Legislative Council Bills Committee on Residential Care Homes (Persons with Disabilities) Bill

Administration's Response to Issues Raised by Members at the Bills Committee Meeting held on 27 September 2010

Purpose

This paper provides the Administration's response to issues raised by Members of the Bills Committee on Residential Care Homes (Persons with Disabilities) Bill (the Bill) at the meeting held on 27 September 2010.

Latest version of the draft revised Code of Practice (CoP) for residential care homes for persons with disabilities (RCHDs)

2. In 2002, the Social Welfare Department (SWD) issued a non-statutory CoP for RCHDs which serves as a guide on the service standards for all RCHDs, including subvented, self-financing and private homes. In July 2007, SWD set up a Working Group on RCHDs comprising representatives from persons with disabilities (PWDs), parent groups, operators of subvented and private RCHDs, the academia and the Hong Kong Council of Social Service to formulate the future licensing requirements and to review the CoP in that context. SWD also organised a total of eight consultation sessions to seek the views and comments of the rehabilitation sector and other stakeholders in 2007 and 2008 with regard to the revised requirements in the CoP. We also consulted the Legislative Council Panel on Welfare Services (the Panel) on the draft revised CoP and briefed the Panel Members on the progress of introducing a statutory licensing scheme for RCHDs at its meetings held in June 2007, May 2008, January 2009 and April 2010 respectively. The existing non-statutory CoP for RCHDs issued in 2002 (2002 CoP) and the latest version of the draft revised CoP for RCHDs (2008 CoP) (Chinese version only) are at **Annexes A** and **B** respectively. A comparison of the classification of RCHDs, staffing and spatial requirements stipulated in the 2002 CoP and the 2008 CoP is set out at **Annex C**.

Likely Impact of the Bill on the continued operation of private RCHDs

Requirements on building and fire safety

3. As at September 2010, there were 64 private RCHDs known to SWD, providing a total of 3,447 places. The average enrolment rate of these private RCHDs was about 64%. Among the 64 private RCHDs, we anticipate that 52 of them will need to carry out improvement works in respect of building and fire safety to meet the future licensing requirements. Another 11 homes have non-rectifiable structural / means of escape problems. Decantation of about 240 residents may be required should these 11 RCHDs fail to secure suitable alternative accommodation in the end.

Staffing and spatial requirements

4. In assessing the respective impact of the different staffing and spatial requirements under the 2002 CoP and the 2008 CoP on the operation of existing private RCHDs, SWD has made an estimation on the unit operating cost of a private RCHD place in the urban areas and New Territories (NT) respectively, having regard to factors including rents and rates, staff costs, meal and miscellaneous expenses, and relevant data collected from private RCHD operators, etc.. A table showing the respective estimated unit operating cost of a RCHD place according to the minimum staffing and spatial requirements under the 2002 CoP and the 2008 CoP is set out below[Note] –

Licensing Requirements	**Unit Operating Cost of a RCHD Place**	
	Urban	**NT**
Staffing and spatial requirements under the 2002 CoP	$3,785 - $5,631	$3,368 - $5,134
Staffing and spatial requirements under the 2008 CoP	$3,439 - $4,568	$3,022 - $4,151

[Note] The unit cost of a RCHD place is subject to market changes and may vary among private RCHDs depending on their locations and types of staff employed. In working out the figures, SWD has made reference to the information of market salary by the Labour Department and market rent by the Rating and Valuation Department. As for food and miscellaneous cost, calculation is made on the basis of the average expenses of subvented RCHDs.

5. Based on the above estimated unit operating cost, we anticipate that 24 private RCHDs (affecting 671 residents) in the urban area may find it financially not viable if the staffing and spatial standards under the 2002 CoP are adopted. On the other hand, no private RCHD is expected to be affected if the standards under the 2008 CoP are adopted.

6. Tables showing the possible impact on private RCHDs and possible number of residents affected arising from the building and fire safety requirements and the different staffing and spatial standards under the 2002 CoP and the 2008 CoP are set out at **Annex D**.

Complementary measures to minimise displacement of residents arising from closure of private RCHDs

7. In tandem with the legislative exercise, we will introduce suitable complementary measures to minimise displacement of residents arising from closure of private RCHDs. In this regard, after the passage of the Bill by the Legislative Council (LegCo), the Administration will implement a Financial Assistance Scheme (FAS) to provide subsidies for private RCHDs to carry out the necessary improvement works in compliance with the licensing requirements in building and fire safety. Subject to the progress of the legislative exercise, SWD plans to consult relevant stakeholders on the FAS in the last quarter of 2010.

8. We have also rolled out the pilot Bought Place Scheme (BPS) for private RCHDs in October 2010 to encourage private RCHDs to upgrade their service standards and help the market develop more service options for PWDs. To allow time for individual RCHDs to put in place suitable arrangements for meeting the licensing requirements, there will be a grace period of 18 months after the passage of the Bill.

9. SWD will closely monitor the operation of the private market and put in place suitable arrangements, e.g. alternative placements for affected residents as necessary.

Nursing care subsidy and co-payment of home fees

10. CSSA is a non-contributory social security scheme funded entirely by general revenue involving a huge amount of public money. Due care must be exercised to ensure that this safety net is sustainable. As such, in determining the eligibility of disabled applicants for CSSA and the amount of CSSA payable to them, the Administration must take into account the overall resources and needs of the PWDs concerned, so as to ensure that CSSA payments only go to those with genuine financial difficulties. Following this principle, regardless of whether a recipient is staying in a private RCHD, the Administration will take into account resources provided by family members to the PWD when deciding the amount of CSSA payable to a recipient. As a matter of fact, the CSSA Scheme already takes into account the special needs of PWDs, and provides higher standard rates (now ranging from $2,200 for a 50% disabled adult to $4,740 for a severely disabled child requiring constant attendance), special grants and supplements to them. The special grants cover a wide range of items including a transport supplement of $210 to cover the fares to hospital / clinic, costs of denture, disposable diapers, medical and rehabilitation appliances. A rent allowance of $1,265 will also be paid to help them meet the home fee charged by the institutions. As such, the CSSA with special grants and supplements should be able to cover the costs of residential care in a RCHD.

Certificate of exemption ("CoE")

11. Before the full implementation of the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) in June 1996, 506 out of 581 elderly homes then existing were granted CoEs as at 31 May 1996. The validity period of these CoEs ranged from a few months to over 12 months depending on the lead time required for compliance with the licensing requirements under Cap. 459. The last CoE issued under Cap. 459 expired in June 2002.

Labour and Welfare Bureau
Social Welfare Department
October 2010

Code of Practice

for

Residential Care Homes for

Persons with Disabilities

社會福利署
Social Welfare Department

(March 2002)

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CHAPTER 1

INTRODUCTION

1.1 General

1.1.1 This Code of Practice is issued by the Director of Social Welfare, setting out principles, procedures, guidelines and standards for the operation, keeping, management or other control of residential care homes for persons with disabilities. A 'residential care home for persons with disabilities' (RCHD) means any premises at which more than 8 persons with disabilities over the age of 15 are habitually received for the purpose of care while resident therein.

1.1.2 This Code of Practice shall not apply to -

(a) any residential care home maintained and controlled by the Government;

(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.

1.1.3 Operators of residential care homes for persons with disabilities other than those specified under Para. 1.1.2 above should study this Code of Practice carefully. Operators of private residential care homes for persons with disabilities are advised to notify the Social Welfare Department prior to commencement of their business in order that due assistance and guidance are rendered to them by the officers of the Department on implementation of

the Code of Practice.

1.1.4 Compliance with this Code does not release the operator or any other person from any liability, obligation or requirement imposed under any other Ordinance or common law.

1.1.5 With reference to the Disability Discrimination Ordinance Cap. 487, disability is defined as follows -

"disability", in relation to a person, means -

(a) total or partial loss of the person's bodily or mental functions;
(b) total or partial loss of a part of the person's body;
(c) the presence in the body of organisms causing disease or illness;
(d) the presence in the body of organisms capable of causing disease or illness;
(e) the malfunction, malformation or disfigurement of a part of the person's body;
(f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
(g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour.

1.2 Purpose of the Code of Practice

This Code of Practice sets out the minimum standards and guidelines for hygiene, fire, building safety, and the level of care required, which 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 Entry to Premises

It is desirable for operators to allow representatives of the Social Welfare Department to enter their premises where residential care homes for persons with disabilities are run, so that the latter could render assistance, where necessary, in the operation of their homes.

1.4 Certificate of Registration

The operator of a private residential care home for persons with disabilities 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 persons with disabilities, being an employer, is required to take out employees' compensation insurance against his/ her liability to all employees. He/ she is also required to comply with the requirements of the Mandatory Provident Fund Schemes Ordinance. Besides, it is also desirable for the operator of a residential care home for persons with disabilities to provide other insurance coverage, e.g. public liabilities, for the home.

CHAPTER 2

CLASSIFICATION OF RESIDENTIAL CARE HOMES FOR PERSONS WITH DISABILITIES

2.1 Classification of Homes

Residential facilities are provided for persons with disabilities who, for personal, social, health or other reasons, cannot live alone or with their families. According to the level of care and assistance required by the residents, a residential care home for persons with disabilities can be classified as -

(a) care-and-attention home for persons with severe/ multiple disabilities, care-and-attention home for the aged blind, and long-stay-care home for persons with chronic mental illness;
(b) home/ hostel for persons with severe mental/ physical disabilities;
(c) home/ hostel for persons with moderate disabilities, home for the aged blind, and halfway house for ex-mentally ill persons; and
(d) supported hostel for semi-independent living.

2.2 Meaning of the different classes of Homes

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

an establishment providing residential care, supervision and guidance for persons who have attained the age of 15 years and who are generally weak in health and are suffering from a functional (physical and/ or mental) disability to the extent that they require intensive personal care, attention and assistance in the course of daily living activities such as dressing, toileting and meals but do not require a substantial or high degree of professional medical or nursing care.

(b) A 'home/ hostel for persons with severe mental/ physical disabilities' means -

an establishment providing residential care, supervision and guidance for persons who

have attained the age of 15 years and who are suffering from a functional (physical and/ or mental) disability to the extent that they lack basic self-care skills and require assistance in personal and/ or nursing care.

(c) A 'home/ hostel for persons with moderate disabilities' means -

an establishment providing residential care, supervision and guidance for persons suffering from a functional (physical and/ or mental) disability who have attained the age of 15 years and who are capable of basic self-care but require supervision and assistance in activities of daily living.

(d) A 'hostel for semi-independent living' means -

an establishment providing residential care, supervision and guidance for persons suffering from a functional (physical and/ or mental) disability who have attained the age of 15 years and who are capable of basic self-care and living semi-independently with a fair amount of assistance from hostel staff in daily activities.

2.2.1 Classification of Mixed Homes

2.2.1.1 Some residential care homes for persons with disabilities provide accommodation and care for residents requiring different levels of care and assistance. In the case of 'homes/ hostels for persons with moderate disabilities', some may admit residents who require more intensive health and personal care while some may admit residents with semi-independent living ability.

2.2.1.2 In classifying a mixed home, i.e. a home that provides places for residents requiring different levels of care and assistance, the "majority rule" will apply. For example, a home with over 50% of its residents being in need of care-and-attention care is classified as a care-and-attention home. In cases where a variety of disabled persons are served, the simple majority rule will apply i.e. the home will be classified as the one with the largest number of

residents in that category, but hostel places for semi-independent living will be disregarded. A home that serves residents requiring different levels of care will be classified as either a care-and-attention home, a home/ hostel for persons with severe mental/ physical disabilities or a home/ hostel for persons with moderate disabilities, irrespective of the number of hostel places for semi-independent living. In case of equal distribution of places in the various categories, the home will be classified as the one that requires a higher level of care. This is to ensure that the well being of the residents are protected.

2.2.1.3 A change in the proportion of different types of residents will result in the change of classification of the home according to the above criteria.

2.3 Relationship of Disability Types and Level of Care Required

The following table shows the relationship between different disability types and the level of care and assistance required -

Disability Type	**Level of care and assistance required**			
	Intensive	**High**	**Medium**	**Low**
Mental/ Physical Handicap (MH/ PH)/ Blind	Severely MH and/ or PH or aged blind with frail health requiring nursing and intensive personal care-and-attention but not necessarily hospital care	Severely MH and/ or PH requiring assistance in nursing and personal care	Moderate grade MH or mild grade MH with other disabilities, aged blind etc. requiring supervision and assistance in activities of daily living	Moderate/ mild grade MH, PH, blind etc. capable of semi-independent living with a fair amount of assistance from hostel staff in daily activities

Disability Type	Level of care and assistance required			
	Intensive	**High**	**Medium**	**Low**
Mental Illness (MI)	Chronic MI patients requiring intensive personal care and supervision but not necessarily hospital care		Ex-MI requiring a transitional period of residential care, training and supervision in activities of daily living, regular medical follow-up and medication etc.	Ex-MI capable of semi-independent living with a fair amount of assistance from hostel staff in daily activities

2.4 Mapping of Existing Services with the 4 Levels of Care

The following table shows the mapping of existing government-run or subvented services with the above 4 levels of care -

Disability Type	Level of care and assistance required			
	Intensive	**High**	**Medium**	**Low**
Mental/ Physical Handicap (MH/ PH)	• Care & Attention Home for the Severely Disabled (C&A/SD)	• Home/ hostel for the Severely Mentally Handicapped (HSMH) • Home/ hostel for the Severely Physically Handicapped (HSPH and HSPH/MH)	• Home/ hostel for the Moderately Mentally Handicapped (HMMH)	• Supported Hostel

Disability Type	Level of care and assistance required			
	Intensive	**High**	**Medium**	**Low**
Blind/ Visually Impaired	• Care & Attention Home for the Aged Blind (C&A/AB) (Note)		• Home for the Aged Blind (H/AB) (Note)	• Supported Hostel
Mental Illness (MI)	• Long Stay Care Home (Note)		• Halfway House (HWH)	• Supported Hostel

Note: C&A Homes for the Aged Blind/ Homes for the Aged Blind as well as Long Stay Care Homes for Persons with Chronic Mental Illness are licensed under the Residential Care Homes (Elderly Persons) Ordinance. In the absence of legislative control for RCHDs, these homes will continue to follow the licensing requirement under the Residential Care Homes (Elderly Persons) Ordinance. Their status will be reviewed at a later stage.

CHAPTER 3

MANAGEMENT

3.1 Display of Name of Residential Care Home for Persons with Disabilities

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

3.2 Procedures on Admission of Residents

3.2.1 The rules and regulations of the residential care home for persons with disabilities should be posted up in the home's office and printed on the admission form.

3.2.2 As an admission procedure, rules and regulations, including home charges, should be explained clearly by the home manager to the disabled person and his/ her family members/ relatives. Fees that are non-refundable and fees that can be refundable to residents have to be stated clearly.

3.2.3 Consent should be sought from the resident and/ or his/ her relatives/ guardians in relation to any application of physical restraints either on admission or as it becomes necessary.

3.2.4 Every applicant should have a medical examination conducted by a registered medical practitioner before or soon after admission. The medical examination primarily serves the purpose of formulating individual care plan rather than screening. Flexibility should be applied whenever necessary. Normally, medical history and physical examination with blood pressure measurement would be sufficient to serve the purpose of formulating the individual care plan. Unless it is the medical practitioner's advice that the applicant has infectious disease and is not suitable for group living, such pre-admission medical examination may serve as a baseline health information record and should not be used as a tool to preclude the disabled person from being admitted. Specimen of medical examination form is at Appendix. Health records of each resident should be maintained and updated at all times.

3.3 Schedule of Daily Activities

A routine programme schedule or timetable for daily activities of the residents should be designed and posted at the office of the residential care home for persons with disabilities.

3.4 Staff Duty List

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.

3.5 Record Keeping

3.5.1 The operator of a residential care home for persons with disabilities has to establish and maintain a record of staff employed in the home with the following details -

(i) name (Chinese and English where applicable), sex, date of birth/ age, address, telephone number and Hong Kong Identity Card number;

(ii) supporting documents of relevant qualifications;

(iii) post to be held in the home;

(iv) monthly salary;

(v) working hours and shift of duty;

(vi) terms of appointment; and

(vii) date of appointment and resignation or dismissal.

3.5.2 In addition, the operator should also keep particulars of the employees regarding wages and employment record as legally required under Section 49A of the Employment Ordinance (Cap. 57).

3.5.3 The home manager of a residential care home for persons with disabilities should establish and maintain a comprehensive system of records. Such records should include -

(a) Record of Residents

(i) the name (Chinese and English where applicable), 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, if available, for future identification;

(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 accident or illness suffered by a resident and of any action taken in that respect [for details of the health record of the residents, please refer to paragraphs 9.2(a) and (h)];

(vi) any death of a resident;

(vii) any action taken by home staff, including the use of force or physical restraint, to prevent or restrain a resident from injuring himself/ herself or others, or damaging property, or creating a disturbance; and

(viii) possessions or property stored or held on behalf of every resident by the home, including Hong Kong Identity Card and medical follow-up card.

(b) Log Book

A logbook should be used by staff on duty to record daily events including irregularities observed in and between individual residents

(including the residents' physical, emotional or health condition), follow-up action on any accident, etc. The record should be properly signed by the staff concerned, be submitted to the home manager or senior staff for monitoring, and be kept in the home for inspection purpose.

(c) Record on Application of Physical Restraint

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) besides consent of the resident and/ or his/ her next-of-kin/ guardians, written medical opinion and written professional advice of clinical psychologists, if available, should also be obtained and be reviewed yearly;

(iv) written consent of the operator/ the home manager;

(v) written consent of the resident and/ or his/ her next-of-kin or guardian should be obtained and be reviewed yearly; explanation to both the resident and next-of-kin/ guardian, if any, by the home staff should be made and documented;

(vi) means of physical restraint;

(vii) duration of application and period of release each time;

(viii) observation on the condition of resident after application; and

(ix) date and details of periodic evaluation on the need for continuing the application.

Record on each application of physical restraint to be kept on the logbook is also required. Information should include -

(i) name of resident restrained;

(ii) type of restraint;

(iii) time/ period for application and release; and

(iv) signature of responsible staff.

(d) Record of Accident

Record of accident is to be kept. Information should include date and time of accident, details of accident, resident(s) affected, whether family members or 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.

(e) Record of Complaint

Record on 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 persons with disabilities and any remedial action taken in that regard should be kept.

(f) Record of Social Activities and Programmes

Record of social activities and programmes organized for residents is to be kept. Information should include date, time, type of activities, number of residents who participated, agency or group which organizes the activities and response of the residents.

(g) Other Records

Correspondence with government departments and/ or other agencies in connection with the operation of the residential care home for

persons with disabilities should be kept properly for easy reference and follow-up action. The home should also keep other records as specified by the Director of Social Welfare.

3.6 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 record.

CHAPTER 4

BUILDING AND ACCOMMODATION

4.1 General

All residential care homes for persons with disabilities are subject to inspection by the Buildings Department (BD) 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 BD 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 persons with disabilities 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 persons with disabilities shall be located in or under any structures built without the approval and consent of the Building Authority, unless exempted by the concerned authority.

4.3.2 A residential care home for persons with disabilities shall not be situated in a non-domestic building or in the non-domestic part of a composite building if objection in writing is raised by the Buildings Department to the change in use.

4.4 Design

Every residential care home for persons with disabilities should, 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 should be wide enough to accommodate residents using walking aids or wheelchairs;

(b) non-slip tiles should be fitted in every place, especially toilets and bathrooms, where the safety of residents is in jeopardy by reason of a risk of slippage;

(c) the ceiling of every room should 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) at least 1 call bell should be installed in each dormitory for care-and-attention residents;

(e) all bathrooms, toilets and corridors should be fitted with railings;

(f) the design of furniture and fitting-out works of the premises should be hazard-free;

(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 so constructed as to inhibit the passage of articles more than 100 mm in their smallest dimension; and

(h) all design requirements for residential facilities for persons with disabilities should comply with the Design Manual for Barrier Free Access issued by the Buildings Department in 1997.

4.5 Basic Facilities

The basic facilities in a residential care home for persons with disabilities should include dormitories, dining/ sitting area, toilet/ bath/ 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 or make appropriate arrangements for meals and laundry service for the residents.

4.6 Accessibility

Every residential care home for persons with disabilities should, to the satisfaction of the Director of Social Welfare, be accessible by emergency services, such as fire engines and ambulances.

4.7 Fire Exits

4.7.1 Adequate fire exits and exit routes should be provided in every residential care home for persons with disabilities 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 persons with disabilities and the establishment of staff should be taken into account when assessing the requirements for means of escape.

4.7.3 All doors to protected lobbies, exit doors and kitchen doors should be capable of self-closing and be kept closed at all times.

4.7.4 Every exit route should be adequately lit and kept clear of obstructions. A fire escape route plan should be displayed. 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 other subsequent amendments/ revisions made shall be observed and complied with.

4.8 Heating, Lighting and Ventilation

4.8.1 Every residential care home for persons with disabilities should, to the satisfaction of the Director of Social Welfare, be well heated, lighted and ventilated.

4.8.2 Every room used for habitation or for the purposes of an office or as a kitchen in a residential care home for persons with disabilities 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. Exemption from natural lighting and ventilation may be given by the Director of Social Welfare on condition that artificial lighting and mechanical ventilation are provided.

4.8.3 Every room containing a soil fitment or waste fitment in a residential care home for persons with disabilities shall be provided with a window in accordance with Regulation 36 of the Building (Planning) Regulations, Cap. 123, sub. leg. F. Exemption from natural lighting and ventilation may be given by the Director of Social Welfare on condition that artificial lighting and mechanical ventilation are provided.

4.9 Water Supply and Ablutions

Every residential care home for persons with disabilities should, 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 8 of this Code of Practice for reference.

4.10 Repair

Every residential care home for persons with disabilities should, 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

Residential care homes for persons with disabilities are subject to the inspection by the Fire Services Department (FSD) and operators should comply with any recommendations made by the FSD regarding safety and fire precautionary measures.

5.2 Location

No residential care home for persons with disabilities should be situated in any part of -

(a) an industrial building; or

(b) any premises the floor of which is immediately over the ceiling or immediately below the floor slab of any -

(i) godown;
(ii) cinema;
(iii) theatre; or
(iv) premises wherein any trade, 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.

Advice from the Fire Services Department should be sought in case of doubt.

5.3 Height

5.3.1 No part of a residential care home for persons with disabilities should 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 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 persons with disabilities may be situated at a height more than 24 m above the ground floor as may be indicated in the notice.

