagrams of the premises; and
- (d) furnishing of details of fee charging.

As a matter of good practice, an operator should inform the residents in writing of any proposed increase in fee or charge for any service or commodity at least 30 days in advance of the effective date of implementation.

### 9.2.2 The Home Manager

A home manager means any person responsible for the management of a residential care home for the elderly. A home manager is responsible for :

- (a) overall administration and staffing matters of the home;
- (b) planning, organizing and implementation of social programmes and caring schedules;
- (c) maintaining an acceptable standard of safety, cleanliness, tidiness and sanitation;
- (d) dealing with all emergency situations;
- (e) submission of staff list under Section 15 of the Residential Care Homes (Elderly Persons) Regulation;
- (f) maintenance of up-to-date records as stipulated in Section 16 of the Residential Care Homes (Elderly Persons) Regulation and Chapter 8 of this Code of Practice;

- (g) providing information concerning the home as required by the Director of Social Welfare under Section 17 of the Residential Care Homes (Elderly Persons) Regulation; and
- (h) reporting infectious disease under Section 18 of the Residential Care Homes (Elderly Persons) Regulation.

### 9.2.3 The Nurse

A nurse means any person whose name appears either on the register of nurses maintained under Section 5 of the Nurses Registration Ordinance, Cap. 164, or the roll of enrolled nurses maintained under Section 11 of that Ordinance.

### 9.2.4 The Health Worker

A health worker means any person whose name appears on the register maintained by the Director of Social Welfare under Section 5 of the Residential Care Homes (Elderly Persons) Regulation. Chapter 10 of this Code of Practice gives more information on health worker.

### 9.2.5 The Care Worker

A care worker means any person other than an ancillary worker, health worker or nurse responsible for rendering daily and personal care to the residents. A care worker shall follow the personal care schedule designed by a nurse or health worker and provide daily personal care services to the residents.

### 9.2.6 Ancillary Worker

An ancillary worker means any person, other than a care worker, health worker or nurse, employed by an operator. Ancillary workers include a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk.

## **9.3 Overnight Staff**

At least two staff, who being a home manager, an ancillary worker, a care worker, a health worker or a nurse, shall be on duty between 6p.m. and 7a.m. for a care-and-attention home or for an aged home according to Schedule 1 to the Residential Care Homes (Elderly Persons) Regulation.

## **9.4 Conditions of Service**

### **9.4.1 Medical Examination**

All staff of a residential care home for the elderly shall receive a pre-employment medical examination conducted by a registered medical practitioner to certify the staff is able to perform the inherent requirements and duties of the job.

### **9.4.2 Salary**

Salary should be commensurate with qualifications and job responsibilities. A salary scale providing for annual increments is desirable. This scale should be reviewed regularly and adjusted, if necessary, to meet changes in the cost of living.

### **9.4.3 Hours of Work**

For all types of residential care home for the elderly, there should be a minimum of two shifts of workers serving in the home. The number of working hours is usually agreed upon in the contract of employment between the employer and the employee.

### **9.4.4 Sick Leave**

- (a) A doctor's certificate should be produced for sick leave exceeding 2 working days. The eligibility for sickness allowance and the accumulation of paid sickness days should be in line with relevant provisions under Part VII – Sickness Allowance of the Employment Ordinance, Cap. 57.
- (b) Employer shall keep records of sickness days of employees in accordance with Section 37 of the Employment Ordinance, Cap. 57. Proper keeping of staff's sick leave records is one of the important indicators of good occupational health and safety practice. It also helps to detect early infectious disease outbreak.

### **9.4.5 Maternity Leave**

An eligible female employee covered by the Employment Ordinance, Cap. 57, should be paid, whilst on maternity leave, at a rate as specified in the Employment Ordinance, Cap. 57.

### **9.4.6 Annual Leave**

All staff members are normally expected to be given at least the minimum amount of annual leave at a rate as specified in the Employment Ordinance, Cap. 57.

#### 9.4.7 Termination of Service

Subject to the Employment Ordinance, Cap. 57, and the terms of the relevant contract, either party to a contract of employment may at any time terminate the contract by giving the other party notice, orally or in writing, of his intention to do so. Part II – Contracts of Employment of the Employment Ordinance, Cap. 57, on the length of notice and the amount of wages in lieu of notice for termination during and after the probationary period is relevant.

#### 9.4.8 Insurance

All staff should be covered by the employees' compensation insurance.

#### 9.4.9 Others

Personnel policy should comply with the conditions and requirements set out in the Employment Ordinance, Cap. 57, and further enquiries on the Employment Ordinance and labour relations matters can be made to the Labour Relations Division of the Labour Department.

### **9.5 First Aid and Other Trainings**

9.5.1 All staff should have a basic knowledge of first aid and at least one employee in a residential care home for the elderly should have completed a course in first aid and holds a valid first aid certificate. The First Aid Courses run by the Hong Kong St. John Ambulance, the Hong Kong Red Cross, the Auxiliary Medical Service, the Occupational Safety & Health Council and the Maritime Services Training Institute of the Vocational Training Council are courses recognized by the Commissioner for Labour and accepted by the Director of Social Welfare.

9.5.2 Registered nurses and enrolled nurses within the meaning of the Nurses Registration Ordinance (Cap. 164) are recognized for their first aid knowledge and skills. Residential care homes which have employed either a registered nurse or an enrolled nurse are exempted from the requirement of having at least one employee holding a valid first aid certificate.

9.5.3 The home operator and manager are advised to encourage and facilitate continuous training of their staff through on-site as well as off-site training. Topics include occupational safety, health training and stress management to keep their staff abreast of the latest development of the caring skill for the

elderly and attend to safety and health at work, in particular, the proper manual handling technique and good infection control practice in elderly care.

## **9.6 Relief Staff**

Relief staff are required to be arranged if there are staff on casual, vacation or sick leave so as to ensure that a residential care home for the elderly can at any time meet the minimum staffing requirements as set out in Schedule 1 to the Residential Care Homes (Elderly Persons) Regulation.

## **9.7 Changes in Staff Employment**

The operator shall inform the Director of Social Welfare, in writing within 14 days, of any change in the employment of a home manager under Section 11(3) of the Residential Care Homes (Elderly Persons) Regulation. It is the responsibility of the home manager to submit to the Director of Social Welfare a list of staff employed by an operator within 14 days if so required by the Director in writing under Section 15(1) of the Residential Care Homes (Elderly Persons) Regulation. A home manager shall at least once every 3 months inform the Director of Social Welfare in writing of any change in the list of staff employed under Section 15(2) of the Residential Care Homes (Elderly Persons) Regulation. For the aforesaid changes in staff employment, the operator/home manager is also required to submit updated Staff Employment Record (Annex B).

## **9.8 Importation of Workers**

The operator is encouraged to employ local workers as far as possible. Should employment of imported workers be required, the operator and home manager should observe the terms and conditions of employment for workers imported under the Supplementary Labour Scheme. Such terms and conditions are stipulated in the employment contract. The operator may be legally responsible for any violation of the immigration and labour laws and regulations in relation to the imported workers.

## CHAPTER 10

### HEALTH WORKER

#### 10.1 Application

Any person who wishes to be registered as a health worker should apply in the form specified in Annex F to the Licensing Office at Room 2354, 23/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

#### 10.2 Qualification

10.2.1 Section 4 of the Residential Care Homes (Elderly Persons) Regulation provides that a person who :

- (a) has completed a course of training approved by the Director of Social Welfare in writing either generally or in any particular case; or
- (b) by reason of his/her education, training, professional experience and skill in health work satisfies the Director of Social Welfare that he/she is a suitable person to be registered as a health worker;

shall be qualified to be registered as a health worker for the purposes of employment at a residential care home.

10.2.2 For the purpose of para. 10.2.1 (a) above, a course of training approved by the Director of Social Welfare includes :

- (a) A training course for health workers jointly organized by the Social Welfare Department and the College of Nursing, Hong Kong (formerly known as The Hong Kong Nurses Association & The Hong Kong College of Nursing);
- (b) For those trainees who have successfully completed a training course at (a) above and have been issued with Attendance Certificates only, a supplementary course for Attendance Certificates holders jointly organized by the Social Welfare Department and the College of Nursing, Hong Kong;

- (c) A Health Worker Training Course jointly organized by Social Welfare Department and one of the following six training institutes :
- (i) The Hong Kong Red Cross;
  - (ii) The Management Society for Healthcare Professionals;
  - (iii) The Hong Kong St. John Ambulance;
  - (iv) The College of Nursing, Hong Kong;
  - (v) The Asia-Pacific Institute of Ageing Studies, Lingnan University;
  - (vi) The Hong Kong Institute of Gerontology; or
- (d) A training course for health workers organized by individual training institute which has been approved in writing by the Director of Social Welfare. The list of self-financing training courses for health worker approved by the Director of Social Welfare as at July 2005 is at Annex G. Please refer to the Departmental Homepage of Social Welfare Department for the updated list.

### **10.3 Registration**

10.3.1 Under Section 6(2) of the Residential Care Homes (Elderly Persons) Regulation, the Director of Social Welfare may in his discretion, register a person as a health worker, and may impose such conditions in relation to that registration as he thinks fit.

10.3.2 Under Section 6(3) of the Residential Care Homes (Elderly Persons) Regulation, the Director of Social Welfare shall not register an applicant as a health worker unless he is satisfied that the applicant is a person who is :

- (a) qualified;
- (b) competent; and
- (c) fit and proper

to be registered as a health worker.

#### **10.4 Registration Fee**

Subject to para. 10.3 above, the Director of Social Welfare may register a person as a health worker on payment of the fee prescribed in Section 38 of the Residential Care Homes (Elderly Persons) Regulation.

#### **10.5 Cancellation of Registration**

By virtue of Section 8 of the Residential Care Homes (Elderly Persons) Regulation, the Director of Social Welfare may cancel the registration of a person registered as a health worker in the following circumstances :

- (a) he is of the opinion that registration was obtained by fraudulent means; or
- (b) he ceases to be satisfied of any matter in respect of which he is required to be satisfied under Section 6(3) of the Regulation as set out in para. 10.3.2 above.

#### **10.6 Job Description of Health Worker**

A health worker should be responsible for the overall health care of residents living in a residential care home for the elderly and his/her job duties may include the followings :

- (a) To work closely with visiting registered medical practitioners to provide medical information on residents and follow up health plans;
- (b) To record the health history, health condition, medical appointments, hospitalization of residents and to devise health plans;
- (c) To provide routine checks and record on blood pressure, pulses, temperature, excretion and emotion of residents, for early identification of illnesses and arrangement for treatment by visiting registered medical practitioners or in outpatients clinics, casualties or hospitals;
- (d) To provide dressing first aid in times of accident or emergency;
- (e) To provide dressing for wounds and bedsores, tube-feeding and simple exercises;
- (f) To study the daily log book of care staff and handle the health problems of residents promptly;
- (g) To administer and supervise the intake of medicine by residents;
- (h) To supervise the use of simple medical equipment and sterilization of

utensils;

- (i) To assist in designing menu for residents including special diets;
- (j) To train care staff, and provide them with the basic knowledge on health care; and
- (k) To provide health education and counselling to residents and their guardian<sup>Note 1</sup>/guarantor<sup>Note 2</sup>/family members/relatives and, subject to the provisions of the Personal Data (Privacy) Ordinance (Cap. 486), to inform the latter the residents' health condition for arranging proper health care.

A health worker may be designated as the Infection Control Officer by the home operator/the home manager as appropriate. The duties of the Infection Control Officer are described in Chapter 12 of this Code of Practice.

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<sup>Note 1</sup> : A “guardian” in this Code of Practice is referring to guardian appointed by the Guardianship Board and thus with legal status accorded.

<sup>Note 2</sup> : A “guarantor” in this Code of Practice is referring to non-relative of the resident voluntarily agrees to involve in the important matters of home admission and discharge/care plan/fee payment etc. without legal status accorded.

## CHAPTER 11

### HEALTH AND CARE SERVICES

#### 11.1 General

The purpose of providing health and personal care to the elders is to maintain health, to prevent rapid health deterioration, to enhance activities of daily living and to meet the individual health and personal care needs. The home manager should ensure that nursing and personal care to the residents are properly and adequately rendered by responsible and qualified staff. The home environment and services should encourage and facilitate the residents to adopt healthy lifestyle, to maintain mental wellness and self autonomy, and to engage in meaningful communication and social interaction.

#### 11.2 Health

Every resident of the residential care home for the elderly should be provided with the following health care services :

- (a) Health records for each resident must be maintained properly and updated regularly. The accurate health records specific to the true identity of individual resident should include :
  - (i) Admission documents (e.g. MDS-HC Assessment Form, Medical Examination Form);
  - (ii) Record of health history (e.g. major illnesses, operation, vaccination etc.);
  - (iii) Assessment of the health condition of the resident, including body weight, vital signs, activities of daily living, emotional, mental, social, behavioural status, smoking history and exercise activities;
  - (iv) Special care needs of the resident including :
    - special diet including tube feeding
    - key risk factors (e.g. allergies, swallowing difficulties, falls, depression, wandering etc.)
    - special nursing procedures (e.g. wound care, urinary catheter, peritoneal dialysis etc.)
    - hospitalization, medical consultation follow-up record

- assistive devices and adaptive equipment if applicable (e.g. seating devices, ADL aids etc.)
  - proper positioning/posture (e.g. turning at least every 2 hours for bedridden resident)
  - incontinence care
- (v) Record on the progress/changes of the resident's health condition, any accident or illness suffered by a resident and any remedial action taken in that respect and on the discharge or death of the resident (please also refer to para. 8.5.2(f) and (g) in Chapter 8 of this Code of Practice);
- (vi) Drugs records including regular prescription drugs, over-the-counter drugs, Chinese medicine and special drugs. Special drugs include all drugs that warrant special attention in the intake e.g. injections, drugs prescribed to be taken whenever necessary. A medication administration record and prescription from the registered Chinese herbalist provided by the family members should also be kept; and
- (vii) The residential care home should put in place a proper procedure for staff in identifying and matching the personal identity and health records of the resident accurately in the process of medical consultation.
- (b) The residential care home should arrange scheduled visits by a registered medical practitioner for health inspection or medical consultation or follow-up treatment at regular intervals which is advised to be one to two times in every two weeks and when necessary. It should also assist to arrange visits from the health authorities e.g. Community Geriatric Assessment Team (CGAT) of the Hospital Authority and Visiting Health Team (VHT) of the Department of Health.
- (c) The residential care home is advised to promote the physical fitness of the residents through establishing exercise routine, providing exercise area and exercise equipment in the home. Exercise safety should be ensured. Exercise equipments should be checked regularly and maintained in good condition. For those residents with specific medical or physical problems, advice on exercise from health professionals, e.g registered medical practitioner or physiotherapist should be consulted.

### **11.3 Drug Storage and Management**

In accordance with Section 33 of the Residential Care Homes (Elderly Persons) Regulation, all medicine and drugs shall, to the satisfaction of the Director of Social Welfare, be kept in a secure place. Medicine should be clearly labelled and kept in a safe and locked place, and administered properly by a nurse or health worker. Nurses, health workers and any staff of the home must follow the prescriptions and advice of registered medical practitioners, and should not dispense any medicine to residents on their own opinion and/or diagnosis.

### **11.4 Annual Medical Examination**

The operator shall ensure that each resident is medically examined at least once in every 12 months in accordance with Section 34 of the Residential Care Homes (Elderly Persons) Regulation. The examination shall be conducted by a registered medical practitioner, preferably by the visiting medical officer or the resident's own family doctor for continuum of medical care, who shall report in writing to the operator on the health of each resident in the form specified in Annex E or any other form as endorsed by the Director of Social Welfare.

### **11.5 Personal Care**

- 11.5.1 Personal care schedule must be designed so that personal care services such as bathing, hair washing, hair cutting, shaving, nail cutting, changing of clothes etc. will be provided within reasonable time intervals.
- 11.5.2 The dignity and privacy of each resident should be respected. Partitions such as screen or curtain should be used during delivery of personal care services, including bathing, changing of clothes and diapers, toileting (e.g. using a commode chair) etc.
- 11.5.3 Special care card should be placed nearby the bedside of the resident to indicate his/her special care needs especially on special diet need and precaution against potential health hazard such as swallowing problem. For reference, please refer to para. 11.2(a)(iv) above.
- 11.5.4 Home staff while providing personal care to the residents are advised to observe the relevant guidelines promulgated by the Department of Health from time to time for the prevention and control of infectious diseases in residential care homes.

## 11.6 General Principles of Least Restraint

- 11.6.1 Physical restraint refers to the use of purpose-made devices to limit a resident's movement to minimise harm to himself/herself and/or other residents;
- 11.6.2 Chemical restraint should not be applied in the absence of medical advice. Chemical restraint refers to the use of medications for the purpose of restraint. Response to dosing of the medication is very variable. Overdose may result in serious complications. If a registered medical practitioner prescribes drugs with chemical restraint effects for other purposes, close monitoring is required;
- 11.6.3 The right to live in dignity and to have freedom of movement should always be taken into consideration when applying physical restraint to a resident. The use of physical restraints should be discouraged and should never be used as punishment, as a substitute for caring of the residents or for the convenience of the staff;
- 11.6.4 The decision to use physical restraint is made only after all other alternatives have been exhausted. Physical restraints should only be considered as the last resort, not the first choice and as exception, not the rule and be applied only when the well being of the resident and/or other residents is in jeopardy;
- 11.6.5 The homes may consider it necessary to apply physical restraints to limit the resident's movement for the following reasons :
- (a) to prevent the resident from injuring himself/herself or others;
  - (b) to prevent the resident from falling; and/or
  - (c) to prevent the resident from removing medical treatment equipment, urinary bags, urinary drainage catheters, feeding tubes, napkins or clothes;
- 11.6.6 If the physical restraint is used,
- (a) the resident's safety and comfort should be monitored closely;
  - (b) it should be as minimal as possible, be used for the minimum of time and shall not be applied longer than necessary; and

11.6.7 Physical restraint shall only be applied by the home manager or nurse-in-charge or health worker-in-charge with consent obtained from the resident, his/her guardian<sup>Note 1</sup>/guarantor<sup>Note 2</sup>/family members/relatives and a registered medical practitioner who has been properly briefed by the home's health care provider regarding the reason(s) including the residents' behaviour and health condition leading to the needs of physical restraint.

## 11.7 Procedures to be Observed in Applying Physical Restraint

### 11.7.1 Assessment

Basic assessment should be rendered by nurses or health workers on the residents' condition and contributing factors which place the resident at risk and lead to the application of physical restraint which may include one or more of the followings :

- (a) Emotional condition, such as confusion, disorientation etc.;
- (b) Pattern of persistent disturbing behaviour, such as wandering, removing medical treatment equipment etc.;
- (c) Physical abilities and usual activities, such as persistent tendency to fall etc.; and/or
- (d) Degree of potential harm to self and others, such as self-injuring behaviour, violent acts against others etc.