5.4 Fire Service Installations

Every residential care home for persons with disabilities should, to the satisfaction of the Director of Fire Services, be provided with adequate fire service installations and equipment required as a safeguard against fire.

All requirements on fire service installations and equipment are based on the "Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment 1998" issued by the Director of Fire Services. The Director of Fire Services in consultation with the Director of Social Welfare may however, accept variation of any of the following requirements having regard to the circumstances of any particular residential care home for persons with disabilities -

5.4.1 Requirements for residential care homes for persons with disabilities of less than 230 m^2 in area on any floor -

(a) A fire detection system should be provided for the entire home and smoke detector(s) should be provided in area(s) used for sleeping accommodation. The alarm of such system should be transmitted to the Fire Services Communication Centre by direct telephone line. The installation work should be carried out by a Registered Fire Service Installations Contractor in Class 1.

(b) A manual fire alarm system should 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. The alarm of such system should be integrated with the fire detection system. The

design of the manual fire alarm should make reference to paragraph 5.3.1 of the "Design Manual for Barrier Free Access".

(c) All fire service installations control panels should either be installed at the reception area or near the main entrance inside the home or at a location as approved by the Director of Fire Services.

(d) One 4.5 kg CO2 gas fire extinguisher should be provided in each kitchen/ pantry/ switch room and one 1.44 m2 fire blanket should be provided in the kitchen. One 9 litres CO2/ water fire extinguisher should 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 should be indicated by illuminated exit signs bearing the word "EXIT" and characters "出 口" in block letters of not less than 125 mm high with 15 mm wide strokes. Colour contrast for translucent surrounds to lettering should comply with one of the following and should be consistent throughout the entire home.

Letter Colour	Contrasting Colour
Green	White
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 Table 10 of British Standard 5499: Part I should be provided at conspicuous locations to assist occupants to identify the exits in the event of an emergency.

(g) Emergency lighting should be provided throughout the entire home. A self-contained battery type emergency lighting system in accordance with Part V, Para. 5.9 of the "Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment 1998" will be accepted if the illumination level of not less than 2 lux for a duration of 2 hours in the event of power failure is provided.

(h) When a ventilation/ air conditioning control system is provided, it should be actuated by smoke detectors with a central, manually operated back-up facility to stop mechanically induced air movement within a designated fire compartment.

(i) Primary and secondary electrical supply should be provided to all fire service installations.

5.4.2 Requirements for residential care homes for persons with disabilities exceeding 230 m^2 or more in area on any floor -

(a) A smoke detection system should be provided in area(s) used for sleeping accommodation. The alarm of such system should be transmitted to the Fire Services Communication Centre by direct telephone line. The installation work should be carried out by a Registered Fire Service Installation Contractor in Class 1.

(b) A hose reel system should 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. Where the building in which the home is located is not provided with any fire hydrant/ hose reel tank, the hose reel system may be fed by an improvised water tank of not less than 1500 litres. The system should have a fixed fire pump which should be permanently primed and be capable of producing a jet at the hose reel nozzle for a length of not less than 6 m, at a flow of not less than 24 litres/ minute.

(c) An automatic sprinkler system should be installed for the entire home premises. Where the provision of sprinkler water tank is not possible, the water supply for such system may be permitted to be obtained from the building's fire hydrant/ hose reel tank or via direct connection from town mains. The improvised sprinkler system should be installed in accordance with the Fire Services Department Circular Letter No. 4/96. The installation works should be carried out by a Registered Fire Service Installations Contractor in Class 2.

(d) A manual fire alarm system should be provided with one actuating point and one audio warning device at each hose reel point. This actuating point should include facilities for fire pump start and audio warning

device initiation. The alarm of such system should be integrated with the fire detection system. The design of the manual fire alarm should make reference to paragraph 5.3.1 of the "Design Manual for Barrier Free Access".

(e) All fire service installations control panels should either be installed at the reception area or near the main entrance inside the home or at a location as approved by the Director of Fire Services.

(f) One 4.5 kg CO2 gas fire extinguisher should be provided in each kitchen/ pantry/ switch room and one 1.44 m2 fire blanket should be provided in the kitchen.

(g) All exits to the exit routes of the building should be indicated by illuminated exit signs bearing the word "EXIT" and characters "出 口" in block letters of not less than 125 mm high with 15 mm wide strokes. Colour contrast for translucent surrounds to lettering should comply with one of the following and should be consistent throughout the entire home.

Letter Colour	Contrasting Colour
Green	White
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(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 Table 10 of British Standard 5499: Part I should be provided at conspicuous locations to assist occupants to identify the exits in the event of an emergency.

(i) Emergency lighting should be provided throughout the entire home. A self-contained battery type emergency lighting system in accordance with Part V, Para. 5.9 of the "Code of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment 1998" will be accepted if the illumination level of not less than 2 lux for a duration of 2 hours in the event of power failure is provided.

(j) When a ventilation/ air conditioning control system is provided, it should be actuated by smoke detectors with a central, manually operated back-up facility to stop mechanically induced air movement within a designated fire compartment.

(k) Primary and secondary electrical supply should be provided to all fire service installations.

5.5 Additional Requirements

5.5.1 All linings for acoustic, thermal insulation or decorative purposes within protected means of escape, in ducting and concealed locations in the residential care home for persons with disabilities should 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. The work should be conducted by a Registered Class 2 Fire Service Installations Contractor.

5.5.2 All ventilating systems that embody the use of ducting or trunking, passing through any wall, floor or ceiling from one compartment to another, should comply with the Building (Ventilating System) Regulations, Cap. 123 sub. leg. J. Detailed drawings showing layout of the ventilating system should be submitted to the Ventilation Division of the Fire Services Department for approval. The system should subsequently be inspected by a Registered Ventilation Contractor at intervals not exceeding 12 months.

5.5.3 All fire service installations and equipment installed in the home premises should be maintained in efficient working order at all times and inspected by a Registered Fire Service Installations Contractor at least once in every 12 months.

5.5.4 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. The certificate, as proof of compliance with the provisions in the Electricity Ordinance, Cap. 406, shall be re-validated every five years thereafter.

5.5.5 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.

5.5.6 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 LPG codes of practice shall be provided by the contractor for any new gas installation, or alteration to existing installations. 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.

5.5.7 An evacuation plan should be drawn up in consultation with FSD. Fire drills should be conducted at intervals of not less than once every six months.

5.5.8 If PU foam filled mattresses and upholstered furniture are used in the premises, they should meet the flammability standards as specified in British Standard BS 7177:1996 and BS 7176:1995 for use in medium hazard premises/ building or standards acceptable to the Director of Fire Services.

5.6 Fire Precautions

5.6.1 All staff of the residential care home for persons with disabilities must be fully conversant with the potential fire hazard 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 telephoning 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 should 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 should be permitted in the home premises other than in the kitchen.

5.6.4 The users' instructions provided by the manufacturers should be followed when using gas appliances so as to ensure safe operation including gas ignition, etc.

5.6.5 Liaison with the Registered Gas Contractor should be made for regular checking of gas appliances as prescribed in paragraph 5.5.6 above and for safety advice on gas-related matters.

5.6.6 Smoking should not be permitted in the dormitories.

5.6.7 If gas leakage is suspected, responsible staff **must** -

extinguish 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.

5.7 Fire Resisting Construction

5.7.1 A residential care home for persons with disabilities should be separated from other parts of the building in which it is situated and every part in the home premises should be separated from each other by fire resisting construction in accordance with the "Code of Practice for Fire Resisting Construction 1996" issued by the Buildings Department and any subsequent amendment or revision made.

5.7.2 The kitchen in a residential care home for persons with disabilities should be separated from other parts of the home premises by walls having a fire resisting period of not less than 1 hour and the door of the kitchen should have a fire resisting period of not less than $^1/_2$ hour and be self-closing.

CHAPTER 6

FLOOR SPACE

6.1 Area of Floor Space

The minimum area of floor space for each resident is set out as follows -

MINIMUM AREA OF FLOOR SPACE FOR EACH RESIDENT

Type of residential care home	Minimum area per resident
(a) Care-and-attention homes for severely disabled persons, homes for severely physically/ mentally handicapped and multiply handicapped persons	8 m^2
(b) Hostels for the mildly to moderately mentally/ physically handicapped persons, ex-mental patients, and persons suffering from visual impairment	6.5 m^2

6.2 Number of Residents

The right number of residents to be accommodated in a residential care home for persons with disabilities is determined by its physical size and the space standard per capita area as stated above. 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, 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 purpose of a residential care home for persons with disabilities should be disregarded.

CHAPTER 7

STAFFING

7.1 Employment of Staff

7.1.1 RCHDs should at all times comply with the relevant ordinances for the promotion of equal opportunities, including the Disability Discrimination Ordinance, the Sex Discrimination Ordinance and the Family Status Discrimination Ordinance, and any codes issued under these ordinances.

7.1.2 RCHDs should provide suitable training to front-line staff to raise awareness of the principles and guidelines relating to equal opportunities and the provision of assistance to residents with disabilities.

7.1.3 The minimum staffing requirements of each type of residential care home for persons with disabilities should be as follows -

Type of Staff	Type of Residential Care Home for Persons with Disabilities				
	Care and Attention Home for the Severely Disabled (Note)	Home/ hostel for Persons with Disabilities			Supported Hostel for Semi-independent Living
		HSMH/ HSPH (Note)	HMMH (Note)	HWH for Ex-MI (Note)	
Home manager	1 home manager	1 home manager	1 home manager	1 home manager	1 hostel manager
Ancillary worker	1 ancillary worker for every 30 residents or part thereof, between 7 a.m. and 6 p.m.	1 ancillary worker for every 30 residents or part thereof, between 7a.m. and 6 p.m.	1 ancillary worker for every 60 residents or part thereof, between 7a.m. and 6 p.m.	(a) 1 ancillary worker for every 25 residents or part thereof, between 7a.m. and 10 a.m. and from 4 p.m. to 10 p.m. (b) *1 ancillary worker for every 50 residents or part thereof, between 10 a.m. and 4 p.m.	(a) 1 ancillary/ care worker for every 30 residents or part thereof, between 7 a.m. and 10 a.m. and from 4 p.m. to 10 p.m. (b) *1 ancillary/ care worker for every 60 residents or part thereof, between 10 a.m. and 4 p.m.

Type of Staff	Type of Residential Care Home for Persons with Disabilities				
	Care and Attention Home for the Severely Disabled (Note)	Home/ hostel for Persons with Disabilities			Supported Hostel for Semi-independent Living
		HSMH/ HSPH (Note)	HMMH (Note)	HWH for Ex-MI (Note)	
				*not applicable if over 25 residents stay in the hostel throughout the day, in which case (a) will apply.	*not applicable if over 30 residents stay in the hostel throughout the day, in which case (a) will apply.
Care worker	(a) 1 care worker for every 15 residents or part thereof, between 7 a.m. and 3 p.m. (b) 1 care worker for every 20 residents or part thereof, between 3 p.m. and 10 p.m.	(a) 1 care/ ancillary worker for every 20 residents or part thereof, between 7 a.m. and 10 a.m. and between 4 p.m. and 10 p.m. (b) *1 care/ ancillary worker for every 60 residents or part thereof, between 10 a.m. and 4 p.m. *not applicable if over 20 residents stay in the hostel throughout the day, in which case, (a) will apply.	(a) 1 care/ ancillary worker for every 30 residents or part thereof, between 7 a.m. and 10 a.m. and between 4 p.m. and 10 p.m. (b) *1 care/ ancillary worker for every 60 residents or part thereof, between 10 a.m. and 4 p.m. *not applicable if over 30 residents stay in the hostel throughout the day, in which case (a) will apply.		
	(c) 1 care worker for every 30 residents or part thereof, between 10 p.m. and 7a.m.	(c) 1 ancillary/ care worker for every 30 residents or part thereof, between 10 p.m. and 7a.m.	(c) 1 ancillary/ care worker for every 60 residents or part thereof, between 10 p.m. and 7a.m.	(c) 1 ancillary worker for every 60 residents or part thereof, between 10 p.m. and 7 a.m.	(c) 1 ancillary/ care worker for every 60 residents or part thereof, between 10 p.m. and 7 a.m.

Type of Staff	Type of Residential Care Home for Persons with Disabilities				
	Care and Attention Home for the Severely Disabled (Note)	Home/ hostel for Persons with Disabilities			Supported Hostel for Semi-independent Living
		HSMH/ HSPH (Note)	HMMH (Note)	HWH for Ex-MI (Note)	
Nurse	(a) Unless a health worker is present, 1 nurse for every 60 residents or part thereof, between 7 a.m. and 6 p.m. (b) Unless a health worker is present, 1 nurse between 6 p.m. and 7 a.m.	(a) Unless a health worker is present, 1 nurse for every 60 residents or part thereof, between 7 a.m. and 6 p.m. (b) Unless a health worker is present, 1 nurse between 6 p.m. and 7 a.m.	No nurse required.	At least 1 nurse, unless there is a health worker on the establishment for every 30 residents or part thereof.	No nurse required.
Health worker	(a) Unless a nurse is present, 1 health worker for every 30 residents or part thereof, between 7 a.m. and 6 p.m. (b) Unless a nurse is present, one health worker for every 100 residents or part thereof, between 6 p.m. and 7 a.m.	(a) Unless a nurse is present, 1 health worker for every 30 residents or part thereof, between 7 a.m. and 6 p.m. (b) Unless a nurse is present, one health worker for every 100 residents or part thereof, between 6 p.m. and 7 a.m.	No health worker required.	Unless there is a nurse on the establishment, 1 health worker for every 30 residents or part thereof.	No health worker required.

Note: At least one registered social worker should be included in the staffing provision. A social worker means any person whose name appears on the register of social workers kept under the Social Workers Registration Ordinance (Cap. 505). The social worker is responsible for rendering professional input through a course of well-structured and goal-oriented activities geared towards the well-being and training needs of residents.

7.2 Duties and responsibilities

7.2.1 The Operator

An operator means a person who runs the residential care home for persons with disabilities. 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 fees and charges for any service or commodity at least 30 days in advance of the effective date of implementation.

7.2.2 The Home Manager

A home manager means any person responsible for the management of a residential care home for persons with disabilities. 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 to meet the needs of the residents of the home;
(c) maintaining an acceptable standard of cleanliness, tidiness and sanitation;
(d) dealing with all emergency situations;
(e) maintenance of up-to-date records of the home;
(f) reporting infectious disease in accordance with the Prevention of the Spread of Infectious Diseases Regulations, Cap. 141, sub. leg. B; and
(g) providing information concerning the home as required by the Director

of Social Welfare.

7.2.3 The Registered Social Worker

A social worker means any person whose name appears on the register of social workers kept under the Social Workers Registration Ordinance (Cap. 505). The social worker is responsible for rendering professional input through a course of well-structured and goal-oriented activities geared towards the well-being and training needs of residents.

7.2.4 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.

7.2.5 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. For more information on details of the health worker, please refer to the Code of Practice for Residential Care Homes (Elderly Persons).

7.2.6 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.

7.2.7 Ancillary Worker

An ancillary worker means any person, other than a care worker, health worker or nurse, employed by an operator. Ancillary workers can refer to a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk, and is responsible for carrying out duties relating to the daily care and training of the residents and clerical support to the home.

7.3 Overnight Staff

At least two staff should be on duty between 10 p.m. and 7 a.m. for a care-and-attention home for the severely disabled and for a home for the severely physically/ mentally handicapped. For other types of homes, there should at least be one staff available on site to provide assistance if required and one staff on call in case of emergency.

7.4 Conditions of Service

7.4.1 Medical Examination

All staff of a residential care home for persons with disabilities should receive a pre-employment medical examination conducted by a registered medical practitioner to certify that the staff is able to perform the inherent requirements and duties of the job. Operators of RCHDs should consider the provision of reasonable accommodation to job applicants who are found to have disabilities in order to accommodate them to carry out the inherent requirement of the job unless the provision of such accommodation would impose an unjustifiable hardship on the employers.

7.4.2 Salary

Salary should commensurate with qualifications and job responsibilities. A salary package offering incentives is desirable. The package will be

reviewed regularly, if necessary, to meet changes in the cost of living.

7.4.3 Hours of Work

For all types of residential care homes for persons with disabilities, 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.

7.4.4 Sick Leave

The maximum number of days of paid sick leave should be in line with what is allowed under Part VII of the Employment Ordinance, Cap. 57.

7.4.5 Maternity Leave

A 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.

7.4.6 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.

7.4.7 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 after the probationary period terminate the contract by giving the other party one-month notice, orally or in writing, of his intention to do so. Part II of the Employment Ordinance, Cap. 57, is relevant.

7.4.8 Insurance

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

7.4.9 Retirement Protection

The Mandatory Provident Fund (MPF) is a retirement protection system established under the Mandatory Provident Fund Schemes Ordinance. All staff aged between 18 and 65 must participate as members of a registered MPF scheme or other existing approved retirement schemes. Employers and employees should each contribute 5% of the salary of the staff in accordance with the requirements of the Ordinance.

7.4.10 Others

Personnel policy should comply with the conditions and requirements set in the Employment Ordinance, Cap. 57, and further enquiries on the matter related to personnel or employment can be made to the Labour Relations Service of the Labour Department.

7.5 First Aid Training

7.5.1 All staff should have a basic knowledge of first aid and at least one employee in a residential care home for persons with disabilities should have completed a course in first aid and holds a valid first aid certificate. The First Aid Course run by the Hong Kong St. John Ambulance Association, the Hong Kong Red Cross and the Auxiliary Medical Service are courses recognized by the Director of Social Welfare.

7.5.2 Registered nurses and enrolled nurses within the meaning of the Nurses Registration Ordinance (Cap. 164) are recognized for their first aid knowledge and skills. Paragraph 7.5.1 does not apply to residential care homes that have employed either a registered nurse or an enrolled nurse.

7.6 Relief Staff

Relief staff should be arranged if there is staff on casual, vacation or sick leave so as to ensure that a residential care home for persons with disabilities can at any time meet the minimum staffing requirements.

7.7 Importation of Labour

The operator and home manager should observe the terms and conditions of employment for staff 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 rules and regulations in relation to imported staff.

CHAPTER 8

FURNITURE AND EQUIPMENT

8.1 General

8.1.1 It is important that a residential care home for persons with disabilities should have furniture and equipment specially made for the use of the disabled residents.

8.1.2 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-adjoining unit(s) of the same floor. The first aid box should include at least bandages, elastoplasts, dressings, mild antiseptic (e.g. 1% solution of savlon, 0.3% solution of Hibitane), ointment suitable for burns and scalds (e.g. silver sulphadiazine), ointment suitable for stings and bites (e.g. antisan cream) etc.

8.1.3 This Chapter listed out furniture and equipment recommended for use in a residential care home for persons with disabilities. Every home should, according to its own circumstances, procure appropriate furniture and equipment, to ensure provision of proper care to the residents.

8.1.4 All furniture and equipment should be properly maintained, replaced and renovated.

8.2 Dormitory

Items	Minimum Quantity Recommended
(1) Single bed (Note)	1 no. for each resident (double-bunk beds may be used for disabled persons with no mobility problems for more economical use of space)
(2) Bedside cupboard for personal belongings	1 no. for each resident
(3) Wardrobe	1 no. for each resident
(4) Chair (with back)	1 no. for each resident

Items	Minimum Quantity Recommended
(5) Heater	1 no. for each dormitory
(6) Mattress	1 sheet for each resident
(7) Mattress cover	1 no. for each resident
(8) Pillow	1 no. for each resident
(9) Pillow case	2 nos. for each resident plus appropriate number for spare use
(10) Bed cover	1 no. for each resident
(11) Bed sheet	2 nos. for each resident
(12) Blanket	1 no. for each resident plus appropriate number for spare use
(13) Blanket cover	1 no. for each resident plus appropriate number for spare use
(14) Quilt	1 no. for each resident plus appropriate number for spare use
(15) Quilt cover	1 no. for each resident plus appropriate number for spare use
(16) Rubber sheet	depends on need
(17) Litter bin	1 no. for each dormitory
(18) Electric clock	1 no. for each dormitory
(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 dormitory for care-and-attention residents (optional for homes serving persons with less severe disabilities)
(25) Name Plate	1 no. for each dormitory
(26) Screen	depends on need
(27) Emergency light	1 no. for each dormitory
(28) Drinking pot	optional
(29) Insect trap light	depends on need

Note: It is desirable that adjustable hospital beds (two-crane) are provided for needy care-and-attention residents.

8.3 Sitting/ Dining Room

Items	Minimum Quantity Recommended
(1) Dining table and chair	depends on the number of residents
(2) Sofa	1 set
(3) Colour television set and other audio-visual equipment	1 set
(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
(6) Notice board	1 no.
(7) Stackable chair	depends on the number of residents
(8) Litter bin	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
(18) Water dispenser	optional
(19) Newspaper and magazine rack	1 no.
(20) Special feeding equipment such as adapted spoon and fork, bowl and cup	depends on need for spastic/ multiple-handicapped residents

8.4 Toilet/ Bathroom (Note 1)

Items	Minimum Quantity Recommended
(1) Litter bin	optional
(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

Items	Minimum Quantity Recommended
(4) Hair dryer	1 no.
(5) Plastic bucket with lid	1 no.
(6) Urinal	depends on the number of care-and-attention residents
(7) Bed pan	depends on the number of care-and-attention residents
(8) Sterilizer for bed pan and/ or bed pan washer	depends on need
(9) Heater for hot water supply (Note 2)	1 no.
(10) Adult size European flush toilet/ water basin/ shower point/ bath	at a ratio in accordance with Building (Standards of Sanitary Fitments, Plumbing, Drainage Works and Latrines) Regulations, Cap. 123, sub. leg. I.
(11) Individual towel, comb, mug and tooth brush	1 set for each resident
(12) Heater	depends on need
(13) Exhaust fan	1 no. in each toilet or bathroom

Note: 1. Items such as mirrors should be provided if not included in the fitting-out work.
2. If gas water heater is used, the heater shall be of a room sealed type.

8.5 Kitchen/ Pantry

Items	Minimum Quantity Recommended
(1) Cooking utensils	sum
(2) Dining utensils	depends on the number of residents
(3) Refrigerator/ freezer	1 no., size depends on the number of residents
(4) Hot water supply for washing utensils	depends on need
(5) Meat mincer	1 no.
(6) Food blender	1 no.
(7) Rice cooker	1 no., size depends on the number of residents
(8) Microwave oven	1 no.
(9) Hot water boiler	1 no., size depends on the number of residents
(10) Cleaning utensils	depends on need

Items	Minimum Quantity Recommended
(11) Food container	depends on need
(12) Plastic tray	depends on need
(13) Plastic basket	depends on need
(14) Garbage bin with lid	1 no.
(15) Notice board/ white board	1 no.
(16) Exhaust fan	1 no.

Note: 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 wherever possible.

8.6 Laundry

Items	Minimum Quantity Recommended
(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 clothing	2 nos.
(6) Plastic bucket	2 nos.
(7) Storage rack	optional

8.7 Office

Items	Minimum Quantity Recommended
(1) Office desk	1 no.
(2) Office chair	2 nos.
(3) Filing cabinet	1 no.
(4) Key box	1 no.
(5) First aid box with supply	1 no.
(6) Stationery	optional

Items	Minimum Quantity Recommended
(7) Telephone	1 set
(8) Notice board/ white board	1 no.

8.8 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	should be provided in care-and-attention homes and homes for the severely mentally, physically or multiple handicapped persons.
(2) Disinfectant and dressings	- ditto -
(3) Sphygmomanometer (electronic model preferred)	1 no.
(4) Stethoscope	1 no.
(5) Thermometer (electronic model preferred)	at least 2 no. for each home
(6) Thermometer container	depends on need
(7) Diagnostic set	depends on need
(8) Tongue depressor (disposable)	sum
(9) Torches	depends on need
(10) * Nasogastric Tube	depends on need
(11) Urinary bag/ *Foley catheter	depends on need #
(12) Portable oxygen respirator	depends on need
(13) Suction pump (aspirator)	depends on need
(14) Medicine cup	depends on need
(15) Gloves (disposable)	depends on need
(16) Urine testing stix	depends on need
(17) Bandages (various)	should be provided in all types of homes
(18) Scale (preferably chair-type)	depends on need
(19) Walking aids/ wheelchairs/ commode chairs	depends on the no. of care-and-attention residents #
(20) Ripple bed mattress	depends on need
(21) Lotion	depends on need #
(22) Adult diaper	sum #

Items	Minimum Quantity Recommended
(23) Drugging trolley	1 no.

Note: Equipment marked with * should be applied by a nurse only.
Equipment/ supplies marked with # are personal items to be provided by residents, however, operators should keep adequate stock for contingency use.

8.9 Miscellaneous

Items	Minimum Quantity Recommended
(1) Vacuum cleaner	1 no.
(2) Storage facilities	adequate storage facilities should be provided to ensure that personal belongings of residents and general stores of the home are tidily kept
(3) Cleaning equipment	sum
(4) Cleansing material	sum

CHAPTER 9

HEALTH AND CARE SERVICES

9.1 General

The purpose of providing nursing and personal care to persons with disabilities is to prevent rapid health deterioration, to enhance activities for daily living, to maintain health and to meet the individual nursing and personal care needs of the disabled residents. The home manager should ensure that nursing and personal care to the residents are properly and adequately rendered by responsible and qualified staff and where necessary, appropriate referrals to health professionals be made.

9.2 Health

Regular medical examinations may not be warranted for the majority of residents. However, such examinations may be required for individual residents at regular intervals depending on needs. To provide care of good quality in the residential care homes for persons with disabilities, personal, food and environmental hygiene as well as proper diet, regular exercise and home safety should be promoted. The following principles should be observed -

(a) An updated health record for each resident should be kept by the home to facilitate his or her care. The record should contain information pertaining to the health and care of the resident, including medical history, medication record, special diet, family support and matters of concern related to nursing care;

(b) If a resident falls ill, the home should inform his parent/ next-of-kin/ guardian (if applicable) and arrange early medical treatment for the resident. The home should take the sick resident to the nearby Accident and Emergency Department in case of emergency;

(c) Health inspection, medical consultation or follow-up treatment should be made at regular intervals and when necessary. Staff of the residential care homes should receive regular training on common health problems and those specific to disabled persons to enable early recognition in order to provide best care for their clients and for the sake of protection of staff and other residents;

(d) In the event of any staff or resident suffering or suspected to be suffering from an infectious disease, the home manager should ensure that the case is reported in accordance with the Prevention of the Spread of Infectious Diseases Regulations, Cap. 141, sub. leg. B. For this purpose, the case may be brought to the attention of a medical practitioner or a medical officer of the Department of Health or the Hospital Authority. Infectious diseases as set out in the First Schedule to the Quarantine and Prevention of Disease Ordinance, Cap. 141 include Acute poliomyelitis, Amoebic dysentery, Bacillary dysentery, Cholera, Dengue fever, Diphtheria, Food poisoning, Legionnaires' disease, Leprosy, Malaria, Measles, Meningococcal infections, Mumps, Paratyphoid fever, Plague, Rabies, Relapsing fever, Rubella, Scarlet fever, Tetanus, Tuberculosis, Typhoid fever, Typhus, Viral hepatitis, Whooping cough, Chickenpox and Yellow fever;

(e) Besides infectious diseases, in the event of an outbreak or suspected outbreak of a communicable disease e.g. influenza, scabies, among staff or residents, which by the nature of communal living in the residential care home for persons with disabilities warrants special attention of the Department of Health, the home manager should promptly report the case to the respective regional offices of the Department of Health for information and advice;

(f) For preventing spread of communicable diseases, reference should be made to the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities issued by the Department of Health, as follows -

(i) Diseases spread by airborne or direct contact transmission (Example: influenza, tuberculosis, upper respiratory tract infection, head lice and scabies)-

- maintain good indoor ventilation;
- keep hands clean and wash hands properly;
- cleanse used furniture properly;
- dispose of used tissue paper properly;
- cover nose and mouth when sneezing or coughing;
- wash hands when they are dirtied by respiratory secretions e.g. after sneezing;
- prevent head lice by keeping hair clean;
- prevent scabies by regular bathing;
- keep personal cleanliness;
- wash hands properly after handling each resident, e.g. after applying medication or changing diaper;
- wash linen of residents infected with scabies separately;
- do not share towels.

(ii) Foodborne diseases (Example: food poisoning, bacillary dysentery, hepatitis A, Norwalk-like virus infection)-

- observe good personal, food and environmental hygiene;
- store food properly and avoid cross contamination between raw and cooked food;
- cook food thoroughly;
- wash hands properly before preparing food or eating;
- flush toilet after use and wash hands properly;
- clean cooking and eating utensils properly;
- keep kitchen clean, tidy and dry;
- wash hands properly before feeding each resident and after changing diaper for each resident.

(iii) Blood-borne diseases (Example: hepatitis B, human immunodeficiency virus (HIV) infection and Acquired Immunodeficiency Syndrome

(AIDS) influenza)-

- wear gloves when handling wounds, nose bleeding and soiled articles; wash hands afterwards;
- wipe surfaces contaminated with blood with disposable towels soaked in diluted household bleach 1:49 and rinse with water 30 minutes later;
- never share toothbrushes/ shavers;
- take care in handling of shavers/ syringes/ needles.

(iv) Vector-borne diseases (Example: malaria, dengue fever and typhus fever)-

- keep the premises clean, tidy and rodent free;
- put garbage in strong garbage bins with lids on at all times and empty the contents at least once a day;
- empty water accumulated in dishes of flowerpots and change water in vases at least weekly to avoid breeding of mosquitoes.

(v) Management of sick residents-

If a resident falls ill,

- inform parent/ next-of-kin/ guardian and arrange early medical treatment for the resident;
- isolate the sick resident with communicable diseases if necessary;
- take the sick resident to the nearby Accident and Emergency Department in case of emergency;
- ensure practice of good personal hygiene among residents (e.g. wash the hands after toileting);
- ensure staff wash hands before and after caring the sick residents;
- restrict sick staff from caring the residents and advise the staff to seek medical advice so as to minimize the spread of infection.

(g) Medicine should be kept in a safe and locked place, and administered properly by a nurse where available. The home manager should ensure that all staff involved in supervising the taking of medicines have been

appropriately and adequately trained. This should form part of the induction-training programme if appropriate. Nurses and any staff of the home must follow the prescriptions and advice of registered medical practitioners, and should assist to ensure that the right residents receive the correct medicine in the correct dose at the right time and through the correct route. Staff should not dispense any medicine to residents on their own opinion and/ or diagnosis and over-the-counter medication should be avoided;

(h) All medicines given must be accurately recorded. As a minimum this should indicate the client's name, the name, dosage and route of medicine given, the date and time given and the signature of the person who has assisted. Any omissions must be recorded with the reason for omission. Record of use of special drugs should also be kept. Special drugs include all drugs that warrant special attention in the intake e.g. injections, drugs prescribed to be taken whenever necessary, etc.; and

(i) To maintain optimal physical function, active exercise programmes should be provided to all residents, especially the severely physically disabled residents.

9.3 Personal Care

Personal care schedule must be designed so that personal care services such as bathing, hair washing, hair cutting, shaving, nail cutting, changing of bed sheets and pillow cases, changing of clothes etc. will be provided or arranged within reasonable time intervals.

9.4 General Principles in Application of Physical Restraint

9.4.1 Physical restraint refers to the use of purpose-made devices to limit a resident's movement to minimize harm to himself/ herself and/ or other residents. Physical restraints may include cloth vests, soft ties, soft cloth mittens, seat belts etc. It also includes the use of detachable tray/ table on

commodes/ geriatric chairs to confine a person to a place other than its original purpose. Before purchasing or using physical restraints, medical advice and where necessary, written professional advice of clinical psychologists, should be sought to ensure that only properly tested devices are used and used correctly in compliance with safety standards. The use of bandages for physical restraint is explicitly forbidden.

9.4.2 Having regard to the human rights and personal dignity of disabled residents, the use of physical restraints is generally discouraged. However, the homes may consider it necessary to apply 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 urinary bags, Foley catheters, feeding tubes, napkins or clothes.

9.4.3 In using the physical restraints, the welfare, dignity and comfort of the resident should always be taken into consideration. Restraints should only be considered as the last resort, not the first choice and as the exception, not the rule and be applied only when the well being of the resident and/ or other residents is in jeopardy.

9.5 Principles to be Observed in Applying Physical Restraint

Restraints should only be applied by the home manager or nurse-in-charge upon consultation with a registered medical practitioner (written professional advice of clinical psychologists should also be sought, where necessary), parent/ next-of-kin/ guardian and the resident himself/ herself if he/ she has normal intellectual functioning. If a home considers the use of physical restraint necessary, proper guidelines should be developed on the application of restraint. All the staff members

should receive proper training, especially in deciding when to use physical restraint, the issues regarding human dignity and respect, technical skills in applying physical restraint and the caring procedures entailed after the application of the restraint. The following principles should be observed -

(a) Consent from the residents or their parents/ next-of-kin/ guardians must be sought in relation to any application of physical restraints;

(b) Explanation should be given to the parent/ next-of-kin/ guardian and the resident, when application of restraint becomes necessary;

(c) No restraints with locking devices should be used;

(d) Physical restraint should not be used without instituting procedures to reinforce more adaptable behaviour at the same time or when implementation of less restrictive procedures have not been tried;

(e) Restraints should be used for the minimum of time and should not be applied longer than necessary;

(f) Restraints must be used with care to avoid accidental harm to the resident;

(g) The need for continuing the application of restraints should be evaluated regularly;

(h) Restraints should be of the right size and in good condition so as to ensure the least possible discomfort;

(i) Restraints should be worn and secured properly to ensure safety and comfort with allowance for change of position;

(j) Restraints must be released at least at 2-hour intervals for 15 minutes to allow movement and exercise at daytime. At bedtime, turning of sleeping position

at 2-hour intervals must be carried out and documented to avoid the development of bed sore;

(k) Restraints should be applied in such a manner so that quick removal in case of fire and other emergency can be achieved;

(l) During the period of application, the resident must be under close observation and measures should be taken to prevent displacement of restraint, impairment of blood circulation and respiratory difficulty. The condition of the resident while under restraint should be reviewed at least once every 2 hours by the home manager/ nurse/ health worker to determine if continuous use of restraint is warranted. The time frame required for review depends on the specific situation of each resident;

(m) Physically-restrained residents must not be kept alone in a room;

(n) The type of restraints used should not cause abrasions or physical injury;

(o) Restraints should never be used as punishment, as a substitute for caring of the residents or for the convenience of staff; and

(p) Records on the use of restraint as advised in Chapter 3 of this Code of Practice must be made and the incident should be reported to the parent/ next-of-kin/ guardian.

9.6 Notes to be Observed in Using Clinical and Para-medical Equipment

9.6.1 Use of Foley Catheter

(a) Foley catheter 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 Foley catheter should be done by a nurse and should be changed weekly;

(c) The Foley catheter should be placed in a position to allow urine to flow freely and not be infected. The urinary bag should be placed at a position below supra-pubic level to prevent reflux of urine;

(d) Should monitor and keep record of intake and output of fluid and observe if there is any abnormality. If deemed necessary, medical opinion should be sought immediately; and

(e) The use of Foley catheter should be reviewed regularly by a registered medical practitioner or nurse to see if the use should be continued.

9.6.2 Use of Nasogastric Tube

(a) Nasogastric tube should only be used for treatment purpose or when warranted in the circumstances of the residents' medical condition and endorsed as necessary by a registered medical practitioner;

(b) Insertion of nasogastric tube should be done by a nurse and should be changed regularly;

(c) Before every feeding, should ensure that the nasogastric tube is properly positioned. Feeding by pressure is not allowed. Mouth and nasal care should be noted;

(d) Intervals of feeding should be scheduled according to need or as advised by a registered medical practitioner/ dietitian. Generally, feeding should be scheduled at the interval of 3 to 4 hours;

(e) Should monitor and keep record of intake and output of fluid for residents on nasogastric feeding and observe if there is any abnormality. If deemed

necessary, medical opinion should be sought immediately; and

(f) The use of nasogastric tube should be reviewed regularly by a registered medical practitioner or nurse to see if the use should be continued.

CHAPTER 10

NUTRITION AND DIET

10.1 General

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

10.2 Design of Menu

It is essential for all residential care homes for persons with disabilities to design a 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 should be designed having regard to residents' personal preferences and medical needs. The menu 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.

10.3 Meals and diet

Meals provided should meet with the nutritional and caloric requirements and be appropriate to the need of the residents, such as special diet due to medical problems or religious belief. A balanced diet should include an appropriate content of dairy product, grain/ cereal, vegetables, meat and fruit in order to satisfy the minimum physiological need of residents. Amount of food must be sufficient in quantity. Attention should also be given to the condition, colour, taste, texture and temperature of food.

10.4 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 preparing food, it is essential that nutrients be preserved and food hygiene should be observed. The following points should therefore be observed -

(a) Wash hand properly before preparing food and wounds on hands should be protected with waterproof dressing to prevent passing germs from the wounds to food;

(b) Do not touch cooked food with bare hands and do not smoke while handling food;

(c) 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;

(d) Vegetables and meat should be washed before chopping;

(e) Vegetables should be cooked in small amount of water, not be overcooked and not be cooked with baking soda, and cooked as near mealtime as possible;

(f) Meat should be properly grounded, or minced for easy chewing and digestion. Ground meat and poultry should be cooked thoroughly;

(g) Frozen meat or fish must be thawed completely before cooking and food taken out from the refrigerator should be reheated thoroughly before consumption;

(h) Copper utensils, which may cause chemical changes to the nutrients, should not be used;

(i) To prevent food poisoning, food must be carefully and hygienically stored and prepared. Discard the outer leaves of leafy vegetables and immerse the vegetables in water for one hour before washing to eliminate possible pesticide residues. All kinds of foodstuff, whether raw or cooked, should be properly covered, stored and put under refrigeration. Refrigerators should be properly maintained to ensure their temperature is below 4°C and freezers 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 refrozen; and

(j) Avoid using the same knife to slice meat and chop vegetables unless it has been cleaned in between. To avoid cross-contamination, cutting boards should be sanitized after each use and separate utensils for cooked food and raw food should be used.

10.5 Meal Time

10.5.1 There should be at least 3 meals (breakfast, lunch and dinner) each day except for homes for the disabled/ hostels for semi-independent living where the residents may attend work/ day programmes elsewhere during mid-day. The timing of every meal should be spaced at appropriate intervals and served properly e.g. cooked food be eaten 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. The eating abilities and behaviour of residents with swallowing difficulties/ problems and the types of food served should be reviewed two weeks after admission and periodically thereafter on a regular basis. Close supervision at meal time is necessary for all residents, even those classified to be able to feed themselves. Assistance should be given to feed those residents who cannot eat by themselves.

10.5.2 For care-and-attention homes for persons with severe/ multiple disabilities, a health worker or a nurse should be present each time a meal is served to residents.

10.6 Special Attention on Food Provision

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

(a) To prevent choking - food must be fed at reasonable pace for residents who cannot eat by themselves. In case of eating a new type of food, especially solid and/ or sticky food, the food should be delivered in small quantity one at a time to avoid choking as well as to facilitate eating. Where applicable, the

food should be appropriately prepared, e.g. having it soaked in a drink to make it easy to swallow;

(b) To prevent constipation - sufficient amount of fluid including water, soup, juice and high-fibre food such as vegetables and fruits should be given to residents. Use of laxative must be applied only with the direction of a registered medical practitioner.

10.7 Provision of Water

Water for drinking, cooking and washing must be provided from the mains or any other approved source.

10.8 Other Information

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

CHAPTER 11

CLEANLINESS AND SANITATION

11.1 General

A high standard of cleanliness and sanitation in a residential care home for persons with disabilities should be maintained at all times. This helps in preventing diseases and provides a comfortable and satisfactory living environment to the residents.

11.2 Staff

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

(a) Any person suffering from a discharging wound, diarrhoea, vomiting or a communicable disease should stop from handling food;

(b) Clothes should always be clean;

(c) Finger nails should be clean and manicured regularly;

(d) Hair should be clean and tidily combed. Long hair should be properly tied up when preparing food and providing personal care to residents; and

(e) Hands should always be washed with soap and water after using the toilet, before preparing food and after providing personal care to the residents and handling of vomitus, faeces and napkins.

11.3 Residents

The following points should be observed -

(a) Personal hygiene of the resident;

(b) Clothes should always be clean;

(c) Provision of individual basic 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.

11.4 Cleaning Schedule

A thorough cleaning schedule should be set up. The following are some of the main points -

(a) All floors should be cleaned daily. Special attention should be given to bath, toilet and kitchen floors. Walls, doors, windows, ceilings and other structures should also be kept clean at all times;

(b) The kitchen, cooking utensils and food utensils should be properly washed, cleaned, sterilized and stored immediately after each preparation of food. The utensils should be in proper repair and free from cracks;

(c) Refrigerators should be cleaned and defrosted regularly;

(d) Bed sheets and pillow cases must be cleaned and changed regularly;

(e) Furniture and equipment should be cleaned regularly;

(f) All garbage receptacles must be cleaned regularly and covered at all times;

(g) Proper cleansing and sterilization of medical facilities and equipment of the home should be conducted regularly by nurses or health workers; and

(h) All facilities and furniture in a residential care home for persons with disabilities should be cleaned regularly.

11.5 General Sanitation

(a) Sewage and drainage systems must be properly installed, inspected and always in working order;

(b) The toilet/ bathroom should be properly ventilated; and

(c) Measures should be taken for proper pest control.

11.6 Other Information

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

CHAPTER 12

SOCIAL CARE

12.1 General

Attention to the social aspects of care is important to enhance the quality of life of persons residing in homes. The social climate in residential facilities is closely linked to the quality of care and residents' health and well-being. Supportive interpersonal relationships and meaningful individualised activities and social interactions inside and outside the home will reduce isolation and enhance mental and physical well-being. Homogenous environment and the commitment of family members to continue interacting with their disabled relatives provide considerable potential for improving the social lives of residents.

12.2 Home-like Atmosphere and Adjustment to Home Life

Home managers of the residential care homes for persons with disabilities should try to make the home less institutionalized so as to cultivate a homely feeling. If possible, residents should be given opportunities to get involved in their homes' daily operation, such as dusting, cleaning, shopping, cooking or ironing. They should also promote interpersonal relationship and mutual trust among residents and protect individual privacy.

To help home staff understand the needs of new residents, their abilities and habits, etc., upon their admission, a family member, relative or friend should be required to stay with the newly admitted resident for at least half a day. New residents should be helped to adjust to the residential care home environment and the complexities of group living. Home managers should demonstrate an understanding of residents' anxiety and distress and enable them to live harmoniously, with opportunities to develop their potential through the provision of a caring and stimulating environment.

12.3 Social Interaction

Interaction with other people is another domain in building up the social environment in the home. It is good for residents to mix with one another and to enjoy their company. Normal socializing and interaction with families and friends should be encouraged through home leave and visits.

Persons with disabilities have sexual needs similar to their counterparts with normal health and/ or intelligence. Guidance and advice should be provided to assist residents in handling their personal hygiene and sexual needs appropriately. The Home management should also have protocol and guidelines on the proper handling of residents by staff members of the opposite sex.

12.4 Programmes and Activities

Programmes and activities in this context refer to activities organized for residents, either in groups or individually, in residential care homes for persons with disabilities. Provision of activities is considered as part of the social care programmes for residents and should be sensitive to individual interest and capabilities. Through these activities, they will develop daily living, social and communication skills that will reduce their dependence, forestall problem behaviour as well as meet their social and recreational needs. Activities provided in the home may include skills training, interest groups, birthday parties and festival celebration. Where appropriate, the information of activities should be clearly displayed on notice boards. Residents and their family members should be encouraged to participate in the planning of activities. Resources available in the community should be enlisted to help in meeting the needs of the residents and to integrate them into the surrounding community. Where possible, home operators should facilitate residents to attend day training in special schools, day activity centres for mentally handicapped persons, training and activity centres for ex-mentally ill persons, sheltered workshops, etc.

12.5 Contact with the Outside World

To prevent social isolation, residents should have outings on a regular basis. The availability of a telephone provides an important lifeline to the outside world. Contact between homes and their local community should be encouraged. Examples of outings include visits to the parks, shopping, church service, visiting relatives/ family, car-ride etc. The home should develop operational guidelines and procedures on safety in respect of different forms of outdoor activities taken by the residents. When drawing up the guidelines, points to be taken into consideration should include manpower ratio, transport arrangement, contingency plans and other safety measures, to ensure the smooth implementation of the activities.

It is important to promote and ensure good mental health of all residents. Support and guidance should be available to assist them in dealing with difficult situations and prepare them for better adjustment in the community.