### 11.7.2 Alternatives

- (a) Alternatives to physical restraint must be tried as far as practicable before the physical restraint is applied;
- (b) Alternatives include removing the trigger which may agitate the resident and lead to the need for restraint, e.g. providing routine toileting to reduce the urge to go to washroom, and hence reduce the chance of getting up and falling;

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<sup>Note 2</sup> : A "guarantor" in this Code of Practice is referring to non-relative of the resident voluntarily agrees to involve in the important matters of home admission and discharge/care plan/fee payment etc. without legal status accorded.

- (c) Recommended measures to provide a safe environment :
  - (i) Remove sharp edged furniture;
  - (ii) Cues to guide the resident to room;
  - (iii) Assist the resident to put on proper footwear and use appropriate walking aides;
  - (iv) Good lighting;
  - (v) Bed/chair check system;
  - (vi) Appropriate wheelchair seating/positioning; and
  - (vii) Apply brakes to all mobile objects, such as beds, wheelchair and commodes etc.;
- (d) Supervision by staff, friends, family at times when the resident is restless and may injure himself/herself or others;
- (e) Leisure and diversionary activities; or
- (f) Promote physical activity, such as exercise groups, assisted walking etc.

### 11.7.3 Plan of Intervention

- (a) Discuss the short and long term effects of restraining with the resident and his/her guardian/guarantor/family members/relatives;
- (b) The residents may choose to use the physical restraint if they believe it will provide security and promote safety;
- (c) Determine the type of physical restraint that will be least restrictive for the resident, such as seat belt in wheelchair;
- (d) Explain to the resident, his/her guardian/guarantor/family members/relatives and the registered medical practitioner the need for the physical restraint, the alternatives tried and the results;
- (e) Obtain consent from the resident, his/her guardian/guarantor/family members/relatives and the registered medical practitioner; and
- (f) Monitor the resident's comfort and safety regularly.

#### 11.7.4 Application of Physical Restraint

- (a) No physical restraint with locking devices should be used;
- (b) Physical restraints should be of the right size and in good condition so as to ensure the least possible discomfort; for example, various sizes of cloth vest should be available so as to fit the individual need of residents;
- (c) Common types of physical restraints may include seat belt with or without buckle, cloth vests, soft ties, glove or wrist restraint, soft cloth mittens, etc.;
- (d) Physical restraints should be applied and secured properly to ensure safety and comfort with allowance for change of position, for example, physical restraint should be fixed and tied at the lateral sides of the bed frame, wheelchair, gerichair or chair with armrest and wide/heavy base;
- (e) Physical restraints should be released at intervals to allow movement and exercise;
- (f) Physical restraints must be applied in such a manner so that quick removal in case of fire and other emergency can be achieved;
- (g) During the period of application, the resident must be under close observation and be as far as practicable within visible range of staff. Measures should be taken to prevent displacement of restraint, impairment of blood circulation and respiratory difficulty. The condition(s) of the resident should be reviewed at least once every 2 hours while under restraint and be documented and signed by responsible staff. This review should assess the need for continual restraint based on current resident's behaviour and reaction etc.;
- (h) The type and design of physical restraints used, upon consultation with a registered medical practitioner, should not cause discomfort, abrasions or physical injury. Physical restraints must be used with care to avoid accidental harm to the resident, for example, soft ties applying at wrist for limiting limbs movement should have thick padding or quilt for better protection; and
- (i) Records on the use of physical restraint should be made according to para. 8.5.2 (e) in Chapter 8 of this Code of Practice.

## **11.8 Notes to be Observed in Using Urinary Drainage Catheter**

- (a) Urinary drainage catheter should only be used for treatment purpose or when warranted in the circumstances of the residents' medical condition and not for the convenience of staff. Use must be endorsed as necessary by a registered medical practitioner;
- (b) Insertion and change of Foley should be done by a nurse;
- (c) When the wound opening of the resident is well formed in a stable condition and with the endorsement of registered medical practitioners, the insertion and change of suprapubic catheter should be done by a registered nurse with relevant healthcare training;
- (d) These urinary drainage catheters should be changed regularly;
- (e) The urinary drainage catheter should be placed in the position to allow urine to flow freely;
- (f) The responsible staff should keep regular observation on any irregularity such as reduced urine output or the presence of blood or residue. If necessary, the responsible staff should monitor and keep record of intake and output of fluid and seek medical opinion;
- (g) The use of urinary drainage catheter should be reviewed regularly by a registered medical practitioner or nurse to see if the use should be continued.
- (h) For residents requiring clean intermittent catheterisation, the frequency of catheterisation should follow the instruction of the medical practitioner and can be adjusted only after review of the medical practitioner or nurse.

## **11.9 Notes to be Observed in Using Feeding Tube**

- (a) Feeding tube should only be used for treatment purpose or when warranted in the circumstances of the residents' medical condition and are endorsed as necessary by a registered medical practitioner;
- (b) Insertion of feeding tube should be done by a nurse;
- (c) When the wound opening of the resident is well formed in a stable condition and with the endorsement of registered medical practitioners, the insertion and change of Percutaneous Endoscopic Gastrostomy feeding tube (P.E.G.) should be done by a registered nurse with relevant healthcare training;
- (d) These feeding tubes should be changed regularly;

- (e) Before every feeding, it should be ensured that the feeding tube is properly positioned. Feeding by pressure is not allowed. Mouth and nasal care should be observed and in particular, oral hygiene should be attended to. Oral care should be carried out for residents after each feeding and at least 3 times daily;
- (f) Intervals of feeding should be scheduled according to the need of individual resident or as advised by a registered medical practitioner/dietitian. Generally, feeding should be scheduled at the interval of 3 to 4 hours during day time;
- (g) The responsible staff should monitor and keep record of intake and output of fluid for residents on tube feeding and observe if there is any fluid imbalance. Presence of gastric residue and other signs of intolerance should be watched out. If deemed necessary, medical opinion should be sought immediately; and
- (h) The use of feeding tube should be reviewed regularly by a registered medical practitioner or nurse to see if the use should be continued.

#### **11.10 Other Special Nursing Procedures**

In handling the special nursing procedures, residential care homes are advised to make reference to the health care guidelines and any subsequent revised/amended versions issued by the Department of Health, the Hospital Authority and/or the Licensing Office.

## CHAPTER 12

### INFECTION CONTROL

#### 12.1 General

Residential care homes for the elderly provide services to the elders with varying levels of impairment in a communal living environment. Effective infection control is essential in a residential setting due to the close contacts among residents, staff and visitors. For a coordinated and efficient response in infection control, the operator should designate either a nurse or a health worker (for a self-care hostel, the home manager) as an Infection Control Officer who is the key person responsible for dealing with matters related to infection control and prevention of the spread of infectious diseases in the residential care home.

#### 12.2 Duties of Infection Control Officer (ICO)

The designated Infection Control Officer is responsible for dealing with the following matters :

- (a) Coordinate and oversee all matters related to infection control and the prevention of infectious diseases in the residential care home;
- (b) Disseminate updated information and guidelines on infection control to all staff and residents in the residential care home and to orientate new staff to these updated information;
- (c) Assist the home manager in arranging training on infection control for staff;
- (d) Assist the home manager in overseeing that the infection control guidelines are being observed and implemented properly, including the observation of personal, environmental and food hygiene;
- (e) Oversee that all medical equipment and other instruments are properly disinfected after use, and soiled linens and wastes are properly handled and disposed of;
- (f) Assist the home manager in arranging the provision of the necessary personal protective equipment (PPE) and advise and supervise staff on the proper application and disposal of PPE;

- (g) Observe for signs and symptoms of infectious diseases (such as unusual clustering of fever, upper respiratory tract symptoms and unusual clustering of gastrointestinal symptoms) in residents and staff; assist the home manager to report cases or suspected cases of infectious diseases to the Licensing Office and the Centre for Health Protection (CHP) of the Department of Health as appropriate; provide information as necessary to CHP to facilitate their investigation; and collaborate with CHP to contain the spread of the infectious disease; and
- (h) Assist the home manager in assessing the risk of infectious disease outbreak in the residential care home; regularly review and devise strategies to prevent infectious disease outbreaks through consultation with the home manager, medical staff (CGAT or VMO) and the Department of Health.

### **12.3 Prevention of Infectious Diseases**

- (a) Good personal, food and environmental hygiene should be observed and maintained at all times.
- (b) Staff of the residential care homes should adopt appropriate prevention measures in accordance with the principles of standard precautions and transmission-based precautions.
  - (i) Proper hand washing is a prerequisite for the prevention of infectious diseases. The residential care homes should provide adequate facilities for washing hands.
  - (ii) Staff should adopt standard precaution and regard all kinds of secretions of human body like blood, excreta, saliva, sputum, vomitus or secretions from wounds as potentially infectious, and adopt appropriate and relevant protective measures in different situations.
  - (iii) To minimize the risk of being infected or causing cross-infection, staff should use appropriate PPE during nursing or personal care procedures. Specific preventive measures should be adopted for the prevention of diseases with different modes of transmission, e.g. droplet precaution in the case of influenza and contact precaution in the case of scabies.
  - (iv) Staff should keep update with the latest recommendation of the precautionary level for infectious disease control as promulgated by the Government. Appropriate precautionary measures should be adopted accordingly.

- (c) Residents suffering from influenza are more prone to serious complications. Therefore, unless vaccination is contra-indicated, residents should be encouraged to receive influenza vaccination annually. The operators of residential care homes, being responsible employers, should endeavour to arrange influenza vaccination for the staff.
- (d) Appropriate precautionary measures should be taken in the disposal of contaminated articles, which should be disinfected and/or disposed of separately as necessary. As a matter of good practice, syringes and sharps are disposed of in a puncture-proof and spill-proof container labeled “Sharp Box” on the outside.