Specimen of
Medical Examination Form
體 格 檢 驗 報 告 書 樣 本

(Please also refer to the Medical Examination Form for ExMI) (應一併參考精神病康復者體格檢驗報告書)

Personal Data of Applicant 申請人資料

Name 姓名: (English 英文) :_____ (Chinese 中文) :_____
Sex/ Age/ D.O.B.性別/年齡/出生日期: _____ Tel.電話: _____

Major Diagnosis 診斷

Mentally Handicapped 弱智 Mid 輕度☐ Moderate 中度☐ Server 嚴重☐ Profound 極度嚴重☐
Physical Handicapped 肢體傷殘Please specify請說明: _____
Psychiatric Illness 精神病 Please specify請說明: _____

Medical History 醫療紀錄

	No 否	Yes 是	If yes, please elaborate如是，請說明:
Symptoms of Infectious Diseases e.g. diarrhoea, rash, frequent cough, past chest infection, etc.傳染病徵狀，例如腹瀉，皮疹，經常咳嗽，肺部曾受感染等	☐	☐	_____ _____
Allergy to food or drug對食物或藥物過敏	☐	☐	_____
Epilepsy 癲癇	☐	☐	☐ mild輕度(once a month每月一次) ☐ moderate中度 (once a week每星期一次) ☐ severe 嚴重(once a day每日一次)
Swallowing Difficulties/Easy Choking 吞嚥困難／容易哽咽	☐	☐	_____
Recent Auditory/Visual Deterioration 近期聽覺／視覺退化	☐	☐	_____
Other Significant Illness 其他重要疾病	☐	☐	_____
Recent Traveling (within past 6 months) 近期旅行(過去6個月)	☐	☐	_____

Physical Examination 身體檢查

Satisfactory滿意 Fair普通 Poor差

General Condition一般情況

	Normal 正常	Abnormal 不正常	If abnormal, please elaborate 如屬不正常，請說明:
Skin Condition, e.g. scabies, jaundice 皮膚狀況，例如疥瘡，黃疸	☐	☐	
Lymphatic System 淋巴系統	☐	☐	
Dental Condition 牙齒狀況	☐	☐	
Thyroid 甲狀腺	☐	☐	
Chest 胸	☐	☐	
Cardiovascular System 循環系統	☐	☐	
Abdomen 腹	☐	☐	
Limbs, Spine 四肢、脊柱	☐	☐	
Possible Signs of Infectious Diseases 傳染病徵兆	☐	☐	
Other Findings 其他發現	☐	☐	
BP 血壓:_____ mmHg度	☐	☐	

Special Examination 特別檢驗

Urine 尿液: _____ Glucose 血糖: _____ Albumin 蛋白: _____

Stool ova/cyst: (if not done within past 3 months)
糞便化驗(如在過去 3 個月內不曾進行): _____

Blood 血液: Hb: gm/dl. WBC: /cu.mm. Plat: _____ /cu.m.
HBs Ag (if not vaccinated)(如未接受防疫注射): _____
Liver function 肝功能: _____ Renal function 腎功能: _____

Reason(s) if blood test is not done: doctor considers not clinically indicated for the test 醫生認爲無需要
若沒有進行血液檢驗，原因是: parents/guardian refuse 家長/監護人拒絕 client is uncooperative 申請人不合作
Others 其他: _____

CXR (if not done within past 3 months)
X 光檢驗 (若過去三個月內沒有進行): _____

(If CXR may suggest TB, the case has been referred to chest clinic ☐ Yes 是 ☐ No 否
若 X 光檢驗顯示可能患上肺結核，個案已轉介胸肺科診所:

Others (please specify) 其他(請說明): _____

Current Treatment (specify dosage) 現時治療 (說明服用量):	Name(s) of Treatment Providers (e.g. clinic) 提供治療者姓名 (例如診所名稱):
Previous Operations 過往手術	Dates 日期

Need for Special Diet 特別膳食需要 ☐No 否 ☐Yes, please specify 是，請說明: _____

Doctor's Recommendations 醫生建議:

1. The applicant is fit / unfit for admission to day/residential service. 申請人適合／不適合日間／住宿服務 (No evidence of infectious disease or significant physical condition contraindicating placement into a group environment.) (沒有證據顯示患有傳染病或明顯的健康問題，以致不適合群體的生活環境)

2. The applicant should be referred to the following specialist for follow up examination 申請人須轉介往以下專科接受進一步的檢驗:

_____

Doctor's Signature 醫生簽署: _____	Hospital/Clinic 醫院/診所名稱: _____
Name in block letter 正楷姓名: _____	Tel.電話: _____
Date 日期: _____	Ref. No.檔案編號: _____

Remark 備註:

1. *This medical examination form is valid for 6 months from the date of issue. 此體格檢驗報告由發出日起計六個月內有效*
2. *Medical examination primarily serves the purpose of formulating individual care plan rather than screening. Flexibility should be applied whenever necessary. 體格檢驗主要作爲制訂個別照顧計劃而非作爲甄選之用，故應彈性處理。*

Specimen of

Medical Examination Form for ExMI

精神病康復者體格檢驗報告書樣本

Name of applicant:____________________________( )HKIC:__________( ) Sex/Age:______
申請人姓名 身分証號碼 性別／年齡
D.O.B.: ___/___/____ (DD/MM/YYYY) Hospital/Clinic Ref. no.______________________
出生日期 (日／月／年) 醫院／診所檔案編號

Hospital / Clinic 醫院／診所: ______________________________Ward 病房:____________

Medical History (to be completed by case medical officer) 病歷紀錄(由主診醫生填寫)

Diagnosis 診斷: ____

Case Nature 個案性質: Ordinary 普通 / Target 對象組別/ Sub-target 次對象組別*/Others 其他:______________________

Intelligence 智能: Normal 正常/ Borderline 邊緣/ Mild 輕度/ Moderate 中度/ Severe 嚴重*

IQ Score 智商:________________ (if available 如有) Date of assessment 評估日期: ______________________

Premorbid Personality 發病前的性格:____

Relevant medical illness(es) or disability(s)相關的疾病或殘疾:____

Date of onset of mental illness 最初發病日期: ____________________ Total no. of Admissions 入院次數: _________

Reason(s) for latest hospitalization 最近入院原因: ____

Dates of last three admissions 最近三次入院日期: (include the present admission 包括現時入院)

Duration 期間	Name of Hospital 醫院名稱	Diagnosis 診斷	Voluntary 自願 / Compulsory 非自願
to 至			
to 至			
to 至			

Symptoms at present attack 現時徵狀: ____

Anti-social behaviour 反社會行爲 : ______________________________Prognosis 預計判斷: __________________________

☐ Problem drinking 酗酒 ☐ Drug addiction 吸毒 Maintenance treatment 持續治療: ________________________

☐ Problem gambling 沈溺賭博 ☐ Others 其他:______________________(include medication 包括服藥) ___________

☐ Criminal Record 犯罪紀錄 (Details 詳情______________________) Response to treatment 對治療的反應:__________

Suicidal tendency 自殺傾向 ___________ history 紀錄:____

History of violence / aggressiveness 暴力/粗暴紀錄:____

Nature of violent / aggressive behaviour 暴力/粗暴行爲的性質:____

Outcome 結果 / sentence 判刑:____

Predisposing factors to violence 引發暴力因素的素質:____

Psychological 心理/ Social 社交/ Biological 生理* (please specify 請說明)________________________________

Free from violent / aggressive behaviour in the last _____ months / years 已有_______月/年沒有出現暴力/粗暴行爲*

Is applicant a conditionally discharged case 申請人是否有條件出院? YES 是 / NO 否*

The applicant is / is not * recommended to receive the service applied for 推薦/不推薦申請人接受服務

Additional remarks 額外備註: (supplementary sheet if required, e.g. insight into mental illness 例如對精神病的自知能力，如有需要請用補充紙張)

_____
_____
_____
_____
_____

Doctor's Signature 醫生簽署 :_____ Name in BLOCK 正楷姓名:_____
Tel no.電話: _____ext 內線: _____ Date 日期:_____

** please delete as appropriate **請刪去不適用者***

立法會 CB(2)80/10-11(01)號文件附件二
Annex B to LC Paper No. CB(2)80/10-11(01)

殘疾人士院舍
實務守則

社會福利署
Social Welfare Department

(2008 年 12 月 30 日修訂版擬稿)

目　錄

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第一章

引言

1.1 概要

1.1.1 《殘疾人士院舍條例》(第 XXX 章)由二零 XX 年 X 月 X 日起全面實施。

1.1.2 本實務守則由社會福利署署長根據《殘疾人士院舍條例》(第 XXX 章)第 XX 條發出,列出經營、料理、管理或以其他方式控制殘疾人士院舍的原則、程序、指引及標準。《殘疾人士院舍條例》、《殘疾人士院舍規例》(第 XXX 章附屬法例 A)和《殘疾人士院舍(上訴委員會)規例》(第 XXX 章附屬法例 B)對本港殘疾人士院舍的經營加以管制。如欲購買上述條例及規例,可致電政府新聞處刊物銷售小組(電話:2537 1910)或登入網上「政府書店」(http://bookstore.esdlife.com)訂購。

1.1.3 本實務守則引稱或提及的法定條文,均爲在二零 XX 年 X 月生效的條文。閱讀本實務守則的人士請查閱這些條文其後有否再經修訂。

1.1.4 根據《殘疾人士院舍條例》第 X 條,殘疾人士院舍的釋義爲:

> 慣常有超過五名年滿 6 歲的殘疾人士獲收容在其內住宿,以便獲得照顧的處所。

1.1.5 根據《殘疾人士院舍條例》第 X 條，就本條例而言，殘疾人士的釋義爲：

> 由於肢體、精神、智力或感官有缺損而需要住宿照顧服務的人。

1.1.6 根據《殘疾人士院舍條例》（第 XXX 章）第 X 條，《殘疾人士院舍條例》及《安老院條例》（第 459 章）彼此爲互相豁免的條例。任何院舍如同時符合《殘疾人士院舍條例》及《安老院條例》（第 459 章）所訂定的院舍定義，在互相豁免的原則下，該院舍只須持有上述其中一條條例的有效豁免證明書／牌照。

1.1.7 爲確保殘疾人士院舍的經營及管理情況令人滿意，並以恰當方式促進其住客的福利，以至其住客獲得適切的住宿照顧服務，已取得有效豁免證明書／牌照的殘疾人士院舍所收納的住客應符合上述 1.1.5 段有關殘疾人士的定義。

1.1.8 根據《殘疾人士院舍條例》第 X 條，該條例不適用於：

(a) 由政府經辦及控制的殘疾人士院舍；

(b) 純粹用於或擬純粹用於治療需接受治療的人的殘疾人士院舍；

(c) 由社會福利署署長藉刊登於憲報的命令豁免的任何殘疾人士院舍或任何種類的殘疾人士院舍；根據此款發出的命令可指明有關的豁免—

(i) 所受的規限條件；

(ii) 所受的地區限制；

(iii) 有效的期間；或

(iv) 只局部適用於某情況。

(d) 已根據《醫院、護養院及留產院註冊條例》(第 165 章)註冊的醫院、護養院及留產院；

(e) 由醫院管理局管理及控制的公立醫院及機構或根據《醫院管理局條例》(第 113 章)而設立的法人團體；

(f) 已根據《教育條例》(第 279 章)註冊的學校；

(g) 已根據《職業訓練局條例》(第 1130 章)由職業訓練局或他人代職業訓練局營辦的技能訓練中心；及

(h) 已根據《幼兒服務條例》(第 243 章)註冊的幼兒中心。

1.1.9 殘疾人士院舍的經營者應將本實務守則連同《殘疾人士院舍條例》、《殘疾人士院舍規例》和《殘疾人士院舍(上訴委員會)規例》一起小心閱讀。根據《殘疾人士院舍條例》第 XXX(XX)(X)條，社會福利署署長如認爲用作殘疾人士院舍的處所不符合本實務守則所列關乎設計、結構、防火、健康、衞生及安全的任何規定及社會福利署署長認爲適合的其他條件，可拒絕發出牌照予申請人。如欲徵詢意見或尋求指導，請與社會福利署殘疾人士院舍牌照事務處聯絡(電話：2891 6379；地址：香港灣仔皇后大道東 248 號 15 樓 1508 室)。

1.1.10 經營者或任何其他人士遵照本實務守則的規定辦事，並不表示可獲免承擔其他條例或普通法訂下的法律責任、義務及規定。

1.2 條例和規例的目的

《殘疾人士院舍條例》和附屬規例規定透過由社會福利署署長管理的發牌制度，對爲殘疾人士提供照顧而設立的殘疾人士院舍加以管制。立法的目的是確保這些殘疾人士院舍的住客所獲得的服務，能達到令他們在體格、情緒和社交方面均有裨益的可接納標準。

1.3 豁免證明書及牌照

1.3.1 根據《殘疾人士院舍條例》第X條，凡任何人士在任何時候經營、料理、管理或以其他方式控制一間殘疾人士院舍，必須持有：

(a) 根據《殘疾人士院舍條例》第 X(X)條就該殘疾人士院舍發出，或根據第 X(Y)條爲其續期，而在當其時有效的豁免證明書；或

(b) 根據《殘疾人士院舍條例》第 X(X)(Z)條就該殘疾人士院舍發出，或根據第 XX 條爲其續期，而在當其時有效的牌照。

1.3.2 不過，根據社會福利署的政策，只有在二零XX年X月X日之前已經開始經營但未能全部符合法例規定的殘疾人士院舍，可獲發給豁免證明書。在二零XX年X月X日或之後所設立和開始經營的殘疾人士院舍，應以發出牌照的方式加以規管，而非發出

豁免證明書。推行這項政策的主要理由，是由於社會福利署署長認爲，以發牌方式進行規管更能確保殘疾人士院舍照顧服務達到較高水準，並能更有效地保障殘疾人士院舍住客的利益。

1.3.3 就指定殘疾人士院舍發出的牌照是經由社會福利署署長簽署核證的牌照，載有獲發牌院舍的資料，而根據《殘疾人士院舍條例》第XX條，牌照爲其內所述事項的證據，因此是不可以轉讓的。如殘疾人士院舍名稱、地址、類別、牌照規定的可收納人數上限及／或持牌人有任何更改，必須申請新的牌照。牌照申請人必須採用載於本實務守則附件一的指定表格(《殘疾人士院舍條例》豁免證明書／牌照申請）向社會福利署署長提出申請。申請表格及有關資料可向香港灣仔皇后大道東248號15樓1508室殘疾人士院舍牌照事務處索取，或在以下社會福利署網頁下載：

http://www.swd.gov.hk

1.4 註冊證明書

私營殘疾人士院舍的經營者必須根據《商業登記條例》(第 310 章）就有關院舍向稅務局註冊；如有關院舍屬法人團體擁有，則須同時根據《公司條例》(第 32 章)向公司註冊處處長註冊。

1.5 保險

根據《僱員補償條例》(第 282 章)，作爲僱主的殘疾人士院舍經營者必須爲殘疾人士院舍所有員工（包括全職或兼職員工）購買工傷補償保險。此外，殘疾人士院舍經營者亦宜爲殘疾人士

院舍購買其他保險，例如公眾責任保險。

1.6 強制性公積金

作爲僱主的殘疾人士院舍經營者必須遵守《強制性公積金計劃條例》（第 485 章）的規定。

1.7 宣傳

殘疾人士院舍的經營者透過不同的方式宣傳其院舍，須明確顯示其院舍已取得殘疾人士院舍豁免證明書／牌照。

1.8 殘疾人士院舍結業

經營者若有意將殘疾人士院舍結業，應以書面通知殘疾人士院舍牌照事務處，並一併提交住客搬遷計劃；此外，亦應在殘疾人士院舍結業前最少 30 天，以書面通知住客及其監護人[註一]／保證人[註二]／家人／親屬／聯絡人。殘疾人士院舍結業後，經營者應盡快把豁免證明書／牌照交回殘疾人士院舍牌照事務處。詳情請參考《殘疾人士院舍條例》第 XX(X)(XX)條及《殘疾人士院舍規例》第 XX 條。

[註一]： 本實務守則內所指的「監護人」指經法庭頒令或經監護委員會所委任並賦予法律地位的人士。

[註二]： 本實務守則內所指的「保證人」是住客的非親屬並無賦予法律地位的人士，他自願爲住客處理各樣事項，包括入住及遷離殘疾人士院舍的申請，商討護理計劃及支付院費等。

第二章

殘疾人士院舍的分類

2.1 殘疾人士院舍的分類

2.1.1 殘疾人士院舍爲《殘疾人士院舍條例》所釋義的殘疾人士提供住宿設施。根據住客所需的照顧和協助程度，以及爲執行《殘疾人士院舍規例》第 X(X)(Y)條所訂明的殘疾人士院舍種類，殘疾人士院舍可分爲以下三種類別：

(a) 高度照顧殘疾人士院舍；或

(b) 中度照顧殘疾人士院舍；或

(c) 低度照顧殘疾人士院舍。

2.1.2 爲關顧兒童的獨特需要，在上述高、中、低度照顧院舍內再加以年齡的劃分，即：

(a) 年滿 6 至 15 歲以下殘疾兒童的房間及設施；及

(b) 年滿 15 歲殘疾人士的房間及設施。

2.1.3 至於收納殘疾人士的小型家舍[註一]，由於入住人數限制於 8 名或以下並以家庭式的管理模式運作，因此可劃一界定爲低度照顧院舍，並且不必按住客的年齡而加入年齡的分類。儘管如此，所有小型家舍均須按院舍內殘疾人士住客的需要而提供適切住宿設備及照顧服務。

2.1.4 此外，社會福利署津助的殘疾人士院舍的住宿暫顧服務亦不必按住客的年齡加入年齡的分類。

2.2 殘疾人士院舍種類的界定

根據《殘疾人士院舍規例》第 X 條：

(a)「高度照顧殘疾人士院舍」指

提供住宿照顧、監管及指導予殘疾人士的機構。該等殘疾人士一般健康欠佳、缺乏基本的自我照顧技巧，並在處理日常起居方面需要專人照顧料理和協助，例如穿衣、如廁及用膳方面，但不需要高度的專業醫療或護理。

(b)「中度照顧殘疾人士院舍」指

提供住宿照顧、監管及指導予殘疾人士的機構。該等殘疾人士雖具備基本的自我照顧技巧，但在處理日常起居方面有一定程度的困難。

(c)「低度照顧殘疾人士院舍」指

提供住宿照顧、監管及指導予殘疾人士的機構。該等殘疾人士具備基本的自我照顧技巧，在處理日常起居方面只需適量協助。

2.3 混合式殘疾人士院舍的分類

2.3.1 有些殘疾人士院舍爲需要不同程度護理及協助的住客提供住宿照顧。例如有些中度照顧殘疾人士院舍設有高度照顧宿位。同

樣，有些中度或高度照顧殘疾人士院舍亦提供低度照顧宿位。

2.3.2 在劃分混合式殘疾人士院舍的種類時，若院舍同時收納低度、中度及／或高度照顧殘疾人士時，無論低度照顧殘疾人士的數目有多少，該院舍只可劃分爲高度照顧或中度照顧殘疾人士院舍，而院舍內低度照顧的宿位數目均不會計算在內。

2.3.3 在劃分提供中度和高度照顧的混合式殘疾人士院舍時，應採用按宿位數目較多的一類服務劃分的方法。例如院舍有超過一半住客（不計算低度照顧的宿位）接受高度照顧殘疾人士院舍服務，會歸入高度照顧殘疾人士院舍的類別。若兩種宿位數目相同，即一半爲高度照顧宿位，另一半爲中度照顧宿位，則該殘疾人士院舍應歸入高度照顧殘疾人士院舍的類別，這樣可確保住客的利益獲得保障。

2.3.4 正如 2.1.3 段所述，所有收納殘疾人士的小型家舍，因入住人數限制於 8 名或以下，則劃一界定爲低度照顧殘疾人士院舍。

2.4 殘疾人士類別與所需照顧等級的關係

下表載述不同殘疾類別與所需照顧及協助程度的關係：

殘疾類別	所需的照顧及協助程度		
	高度	中度	低度
弱智／肢體傷殘／失明	嚴重弱智及／或肢體傷殘人士或失明體弱長者，在日常起居方面需要專人照顧料理和協助，但不需要高度的專業醫療或護理	中度弱智或有其他殘疾的輕度弱智人士、失明長者等，在日常起居生活方面需要監管及協助	中度或輕度弱智、肢體傷殘、失明人士等，能過半獨立生活，在日常起居生活方面需要適量協助
精神病	精神病康復者，在日常起居方面需要專人照顧料理和協助，但不需要高度的專業醫療或護理	精神病康復者，在日常起居生活、定時服藥及覆診等方面需要接受一段過渡期的訓練及監管	精神病康復者，能過半獨立生活，在日常起居生活方面需要適量協助

註一： 本實務守則內的「小型家舍」指收納 8 名或以下殘疾人士的住宿服務單位，包括「輕度弱智兒童之家」，詳情請參考康復服務手冊（二零零四年八月版）。

第三章

豁免證明書

3.1 政策

根據社會福利署的政策，只有在二零 XX 年 X 月 X 日之前已經開始經營但未能全部符合法例規定的殘疾人士院舍，可獲發給豁免證明書。若有關的殘疾人士院舍於獲發豁免證明書後，對住客構成危險或對住客的福利有不良影響，社會福利署可撤銷其豁免證明書。

3.2 申請豁免證明書

根據《殘疾人士院舍條例》第 X(X)條，殘疾人士院舍經營者必須使用附件一所指定的表格（SWD XXX）向社會福利署署長提出豁免證明書的申請，申請書須附上社會福利署署長所要求提供的資料。詳情如下：

(a) 已填妥的申請表格（正本及三份副本）可以掛號郵遞方式寄交或親自送交至殘疾人士院舍牌照事務處（以下簡稱「牌照處」）；

(b) 請同時提交下列文件：

- 申請人的香港身分證影印本（適用於個人申請）；

- 由公司註冊處處長簽發的公司註冊證書影印本（適用於法人團體申請）；

- 由稅務局局長簽發的商業登記申請核證副本（適用於開辦私營殘疾人士院舍的申請）；

- 由稅務局局長簽發的商業登記證影印本（適用於開辦私營殘疾人士院舍的申請）；

- 載有包括已經錄用／準備錄用的全體職員名單（附件二）（SWD YYY）；

- 就有關殘疾人士院舍處所達成的租賃協議文件的影印本（適用於租用的殘疾人士院舍處所）；

- 有關殘疾人士院舍處所的轉讓書影印本（適用於自置的殘疾人士院舍處所）；

- 屋宇署就申請擬「改變用途」發出的「沒有對更改用途發出反對」書面通知（適用於設於非住宅私人樓宇或綜合用途私人樓宇內的非住宅部分的殘疾人士院舍處所）；

- 地政總署就使用有關樓宇作殘疾人士院舍用途的「不反對」通知書（適用於設於新界豁免管制屋宇的殘疾人士院舍處所）；及

- 有關殘疾人士院舍圖則的七份副本。有關圖則規定的詳情，請參閱附件三的指引。

(c) 此外，鑑於本實務守則第二章 2.3 段有關殘疾人士院舍的分類方法，牌照處可要求申請人提交住客的體格檢驗報告書（附件六）(SWD ZZZ)，詳情請與牌照處聯絡。