#### **12.4 Management of Infectious Diseases**

- (a) Under Section 18 of the Residential Care Homes (Elderly Persons) Regulation, if a home manager suspects or knows of a case of infectious disease amongst the residents or staff of a residential care home or suspects or knows that any such person has been in contact with a case of infectious disease, he shall immediately so report to the Director of Social Welfare. The home manager/Infection Control Officer should also bring the sick resident/staff to the attention of a medical practitioner and at the same time ensure that the case is reported to CHP in accordance with the Prevention of the Spread of Infectious Diseases Regulations, Cap. 141, sub. leg.B. The list of infectious diseases required notification both to CHP and the Licensing Office as set out in the First Schedule to the Quarantine and Prevention of Disease Ordinance, Cap 141 (as at August 2005) is at Annex H for easy reference. Attention should be drawn to any subsequent amendments or revisions made by the Department of Health.
- (b) Besides the aforesaid notifiable diseases, in the event of an outbreak or suspected outbreak of an infectious disease e.g. influenza, scabies, among staff or residents, which by the nature of communal living in the residential care home for the elderly warrants special attention of CHP, the home manager/Infection Control Officer should promptly report the case to CHP as well as the Licensing Office for information and advice.
- (c) In the event of any resident suffering from any infectious disease, the sick resident should be cohorted in a designated area or room with good ventilation, proper disposal of personal and clinical waste as well as basic hand-washing facilities. Prompt medical consultation should be sought and measures of precaution such as putting on surgical masks for residents with suspected droplet communicable illness should be taken to ensure that the health of other residents is not endangered.

- (d) Record of infectious diseases should include :
- (i) Date of the onset of disease;
  - (ii) Number and name of resident(s) and staff being affected;
  - (iii) Name of hospital/clinic/registered medical practitioner and the date of receiving medical treatment;
  - (iv) Date of notifying CHP/Licensing Office/Hospital Authority; and
  - (v) Follow-up action of the residential care home.

Essential information should be entered in the log book and the individual health record of the resident.

- (e) As a matter of good practice, the home manager/Infection Control Officer should keep visitor's attendance record for contact tracing purpose by the Department of Health in case of need. They should inform/alert visitors and/or relatives of the infectious disease outbreak as situation warrants.

## **12.5 Other Information**

In case of need for more guidance for the prevention and control of infectious diseases in residential care homes, information leaflets/pamphlets and guidelines can be obtained from the Department of Health or other government departments concerned.

## CHAPTER 13

### NUTRITION AND DIET

#### 13.1 General

An adequate and nutritionally well-balanced diet is essential to the good health of the elders. Sufficient and nutritional diet is important to maintain life and to prevent illness. The nature and amount of food should be provided according to individual needs of the elders and the preparation and transportation process should be hygienic.

#### 13.2 Design of Menu

It is essential for all residential care homes for the elderly to design menu in advance covering a period of 2 to 4 weeks. The menu should be varied from time to time and be available at all times for inspection. The menu could be designed in consultation with the residents in order to reflect their personal preferences. Their medical conditions should also be taken into consideration in drawing up the menu. This should be used as a general guide on the range and variety of meals produced, although it may be subject to variations according to seasonal availability of foods.

#### 13.3 Meals and Choice of Food

The menu plan should be aimed at providing a balanced diet. Efforts should be made to build the diet on a base of grains, vegetables, and fruits, add moderate amounts of lean meat and dairy products or high-calcium alternatives, and limit the use of fats, sodium, and sweets. The following additional points deserve special attention in the choice of food for the residents :

- (a) Provide foods from the five food groups of the Food Guide Pyramid daily;
- (b) Provide a variety of foods within each food group;
- (c) Use easy-to-chew ingredients;
- (d) Avoid bony fish and bony meat;
- (e) Use lean meat and trim visible fat before cooking;
- (f) Avoid use of high-fat food;
- (g) Avoid frequent use of high-cholesterol food;
- (h) Use low-fat cooking methods;

- (i) Prepare dishes with more fiber-rich ingredients such as fruit, vegetables, and dried beans;
- (j) Prepare food with less sodium or sugary ingredients or condiments;
- (k) Provide food of appropriate consistencies and texture and vary them according to the residents' preferences or tolerance;
- (l) Increase the appeal of the dishes by serving bright-coloured food items or combining colourful food items with light-coloured ones;
- (m) Serve food according to cultural, ethnic, or religious customs;
- (n) Serve fresh food for the season; and
- (o) Provide sufficient fluids to maintain good hydration and health.

#### **13.4 Preparation and Serving of Food**

Food preparation involves the cooking process, proper storage, proper thawing of frozen food, use of recipes and correct mixture of ingredients. Food should be served at proper temperature. Proper preparation also includes timely use of food items since freshness of food can affect nutritional value, taste, texture and appearance of food. In the preparation of food, it is essential that nutrient is preserved as much as possible. The following points should therefore be observed :

- (a) Raw food such as carrots, lettuces, tomatoes or fruits must be thoroughly washed and rinsed in clean tap water. Meat, poultry and seafood should be rinsed in cold and clean water;
- (b) Vegetables and meat should be washed before chopping;
- (c) Vegetables should be cooked in small amount of water, not be overcooked and not be cooked with baking soda, and cooked as near meal time as possible;
- (d) For individual resident with special needs, food should be properly grounded or minced for easy chewing and digestion. Ground meat, poultry and seafood should be cooked thoroughly;
- (e) Copper utensils which may cause chemical changes to the nutrients should not be used;
- (f) To prevent food poisoning, food must be carefully and hygienically stored and prepared. All kinds of food stuff, whether raw or cooked, should be properly covered, stored and put under refrigeration. Refrigerator should be properly maintained to ensure temperature at or below 4°C and the freezer at or below -18°C at all times and overloading should be avoided to allow

proper circulation of cold air. Defrosted food should not be refreezed; and

- (g) To avoid cross-contamination, different knives, cutting boards and utensils should be used for raw and cooked food separately and be cleaned after each use.

### **13.5 Meal Time**

There should be at least 3 meals (breakfast, lunch and dinner) each day. The timing of every meal should be spaced at appropriate intervals and served properly e.g. cooked food be consumed immediately, hot food be served hot and cold food be served cold. Effort should be made to identify those residents with difficulty in swallowing and to render proper care in feeding them. Supervision at meal time is necessary. The following good practices are encouraged :

- (a) Serve meals in relaxed and cheerful surroundings that are well-lit and ventilated for safety and comfort;
- (b) Provide assistance and prompting as appropriate during a meal to encourage adequate nutritional intake;
- (c) Arrange balanced and variety of snacks as necessary, especially for the frail or underweight residents who have small appetite;
- (d) Provide time for the residents to eat without feeling rushed;
- (e) Provide residents who have muscle and joint weakness on upper limbs with assistive eating utensils as far as possible to help them to maintain independent eating; and
- (f) Assess residents' food preferences periodically.

### **13.6 Special Attention on Food Provision**

Special attention should be paid to the following in food provision :

13.6.1 To prevent choking problem :

- (a) Individual resident with specific chewing or swallowing problems should consult health professionals for the recommendation on the appropriate food textures and consistencies;
- (b) food must be fed at reasonable pace for residents who cannot eat by themselves;
- (c) preparation of texture modified foods such as minced food and pureed food would allow residents who have chewing or

swallowing problems to maintain an adequate food and nutrient intake; and

- (d) foods that are too sticky such as glutinous rice flour dumplings and Chinese New Year cake or foods that are hard in texture such as peanuts and walnuts should be avoided.

13.6.2 To prevent constipation problem :

- (a) Sufficient amount of fluid including water, soup, juice and high-fibre food such as vegetables and fruits should be given to residents; and
- (b) laxative may be applied under the direction of a registered medical practitioner or nurse.

13.6.3 To provide special diet for residents' with special needs :

The diet of residents with diabetes mellitus, hypertension, or other chronic illnesses should follow the principles of the corresponding therapeutic diet as advised by health professionals.

### **13.7 Provision of Water**

Water for drinking, cooking and washing must be provided from the mains or any other approved source. Tap water should be boiled before drinking.

### **13.8 Monitoring of Nutritional Status**

- (a) Regular weighing of the residents is recommended to monitor their weight status. Residents with extended period of unintentional weight loss or weight gain should seek medical advice;
- (b) observation and record of food and fluid intakes of the residents with expression difficulties or mental deficiencies is recommended; and
- (c) residents with inadequate intakes and/or picky eating habits should be encouraged to eat a balanced diet.

### **13.9 Other Information**

In case of need for more guidance, information leaflets and booklets can be obtained from the Department of Health, the Hospital Authority and other government departments concerned.

## CHAPTER 14

### CLEANLINESS AND SANITATION

#### 14.1 General

A high standard of cleanliness and sanitation in a residential care home for the elderly should be maintained all the time. This helps in preventing diseases and provides a safe and comfortable living environment to the residents.

#### 14.2 Staff

Personal hygiene should be maintained by all staff in a residential care home for the elderly, particularly those who handle food and render daily personal care to the residents. The following points should be observed :

- (a) Sick staff should seek medical consultation and refrain from work until recovery if so advised by registered medical officer;
- (b) Any person suffering from a discharging wound, diarrhoea or vomiting and infectious disease should stop handling food and rendering personal / healthcare to the residents. If such person is required to perform other ancillary duties, protective gear i.e. surgical mask, disposable gloves should be worn;
- (c) Clothes should always be clean;
- (d) Finger nails should be clean and manicured regularly;
- (e) Hair should be clean and tidily combed. Long hair should be properly tied up when preparing food and providing personal care to residents; and
- (f) Hands should always be washed with soap or cleansing liquid and water under all the following conditions :
  - after using the toilet;
  - before preparing food and feeding;
  - before and after providing nursing and personal care to each resident;
  - between caring of different residents; and
  - after handling of vomitus, faeces and napkins.

### **14.3 Residents**

The following points should be observed :

- (a) Personal hygiene of the resident;
- (b) Clothes should always be clean;
- (c) Provision of individual toiletry items should be ensured for each resident;
- (d) Tidiness in storage at a reasonable level and personal belongings should be allowed; and
- (e) Provision of sufficient storage facilities.

### **14.4 Cleaning Schedule**

A thorough and regular cleaning schedule should be set up. Cleansing should also be conducted whenever necessary, e.g. when items have been soiled or contaminated. The followings are some of the main points :

- (a) All floors should be cleaned daily and disinfected as necessary with diluted (1:99) bleach. Special attention should be given to bath, toilet and kitchen floors. Walls, doors, windows, ceilings, hand railing and other structures should also be kept clean and dry at all times;
- (b) The kitchen, cooking utensils and food utensils should be properly washed (disinfected as appropriate), cleaned and stored in a clean container with cover or cupboard with door immediately after each preparation of food. The utensils should be safe and maintained in a state of proper repair and free from cracks;
- (c) Refrigerators should be cleaned and as necessary, defrosted regularly;
- (d) Bed sheets and pillow cases must be cleaned and changed at least weekly, and should be changed and disinfected immediately where situation warrants ;
- (e) All facilities, furniture, ventilator fans and equipment should be cleaned regularly;
- (f) All garbage receptacles must be cleaned regularly and covered all the time; and
- (g) Proper cleansing and sterilization of medical facilities and equipments of the home should be conducted regularly by nurses or health workers.

#### **14.5 General Sanitation**

- (a) Sewage and drainage systems must be properly installed, regularly inspected and always kept in working order;
- (b) The home premises including staff and residents' areas, toilet and bathroom should be properly ventilated; and
- (c) Measures should be taken for proper pest control.

#### **14.6 Pest and Vector Control**

- (a) The environment should be kept clean at all times;
- (b) Garbage bins should be covered with lids;
- (c) Food remnants should be properly cleared up and disposed of to prevent insect and rodent infestation;
- (d) Stagnant water in saucers of flower pots and flower vases should be emptied/removed; and
- (e) Clean-up actions should be arranged the soonest possible where there are signs of pest or rodent infestation. In case of need, the residential care home should contact pest control companies or the Food and Environmental Hygiene Department (hotline at 2868 0000) for advice and assistance.

#### **14.7 Other information**

In case of need for more guidance, guidelines/information leaflets/pamphlets can be obtained from government departments concerned.

## **CHAPTER 15**

### **SOCIAL CARE**

#### **15.1 General**

Residential care homes should encourage and facilitate residents to adopt a healthy life style in all aspects including physical, mental and psychosocial. A healthy physical state can be achieved and maintained by proper personal and health care, balanced diet, regular physical exercise, adequate rest, non-smoking habit and alcoholic-free living. Healthy mental and psychosocial state is equally important that residents' residual cognitive power, feeling of security and self-worth, sense of autonomy and quest for love and concern have to be attended to. It can be achieved by the measures specified in the following paragraphs.

#### **15.2 Programmes and Activities**

Programmes and activities in this context refer to activities organized for residents, either in groups or individually, within or outside residential care homes for the elderly. Provision of activities is considered as part of the social care programmes for residents and should be sensitive to individual interest and capabilities. Social and recreational activities for enhancement of individual mental and psychosocial well-being as well as meaningful social interaction among residents are encouraged. They include interest groups (examples are Chinese opera singing, handicraft, book/newspaper reading and tailor-made exercise/games etc.), birthday parties and festival celebration. The information of activities should be clearly displayed on notice boards and properly recorded as stated in para. 8.5.2 (i) in Chapter 8 of this Code of Practice. Resources available in the community, such as volunteers and recreational facilities tailor-made for the elderly, should be tapped to meet the needs of the residents and integrate them into the surrounding community.

#### **15.3 Homely Atmosphere**

Home managers of the residential care homes for the elderly should try to make the home less institutionalized so as to cultivate a homely feeling. They should also promote interpersonal relationship and mutual trust among residents and protect individual privacy. Home design, staff attitude and programmes/activities are important attributing factors to good social care.

## 15.4 Adjustment to Home Life

Residents are to be helped to adjust to the residential care home environment and to understand the complexities of living in a group soon after admission. Home manager should demonstrate an understanding of residents' anxiety and distress and enable them to enjoy the present. Involvement of residents' guardian<sup>Note 1</sup>/guarantor<sup>Note 2</sup>/family members/relatives in the adjustment period and formulation of the individual care plan is encouraged.

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Note 1 : A "guardian" in this Code of Practice is referring to guardian appointed by the Guardianship Board and thus with legal status accorded.

Note 2 : A "guarantor" in this Code of Practice is referring to non-relative of the resident voluntarily agrees to involve in the important matters of home admission and discharge/care plan/fee payment etc. without legal status accorded.

**RESIDENTIAL CARE HOMES (ELDERLY PERSONS) ORDINANCE**

**APPLICATION FOR A LICENCE**

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Please read the note on page 7 and page 8 before submission.

Applicant must complete Sections I, II, III or IV, V(A) or V(B) and VI in English or Chinese. The completed application form together with the required information and plans can be sent to LORCHE by hand or by registered post. Should there be any changes to the information contained therein, the applicant is required to inform LORCHE by written correspondence at the earliest possible time. The hotline for enquiry of application for licence is 2961 7211 or 2834 7414.

**Section I** *Please tick in the appropriate box*

- [ ] Application is hereby made for a Licence under Section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance.
- [ ] Application is hereby made for a renewal of Licence under Section 9 of the Residential Care Homes (Elderly Persons) Ordinance.

Existing Licence Number : \_\_\_\_\_

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**Section II** *Particulars of the residential care home for the elderly in respect of which application for a Licence is sought.*

- (a) Name of the residential care home for the elderly in English :

\_\_\_\_\_

\_\_\_\_\_

- (b) Name of the residential care home for the elderly in Chinese :

\_\_\_\_\_

\_\_\_\_\_

- (c) Address of the residential care home for the elderly (state in detail the address which should tally with the Business Registration Certificate, Business Registration Application and Demand Note for Rate) :

\_\_\_\_\_

Flat/Room	Block	Floor	Name of Building
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\_\_\_\_\_

Number and Name of Street/Estate and/or Number of lot	District
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Hong Kong/Kowloon/New Territories \*

- (d) Telephone number : \_\_\_\_\_
- (e) Fax Number : \_\_\_\_\_
- (f) Email Address (if applicable) : \_\_\_\_\_
- (g) Number of floors of the building occupied by the residential care home for the elderly : \_\_\_\_\_ floor(s).
- (h) Number of units of the building occupied by the residential care home for the elderly : \_\_\_\_\_ unit(s).
- (i) Financing nature of the residential care home for the elderly : (Please tick as appropriate)
- Subvented
- Self-financing and non-profit-making
- Private
- Contract Home
- Others (please specify): \_\_\_\_\_
- (j) Type of the residential care home for the elderly : (Please refer to Chapter 2 of the Code of Practice for Residential Care Homes (Elderly Persons) for classification of homes and tick as appropriate)
- a care-and-attention home
- an aged home
- a self-care hostel
- (k) The premises of the residential care home for the elderly is : (Please tick as appropriate and provide documentary proof as stated in Note (b) (6) on page 8 below)
- a self-owned property
- a rented premises
- partly self-owned and partly rented
- self-owned unit(s) concerned : \_\_\_\_\_
- rented unit(s) concerned : \_\_\_\_\_

(l) Capacity versus occupancy of the residential care home for the elderly :

	<u>No. of Beds</u>	<u>Existing No. of Residents</u>
Care-and-attention places	_____	_____
aged home places	_____	_____
self-care places	_____	_____
Total	_____	_____

(m) Net floor area of the residential care home for the elderly : (it should be the same measurement marked on the layout plan submitted with this application form)

\_\_\_\_\_ square meters

(n) The residential care home for the elderly is : (Please tick as appropriate)

a proposed service/business  an existing service/business

(o) Date/Tentative date \* of commencement of service/business :

\_\_\_\_\_  
Date            Month            Year

(p) Does the residential care home for the elderly comply with the lease conditions and Deed of Mutual Covenant ? (Please refer to para. 4.2 under Chapter 4 of the Code of Practice for Residential Care Homes (Elderly Persons) and tick as appropriate)

Yes             No             Others (please specify) : \_\_\_\_\_

(q) Monthly fee charged per resident :

Minimum : \$ \_\_\_\_\_

Maximum : \$ \_\_\_\_\_

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**Section III** *Ownership of Business (For completion if the residential care home for the elderly is a private establishment registered with the Inland Revenue Department according to the Business Registration Ordinance)*

(a) Ownership of business : (Please tick as appropriate)

Sole proprietorship

Partnership

Corporate body

(b) Name of Owner(s) :

**For completion if the ownership is sole proprietorship or partnership :**

(i) Mr/Mrs/Miss/Ms \* \_\_\_\_\_  
(English, surname first) (Chinese)

Hong Kong Identity Card Number : \_\_\_\_\_

(ii) Mr/Mrs/Miss/Ms \* \_\_\_\_\_  
(English, surname first) (Chinese)

Hong Kong Identity Card Number : \_\_\_\_\_

(iii) Mr/Mrs/Miss/Ms \* \_\_\_\_\_  
(English, surname first) (Chinese)