(d) 待收到上述規定提交的文件後，如所有文件皆正確無誤，牌照處在一般情況下需八個星期的時間，完成處理豁免證明書的申請，並簽發豁免證明書。

3.3 豁免條件

根據《殘疾人士院舍條例》第 X (X)(X)條，社會福利署署長可就豁免證明書訂下其認爲適當的條件；若有關的殘疾人士院舍在指定期限內未能履行該等條件，其豁免證明書可遭撤銷。豁免條件可包括關乎設計、結構、防火、面積、人手及社會福利署署長認爲適合的其他條件。

3.4 豁免期限

根據《殘疾人士院舍條例》第 X (X)(X)條，豁免期限按殘疾人士院舍符合各項法定條件的程度而有所不同，最長有效期不會超過 36 個月。

3.5 續發豁免證明書

根據《殘疾人士院舍條例》第 X(X)及(X)條，持有殘疾人士院舍豁免證明書的人士可在豁免證明書期滿前四個月起至期滿前兩個月止的期間內，向社會福利署署長申請將豁免證明書續期不超過 36 個月。有關豁免證明書續期所須提交指定的表格及文件，申請人請參照上述 3.2 段(a)、(b)及(c)。

3.6 展示豁免證明書

爲使市民能識別有關殘疾人士院舍的法定資格，經營者必須在殘疾人士院舍處所的當眼處展示其豁免證明書。

3.7 豁免證明書格式

根據《殘疾人士院舍條例》第 X 條發出的豁免證明書的格式列於附件四。

第四章

牌照

4.1 政策

根據社會福利署的政策，在二零 XX 年 X 月 X 日或之後所設立和開始經營的殘疾人士院舍，應以發出牌照的方式加以管制。除非有特殊情況致令需要偏離此項政策，否則在二零 XX 年 X 月 X 日或之後設立和開始經營的殘疾人士院舍，將不大可能獲發豁免證明書。

4.2 牌照的申請

能夠符合《殘疾人士院舍條例》、《殘疾人士院舍規例》及本實務守則所載規定的殘疾人士院舍，可獲發牌照。如院舍慣常有超過五名年滿 60 歲的殘疾人士獲收容在其內住宿以便獲得照顧及已根據《安老院條例》（第 459 章）領有有效的安老院牌照，則可豁免申請殘疾人士院舍牌照。而根據《殘疾人士院舍條例》第 X(X)條，殘疾人士院舍經營者必須使用附件一所指定的表格（SWD XXX）向社會福利署署長提出牌照申請，申請書須附上社會福利署署長所要求提供的資料及圖則。詳情如下：

(a) 已填妥的申請表格（正本及三份副本）可以掛號郵遞方式寄交或親自送交牌照處；

(b) 請同時提交下列文件：

- 申請人的香港身分證影印本（適用於個人申請）；

– 由公司註冊處處長簽發的法團註冊證明書影印本（適用於法人團體申請）；

– 由稅務局局長簽發的商業登記申請核證本（適用於開辦私營殘疾人士院舍的申請）；

– 由稅務局局長簽發的商業登記證影印本（適用於開辦私營殘疾人士院舍的申請）；

– 已經錄用／準備錄用的全體職員名單（附件二）（SWD YYY）；

– 就有關殘疾人士院舍處所達成的租賃協議文件的影印本（適用於租用的殘疾人士院舍處所）；

– 有關殘疾人士院舍處所的轉讓書影印本（適用於自置的殘疾人士院舍處所）；

– 屋宇署就申請擬「改變用途」發出的「沒有對更改用途發出反對」書面通知（適用於設於非住宅私人樓宇或綜合用途私人樓宇內的非住宅部分的殘疾人士院舍處所）；

– 地政總署就使用有關樓宇作殘疾人士院舍用途的「不反對」通知書（適用於設於新界豁免管制屋宇的殘疾人士院舍處所）；及

– 有關殘疾人士院舍圖則的七份副本。有關圖則規定的詳情，請參閱附件三的指引。

(c) 此外，鑑於本實務守則第二章 2.3 段有關殘疾人士院舍的分類方法，牌照處可要求

申請人提交住客的體格檢驗報告書（附件六）(SWD ZZZ)，詳情請與牌照處聯絡。

(d) 待收到上述規定提交的文件後，如所有文件皆正確無誤，牌照處在一般情況下需八個星期的時間，完成處理牌照的申請，並簽發牌照。

4.3 牌照的發出

根據《殘疾人士院舍條例》第 X (X)條，社會福利署署長收到申請後，須就申請作出以下決定：

(a) 向申請人發出以申請人爲持牌人的牌照（可訂下或不訂下條件），期限爲 36 個月或牌照指明的較短期間[註一]；或

(b) 拒絕發出牌照予申請人。

4.4 發牌條件

根據《殘疾人士院舍條例》第 X(X)(X)條，社會福利署署長獲授權發出牌照並訂下條件。發牌條件可包括：

(a) 關乎設計、結構、防火、面積、院舍的類別及人手等事宜；

(b) 符合政府租契／土地契約或批地條款的條件及法定圖則的規限；

(c) 牌照的展示；及

(d) 社會福利署署長認爲適當的任何其他條件。

4.5 牌照續期

根據《殘疾人士院舍條例》第 X(X)及(X)條，殘疾人士院舍的持牌人可在牌照期滿前四個月起至期滿前兩個月止的期間內，向社會福利署署長申請將牌照續期不超過 36 個月。有關牌照續期所須提交指定的表格及文件，申請人請參照上述 4.2 段(a)、(b)及(c)。

4.6 牌照的展示

爲使市民能識別有關殘疾人士院舍的法定資格，經營者必須在殘疾人士院舍處所的當眼處展示其牌照。

4.7 牌照格式

根據《殘疾人士院舍條例》第 X 條發出或第 X 條續發的牌照的格式列於附件五。

註一：個別院舍首次申請「中度／低度照顧殘疾人士」牌照時，由於住客人數可能偏低而未能決定其所屬院舍分類，可能會被發出較短期限的牌照。

第五章

建築物及住宿設備

5.1 概要

所有殘疾人士院舍均須接受社會福利署屋宇安全督察隊的巡視，並應遵守《建築物條例》（第 123 章）及其附屬規例，以及屋宇署任何有關建築物安全的規定。

5.2 租約條件、土地契約或批地條款及法定圖則

經營者有責任確保其用作開設殘疾人士院舍的處所符合租約條件、大廈公契、法定圖則的規限及土地契約或批地條款的規定。經營者須明白租約及大廈公契屬具法律約束力的文件，在民事訴訟中，他們或會被法庭頒令終止在有關處所經營殘疾人士院舍。本指引並不損害屋宇署依據《建築物條例》（第 123 章）的執法行動，亦不損害在地政總署出現其他違反契約或批地條款的情況下採取管制行動的權利。在新界豁免管制屋宇內，地政總署有權決定在持牌院舍處所內的任何建築工程是否屬於違例建築工程，以及有權決定有關持牌院舍處所是否仍然／曾經存在其他違反契約或批地條款的情況，並採取其認爲適當的管制或其他行動。

5.3 對殘疾人士院舍處所的限制

5.3.1 殘疾人士院舍的任何部分不得設在任何

未經建築事務監督批准及同意興建的建築工程或建築物之內或下面，除非有關建築工程或建築物爲《建築物條例》（第123章）第41條或《建築物條例（新界適用）條例》（第121章）所豁免而無須事先得到建築事務監督批准興建。

5.3.2 只有當成功向屋宇署申請沒有對更改用途發出書面反對後，才可在非住宅或綜合用途樓宇的非住宅部分內開設殘疾人士院舍，否則社會福利署署長會拒絕牌照申請。在商業或住宅處所開設殘疾人士院舍，可能需要取得規劃許可，屆時申請人須向城市規劃委員會提交申請，要求批准擬議用途。即使屋宇署已根據《建築物條例》（第123章）第25條「不反對」有關項目，並不表示城市規劃許可的申請已獲批准。

5.3.3 設於新界豁免管制屋宇的殘疾人士院舍處所，需要取得規劃許可，屆時申請人須向城市規劃委員會提交申請，要求批准擬議用途；並須取得地政總署就使用有關樓宇作殘疾人士院舍用途而發出的「不反對」通知書，否則社會福利署署長會拒絕牌照申請。

5.3.4 在殘疾人士院舍內不應有任何違例建築工程。違例建築工程對院舍僱員、使用者及公眾的安全可能構成威脅。一旦發現擬申請牌照的處所內有違例建築工程或處所受其影響，社會福利署署長將不會向有關處所發出殘疾人士院舍牌照。鑑於違例建築工程會影響處所的牌照申請，申請人在揀選處所作殘疾人士院舍用途時，應加倍小心。如發現擬作殘疾人士院舍用途的處所內有違例建築工程，當局建議申請人在提交牌照申請前

把該些工程拆除。

5.4 違例建築工程

5.4.1 建築物及建築工程的定義，載於《建築物條例》（第 123 章）第 2 條。任何未經建築事務監督先批准及同意而豎設的建築物或進行的建築工程，除非根據《建築物條例》（第 123 章）第 41 條獲准豁免有關的規定，均屬違例建築工程。

5.4.2 持牌處所內或影響持牌處所的違例建築工程，對佔用人和公眾的安全可能構成威脅；若有此情況，除非把該些工程拆除，否則社會福利署署長會拒絕牌照的申請，該些違例建築工程包括附表內所列出的工程。

5.4.3 若拆除違例建築工程或糾正有關情況所須進行的建築工程，不屬《建築物條例》（第 123 章）第 41 條下獲豁免的工程，則申請人須聘請一名認可人士及／或一名註冊結構工程師，並須先獲得建築事務監督的批准及許可，才可進行有關工程。

5.5 設計

根據《殘疾人士院舍規例》第 XX 條，每所殘疾人士院舍須有下列的設計以符合住客的特別需要，致令社會福利署署長滿意：

(a) 每條通道及每個出入口的寬度，須足以容納使用助行器具或乘坐輪椅的住客通過；

(b) 住客有可能滑倒以致危及其安全的每處地

方，尤其是廁所、浴室及廚房，均須舖設防滑地磚，並在適當的地方標示警告字句；及

(c) 除非獲社會福利署署長批准，否則每個房間的高度，由樓面起垂直量度至天花（天花樓板或垂吊式假天花）須不少於 2.5 米，或由樓面起垂直量度至任何橫樑下面須不少於 2.3 米；

除上述規定外，經營者還須確保：

(d) 應爲每個爲需要高度照顧住客而設的寢室安裝至少一個叫喚鈴；

(e) 所有浴室、廁所及走廊均應設置合適的扶手；

(f) 處所的家具設計和室內裝置均應是沒有危險的；

(g) 所有窗戶、露台、陽台、樓梯、平台或與毗鄰高度距離超過 600 毫米的任何地方，均應安裝安全圍欄，以盡量減少人或物件由高處墮下的危險;圍欄的高度應不少於 1.1 米，其結構應能防止超過 100 毫米寬度的物體在最寬處穿過；及

(h) 所有殘疾人士院舍都必須提供以下合適的設施予殘疾人士住客，致令社會福利署署長滿意：

(i) 垂直升降台或升降機予居於地下樓層以外的行動困難[註]／坐輪椅的殘疾人士（若現存樓宇設有升降機，則該升降機的設計可豁免遵循《設計手冊：暢通無阻的通道 2008》的有關規定及其後任何修訂本的有關

規定）

(ii) 廁所／浴室／淋浴間予行動困難[註]／坐輪椅的殘疾人士

(iii) 斜道（於有平面高度改變的地方）

(iv) 梯級與樓梯

(v) 扶手

(vi) 走廊、門廊及小路

(vii) 門

(viii) 標誌

(ix) 公共詢問或服務櫃台（如設有）

(x) 開關管制掣

(xi) 照明

(xii) 暢通易達廁所內的緊急召援鐘

(xiii) 視像警報予聽覺受損人士

(xiv) 觸覺引路帶、點字及觸覺地面平面予視力受損人士

(xv) 噴泉式飲水器（如設有）

(xvi) 暢通易達公眾電話（如設有）

(xvii) 聆聽輔導系統（如設有）

(xviii) 升降機指示及通知方法（如設有）

(xix) 自動梯及乘客輸送帶的警示或防護措施（如設有）

(xx) 遙遠訊號系統（如設有）

(xxi) 暢通易達通道（通往公眾街道或行人徑）

(xxii) 下斜路緣（於行人路升高或下降之處）

上述的設施要求適用於已收納有關類別的殘疾人士住客的殘疾人士院舍。如適用，該些設施的設計必須遵循屋宇署所制訂的《設計手冊：暢通無阻的通道 2008》的有關規定及其後任何修訂本的有關規定，以及社會福利署署長對上述的設施要求作出的修定，除非提供該些設施會對謀求批准的人或任何其他人造成不合理的困難，則交由社會福利署署長作最終的決定。

註： 「行動困難的殘疾人士」指行動能力不健全而需要倚靠步行輔助設備（如矯正義肢、助行架、手杖或拐杖）輔助行走的人士。

5.6 基本設施

殘疾人士院舍的基本設施必須包括寢室、客／飯廳、廁所／浴室／淋浴間、廚房、洗衣房及辦公室。所有通道包括走廊及戶外休憩地方均不應改作寢室。殘疾人士院舍應爲住客提供膳食及洗衣服務，亦應設置一個面積適中的廚房，實際面積將視乎須照顧的住客人數，以及所提供的膳食數目而定。社會福利署署長可就任何一間殘疾人士院舍的個別情況增加或更改任何上述基本設施的規定。

5.7 易於抵達的程度

根據《殘疾人士院舍規例》第 XX 條規定，每所殘疾人士院舍均須設於緊急服務可達的地方，其易於抵達的程度須令社會福利署署長滿意。

5.8 走火通道

5.8.1 每所殘疾人士院舍應根據屋宇署發出的《提供火警逃生途徑守則 1996 年》及其後任何修訂本，設有足夠的走火通道及出口通道。

5.8.2 評估所需要的走火通道數量時，應考慮到殘疾人士院舍所能容納的住客人數和員工編制數目。

5.8.3 所有防煙間的門、出口門和廚房門，必須能夠自動掩上，並經常保持關閉。

5.8.4 每條出口通道必須有足夠的照明和保持暢通無阻。院舍內應張貼走火路線圖。經營者必須遵守《提供火警逃生途徑守則 1996 年》及其後任何修訂本所載有關出口通道的一般規定。

5.9 耐火結構

5.9.1 根據屋宇署發出的《1996 年耐火結構守則》及其後任何修訂本所載的規定，必須採用耐火結構把殘疾人士院舍與座落

同一建築物內的其他部分分隔開。

5.9.2 必須採用耐火時效不少於一小時的牆壁，把殘疾人士院舍的廚房與殘疾人士院舍處所的其他部分分隔開，而廚房門必須具備不少於半小時的耐火時效，並能自動掩上及經常保持關閉。

5.9.3 殘疾人士院舍內有特殊危險的地方（設有電力或危險裝置），必須採用耐火時效不少於兩小時的牆壁圍封。若毗鄰設有走火樓梯，則牆壁的耐火時效必須不少於四小時。任何由殘疾人士院舍處所通往這類圍建物的門，必須有不少於一小時的耐火時效，並能自動掩上及經常保持關閉。

5.10 供暖、照明及通風

5.10.1 根據《殘疾人士院舍規例》第 XX 條，每所殘疾人士院舍均須有足夠的暖氣及照明，並應保持空氣流通，其程度須令社會福利署署長滿意。

5.10.2 殘疾人士院舍內每個用作住宿、辦公室或廚房的房間，應有天然照明及通風，以符合《建築物（規劃）規例》（第 123 章附屬法例 F）第 30、31、32、和 33 條的規定。若可提供足夠的人工照明及機械通風設備，則可能獲社會福利署署長豁免有關天然照明和通風的規定。

5.10.3 殘疾人士院舍內每個有排糞或排污裝置的房間，應設有一個窗戶，以符合《建築物（規劃）規例》（第 123 章附屬法例 F）第 36 條的規定。若可提供足夠的人工照明及機械通風設備，則可能獲社會

福利署署長豁免有關天然照明和通風的規定。

5.11 供水及洗濯設施

根據《殘疾人士院舍規例》第 XX 條，每所殘疾人士院舍均須設有：

(a) 足夠及衞生的食水供應；

(b) 足夠的洗濯及洗衣設施；及

(c) 足夠的沐浴設施，

致令社會福利署署長滿意。所需設施的詳情載於本實務守則第八章，以供參考。

5.12 維修

根據《殘疾人士院舍規例》第 XX 條，每所殘疾人士院舍均須保持良好的維修，致令社會福利署署長滿意。

附表

違例建築工程

若發現有違例建築工程於持牌處所內或影響持牌處所，社會福利署署長會拒絕牌照的申請，該些違例建築工程包括：

違例建築工程	不包括項目
(1) 持牌處所範圍內有天台／平台／天井僭建物；	(a) 設於天井而保養良好及結構穩固的輕質上蓋，例如：裝有鐵絲網、塑膠或薄金屬片上蓋的露天遮蓋物。
(2) 在經核准的篷篷上或從這類篷篷懸下的構築物，包括：安裝空氣調節機／機器及廣告招牌；	(a) 設於經核准的篷篷上，直徑不足 1 米的單座分體式空氣調節機或冷卻水塔；惟有關的篷篷須由認可人士／註冊結構工程師證明爲結構妥當，以及空氣調節機不會使該篷篷負荷過重或承受過重壓力。
(3) 伸出行人道或公用地方的違例篷篷／擴建物；	(a) 伸越建築界線不多於 300 毫米的輕質舖面伸建物／擴建物，及伸越建築界線不多於 600 毫米、並有不少於 2.5 米豎向淨空及沒有放置空氣調節機的輕質架空伸建物。 (b) 伸越建築界線不多於 500 毫米而留有不少於 2.5 米豎向淨空及保養良好的輕質上蓋；或伸越建築界線不多於 2 米而留有不少於 2.5 米豎向淨空及留有與行人道邊相距不少於 600 毫米橫向淨空的伸縮式篷篷。 (c) 非搭建於核准篷篷上或從這類篷篷懸下的現有廣告招牌，其指明角柱*的最大平面面積少於 20 平方米，而且沒有危險性：如伸出

	行人道，留有不少於 3.5 米豎向淨空及與行人道邊相距不少於 1 米橫向淨空；如伸出行車道，則留有不少於 5.8 米豎向淨空。 * 「指明角柱」指最小的實質角柱，可支承招牌的所有組件，包括其支撐物，但不包括只用作防止招牌橫向移動的結構構件；
(4) 伸出行人道／後巷或懸掛於經核准的篷蓬及露台的空氣調節機及其附件（例如：冷卻水塔及附屬的支撐搭建物）；	(a) 附建於外牆上而沒有危險性及不妨礙行人或車輛往來，並從外牆向外伸越不多於 600 毫米的分體式空氣調節機。
(5) 安裝在持牌處所範圍內的架空空氣調節機及附屬的支撐搭建物；	(a) 獲認可人士／註冊結構工程師驗證、並有數據支持爲結構安全的空氣調節機及附屬的支撐搭建物。
(6) 排煙口的違例障礙物；	
(7) 非法改動或拆除分隔牆或防火牆及門；	
(8) 在現有樓層上非法開鑿孔洞或加設平板，通往食物升降機及槽管；	(a) 獲認可人士／註冊結構工程師驗證、並有數據支持爲結構安全的孔洞或平板。
(9) 以違例的鋼筋混凝土平板填封經核准的閣仔及樓梯空隙；	
(10) 違例閣仔、中間樓層及樓面擴建物；	
(11) 違例樓梯；在現有樓板非法開鑿孔洞，通往樓梯；	
(12) 未經許可而拆除、局部拆除或大規模改動主要的構件；	
(13) 在公用地方進行違例建築工程，以致阻塞處所或建築物的走火通道。	

第六章

消防安全及防火

6.1 概要

根據《殘疾人士院舍規例》第 XX 條，消防處人員有權視察所有殘疾人士院舍，經營者應遵守消防處所提出任何有關安全及防火措施的建議。

6.2 位置

6.2.1 根據《殘疾人士院舍規例》第 XX 條，殘疾人士院舍不得設於：

(a) 工業建築物的任何部分內；或

(b) 位於下列地方對上一層或對下一層的處所的任何部分內：

(i) 倉庫；
(ii) 電影院；
(iii) 劇院；或
(iv) 社會福利署署長認爲可能危害住客的生命或安全的任何行業（包括根據《建築物（規劃）規例》（第 123 章附屬法例 F）第 49 條所指明的行業）在其內進行的處所。

如有疑問，應向消防處查詢。

6.2.2 根據《建築物（規劃）規例》（第 123 章附屬法例 F）第 49 條所指明的行業包括：

(1) 任何用作或設計作住用用途或擬作居住用途的建築物，不得也用作以下用

途：

(a) 製造《危險品條例》（第 295 章）所指的任何危險品；或

(b) 貯存該條例第 6 條所適用的任何危險品；或

(c) 汽車修理店舖；或

(d) 硫化工業店舖；或

(e) 進行汽車或車廂油漆工作；或

(f) 製造或混合油漆或清漆的油漆店舖；或

(g) 乾洗

除非獲建築事務監督豁免，則屬例外，而建築事務監督可訂明其認爲需要的結構規定或其他規定。

(2) 儘管有第(1)款條文的規定，凡任何建築物用作該款(a)至(g)段所指明的任何用途，該建築物任何面積不超逾 50 平方米的部分，可用作爲管理員或就該建築物設施的保養或提供而受僱的其他人的住所。

6.3 高度

6.3.1 除下文 6.3.2 段另有規定外，院舍的任何部分所處高度，不得距離街道水平超過 24 米，而該高度是由建築物的街道水平垂直量度至殘疾人士院舍所在的處所的樓面計算。