Hong Kong Identity Card Number : \_\_\_\_\_

(iv) Mr/Mrs/Miss/Ms \* \_\_\_\_\_  
(English, surname first) (Chinese)

Hong Kong Identity Card Number : \_\_\_\_\_

(continue on separate sheet if necessary)

**For completion if the ownership is a corporate body :**

(i) Name of the Company in English :

\_\_\_\_\_

(ii) Name of the Company in Chinese :

\_\_\_\_\_

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**Section IV** *Particulars of the Non-government Organization (For completion if the residential care home for the elderly is a subvented or self-financing non-profit-making establishment)*

(a) Name of the Organization in English :

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(b) Name of the Organization in Chinese :

\_\_\_\_\_

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**Section V(A)** *Particulars to be completed by the applicant if the applicant is an individual (see Note (a))*

(a) Full name of the applicant in English (must be the same as shown on HKIC) :

Mr/Mrs/Miss/Ms\* \_\_\_\_\_  
Surname first, then other names

(b) Full name of the applicant in Chinese characters (must be the same as shown on HKIC) :

\_\_\_\_\_

(c) Hong Kong Identity Card Number : \_\_\_\_\_

(d) Residential address :

\_\_\_\_\_

Flat/Room	Block	Floor	Name of Building
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\_\_\_\_\_

Number and Name of Street/Estate	District
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Hong Kong/Kowloon/New Territories \*

(e) Correspondence address (if different from (d) above) :

\_\_\_\_\_

Flat/Room	Block	Floor	Name of Building
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\_\_\_\_\_

Number and Name of Street/Estate	District
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Hong Kong/Kowloon/New Territories \*

(f) Telephone number : \_\_\_\_\_ (Residence)

\_\_\_\_\_ (Office)

- (g) Position held by the applicant in the residential care home for the elderly : (if applicable)

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**Section V(B)** *Particulars to be completed by the applicant if the applicant is a corporate body/ non-government organization \**

- (a) Name of the Company/Non-government Organization \* in English :

- (b) Name of the Company/Non-government Organization \* in Chinese :

- (c) Business Registration Number (if applicable) : \_\_\_\_\_

- (d) Certificate of Incorporation Number (if applicable) : \_\_\_\_\_

- (e) Address of the Company/Non-government Organization \* :

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Flat/Room	Block	Floor	Name of Building
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Number and Name of Street/Estate	District
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Hong Kong/Kowloon/New Territories \*

- (f) Telephone Number : \_\_\_\_\_

- (g) Name of Responsible Person of the Company/Non-government Organization\* :

Mr/Mrs/Miss/Ms \* \_\_\_\_\_ (English,  
surname first) (Chinese)

- (h) Position held in the Company/Non-government Organization\* :

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**Section VI** *Declaration of applicant*

I declare that :

- (a) the information in this application is true and correct to the best of my knowledge and belief; and
- (b) the operation, keeping, management or other control of the residential care home for the elderly referred to Section II above is under my continuous and personal supervision.

Date : \_\_\_\_\_ Signature of applicant : \_\_\_\_\_

Company/Organization chop\* (if applicable) : \_\_\_\_\_  
\* Delete as appropriate

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**Note:** (a) Individual(s) means natural person(s)

- (b) The applicant should forward the following documents to the Licensing Office of Residential Care Homes for the Elderly(LORCHE), Social Welfare Department at :

Room 2354, 23/F Wu Chung House  
213 Queen's Road East  
Wan Chai  
Hong Kong

- (1) the original and three copies of this application form
- (2) photocopy of the Hong Kong Identity Card of the applicant (applicable if application is made by an individual)
- (3) certified copy of Business Registration Application and photocopy of the Business Registration Certificate from the Commissioner of Inland Revenue (applicable for private residential care home for the elderly)
- (4) photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable if application is made by a corporate body)

- (5) seven copies of layout plans of the premises of the residential care home for the elderly in metric and to scale (not less than 1:100 and details in the Guidance Notes on Submission of Floor Plans) for new application (equally applicable to renewal of licence only if there are changes in home layout)
- (6) documents to verify authenticity of the address of the proposed home, e.g. the deed of assignment (for self-owned premises), tenancy agreement (for rented premises) or utility bills such as water supply or electricity
- (7)
  - a. for RCHE located in a non-domestic building or non-domestic part of a composite building, 'No objection' letter issued by the Buildings Department in respect of the intended 'Change in use'
  - b. for a RCHE located in a building defined as the New Territories Exempted House (NTEH), written agreement from the Lands Department to the use of the subject premises for residential care home purpose
- (8) full list of staff employed/to be employed with the following information by using the Staff Employment Record :
  - a. name of staff in both English and Chinese
  - b. Hong Kong Identity Card Number
  - c. sex and age
  - d. post held at the residential care home for the elderly
  - e. working hours
  - f. date of commencement of current employment

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**WARNING :**

Any person who in or in connection with this application makes any statement or furnishes information whether such statement be oral or written, which is false in any material particular and which he or she knows or reasonably ought to know is false in such particular shall be guilty of an offence under Section 21(6)(a) of the Residential Care Homes (Elderly Persons) Ordinance. The supply of such false information may also prejudice the application and an existing licence.

## Staff Employment Record

## 職員僱用記錄

Home Name

院舍名稱： \_\_\_\_\_

Home Address \_\_\_\_\_

院舍地址： \_\_\_\_\_

Telephone 電話： \_\_\_\_\_

Date of Reporting DD/MM/YYYY 日/月/年

申報日期： \_\_\_\_\_

Name and Signature (Status :

Operator/Home Manager)

申報人姓名及簽署： \_\_\_\_\_

(身分：經營者／主管)

Home Nature 院舍性質： Subvented 資助  self-financing   
 (please tick one 只✓一格) cum 混合  自負盈虧  
 contract 合約  private 私營

Enrollment : \_\_\_\_\_

(入住人數)

Bed no : \_\_\_\_\_ Agency Chop : \_\_\_\_\_

(床位數目)

(機構蓋印)

## 第一部分

Name in English 姓名 (英文)		Name in Chinese 姓名 (中文)		Sex 性別		HKIC No. 身分證號碼 (please enter alphabet and full number including the last digit in bracket) 請填上全部字母 及數字，包括在 括弧內的最後一 個數字	Date of Commencement of Current Employment 現職日期 dd/mm/yyyy 日/月/年 (example 例如 1/1/2003)	Current Post Held 現時職位 (please enter the code as provided in remark 1) (請用註一 的代號)	Total Working Hours Per Week 每週 總工作時數 (please see remark 3) (請看註三)	Daily Working Time 每天工作時間		Qualification 學歷 (Please enter the code as provided in remark 2) (請用註二的代號)
Surname 姓	First Name 名	Surname 姓	First Name 名	M 男	F 女					On duty (am/pm) 上班 時間 (請列明上 午或下午)	Off duty (am/pm) 下班 時間 (請列明上 午或下午)	
							/ /					
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## 第二部分 Supplementary Information ( 補充資料)

Post 職位	Number 人數	Post 職位	Number 人數
HM : 主管		RN : 註冊護士	
EN : 登記護士		HW : 保健員	
CW : 護理員		AW : 助理員*	
PT : 物理治療師		OT : 職業治療師	
SW : 社會工作者		DT : 營養師	
Total staff no. 總職員人數 :			

### Remarks / 註解 :

Remark 1 / 註一 :  
Post Held / 職位

HM : 主管  
EN : 登記護士  
CW : 護理員  
PT : 物理治療師  
SW : 社會工作者

RN : 註冊護士  
HW : 保健員  
OT : 職業治療師  
DT : 營養師  
AW : 助理員\*

\* AW may include a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk  
助理員可包括廚子、家務傭工、司機、園丁、看守員、福利工作員或文員。

Remark 2 / 註二 :

May choose more than one item as applicable  
如適用可以同時填報多於一項

Qualification / 學歷

(1) Educational Level

教育程度

A1 : 從未受教育

A2 : 小學

A3 : 初中

A4 : 高中

A5 : 專上教育 : 高中以上學位  
或非學位課程

(2) Special Training

特別訓練

B1 : 註冊護士

B2 : 登記護士

B3 : 註冊保健員證書

B4 : 起居照顧員證書

B5 : 物理治療證書

B6 : 職業治療證書

B7 : 社工學系畢業

(包括: 文憑和學位)

(3) Other Training

其他訓練

C : 急救證書

Remark 3 / 註三 :

Total weekly working hours of every staff should be reported for checking compliance with the licensing requirement. Information of relief staff should not be recorded on this Staff Employment Record.

安老院必須申報每位員工每週的總工作時數，以便本署審核安老院僱用的人手是否符合法例的要求。如屬替假員工，不用填報在這職員僱用記錄上。

Notes :  
注意事項

- (1) Please copy front page for insufficient spacing. Each page should be signed together with agency chop.  
如首頁行數不足填寫，請自行影印及必須在每頁簽署及附上機構蓋印。
- (2) An operator shall inform the Director, in writing within 14 days, of any change in the employment of a home manager.  
凡僱用主管的情況有任何改變，經營者須在 14 日內以書面通知社會福利署署長。
- (3) A home manager shall at least once every 3 months inform the Director in writing of any change in the list of staff employed by an operator.  
主管須最少每 3 個月 1 次以書面通知社會福利署署長有關僱用員工的改變。

### **WARNING**

Any person who furnishes any information which is false in a material particular and which he knows or reasonably ought to know is false in such particular shall be guilty of an offence under Section 21(6)(c) of the Residential Care Homes (Elderly Persons) Ordinance. The supply of such false information may also prejudice the application of licence renewal.

### **警告**

任何人提交在要項上屬虛假而他知道或理應知道該資料在該要項上屬虛假的，根據《安老院條例》第 21(6)(c)條即屬違法，提供該等虛假資料亦會影響該牌照續期申請。

July 2005 (Revised)

**Guidance Notes on Submission of Floor Plans**

- (1) 7 sets of floor plans should be submitted. Each plan should be duly signed by the applicant (if the applicant is an individual) or stamped with the company/organization chop (if the applicant is a company or an organization).
- (2) Name of home (in Chinese and English), address (in Chinese and English) and the date of submission should be clearly written on each plan.
- (3) Each plan should be drawn to the scale of 1:100 or 1:50. For part plan, 1:20 is also acceptable.
- (4) The area of the home to be licensed should be demarcated in red on the plan.
- (5) The abutting streets/lanes, adjoining common area including lift lobbies, escape staircases, protected lobbies, common corridors and the use of various parts or areas of the home premises should be specified. Detailed measurements in metric of all rooms, corridors, passages, etc. should be shown.
- (6) Calculation of the area of all rooms, passages, corridors, etc. should be correctly shown on separate plans.
- (7) The total net floor area of the proposed premises should be indicated (please refer to para. 6.2 in Chapter 6 of the Code of Practice For Residential Care Homes (Elderly Persons)).
- (8) The position of all columns, load bearing walls, fire resisting walls (new and existing), fire-rated doors (new and existing), exit signs, windows, parapets (height and materials to be specified), partitions, bedspace arrangement, bedspace numbering, sanitary fitments, gates, extract fans, air-conditioning units, gas stoves, electric/gas water heaters, false ceiling, artificial lighting and mechanical ventilating systems, raised floors (if applicable) and all other fixture and fittings should be clearly shown and annotated.
- (9) Number and location of gas stoves, type of gas in use and location of LPG chamber (if applicable) should be indicated.
- (10) The headrooms under ceilings (the structural or the suspended false ceilings) and beams of all parts of the home premises, measuring vertically from floor should be shown.
- (11) Walls should be indicated by double lines.
- (12) The configuration and layout of the home premises shown in the plans should tally with the actual site situation.

- (13) The operator is required to submit revised plans to the Licensing Office of Residential Care Homes for the Elderly for information and comment whenever there is any change of the home layout or re-arrangement of the bedspaces. The revised layout plans should be coloured to differentiate what have been revised comparing with the previously accepted ones.
- (14) Should there be the needs (e.g. complicated drawings requiring professional knowledge), the applicant should appoint a professional to prepare the plans.

## RESIDENTIAL CARE HOMES (ELDERLY PERSONS) ORDINANCE

## 安 老 院 條 例

(Chapter 459)

(香港法例第459章)

Licence Number

牌照編號\_\_\_\_\_

## Licence of Residential Care Home for the Elderly

## 安 老 院 牌 照

1. This licence is issued under Part IV, Section \_\_\_\_\_, of the Residential Care Homes (Elderly Persons) Ordinance in respect of the undermentioned residential care home –  
茲證明下述安老院已根據《安老院條例》第IV部第\_\_\_\_\_條獲發牌照 –
2. Particulars of residential care home –  
安老院資料 –
- (a) Name (in English) \_\_\_\_\_ Name (in Chinese) \_\_\_\_\_  
名稱 (英文) \_\_\_\_\_ 名稱 (中文) \_\_\_\_\_
- (b) (i) Address of home \_\_\_\_\_  
安老院地址 \_\_\_\_\_
- (ii) Premises where home may be operated \_\_\_\_\_  
可開設安老院的處所 \_\_\_\_\_
- as more particularly shown and described on Plan Number \_\_\_\_\_ deposited with and approved by me.  
其詳情見於圖則第\_\_\_\_\_號，該圖則現存本人處，並經本人批准。
- (c) Maximum number of persons that the residential care home is capable of accommodating –  
安老院可收納的最多人數 \_\_\_\_\_
3. Particulars of person / company to whom / which this licence is issued in respect of the above residential care home  
獲發上述安老院牌照人士／公司的資料 –
- (a) Name/Company (in English) \_\_\_\_\_ Name/Company (in Chinese) \_\_\_\_\_  
姓名／公司名稱 (英文) \_\_\_\_\_ 姓名／公司名稱 (中文) \_\_\_\_\_
- (b) Address \_\_\_\_\_  
地址 \_\_\_\_\_
4. The person/company named in paragraph 3 above is authorized to operate, keep, manage or otherwise have control of a residential care home of the following type : \_\_\_\_\_  
第3段所述的人士／公司已獲批准經營、料理、管理或以其他方式控制一所屬\_\_\_\_\_種類的安老院。
5. This licence is valid for \_\_\_\_\_ months effective from the date of issue to cover the period from \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
本牌照由簽發日期起生效，有效期為\_\_\_\_\_個月，由\_\_\_\_\_至\_\_\_\_\_止，首尾兩天計算在內。
6. This licence is issued subject to the following conditions –  
本牌照附有下列條件 –
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. This licence may be cancelled or suspended in exercise of the powers vested in me under Section 10 of the Residential Care Homes (Elderly Persons) Ordinance in the event of a breach of or a failure to perform any of the conditions set out in paragraph 6 above.  
倘若有關安老院違反或未能履行以上第6段所列的任何條件，本人可行使安老院條例第10條賦予本人的權力，撤銷或暫時吊銷本牌照。

Hong Kong \_\_\_\_\_  
於香港(Signed)  
(簽署) \_\_\_\_\_Director of Social Welfare  
社會福利署署長WARNING  
警 告

Licensing of a residential care home does not release the operator or any other person from compliance with any requirement of the Buildings Ordinance or any other Ordinance relating to the premises, nor does it in any way affect or modify any agreement or covenant relating to any premises in which the residential care home is operated.

安老院獲發給牌照，並不表示其經營者或任何其他人士毋須遵守《建築物條例》或任何其他與該處所有關的條例的規定，亦不會對與開設該安老院的處所有關的任何合約或租約條款有任何影響或修改。





**Part III**      **Physical Examination**  
第三部分      身體檢查

Blood pressure 血壓 : \_\_\_\_\_ Pulse 心跳 : \_\_\_\_\_ Body Weight 體重 : \_\_\_\_\_

General 整體情況 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardiovascular System 循環系統 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respiratory System 呼吸系統 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Central Nervous System 中樞神經系統 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Musculo-skeletal 肌骨 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Abdomen/Urogenital 腹/泌尿及生殖系統 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skin 皮膚 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(please specify name of disease if any, and if there is condition like bedsore etc.)  
(如患皮膚病，請註明病名，並請註明有否如褥瘡等狀況)

Foot 足部 : \_\_\_\_\_

Eye 眼部 : \_\_\_\_\_  
(please specify name of disease if any e.g. cataract)(如患眼疾，請註明病名，如白內障等)

Ears 耳部 : \_\_\_\_\_  
\_\_\_\_\_

Others 其他 : \_\_\_\_\_  
\_\_\_\_\_

**Part IV Functional Assessment (Please tick where appropriate)**

第四部分 身體機能的審定(請在適當地方填上✓號)

Vision (\*with/without normal  unable to read  unable to  see lights only   
 視力 corrective 正常 newspaper print watch TV  
 devices ) 不能閱讀報紙 不能觀看到 只能見光影  
 在\*有/沒有視 字體 電視  
 力矯正器下

Hearing (\*with/without normal  difficult to  difficult to  cannot   
 聽覺 hearing aid) 正常 communicate with communicate with communicate  
 在\*有/沒有 normal voice loud voice with loud  
 助聽器下 在普通聲量下難 大聲說話的情況下 即使在大聲  
 以溝通 也難以溝通 voice 說話的情況  
 下也完全不  
 能溝通

Mental normal  mildly  moderately  seriously   
 state /alert disturbed disturbed disturbed  
 精神狀況 正常敏銳 輕度受困擾 中度受困擾 嚴重受困擾

mild  moderate  severe   
 dementia dementia dementia  
 輕度痴呆 中度痴呆 嚴重痴呆

Mobility independent  self-ambulatory  always need  bedridden   
 活動能力 行動自如 with walking aid or wheelchair  
 經常須別人摻扶  
 可自行用助行器 或輪椅移動

Continenence normal  occasional  frequent urine  uncontrolled   
 禁制能力 正常 urine or or faecal soiling incontinence  
 大/小便經常失禁 完全失卻禁制  
 大/小便偶爾失禁 能力

Speech able to express  need time to express  need clues to communicate   
 語言能力 能正常表達 須慢慢表達 須用其他方式表達

A.D.L. independent  (No supervision or assistance needed in all  
 日常生活 不需幫助 daily activities, including bathing, dressing,  
 活動 toileting, transfer, continence and feeding.)  
 (在洗澡、穿衣、如廁、移動、大小便禁制及  
 進食方面均無需指導幫助)  
 occasional assistance  (Need assistance in bathing and supervision in  
 偶而需要幫助 other activities)  
 (在洗澡時需協助及在其他活動上需指導)

frequent assistance  (Need supervision or assistance in bathing and  
經常需要幫助 not more than 4 in other activities)  
(在洗澡及其他不超過四項日常活動需要指導  
或協助)

totally dependent   
完全需要幫助

**Part V** **Comments**  
第五部分 批註

1. Self-care Hostel 低度照顧安老院  
(In general, resident is capable of high degree of self-care 一般來說，住客  
有高度自我照顧起居生活的能力)
2. Home for the Aged 中度照顧安老院  
  