6.3.2 社會福利署署長可向經營者送達書面通知，批准該殘疾人士院舍的任何部分可處於距離街道水平超過 24 米的高度，以通知書

內註明的高度爲準。請參考《殘疾人士院舍規例》第 XX 條的規定。

6.4 消防裝置

6.4.1 每所殘疾人士院舍均須提供足夠及達致消防處處長滿意程度的消防裝置及設備，以確保院舍內的消防安全。

6.4.2 所需的消防裝置及設備必須根據由消防處處長發出的最新版本之《最低限度之消防裝置及設備守則與裝置及設備之檢查、測試及保養守則》而安裝。至於樓宇／處所內現有的消防裝置及設備，其規定和規格應根據《最低限度之消防裝置及設備守則與裝置及設備之檢查、測試及保養守則》於該消防裝置及設備在安裝時期適用的版本。有關守則可瀏覽以下消防處網址：

http://www.hkfsd.gov.hk/home/chi/code.html

6.4.3 社會福利署署長可徵詢消防處處長的意見，就任何一間殘疾人士院舍的個別情況增加或更改任何規定。

6.4.4 此外，樓宇／處所的擁有人或佔用人亦有可能收到消防處根據《消防安全（商業處所）條例》（第 502 章）或《消防安全（建築物）條例》（第 572 章）發出的指示，須爲其樓宇／處所進行消防安全改善工程。一般而言，在 1987 年 3 月 1 日或之前建成，或在 1987 年 3 月 1 日或之前呈交建築圖則予建築事務監督批准的建築物，很可能受到其中一條條例的監管。

6.4.5 殘疾人士院舍任何一層的面積如少於 230 平方米，須遵守以下規定：

(a) 若院舍內某樓層有部分用作住宿範圍，

則全層都必須安裝煙霧偵測系統。但在電力／機械房及廚房可接受以熱力偵測系統代替。但若院舍內經已裝設自動花灑系統，則廁所、浴室及樓梯等位置均不須裝設任何熱力或煙霧偵測器。系統的警報須以直線電話線傳達消防通訊中心。安裝工程須由一級註冊消防裝置承辦商進行。

(b) 須設有一個由人手控制的火警警報系統，並在主要入口大堂或附近，以及在樓層每個出口鄰近的當眼位置設置啓動掣和警鐘。除聲響警報系統外，須在住宿範圍、診症室、通道地方、公共走廊及廁所增設視覺火警信號，作爲火警警報系統的一部分。這個系統的警報器須與火警偵測系統連接。安裝工程須由二級註冊消防裝置承辦商進行。

(c) 所有消防設備控制板須設在殘疾人士院舍接待處或主要入口附近或經消防處處長批准的位置。安裝工程須由註冊消防裝置承辦商進行，其級別視乎連接該控制板的消防裝置而定。

(d) 須提供下述數量的手提滅火筒：

(i) 在每間茶水間／總掣房內須設有一個 4.5 千克二氧化碳氣體式滅火器；

(ii) 在每個廚房內須備有一個 4.5 千克二氧化碳氣體式滅火器及一張 1.44 平方米滅火氈；

(iii) 在院舍內的接待處附近或大門附近須設有一個 9 公升的二氧化碳／噴水式滅火器；及

(iv) 若院舍內並沒有裝設消防喉轆，須

在每個出口附近裝設一個9公升的二氧化碳／噴水式滅火器。

安裝工程須由三級註冊消防裝置承辦商進行。

(e) 所有出口須設有出口指示燈箱。安裝工程須由二級註冊消防裝置承辦商進行。

(f) 院舍內的任何位置，特別是由每間房間通往院舍出口通道的走廊，若不能清楚看見出口指示牌時，應在當眼之處裝設適當的方向指示牌，幫助住客在遇有緊急事故時找到出口。安裝工程須由二級註冊消防裝置承辦商進行。

(g) 須在整間院舍內裝設應急照明系統。院舍內亦可使用符合「獨立應急照明系統的標準規定 PPA/104(A)（第 4 次修訂）」的獨立應急照明系統。安裝工程須由二級註冊消防裝置承辦商進行。

(h) 若院舍內的通風系統每秒鐘能處理多於一立方米空氣，或爲超過一個隔火間通風，即所有空氣分配管道系統並非置於同一間隔內，便須設有通風／空氣調節控制系統。安裝工程須由一級及二級註冊消防裝置承辦商進行。

(i) 所有消防裝置均須有基本及輔助電力供應。安裝工程須由二級註冊消防裝置承辦商進行。

(j) 所有消防裝置及設備在安裝工程完竣後，須將「消防裝置及設備證明書」（表格 FS 251）的影印副本提交社會福利署署長，證明已符合有關規定。

6.4.6 殘疾人士院舍若任何一層的面積超過 230 平方米，須遵守以下規定：

(a) 若院舍內某樓層有部分用作住宿範圍，則除設有花灑系統的廁所、浴室及樓梯外，全層都必須安裝煙霧偵測系統。但在電力／機械房及廚房，可接受以熱力偵測系統代替。系統的警報應以直線電話線傳達消防通訊中心。安裝工程須由一級註冊消防裝置承辦商進行。

(b) 須爲院舍裝設消防喉轆，使院舍內每個部分都能有一條長度不超過 30 米的消防喉轆膠喉可達。倘若殘疾人士院舍所在的大廈並未設有消防栓／喉轆儲水缸，則消防喉轆系統可接駁一個容量不少於 1500 公升的臨時水箱，由臨時水箱供水。消防喉轆系統應設有固定的消防水泵，水泵應經常在起動狀態，並應能使喉轆膠喉咀噴出不少於 6 米長的水柱，流量不少於每分鐘 24 公升。安裝工程須由二級註冊消防裝置承辦商進行。

(c) 須爲整間院舍內裝設自動花灑系統。若不可能裝設花灑水缸，則花灑系統之水源可由大廈消防栓／喉轆儲水缸供給或直接由街喉供應。這種折衷式花灑系統必須按照消防處通函第 4/96 號所列的規定安裝，安裝工程須由二級註冊消防裝置承辦商進行。

(d) 院舍須設有一個由人手控制的火警警報系統，並須在主要入口大堂或附近，樓層每個出口鄰近的當眼位置及每個消防喉轆裝設地點設置啓動掣和警鐘。而設置在消防喉轆裝設地點的啓動掣須包括啓動消防水泵的裝置。除聲響警報系統外，須在住宿範圍、診症室、通道地方、

公共走廊及廁所增設視覺火警信號，作爲火警警報系統的一部分。這個系統的警報器應與火警偵測系統連接。安裝工程須由二級註冊消防裝置承辦商進行。

(e) 所有消防設備控制板須設在院舍接待處或主要入口附近或經消防處處長批准的位置。安裝工程須由註冊消防裝置承辦商進行，其級別視乎連接該控制板的消防裝置而定。

(f) 須提供下述數量的手提滅火筒：

(i) 在每間茶水間／總掣房內須設有一個 4.5 千克二氧化碳氣體式滅火器；

(ii) 在每個廚房內須備有一個 4.5 千克二氧化碳氣體式滅火器及一張 1.44 平方米滅火氈；及

(iii) 在院舍內的接待處附近或大門附近須設有一個 9 公升的二氧化碳／噴水式滅火器。

安裝工程須由三級註冊消防裝置承辦商進行。

(g) 院舍所有出口須設有出口指示燈箱。安裝工程須由二級註冊消防裝置承辦商進行。

(h) 院舍內的任何位置，特別是由每間房間通往院舍出口通道的走廊，若不能清楚看見出口指示牌時，應在當眼之處裝設適當的方向指示牌，幫助住客在遇有緊急事故時找到出口。安裝工程須由二級註冊消防裝置承辦商進行。

(i) 須在整間院舍內裝設應急照明系統。院舍內亦可使用符合「獨立應急照明系統的標準規定 PPA/104(A)（第 4 次修訂）」的獨立應急照明系統。安裝工程須由二級註冊消防裝置承辦商進行。

(j) 若院舍內的通風系統每秒鐘能處理多於一立方米空氣，或爲超過一個隔火間通風，即所有空氣分配管道系統並非置於同一間隔內，便須設有通風／空氣調節控制系統。安裝工程須由一級及二級註冊消防裝置承辦商進行。

(k) 所有消防裝置均須有基本及輔助電力供應。安裝工程須由二級註冊消防裝置承辦商進行。

(l) 所有消防裝置及設備在安裝工程完竣後，須將「消防裝置及設備證明書」（表格 FS 251）的影印副本提交社會福利署署長，證明已符合有關規定。

6.5 附加規定

6.5.1 殘疾人士院舍內的安全逃生通道所採用的所有隔聲、隔熱或裝飾用途的面層物料，必須符合英國標準 476：第 7 部分指定表面火焰蔓延率第 1 或第 2 級或同等國際標準，或須使用認可的防止火焰蔓延的物料使其達到此一標準。工程須由二級註冊消防裝置承辦商進行。在工程完竣後，須將「消防裝置及設備證明書」（表格 FS 251）的影印副本提交社會福利署署長，證明已符合有關規定。

6.5.2 所有通風系統，若有使用通風管或通風槽穿過任何牆壁、地板或天花，由一個房間通往另一房間，均須符合「處所內通風系統的消

防安全規定（附表所列以外之處所）」，並須將顯示通風系統設計的詳細圖則經社會福利署呈交消防處的通風系統課，以便巡查時作參考之用。若巡查結果令人滿意，通風系統課便會簽發「符合規定通知書」。根據《建築物（通風系統）規例》（第 123 章附屬法例 J），通風系統安裝後須由註冊通風系統承辦商定期檢查，每次檢查相距不得超過 12 個月。「檢查證明書」的影印副本須提交社會福利署署長，證明已符合有關規定。

6.5.3 管道及隱蔽位置內作隔音、隔熱及裝飾用途的物料，必須符合英國標準 476：第 7 部分指定表面火焰蔓延率第 1 或第 2 級或同等國際標準，或須使用認可的防止火焰蔓延的物料使其達到此一標準。在工程完竣後，須將「消防裝置及設備證明書」（表格 FS 251）的影印副本提交社會福利署署長，證明已符合有關規定。

6.5.4 所有安裝及改裝消防裝置及設備的工程，均須符合消防處處長不時發出的消防裝置及設備審批程序。作爲一般守則，如申請人需要在處所內改裝或加裝任何消防裝置及設備，必須聘請一名註冊消防裝置承辦商進行有關工程。有關承辦商應把 FSI/314A、FSI/314B 或 FSI/314C 證明書（視乎適用情況而定），連同一式三份消防裝置圖則，一併提交消防處處長。在工程完竣後，有關承辦商應檢查有關裝置及進行核證，並向消防處處長提交「消防裝置及設備證明書」(表格 FS251)的副本。此外，院舍負責人亦須將「消防裝置及設備證明書」（表格 FS 251）的影印副本提交社會福利署署長，證明已符合有關規定。

6.5.5 根據《消防（裝置及設備）規例》（第 95 章附屬法例 B），院舍內的所有消防裝置和設備必須經常保持良好運作，並且每 12 個月

內最少由註冊消防裝置承辦商檢查一次。在工程完竣後，須將「消防裝置及設備證明書」（表格 FS 251）的影印副本提交社會福利署署長，證明已符合有關規定。

6.5.6 所有固定電力裝置工作必須由已向機電工程署署長註冊的電業工程人員／承辦商進行。院舍現有的電力裝置，必須每五年最少接受一次檢查、測試及領取由機電工程署署長加簽的定期測試證明書（表格 WR2）。如進行任何新的電力裝置安裝工程，或改裝現有的電力裝置，必須經由註冊電業工程人員／承辦商檢查、測試及發出完工證明書（表格 WR1），以確認電力裝置符合《電力條例》（第 406 章）的安全規定。有關證明書的副本須提交社會福利署署長，證明已符合有關規定。

6.5.7 若無消防處處長發出的牌照或許可，不得存放超出《危險品條例》（第 295 章）內容所指豁免額的危險物品。

6.5.8 根據《氣體安全條例》（第 51 章），院舍內的所有氣體裝置工程須由已向機電工程署署長註冊的氣體工程承辦商負責。如進行任何新的氣體燃料安裝工程，或改裝現有的氣體燃料裝置，承辦商必須向社會福利署署長呈交符合規定證明書及完工證明書的副本。若建築物內已裝有氣體燃料導管輸送系統、煤氣或石油氣中央輸送系統，則所有使用氣體燃料的設備均應使用該等系統供應氣體燃料。只有當建築物內並無設有氣體燃料導管輸送系統時，才可考慮使用儲存於特別設計儲存庫內的獨立石油氣瓶（根據氣體監督最新發出的《氣體應用指南之六－商業樓宇內作供應飲食用途之石油氣裝置規定》）。住宅單位內所安裝的一切使用氣體燃料的設備，應有熄火保險裝置的型號，及只應裝置密封式類型之熱水爐。所有使用氣體

燃料的裝置應每年由已向機電工程署署長註冊的氣體工程承辦商進行檢驗／維修，確保裝置操作安全。在申請牌照續期時，院舍須提交持續進行每年檢驗／維修的證明文件。

6.5.9 必須擬定緊急疏散計劃及在當眼處展示火警／緊急事故逃生路線圖。殘疾人士院舍每年須進行兩次火警演習，每次相距約六個月，並備存妥善記錄。

6.5.10 聚氨酯泡沫塑料

6.5.10.1 所有聚氨酯泡沫塑料床褥及用以組成該床褥的編織品，均須符合英國標準 7177（適用於屬中度危險的處所／樓宇），或美國加州消費者事務部轄下家具及隔熱物料局發出的「於高度危險處所內使用墊褥的可燃性測試程序」（技術報告 121 號）或「於公共樓宇內使用墊褥的可燃性測試程序」（技術報告 129 號），或消防處處長接受的另一標準。

6.5.10.2 所有聚氨酯泡沫塑料襯墊家具及用以組成該襯墊的編織品，均須符合英國標準 7176（適用於屬中度危險的處所／樓宇），或美國加州消費者事務部轄下家具及隔熱物料局發出的「於公共用途樓宇內使用座椅家具的可燃性測試程序」（技術報告 133 號），或消防處處長接受的另一標準。

6.5.10.3 符合英國標準 7177（適用於屬中度危險的處所／樓宇）的聚氨酯泡沫塑料床褥及英國標準 7176（適用於屬中度危險的處所／樓宇）的聚氨

酯泡沫塑料襯墊家具，均須附有適當標籤。

6.5.10.4 須出示製造商／供應商的發票和測試實驗所發出的測試證明書供查核，以證明所有聚氨酯泡沫塑料墊褥及襯墊家具均符合特定標準。測試證明書必須由獲授權按照特定標準進行測試的認可實驗所發出，而證明書上必須蓋上製造商／供應商的公司印章，以供核證之用。

6.6 防火措施

6.6.1 殘疾人士院舍的所有員工必須充分明白潛在的火警危險，任何員工若發覺發生火警，必須：

(a) 發出警報，通知所有其他員工及住客；

(b) 確保撥電 999 通知消防處有火警發生；及

(c) 與其他員工合力將住客，特別是需要協助及受約束的住客緊急疏散。

6.6.2 每晚須進行最後巡視，以確保：

(a) 所有煮食／發熱的器具已關上；

(b) 所有通往公用走廊的門已關好；

(c) 出口通道並無物件或東西阻塞；及

(d) 在逃生通道上任何須鎖上的門，在緊急情況下應毋須使用鎖匙而能向出口方向打開。

6.6.3 除廚房外，不得在院舍內其他地方以明火煮食。

6.6.4 當使用氣體燃料裝置包括煤氣爐時，必須遵照製造商提供的使用者守則以確保安全。

6.6.5 須聯絡註冊氣體承辦商，爲氣體燃料的裝置按本章上述 6.5.8 段作定期檢查及諮詢有關氣體燃料安全事項的建議。

6.6.6 不得在院舍內吸煙。

6.6.7 倘懷疑有氣體燃料洩漏的情況，負責的員工應：

熄滅所有明火

關上氣體燃料掣及總開關制

切勿使用電掣

打開門窗

立即利用遠離受影響範圍的電話機，撥 999 或緊急電話號碼通知氣體供應商。在氣體供應商或註冊氣體承辦商的人員檢查妥當之前，切勿重新扭開氣體燃料掣。

若在關上氣體燃料掣後氣體燃料仍然漏出，或仍有氣體燃料氣味，員工必須：

立即使用街外的電話撥 999 召喚緊急服務及氣體供應商，並將住客疏散至安全地方，等待緊急服務人員抵達。

6.6.8 當使用暖爐時，不可用其作乾衣之用途及放置可燃物品於其附近。

第七章

樓面面積

7.1 樓面面積

《殘疾人士院舍規例》附表 X 規定，無論在任何一種類別的殘疾人士院舍，按每名住客計的最低人均樓面面積須不少於 6.5 平方米。

7.2 住客人數

殘疾人士院舍住客的適當人數，應根據該院樓宇的大小，及每人佔地 6.5 平方米的面積標準而定。面積指殘疾人士院舍專用的淨實用面積。在計算人均樓面面積時，須扣除任何職員宿舍、空地、平台、花園、天台、窗台、樓梯、支柱、牆壁、樓梯大堂、電梯、電梯大堂，及任何電梯、空氣調節系統或提供予該建築物的任何類似服務所使用機械佔用的任何地方，以及殘疾人士院舍內社會福利署署長信納爲不適合作爲殘疾人士院舍用途的其他地方的面積。有關規定請參閱《殘疾人士院舍規例》第 XX 及 YY 條。

第八章

家具及設備

8.1 概要

8.1.1 每所殘疾人士院舍應該備有特別爲殘疾住客而設的家具及設備。

8.1.2 殘疾人士院舍的每層樓應最少備有一個急救箱。若殘疾人士院舍設於樓宇同一層中不同的非連接單位內，則每個獨立單位也應備有急救箱。急救箱內應最少備有彈性繃帶、三角巾、彈性膠布、傷口敷料、消毒棉花、消毒紗布及即用即棄手套等。

8.1.3 本章列出建議殘疾人士院舍使用的家具及設備。每間殘疾人士院舍應根據個別的情況，購買合適的家具及設備，以確保能夠爲住客提供妥善的照顧。

8.1.4 所有家具及設備須妥善保養，並應定期更換和翻新。

8.2 寢室

項目	建議最少數量
(1) 單人床[註一及註二]	每名住客1張（雙層床可給沒有行動困難的殘疾人士使用，以便更加善用空間）

(2) 床頭櫃以放置個人物品	每名住客1個
(3) 衣櫃	每名住客1個
(4) 椅(有椅背)[註三]	每名住客1張
(5) 暖爐	每間寢室1個
(6) 墊褥	每名住客1張
(7) 墊褥套	每名住客1張
(8) 枕頭	每名住客1個
(9) 枕套	每名住客2個，另加適量作後備用
(10) 床衾	每名住客1張
(11) 床單	每名住客2張
(12) 氈	每名住客1張，另加適量作後備用
(13) 氈套	每名住客1張，另加適量作後備用
(14) 棉被	每名住客1張，另加適量作後備用
(15) 被套	每名住客1張，另加適量作後備用
(16) 膠墊	視乎需要而定
(17) 有蓋廢紙桶	每間寢室1個
(18) 電鐘	每間寢室1個
(19) 書櫃	視乎需要而定
(20) 書桌和椅	視乎需要而定
(21) 檯燈	視乎需要而定
(22) 使用拉軌的窗簾	每個窗口位1套

(23) 毛巾架	隨意
(24) 電風扇及／或冷氣機	必須可提供足夠的通風
(25) 叫喚鈴	每間爲高度照顧住客而設的寢室1個（而有中度或低度照顧需要的住客則可按住客需要而決定是否設置叫喚鈴）
(26) 姓名牌	每間寢室1個
(27) 屏風	視乎需要而定
(28) 緊急照明燈	每間寢室1盞
(29) 暖水壺	隨意
(30) 水壺	隨意
(31) 滅蚊燈	視乎需要而定

註一： 應按個別住客的照顧需要／身型而提供合適尺碼及類型的單人床或雙層床。

註二： 若能提供可調校的醫院病床（設有兩個活動吊鈎的）予有需要的高度照顧住客使用，則較爲理想。

註三： 提供予使用身體約束物品或容易跌倒的住客的座椅應備有椅背及扶手，椅子底部應寬闊及較重，以保障住客的安全。

8.3 客廳／飯廳

項目	建議最少數量
(1) 餐桌和椅	視乎住客人數而定
(2) 沙發椅	1套
(3) 彩色電視機及其他視	1套

聽設備	
(4) 報章、雜誌及書籍的供應	每天1份日報及每星期1份週刊
(5) 電動時鐘和日曆	1套
(6) 佈告版	1塊
(7) 可疊起的椅	視乎住客人數而定
(8) 有蓋廢紙桶	1個
(9) 使用拉軌的窗簾	每個窗口位1套
(10) 暖水壺／大茶壺	1個
(11) 電話	1個，視乎住客人數而定
(12) 儲物櫃	隨意
(13) 盆栽	隨意
(14) 有框的圖畫	隨意
(15) 康樂或體能訓練器材	視乎住客人數而定
(16) 餐車	隨意
(17) 餐盤	隨意
(18) 飲水器	隨意
(19) 報章及雜誌架	1個
(20) 特別餵食設施例如經調校的匙、叉、碗及杯	視乎痙攣／多重殘疾住客的需要而定

8.4 洗手間／浴室[註四]

項目	建議最少數量

(1) 有蓋廢紙桶	隨意
(2) 便椅	視乎高度照顧住客人數而定
(3) 淋浴椅／浴缸椅	視乎高度照顧住客人數而定
(4) 有蓋膠桶	1個
(5) 尿壺	視乎高度照顧住客人數而定
(6) 病床便盆	視乎高度照顧住客人數而定
(7) 便盆消毒器及／或便盆洗滌器	視乎需要而定
(8) 熱水爐[註五]	1個
(9) 西式成人沖水廁所／洗手盆／花灑頭／浴缸[註六]	參照《建築物（衞生裝置、水管、排水工程及廁所的標準）規例》（第123章附屬法例I）規定比例
(10) 個人的毛巾、梳、漱口杯及牙刷	每名住客1份
(11) 暖爐	視乎需要而定
(12) 抽氣扇	每個洗手間或浴室1把
(13) 電鬚刨	視乎需要而定

註四： 若鏡子等項目並未包括在裝修內，則殘疾人士院舍應予以提供。

註五： 若使用氣體熱水爐，只可裝置密封式類型之熱水爐。

註六： 有關的設施應定期維修以保持良好的功能。

8.5 廚房／茶水間[註七]