(In general, resident can observe personal hygiene but need help and guidance  
for performing household duties 一般來說，住客有能力保持個人衛生，  
但在處理家居工作方面需要幫助及指導)
3. Care-and-Attention Home 高度照顧安老院  
(In general, resident is generally weak in health, or suffering from functional  
disability, and requires constant help in meal, dressing-up and toilet, etc, but  
not requires constant and intensive professional nursing care 一般來說，住客  
的健康情況衰弱，或有機能上的障礙，以致在飲食、穿衣、個人衛生  
方面經常需要幫助，但無需經常性的護理照顧)
4. Other 其他： \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Hospital/Clinic \_\_\_\_\_  
醫生姓名： \_\_\_\_\_ 醫院/診所： \_\_\_\_\_

Doctor's Chop \_\_\_\_\_  
醫生印鑑： \_\_\_\_\_

**RESIDENTIAL CARE HOMES (ELDERLY PERSONS) REGULATION**

**Application for Registration as a Health Worker**

full face  
photograph of  
applicant to be  
affixed here

**Attention :**  
  
In accordance with Section 5 of the Residential Care Homes (Elderly Persons) Regulation, the Social Welfare Department has established and maintained the Register of Health Workers for inspection by the public free of charge. All persons included in this Register are persons registered as health workers according to Section 6(2) of the Regulation for the purposes of employment at a residential care home. Any person who collects the personal data of the health workers as included in this Register for direct marketing purposes may contravene the use limitation requirement of Principle 3 in Schedule 1 of the Personal Data (Privacy) Ordinance. Complaints by health workers for such purpose can be addressed to the Office of the Privacy Commissioner for Personal Data.

Enquiry : 2961 7220 or  
2961 7221

Application form should be sent to :  
Licensing Office of  
Residential Care Homes for the Elderly,  
Social Welfare Department,  
Room 2354, 23/F, Wu Chung House,  
213 Queen’s Road East,  
Wan Chai, Hong Kong

Applicant’s correspondence address :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Contact Phone No.: \_\_\_\_\_

- 1. I forward the following particulars of myself and request you to include me in your Register of Health Workers under Regulation 6(1) of the Residential Care Homes (Elderly Persons) Regulation.
  
- 2. Particulars :
  - ( a ) Name (Mr/Mrs/Miss/Ms)\*  
(in English) \_\_\_\_\_  
(in block letters)
  
  - (in Chinese) \_\_\_\_\_
  
  - ( b ) Aliases \_\_\_\_\_

\*Delete as appropriate

( c ) Date of birth \_\_\_\_\_

( d ) Nationality \_\_\_\_\_

( e ) Hong Kong Identity Card Number \_\_\_\_\_

( f ) Residential address  
\_\_\_\_\_  
\_\_\_\_\_

( g ) Telephone number \_\_\_\_\_

( h ) Education in detail

Name of Schools and Universities	Date of Entry (month/year)	Date of Leaving (month/year)	Highest Class/Form Completed	Certificate/Diploma/Degree Achieved (copies to be attached)	Official Use

( i ) Relevant training on care for elders attended : (including details of the course, date of attendance, certificate obtained and attaching a copy of the certificate showing the completion of the course)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(j) Details of experience (this refers to working experience in residential care homes for the elderly)

Name of Home	Post Held	Date of Commencement (month/year)	Date of Leaving (month/year)	Official Use

(k) Other working experience :

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3. **I attach herewith the following documents to this application :**

- (a) photocopy of my Hong Kong Identity Card
- (b) one full face photograph with name written on the back (the same as that affixed above for the certificate)
- (c) photocopies of certificate and/or testimonial of educational attainment and completion of Health Worker Training Course
- (d) reference by two referees

4. The contents of this application are true and complete to the best of my knowledge and belief.

Signature of applicant : \_\_\_\_\_

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

\*Delete as appropriate

## Particulars of Referees

To be completed by 2 referees who must not be family members or relatives of applicant :

( a ) Name of full (Mr/Mrs/Miss/Ms)\*

\_\_\_\_\_ ( \_\_\_\_\_ )  
(in block letters) (in Chinese)

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship with applicant \_\_\_\_\_

Years of acquaintance with applicant \_\_\_\_\_

Signature of referee : \_\_\_\_\_

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

( a ) Name of full (Mr/Mrs/Miss/Ms)\*

\_\_\_\_\_ ( \_\_\_\_\_ )  
(in block letters) (in Chinese)

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship with applicant \_\_\_\_\_

Years of acquaintance with applicant \_\_\_\_\_

Signature of referee : \_\_\_\_\_

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

\*Delete as appropriate

**Training Courses for Health Worker****Approved by DSW****(as at July 2005)**

(由社會福利署署長書面批准的保健員訓練課程)

(截至二零零五年七月)

Serial No. 編號	Name of the Course 課程名稱	Name of Training Body 訓練學院／機構	Date of Written Approval by DSW 社會福利署署長書面 批准日期	Enquiry Tel. No./web site 查詢電話或網頁
1.	Certification Course for Health Worker (Mode I) (保健員證書課程)(課程(一))	The Sau Po Centre on Ageing, University of Hong Kong (香港大學秀圃老年研究中心)	9 February 2002	2241 5367 陳小姐
2.	Certification Course for Health Worker (Mode II) (保健員證書課程)(課程(二)) 「長者照顧綜合技巧訓練課程及保健員訓練課程進修班」	The Sau Po Centre on Ageing, University of Hong Kong (香港大學秀圃老年研究中心)	9 February 2002	2241 5367 陳小姐
3.	Health Worker Training Course (保健員訓練課程)	The Hong Kong Red Cross (香港紅十字會)	3 May 2002	2603 0188 or <a href="http://www.redcross.org.hk">www.redcross.org.hk</a>
4.	Health Worker Training Course (保健員訓練課程)	The Management Society for Healthcare Professionals (醫療管理學會)	15 May 2002	2861 2366 2861 2337
5.	Health Worker Training Course (保健員訓練課程)	The Hong Kong St. John Ambulance (香港聖約翰救護機構)	15 May 2002	2530 8028 蕭小姐
6.	Health Worker Training Course (保健員訓練課程)	The College of Nursing, Hong Kong (香港護理學院)	27 May 2002	2572 9255 唐小姐
7.	Certificate in Health and Social Care in Elderly Residential Setting (保健員訓練課程)	Asia-Pacific Institute of Ageing Studies, Lingnan University (嶺南大學亞太老年學研究中心)	27 May 2002	2616 7425 馮小姐
8.	Health Worker Training Course (保健員訓練課程)	Hong Kong Institute of Gerontology (香港老年學學院)	8 June 2002	2558 9873 郭小姐

Serial No. 編號	Name of the Course 課程名稱	Name of Training Body 訓練學院／機構	Date of Written Approval by DSW 社會福利署署長書面 批准日期	Enquiry Tel. No./web site 查詢電話或網頁
9.	Health Workers Training Course (保健員訓練課程)	Delia Memorial Evening Course – Taikoo Shing (地利亞預科夜班(太古城))	20 November 2003	6097 9352 鄧先生
10.	Training Course for Health Workers (保健員訓練課程)	New Life Psychiatric Rehabilitation Association Jockey Club New Life Institute of Psychiatric Rehabilitation (新生精神康復會 賽馬會新生精神康復學院)	15 October 2004	2332 4343 (游小姐或李小姐) or www.nlpra.org.hk
11.	Health Worker Training Course (保健員訓練課程)	Fu Hong Society (扶康會)	21 February 2005	2744 6850 (吳先生) or <a href="http://www.fuhong.org">http://www.fuhong.org</a>
12.	Health Worker Training Course (保健員訓練課程)	Haven of Hope Christian Service (基督教靈實協會)	8 April 2005	2703 2000 (李小姐) or <a href="http://www.hohcs.org.hk">www.hohcs.org.hk</a>
13.	Higher Diploma in Community Education (Gerontology) 社會服務高級文憑 (長者服務)	Hong Kong Institute of Vocational Education (Lee Wai Lee) (香港專業教育學院李惠利分校)	25 May 2005	2339 9778 (戚小姐)或 2794 6868 (鄭小姐) or <a href="http://www.vtc.edu.hk/ive/lwl/childcare/home.htm">http://www.vtc.edu.hk/ive/lwl/childcare/home.htm</a>
14.	Health Care Assistant & Health Worker Combine Training Course (健康服務助理及保健員合併訓 練課程)	St. Paul's Hospital Patient Resource Centre (聖保祿醫院病人資源中心)	30 June 2005	2890 6008 內線 244 陳先生

**The List of Notifiable Diseases (as at August 2005)**

The List of Notifiable Diseases is set out in the First Schedule to the Quarantine and Prevention of Disease Ordinance, Cap. 141 (as at August 2005) under the ambit of the Director of Health. Readers of this Code of Practice are advised to check with the Centre for Health Protection of Department of Health if there are any subsequent amendments to these provisions.

1. Acute poliomyelitis
2. Amoebic dysentery
3. Bacillary dysentery
4. Chickenpox
5. Cholera
6. Dengue fever
7. Diphtheria
8. Food poisoning
9. Influenza A (H5), Influenza A (H7) or Influenza A (H9)
10. Japanese encephalitis
11. Legionnaires' disease
12. Leprosy
13. Malaria
14. Measles
15. Meningococcal infections
16. Mumps
17. Paratyphoid fever
18. Plague
19. Rabies
20. Relapsing fever
21. Rubella
22. Scarlet fever
23. Severe Acute Respiratory Syndrome
24. Streptococcus suis infection
25. Tetanus
26. Tuberculosis
27. Typhoid fever
28. Typhus
29. Viral hepatitis
30. Whooping cough
31. Yellow fever