項目	建議最少數量
(1) 煮食用具	適量
(2) 食具	視乎住客人數而定
(3) 雪櫃／冷凍庫	1個，大小視乎住客人數而定
(4) 熱水以供洗滌用具	視乎需要而定
(5) 碎肉機	1個
(6) 食物攪拌機	1個
(7) 飯煲	1個，大小視乎住客人數而定
(8) 微波爐	1個
(9) 多士爐	視乎需要而定
(10) 燒水器	1個，大小視乎住客人數而定
(11) 清潔用具	視乎需要而定
(12) 食物容器	視乎需要而定
(13) 膠盤	視乎需要而定
(14) 膠籃	視乎需要而定
(15) 有蓋垃圾桶	1個
(16) 佈告版／白板	1塊
(17) 抽氣扇	1把
(18) 砧板及刀	最少兩套，作爲分開處理生及熟的食物

(19) 貯存煮食器具／器皿的有蓋容器或有門貯物櫃	視乎需要而定
(20) 電鐘	1個

註七： 廚房最好使用煤氣或電力煮食。由於安全理由，殘疾人士院舍不可使用火水。若使用石油氣或煤氣作燃料，應參照本實務守則第六章 6.5.8 段的有關規定。

8.6 洗衣房

項目	建議最少數量
(1) 洗衣機	1部，視乎住客人數而定
(2) 乾衣機	1部，視乎住客人數而定
(3) 燙斗	1個
(4) 熨衣板	1塊
(5) 盛載衣物的籃	2個
(6) 有蓋膠桶	2個
(7) 儲物架	隨意

8.7 辦事處

項目	建議最少數量
(1) 辦公桌	1張
(2) 辦公椅	2張
(3) 文件檔案櫃	1個
(4) 鑰匙箱	1個
(5) 常備急救品的急救箱（供員工使用的急救箱	1個

設備，須乎合勞工處的要求）	
(6) 文具	隨意
(7) 文具櫃	1個
(8) 計算機	1個
(9) 電話	1個
(10) 佈告板／白板	1塊
(11) 傳真機	1部
(12) 垃圾桶	1個
(13) 電鐘	1個
(14) 電腦（載有電郵軟件）	視乎需要而定

8.8 醫療設備及物資

項目	建議最少數量
(1) 換症設備（例如：即用即棄換症包／消毒包）、消毒劑及敷料（例如：無菌紗布／棉花）	需要照顧嚴重弱智及／或肢體傷殘住客的院舍均應備有適量。其他類型院舍則視乎需要而定
(2) 消毒設備（例如：鉗子、剪刀、腰形碟／換藥盤／換藥碗）	視乎需要而定
(3) 血壓計	需要照顧嚴重弱智及／或肢體傷殘住客的院舍均應備有最少1個。其他類型院舍則視乎需要而定

(4) 聽診器	需要照顧嚴重弱智及／或肢體傷殘住客的院舍均應備有最少1個。其他類型院舍則視乎需要而定
(5) 探熱針／耳探式溫度計（附有即用即棄耳套）	所有院舍均應備有最少兩套探熱設備。若使用耳探式溫度計，院舍應按住客人數提供足夠的即用即棄耳套並預留部份數量作緊急之用
(6) 診症器具全套（包括：眼底鏡及耳鏡）	視乎需要而定
(7) 壓舌板（即用即棄）	視乎需要而定
(8) 手電筒	視乎需要而定
(9) 餵飼管包括： *鼻胃管[註八] **胃造瘻餵飼管[註八]	視乎需要而定
(10) 尿袋／引流導尿管包括： *福利氏導尿管[註八] **恥骨上導尿管[註八]	視乎需要而定
(11) 手提氧氣呼吸器	視乎需要而定
(12) 抽吸器	需要照顧嚴重弱智及／或肢體傷殘住客的院舍均應備有最少1個。其他院舍則

	視乎需要而定
(13) 心肺復甦法的器材（例如:「口面防護膜」、設有過濾裝置的「袋裝面罩」或「膠囊及面罩復甦器」）	視乎需要而定
(14) 儲藥、備藥及派藥的設備和用具	所有院舍均應備有，數量、款式和尺寸則視乎有需要使用藥物的住客人數、藥物的數量及院舍環境而定（詳情請參考由衞生署、醫院管理局及社會福利署合作編寫的「安老院舍藥物管理指南2007」）
(15) 手套(即用即棄)	所有院舍均應備有適量
(16) 驗尿紙／驗血糖紙	視乎需要而定
(17) 繃帶（各類）	所有院舍均應備有適量
(18) 量體重器	所有院舍均應備有最少1個
(19) 步行輔助器／輪椅／便椅	需要照顧嚴重弱智及／或肢體傷殘住客的院舍均應備有，數量則視乎有需要使用的住客人數而定。其他院舍則視乎需要而定

(20) 有波紋的床褥	視乎需要而定
(21) 紙尿片	需要照顧嚴重弱智及／或肢體傷殘住客的院舍均應備有適量，其他院舍則視乎需要而定
(22) 個人防護裝備包括外科手術用口罩、外科手術用／即用即棄橡膠手套、即用即棄帽及外袍，以及護眼罩	所有院舍均應按職員及住客人數及需要提供足夠的數量。此外，亦應預留少量供訪客使用

註八： 有'*'的設備只應由護士插入或更換；有'**'的設備只應由受過該項護理訓練的註冊護士插入或更換。有關細節可參考本實務守則第十二章 12.8 及 12.9 段。

8.9 其他設備

項目	建議最少數量
(1) 風筒	1個
(2) 吸塵機	1部
(3) 儲存設施	應提供足夠的儲存設施，確保住客的個人物品及院舍的一般物品能夠妥善收藏
(4) 清潔設備	適量
(5) 清潔用品	適量
(6) 設有紗網的窗、門及通風口及滅蠅燈[註九]	視乎需要而設
(7) 梯子	1個

(8) 工具	適量
(9) 工具箱	1個

註九： 應沿昆蟲的必經路線（例如：入口、門口或其他樽頸位置和門廳）放置滅蠅燈。

8.10 兒童的家具及設備

收納兒童的殘疾人士院舍須設置配合兒童住宿和活動需要的家具及設備以營造家居氣氛，並且有爲兒童而設的房間及適當的設施，以保障他們身心發展及安全。除以上家具設備外，亦需爲兒童添置以下的家具及設備：

項目	建議最少數量
(1) 書檯（合乎兒童尺寸）	視乎需要而設
(2) 書檯燈（合乎兒童尺寸）	視乎需要而設
(3) 椅子（合乎兒童尺寸）	視乎需要而設
(4) 書架	視乎需要而設
(5) 圖書	視乎需要而設
(6) 玩具	適量
(7) 爲兒童而設計的寢室用品	適量
(8) 爲兒童而設計的家具	適量

第九章

管理

9.1 殘疾人士院舍名稱的展示

每間殘疾人士院舍應在其入口處或附近的當眼地方，展示以顯眼字體註明該殘疾人士院舍在豁免證明書／牌照上的名稱的招牌或其他形式的告示。

9.2 住客入住院舍程序

9.2.1 殘疾人士院舍的規則和規例，應張貼於該院舍的辦事處，並在入院表格上列明。作爲入院程序，殘疾人士院舍主管應向殘疾人士及其監護人／保證人／家人／親屬清楚解釋院舍的規則及規例，包括：有關住院費用及其他各項收費的詳細資料（如覆診車資、陪診費、敷藥費、紙尿片費、營養奶類費、冷氣費等)並清楚說明住客的付款時序，以及盡量避免使用約束的政策及相關程序等。

9.2.2 建議殘疾人士院舍可要求住客及其監護人／保證人／家人／親屬簽署同意書以表明他們清楚及明白殘疾人士院舍的規則、規例及各項須繳付的費用。

9.2.3 入住約章中亦應清楚列明退院須知(包括遷離院舍、死亡等)，並應清楚說明住客可獲得退還的費用、不獲退

還的費用及退款時序。爲避免爭拗，殘疾人士院舍須在入住表格中清楚列明個別住客的每月住院費用金額(即每月港幣多少元)及其他收費金額(即每月／每次／每項港幣多少元)，並由有關住客／監護人／保證人／家人／親屬簽署作實；若有任何修改，院舍應在措施生效日期前起計最少 30 日以書面通知住客及／或其監護人／保證人／家人／親屬，亦必須由院方及住客／監護人／保證人／家人／親屬雙方簽署確認，方爲有效。殘疾人士院舍不可採用沒有列明實質金額的定價方式（例如：“收取全部綜援金作院費”、“政府綜援金有多少便收多少”等定價方式）。若殘疾人士院舍收納領取綜援金的住客，須確保該住客的每月住院費用不會超出他的負擔能力(即每月可獲發的綜援金額)；院方亦不可將政府發放給綜援受助人的長期補助金及其他額外發放的金額，徵收作爲補貼住院費用。

9.2.4 處理下列各項事宜時，必須在住客入院或當有此需要時，先得到住客及其監護人／保證人／家人／親屬的書面同意及授權，並把有關同意及授權妥爲記錄：

(a) 使用約束(包括：身體約束物品、隔離約束或化學約束物品)；

(b) 殘疾人士院舍代每名住客存放或持有財物或財產，包括香港身分證及覆診卡等。作爲良好的行事方式，殘疾人士院舍職員不能私自動用及提取住客的銀行賬戶內的款項，以支付住院費用及其他

收費。除非殘疾人士院舍已設立並執行妥善的監察機制，防止有關賬戶被濫用或出現爭議，則作別論；及

(c) 發放住客的個人資料[註一]（例如：相片）。

9.2.5 每名申請入住殘疾人士院舍的殘疾人士應在入院前由一名註冊醫生進行健康檢查（若因某些原因而需在入院後才進行健康檢查，亦須在入院後的一個月內盡快完成）。健康檢查的目的，主要是讓院舍可以因應入住殘疾人士的健康狀況制訂個人照顧計劃。除非醫生診斷該名殘疾人士已患上傳染病及不適合入住群體生活的院舍，否則院方不應以此作爲拒絕入住的理據。體格檢驗報告書的樣本載於附件六。若殘疾人士爲精神病康復者，除了體格檢驗報告書外，亦應在入院前或入院後的一個月內盡快取得由主診精神科醫生爲其填寫的「精神健康記錄」（附件七）。

9.2.6 殘疾人士院舍主管應遵守《個人資料（私隱）條例》（第 486 章）的規定，以確保住客的個人資料（私隱）得到保障[註二]。

9.3 日常活動程序

院方應設計一份住客日常活動的程序計劃表或時間表，並張貼於殘疾人士院舍的當眼地方，例如供訪客或住客公用的地方、接待處或辦事處[註三]。

9.4 員工職責表／輪值表、出勤及外勤記錄

院方應爲不同職位的員工擬訂詳盡的職責表，並編訂員工輪值表予員工遵從。院方亦應設立及保存員工出勤及外勤記錄，以反映於每天不同時段員工當值的實際情況。

9.5 保存記錄

9.5.1 根據《殘疾人士院舍規例》第 XX 條，殘疾人士院舍的經營者必須設立和保存一份受聘於該殘疾人士院舍的員工記錄，詳細內容包括：

(a) 姓名（按需要填寫中英文）、性別、出生日期／年齡、地址、電話號碼及香港身分證號碼；

(b) 有關資歷的證明文件；

(c) 於該殘疾人士院舍內的職位；

(d) 工資（包括由僱傭雙方協議的基本工資率、超時工作工資率、通宵在場候命／隨時候召期間的工資率及任何津貼，不論按時、按日、按週、按月，或以其他方式計算）；

(e) 工作時數及輪班的更次；

(f) 聘用條件（全職或兼職）；

(g) 開始受僱和辭職或被解僱日期；及

(h) 強制性公積金或其他退休保障計劃

的僱主供款記錄。

9.5.2 再者，經營者必須按《僱傭條例》（第 57 章）第 49A 條規定，存放每一名僱員的工資及僱傭紀錄。

9.5.3 殘疾人士院舍主管須設立和保存一套全面及常更新的記錄系統，供牌照處在適當時候查閱。根據《殘疾人士院舍規例》第 XX 條及作爲良好的行事方式，上述記錄必須包括：

(a) 住客的資料記錄

(i) 每名住客的姓名（按需要填寫中英文）、聯絡地址、性別、出生日期／年齡及香港身分證號碼；

(ii) 每名住客的最少一名親屬或聯絡人（如有）的姓名、地址、電話號碼及香港身分證號碼，以便將來核實其身分，以及該親屬或聯絡人與住客的關係；

(iii) 在緊急情況時可在什麼地方或以什麼方式聯絡該親屬或聯絡人；

(iv) 每名住客入住及遷出院舍的日期；

(v) 院舍職員爲防止或制止住客傷害自己或別人、損毀財產或造成騷擾而採取的行動，包括使用武力、身體約束物品、隔離約束或化學約束物品；

(vi) 院舍代每名住客存放或持有的財物或財產，包括香港身分證及覆診卡（詳情請參閱上文9.2.4(b)段）；

(vii) 每名住客遇到意外或患上疾病，以及爲此而須採取的跟進行動（有關健康記錄的詳情載於本實務守則第十二章 12.2(a)段）；

(viii) 收取住客各項費用、院舍代支款項及單據等記錄；及

(ix) 院舍應在住客辦理離院手續時，點算清楚屬於住客的財物，並交還住客，而有關資料亦應清楚列明，並由住客及其監護人／保證人／家人／親屬簽署核實。

(b) 住客的健康記錄

院舍應爲每名住客保存健康記錄，並經常更新資料（詳情請參閱本實務守則第十二章 12.2(a)段。）

(c) 到診註冊醫生的記錄

若殘疾人士院舍有安排註冊醫生定期到訪院舍爲住客檢查身體、診症或作跟進治療，到診註冊醫生應妥爲記錄對個別住客所作的診斷，並加上其姓名、簽署及到診日期（詳情請參閱本實務守則第十二章 12.2(b)段）。

(d) 工作記錄冊

工作記錄冊的用途，是讓當值員工記錄殘疾人士院舍內每天發生的事情，包括所觀察到個別住客和住客之間的異常情況（包括住客的身體、情緒或健康狀況）、影響院舍運作的緊急／重大環境問題，以及發生任何意外後的跟進行動等。院方應在有需要時更新有關記錄，並由有關員工妥爲簽署，然後呈交院舍主管或有關職員以便監察，並存放在院舍內，以供查閱。此外，重要資料亦應記錄在各有關住客的個人健康記錄內，以便爲他們提供持續照顧。

(e) 使用約束的記錄

(i) 殘疾人士院舍職員應遵照本實務守則第十二章 12.6 段所載，有關盡量避免使用約束的一般原則，以及 12.7 段有關使用約束時須遵照的程序。此外，院方應另外保存一份有關向住客使用約束的記錄，內容包括以下資料：

- 受約束住客的姓名；
- 受約束的原因；
- 使用約束的種類；
- 於開始使用身體約束物品或隔離約束時，必須取得住客、其監護人／保證人／家人／親屬、院舍主管及註冊醫生的同意書（在有需要

時，亦需取得臨床心理學家的書面專業意見），並每半年檢討有關情況及再次簽署同意書；

- 於開始使用化學約束物品時，必須取得住客、其監護人／保證人／家人／親屬及院舍主管的同意書，以及註冊醫生的處方（在有需要時，亦需取得臨床心理學家的書面專業意見），並每半年檢討有關情況及再次簽署同意書；

- 於開始使用約束及每次檢討時，院舍職員應向住客及其監護人／保證人／家人／親屬解釋情況和作出記錄；

- 每次使用及／或鬆解的時段；

- 於使用約束後對住客情況的觀察；

- 就是否需要繼續使用約束所作定期評估的日期與詳情；及

- 負責員工的簽名。

(ii) 院方亦須將每次緊急情況下（例如：當住客使用暴力傷害他人時）使用約束的資料記錄於「工作記錄冊」，內容應包括：

- 受約束住客的姓名；

- 受約束的原因；
- 使用約束的種類；
- 使用及／或鬆解的時段；及
- 負責員工的簽名。

(f) 意外記錄

院方應在意外發生後採取即時的補救行動，並於事發後立即把意外記錄下來，資料包括意外發生的日期及時間；意外發生的詳情；受影響住客的姓名及情況；有否通知有關住客的監護人／保證人／家人／親屬／聯絡人；以及就意外而採取的補救行動。負責處理該意外的有關員工應在記錄上簽署。

(g) 死亡／遷出殘疾人士院舍記錄

資料應包括：

(i) 死亡／遷出殘疾人士院舍住客的姓名；

(ii) 死亡／遷出殘疾人士院舍日期及原因；及

(iii) 死亡／遷往的地點。

院方應把重要資料記錄在工作記錄冊及住客的個人健康記錄內。（詳情請參閱第十二章 12.2(a)(v)段）

(h) 投訴記錄

院方應記錄住客或任何其他人就殘疾人士院舍的管理或經營而作出的口頭／書面投訴，或提供的意見及資料，以及爲此而採取的跟進行動。

(i) 社交活動和節目的記錄

院方應妥爲記錄爲住客舉辦的社交活動和節目，包括：

- 舉辦活動的目的、活動類別及舉行日期、時間和地點；
- 參與有關工作的職員人數及類別、參加活動的住客人數、參加活動的院舍以外人士及營辦機構；
- 活動舉行時所拍攝的照片；及
- 住客的反應／意見。

(j) 火警演習記錄

殘疾人士院舍每年須進行兩次火警演習，每次相距約六個月，並保存舉行演習的時間和日期、參加的職員及住客人數的記錄。演習期間所拍攝的照片等資料，亦可作爲輔助記錄。

(k) 其他記錄

殘疾人士院舍應妥爲保存與政府部門及／或其他機構就有關該殘疾人士院舍運作的來往信件，以便查閱及

採取跟進行動。院方亦應保存社會福利署署長所指定的其他記錄，例如牌照處發出的指引，以及供傳閱的信件。

殘疾人士院舍應不斷更新上述各項的記錄，並妥爲存放在院舍內，以供查閱。

9.6 員工會議

殘疾人士院舍的經營者或主管應定期舉行員工會議、簡報會、個案會議或研討會，並保存有關記錄。作爲良好的行事方式，殘疾人士院舍的經營者及主管可考慮邀請住客及其監護人／保證人／家人／親屬，參與院舍管理會議及個案會議。

註一 根據個人資料（私隱）條例（第 486 章），「個人資料」是指與一名在世人士有關的資料，有關資料是儲存在記錄內，可加以處理或查閱，並且從該等資料可直接或間接識辨該名人士的身份。如相片顯示出某人的樣貌及包含該人的姓名或其他個人資料，有關相片一般會被視爲個人資料。任何人如未經資料當事人同意而公開刊登其個人資料，便有可能違反個人資料（私隱）條例（第 486 章）附表 1 的保障資料原則（下稱「原則」）的第 3 條。原則第 3 條訂明，除非得到有關的資料當事人的訂明同意，或獲條例第 VIII 部的條文豁免，個人資料只可使用（包括披露及轉移）於在收集該等資料時所述明的目的或直接有關的目的。因此，殘疾人士院舍在使用（包括披露及轉移）住客的個人資料時，需與其收集該等資料的目的或用途有關。假如殘疾人士院舍發放住客個人資料的用途，與其當初收集該等資料的目的不一致的話，則需要在發放前獲得資料當事人（即有關住客）的訂明同意。

註二 有關個人資料的保安，殘疾人士院舍須遵守保障資料原則第 4 條的規定。雖然原則第 4 條沒有硬性規定，甚麼才算是足夠的保安措施，然而，敏感程度愈高的個人資料和未獲准許而進行查閱所造成的損害愈大的個人資料，所採取的保安程度理應愈高。在決定殘疾人士院舍的保安措施能否提供適度保障時，須考慮下列事項：

- 儲存該等資料的地點；例如資料是否儲存於閒人勿進的禁區；
- 儲存該等資料的設備所包含的保安措施，例如使用電腦密碼；
- 爲確保能查閱該等資料的人良好操守、審慎態度及辦事能力而採取的措施；及
- 爲確保在保安良好的情況下傳送該等資料而採取的措施。

故此，殘疾人士院舍應制定內部指引，以規範其員工查閱及使用住客個人資料，及落實保障住客個人資料所應採取的措施。

註三 在一般情況下，未得到個別住客同意而向公眾披露其個人資料，已構成侵犯其私隱。因此，如殘疾人士院舍將載有個別住客個人資料公開張貼，任由公眾人士查閱，此舉有可能涉及違反保障資料原則第 3 條或第 4 條的規定。因此殘疾人士院舍在張貼住客日常活動的程序計劃表或時間表時，應小心行事，切勿將敏感的個人資料（例如：身分證號碼）連同住客的姓名一同公開展示，以確保住客的個人資料獲適當保障而不受未獲准許或意外的查閱、處理、刪除或其他使用所影響。

第十章

院舍員工

10.1 員工的聘用及當值

10.1.1 《殘疾人士院舍規例》附表 X 訂明各類殘疾人士院舍的最低人手聘用及當值要求如下：

項目	員工類別	高度照顧院舍	中度照顧院舍	低度照顧院舍
1	院舍主管	院舍主管 1 名	院舍主管 1 名	院舍主管 1 名
2	助理員	在上午 7 時至下午 6 時期間，每 40 名住客須有 1 名助理員（不足 40 人亦作 40 人論）。	在上午 7 時至下午 6 時期間，每 40 名住客須有 1 名助理員／護理員（不足 40 人亦作 40 人論）。	在上午 7 時至下午 6 時期間，每 60 名住客須有 1 名助理員／護理員（不足 60 人亦作 60 人論）。
3	護理員	a. 在上午 7 時至下午 3 時期間，每 20 名住客須有 1 名護理員（不足 20 人亦		

		作 20 人論）。 b. 在下午 3 時至下午 10 時期間，每 40 名住客須有 1 名護理員（不足 40 人亦作 40 人論）。 c. 在下午 10 時至上午 7 時期間，每 60 名住客須有 1 名護理員（不足 60 人亦作 60 人論）。		
4	保健員	除非有護士在場，否則在上午 7 時至下午 6 時期間，每 30 名住客須有 1 名保健員（不足 30 人亦作 30 人論）。	除非有護士在場，否則每 60 名住客須有 1 名保健員（不足 60 人亦作 60 人論）。	無須僱用保健員

5	護士	除非有保健員在場，否則在上午 7 時至下午 6 時期間，每 60 名住客須有 1 名護士（不足 60 人亦作 60 人論）。	除非有保健員在場，否則須有 1 名護士。	無須僱用護士

10.1.2 根據《殘疾人士院舍規例》附表 X 的規定，經社會福利署署長事先書面批准，當值時段可容許相差 1 小時，但無論向前或後調節，須維持每個時段內原有的時數。以中度照顧院舍的助理員／護理員爲例，當值時段是上午 7 時至下午 6 時，而容許相差 1 小時是指上午 6 時至下午 5 時（向前調節）或上午 8 時至下午 7 時（向後調節）須有助理員／護理員當值。

10.1.3 根據《殘疾人士院舍規例》第 X 條的規定，殘疾人士院舍的經營者須按照殘疾人士院舍所屬的種類，依照附表 X 指明的規定僱用人員出任主管、助理員、護理員、保健員及護士。經營者不得爲僱用主管以外的目的僱用任何人爲主管；不得爲僱用助理員以外的目的僱用任何人爲助理員；不得爲僱用護理員以外的目的僱用任何人爲護理員；不得僱用未根據《殘疾人士院舍規例》（第 XX 章附屬法例 A）註冊的人及爲僱用保健員以外的目的僱用該人爲保健員；或不得僱用並非《護士註冊條例》（第 164 章）所指的註冊護士或登記護士的人及爲僱用護士以外的目的僱用該人爲護士。

10.1.4 此外，經營者應與有關社會服務單位聯繫，以

跟進住客的福利需要。

10.2 定義

《殘疾人士院舍規例》第 X 條界定了下列各個用詞的定義。

10.2.1 經營者

經營者指根據《殘疾人士院舍條例》第 X 條獲發豁免證明書、第 Y 條獲發牌照、第 XX 條獲續發豁免證明書或第 YY 條獲續發牌照的人。根據《殘疾人士院舍規例》第 XX 條至第 XX 條的規定，經營者的職責包括：

(a) 僱用員工；

(b) 備存員工記錄；

(c) 提交有關處所的圖則或簡圖；及

(d) 提交收費詳情。

經營者如欲提高任何服務或貨品的費用或收費（如通脹、住客健康狀況轉變），作爲良好的行事方式，應在措施生效日期前起計最少 30 日以書面通知住客及／或其監護人／保證人／家人／親屬。

10.2.2 院舍主管

院舍主管指負責管理殘疾人士院舍的人士，其職責包括：

(a) 有關殘疾人士院舍整體行政及人手事宜；

(b) 策劃、組織和推行社交活動計劃與照顧安

排以配合住客的需要；

(c) 保持殘疾人士院舍安全、清潔、整齊及衞生，以達致可接受的標準；

(d) 確保員工爲住客提供適當及足夠的護理、起居照顧及社交照顧，並在有需要時轉介住客予社工或合適的醫療人員；

(e) 處理所有緊急事故；

(f) 根據《殘疾人士院舍規例》第XX條的規定，呈交員工名單；

(g) 根據《殘疾人士院舍規例》第XX條及本實務守則第九章9.5.3段的規定，備存最新記錄；

(h) 根據《殘疾人士院舍規例》第XX條的規定，報告有關傳染病的資料；及

(i) 根據《殘疾人士院舍規例》第XX條的規定，提供社會福利署署長所要求關於該殘疾人士院舍的資料。

10.2.3 護士

護士指名列根據《護士註冊條例》（第 164 章）第 5 條備存的註冊護士名冊內的任何人，或根據該條例第 11 條備存的登記護士名冊內的任何人。

10.2.4 保健員

保健員指名列由社會福利署署長根據《殘疾人士院舍規例》（第 XXX 章附屬法例 A）第 X 條備存的保健員註冊記錄冊內的任何人。本實務守則第十一章載述有關保健員的資料。

10.2.5 護理員

護理員指任何負責向住客提供日常起居照顧的人，但不包括助理員、保健員或護士。護理員須依從護士或保健員設計的起居照顧程序表，向住客提供日常起居照顧服務。

10.2.6 助理員

助理員指由經營者僱用的任何人，但不包括護理員、保健員或護士。助理員包括福利工作員、廚子、家務傭工、司機、園丁、看守員或文員等。

10.3 通宵當值的員工

10.3.1 根據《殘疾人士院舍規例》附表 X 的規定：高度照顧院舍另須符合以下規定：在下午 6 時至上午 7 時期間，最少須有 2 名員工通宵當值。

10.3.2 收納 60 名住客以上的中度照顧院舍，須符合以下規定：在下午 6 時至上午 7 時期間，最少須有 1 名員工通宵當值及 1 名員工通宵在場候命（不須當值）。而收納 60 名住客或以下的中度照顧院舍，則須符合以下規定：在下午 6 時至上午 7 時期間，最少須有 1 名員工通宵在場候命（不須當值）及 1 名員工隨時候召（不須在場，但須於一小時內返回院舍）。

10.3.3 至於低度照顧院舍則須符合以下規定：在下午 6 時至上午 7 時期間，最少須有 1 名員工通宵在場候命（不須當值）及 1 名員工隨時候召（不須在場，但須於一小時內返回院舍）。上述通宵當值、在場候命及隨時候召的員工可以是主管、助理員、護理員、保健員或護士。

10.4 服務條件

10.4.1 體格檢驗

所有殘疾人士院舍員工須於入職前由一位註冊醫生進行體格檢驗，以證明員工能夠擔任工作固有要求和職務。除非所作出的遷就會對僱主造成不合情理的困難，經營者須考慮爲殘疾應徵者作出合理遷就，使其在有遷就的情況下執行工作的固有要求。

10.4.2 薪酬

薪酬應與學歷、職責及表現相稱。薪級表應定期檢討，並於有需要時因應當時經濟狀況而考慮作出調整。

10.4.3 工作時數

所有類別的殘疾人士院舍，應最少有兩個更次的工作人員當值。至於工作時數，應在僱主與僱員簽訂的僱傭合約中訂明。

10.4.4 病假

(a) 員工因病請假超過兩個工作天，應出示醫生證明書。符合《僱傭條例》(第57章)第VII部「疾病津貼」規定的員工，可獲得疾病津貼。

(b) 根據《僱傭條例》(第57章)第37條的規定，僱主必須備存僱員的有薪病假日紀錄。適當地備存員工的病假紀錄是反映良好職業健康及安全工作方式的重要指標之一，而此舉亦有助及早發現是否有傳染病爆發。

10.4.5 分娩假期

(a) 受《僱傭條例》(第57章)保障的懷孕僱員，可按該條例第III部「生育保障」的規定，享有產假及產假薪酬。

(b) 根據《僱傭條例》(第57章）第15B條的規定，僱主必須備存僱員放取產假及收取產假薪酬的紀錄。

10.4.6 年假

符合《僱傭條例》(第 57 章）第 VIIIA 部「有薪年假」規定的合資格員工，可按有關條文規定放取有薪年假。

10.4.7 終止服務

除《僱傭條例》(第 57 章）及有關合約條款在符合《僱傭條例》(第 57 章）下另有規定外，僱傭合約的任何一方均可以口頭或書面方式通知對方其終止合約的意向，並給予對方適當的通知期或代通知金，以終止合約。至於終止僱傭合約所需的通知期及代通知金，請參考《僱傭條例》（第 57 章）第 II 部有關終止僱傭合約的相關條款。

10.4.8 工傷補償保險

根據《僱員補償條例》(第 282 章)，僱主必須爲其僱員（包括全職及兼職僱員）投購工傷補償保險，以承擔僱主在《僱員補償條例》(第 282 章）及普通法方面的法律責任。

10.4.9 退休保障

強制性公積金是根據《強制性公積金計劃條例》（第 485 章）成立的退休保障制度。凡年滿 18 歲但未滿 65 歲的職員，都必須參加已註冊強積金計劃或其他經核准的退休保障計劃及遵守條例的規定。

10.4.10 其他

人事政策應符合《僱傭條例》（第 57 章）規定。有關《僱傭條例》（第 57 章）和勞資關係事宜的查詢，可致電熱線 2717 1771 或向勞工處勞資關係科提出。

10.5 急救及其他訓練

10.5.1 殘疾人士院舍全體員工均應具備基本的急救知識，並最少應有一名員工曾完成急救課程，並持有有效的急救證書。香港聖約翰救護機構、香港紅十字會、醫療輔助隊、職業安全健康局及職業訓練局海事訓練學院舉辦的課程，均爲勞工處處長認可及社會福利署署長認受的課程。

10.5.2 《護士註冊條例》（第 164 章）所涵蓋的註冊及登記護士，其急救知識及技巧均獲認可。僱用註冊或登記護士的殘疾人士院舍，可獲豁免必須最少有一名僱員持有有效急救證書的規定。

10.5.3 經營者和主管應鼓勵和方便員工透過在殘疾人士院舍內或院外地方持續受訓，內容包括：職業安全、感染控制、殘疾人士常見的疾病、護理訓練及壓力管理等，讓員工能夠及早識別殘疾人士常見的健康問題，得以了解殘疾人士護理技巧的最新發展，以及注意工作上的安全及

健康，特別是照顧殘疾人士所需的正確體力處理操作技巧，以及有效的感染控制措施。

10.6 替假員工

爲確保殘疾人士院舍在任何時候都符合《殘疾人士院舍規例》附表 X 訂明的最低人手當值要求，凡員工放取事假、例假或病假，殘疾人士院舍均須安排替假員工填補空缺。

10.7 員工僱用情況的改變

根據《殘疾人士院舍規例》第 XXX 條的規定，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。根據《殘疾人士院舍規例》第 XX 條的規定，若社會福利署署長以書面作出要求，主管有責任在接獲要求的 14 日內，向社會福利署署長呈交經營者僱用的員工名單。根據《殘疾人士院舍規例》第 XXX 條的規定，主管須每三個月最少一次以書面將僱用員工的名單的改變，通知社會福利署署長。經營者／主管須就前述員工僱用情況的改變，以「職員僱用記錄」（附件二）向社會福利署署長提交更新的資料。此外，經營者亦必須按《僱傭條例》（第 57 章）第 49A 條規定，存放每一名僱員的工資及僱傭紀錄。

10.8 輸入勞工

經營者應盡量聘用本地勞工。若需透過補充勞工計劃聘用輸入勞工，經營者及主管應遵守該計劃的輸入勞工僱傭條件和規定。有關條件和規定已在標準僱傭合約中訂明。若經營者就聘用輸入勞工違反任何入境及勞工法例及規例，經營者或須就有關違例負上法律責任。

第十一章

保健員

11.1 申請

任何人如欲申請註冊爲保健員，應使用附件八所載的表格，向牌照處提出申請，地址爲香港灣仔皇后大道東 248 號 15 樓 1508 室。

11.2 申請資格

11.2.1 《殘疾人士院舍條例》第 X 條規定，任何人如：

(a) 完成一項由社會福利署署長以書面批准的訓練課程，該項批准可以是一般性的或是就個別情況作出的；或

(b) 因爲他／她在保健工作方面所受的教育或訓練，或所具有的專業經驗或技能，令社會福利署署長信納他／她是註冊爲保健員的合適人選；

即有資格註冊爲保健員，以便受僱在殘疾人士院舍工作。

11.2.2 就上文第 11.2.1(a)段而言，獲社會福利署署長批准的訓練課程包括：

(a) 由社會福利署與 XXXX 合辦的保健員訓練課程；

(b) 由社會福利署與 XXXX 合辦，供已成功完成上文(a)項的訓練課程，但只持有修業證書人士修讀的補修課程；

(c) 由社會福利署與以下 X 間訓練機構中任何一間機構合辦的保健員訓練課程：

(i) YYYYY；

(ii) YYYYY；

(iii) YYYYY；

(iv) YYYYY；

(v) YYYYY；

(vi) YYYYY；或

(d) 由個別訓練機構舉辦，已獲社會福利署署長以書面批准的保健員訓練課程。截至 XXXX 年 X 月，獲社會福利署署長批准的自負盈虧保健員訓練課程名單載於附件九。最新的課程名單可參閱社會福利署網頁。

11.3 註冊

11.3.1 根據《殘疾人士院舍條例》第 X(X)條，社會福利署署長可運用其酌情決定權，將任何人註冊爲保健員，並可就該項註冊施加他認爲適當的條件。

11.3.2 根據《殘疾人士院舍條例》第 X(Y)條，除非社會福利署署長信納申請人：

(a) 具備獲註冊爲保健員所需的資格；

(b) 其能力勝任註冊爲保健員；以及

(c) 是註冊保健員的適當人選，

否則署長不得將該申請人註冊爲保健員。

11.4 註冊費

在符合上文第 11.3 段的規定下，社會福利署署長可在一名人士繳付《殘疾人士院舍條例》第 XX 條所訂明的註冊費後，將其註冊爲保健員。

11.5 取消註冊

根據《殘疾人士院舍條例》第 X 條，在下列情況下，社會福利署署長可取消一名註冊保健員的註冊：

(a) 署長認爲該項註冊是藉欺詐手段而獲得的；或

(b) 署長不再信納任何根據《殘疾人士院舍條例》第 X(X)條（載於上文第 11.3.2 段）須獲他信納的事宜。

11.6 保健員的職責說明

保健員應負責爲殘疾人士院舍住客提供全面的健康護理，其職責包括以下各項：

(a) 與到診註冊醫生緊密合作，提供有關住客的病歷資料，並跟進保健計劃；

(b) 記錄住客的病歷、健康情況、覆診日期及時間和住院詳情，並爲他們安排保健計劃；

(c) 爲住客定期量度和記錄血壓、脈博、體溫、排泄情況和情緒變化，以及早發現任何疾病，安排由到診醫生醫治住客，或將住客送往門診診療所、急症室或醫院接受治療；

(d) 當有意外或緊急事故時，爲住客提供敷藥急救；

(e) 爲住客的傷口及褥瘡敷藥，協助住客使用餵飼管進食和進行簡單的運動；

(f) 查閱護理員工的日常工作記錄冊，並迅速處理住客的健康問題；

(g) 照料及督導住客服食藥物；

(h) 督導員工使用簡單的醫療儀器及消毒用具；

(i) 協助設計住客的餐單，包括特別膳食餐單；

(j) 訓練護理員工，並向他們灌輸健康護理的基本知識；以及

(k) 爲住客及其監護人／保證人／家人／親屬提供健康教育及輔導，並在符合《個人資料（私隱）條例》（第

486 章）的規定下，通知他們有關住客的健康情況，以便安排適當的健康護理[註一]。

視乎適用與否，殘疾人士院舍經營者／主管可能會委派保健員出任感染控制主任。有關感染控制主任的職責說明，請參閱本實務守則第十三章「感染控制」。

[註一] 醫療資料一般被視爲特別敏感，因此在處理該等資料時，殘疾人士院舍有責任份外小心，以確保該等資料的安全。不當處理住客的醫療資料，可以對他們造成嚴重及深遠的損失或損害。因此，殘疾人士院舍應注意其持有的資料的敏感性及未獲准許而查閱資料的風險，確保所採取的保安預防措施是合理、合適及有效的，以遵從保障資料原則第 4 條的資料保安規定。

第十二章

保健及照顧服務

12.1 概要

爲殘疾人士提供護理及起居照顧的目的，是使他們保持健康，防止他們的健康迅速衰退，協助他們進行日常生活及自理的活動，並且滿足個別住客對保健和個人照顧的需要。殘疾人士院舍主管應確保由負責任和合資格的員工爲住客提供適當及足夠的護理及起居照顧，並在有需要時轉介住客予合適的醫療專業人員。院舍環境及所提供的服務應鼓勵及方便住客過健康生活，保持精神健康及自我照顧的能力，以及參與有意義的交流及社交活動。

12.2 保健

院舍應爲住客提供下列保健照顧服務：

(a) 必須爲每名住客妥善保存健康記錄並定期更新資料。個人健康記錄應正確並真實無誤地顯示住客的身份及包括：

(i) 入院文件（例如：殘疾人士住宿服務評估工具、體格檢驗報告書）；

(ii) 病歷記錄（例如：曾患的重病、曾接受的手術、疫苗注射等）

(iii) 住客的健康狀況評估，包括體重、生

命表徵、日常起居活動、進食情況、情緒、精神、社交及行爲狀況、吸煙習慣以及所參與的運動；

(iv) 住客的特別護理需要，包括：

- 特別飲食需要，包括使用餵飼管
- 主要風險因素（例如：過敏、吞嚥困難、跌倒、抑鬱、四處閒蕩等）
- 特別護理程序（例如：傷口護理、引流導尿管、餵飼管、腹膜透析等）
- 特別藥物需要（例如：皮下／肌肉注射）
- 入住醫院、診症及跟進治療記錄
- 協助及輔助器材（如適用）（例如：輔助座椅及提升日常生活、自理活動的器材等）
- 正確位置／姿勢（例如：最少每兩小時爲長期卧床住客轉身一次）
- 失禁處理

(v) 住客的健康狀況進展／轉變記錄，住客發生的任何意外或罹患的任何疾病的記錄，因住客發生意外或患病而採取的任何補救行動的記錄，以及住客的遷出院舍或死亡記錄（亦請參閱本實務守則第九章 9.5.3(f)及(g)段）；

(vi) 住客的「個人藥物記錄」應記錄住客現正使用的處方藥物及特別藥物。特別藥物包括所有需要特別注意使用

情況的藥物，如注射及有需要時才使用的藥物。此外，院舍亦應保存住客的「個人用藥記錄」及由家人提供有註冊中醫師名字的中藥處方。若院舍知道住客使用非處方藥物或成藥，應將事件記錄在案，以供醫療專業人員在有事故發生時作爲參考及跟進之用；及

(vii) 院舍應實施一套合適的工作程序，以便在住客接受醫療診治服務的過程中，員工能正確地識認及配對該住客的個人身份及健康記錄。

(b) 建議院舍安排註冊醫生定期到院舍爲有需要而行動不便的住客檢查身體、診症、作跟進治療，以及爲有需要使用身體約束物品或隔離約束的住客簽署同意書。此外，院舍還應協助提供保健醫療服務（例如：醫院管理局的社區精神科小組）或康復服務的機構（例如：提供日間社區康復服務或家居訓練及支援服務的機構）探訪院舍。

(c) 爲保持住客最佳體能，院舍應爲所有的住客，特別是嚴重肢體傷殘的住客提供活動性體能練習。院舍可設計日常體操運動，以及在院舍內提供運動場地及器材，以鼓勵住客多做運動，強健體魄。院舍應確保住客於運動時的安全，定期檢查器材，以及保持器材的狀況良好。住客如有特別的健康或身體問題，應徵詢註冊醫生或物理治療師等健康專家對有關運動的意見。

(d) 醫療診治或覆診應定期性及當有需要時進行。當有住客患病，院舍應及早通知其監護人／保證人／家人／親屬並盡早帶他求診。若情況危急，應把患病住客送到附近的急症室。爲了能夠及早識別殘疾人士常

見健康問題，以便提供最好的照顧並保障員工及其他住客，院舍員工應定期接受有關的訓練。

12.3 藥物儲存及管理

(a) 根據《殘疾人士院舍規例》第 XX 條，所有藥物均須存放於安全的地方，致令社會福利署署長滿意。故此，藥物應加上清楚標籤，放置於安全及上鎖的地方。如院舍有護士或保健員，藥物應由他們適當地提供予住客。護士、保健員或負責管理藥物的員工在備藥及派藥時必須遵從註冊醫生的處方及建議，並嚴格執行「三核五對」程序，以確保住客能在正確時間透過正確使用途徑使用正確的藥物及劑量。員工不可按自己的意見及／或診斷配藥予住客，並應避免使用成藥。院舍主管須確保所有與藥物管理有關的員工均曾接受適當的訓練。在可適用情況下，上述訓練應作爲員工入職訓練及定期培訓的一部份；

(b) 所有住客曾使用的藥物（包括特別藥物，請參閱上文 12.2(a)(vi)段）必須清楚及準確地記錄在住客的「個人用藥記錄」內；記錄項目最少應包括住客姓名、藥物名稱及劑型、劑量、使用途徑、使用日期及時間，及負責備藥及派藥員工的簽名。此外，亦須記錄任何沒有派藥給住客的原因；

(c) 若醫生處方化學約束物品（指利用藥物達致約束的目的）給住客使用，院舍員工須遵守「藥物儲存及管理」的守則（請參閱上文 12.3(a)及(b)段），使用後必須密切留意住客的情況；

(d) 若某些院舍需要訓練住客自行存放及使用

藥物的能力，院舍必須先爲住客進行評估，以確保住客使用藥物的服從性良好、並能充份明白及遵從醫囑的要求準時用藥、能將自行使用的藥物放在安全及上鎖的地方，以及鄰近的住客不會因神智紊亂而有機會誤取別人的藥物。此外，院舍應取得住客本人或住客及其監護人／保證人／家人／親屬的同意書，方可讓該住客自行使用藥物。而院舍則須繼續保存及更新該住客的「個人藥物記錄」、定期監察及評估該住客自行存放及使用藥物的情況及能力。

(e) 院舍在管理藥物時亦可參考由衞生署、醫院管理局及社會福利署合作編寫的「安老院舍藥物管理指南 2007」。這指南旨在爲院舍藥物管理流程中的每個步驟提供詳細和具體的指引，以便院舍提供更優質的藥物管理服務。

12.4 每年健康檢查

(a) 雖然大多數住客未必需要有定期的健康檢查，但根據《殘疾人士院舍規例》第 XX 條，院舍的經營者須確保每名 60 歲或以上的住客最少每 12 個月接受一次健康檢查。健康檢查須由註冊醫生進行，或在情況許可下由到診醫生或住客本身的家庭醫生進行，以便提供持續的醫療照顧，負責的醫生須使用附件六所載的指定表格，或任何經社會福利署署長同意使用的表格，向經營者提交有關該名住客的健康狀況書面報告。

(b) 除了 60 歲或以上的住客外，亦建議院舍可以視乎個別住客的需要每隔一段時間及在有需要時爲住客安排健康檢查（特別是身

體狀況較差的住客，例如：嚴重肢體傷殘的住客），以便院舍因應其健康狀況重訂個人照顧計劃。

12.5 個人起居照顧

12.5.1 院舍須設計起居照顧時間表，每隔一段合理的時間爲住客提供洗澡、洗髮、剪髮、剃鬚、剪指甲、更換衣服及更換床單和枕套等起居照顧服務。

12.5.2 應尊重住客的尊嚴及私隱。爲住客提供個人起居照顧服務時，例如：提供沐浴、更換衣服和尿片，以及如廁（例如：使用便椅）等服務時，應以屏風或簾幕遮隔。

12.5.3 特別護理卡應放在住客牀邊附近或其他適當的位置，卡上標明住客的特別護理需要，尤其是特別飲食需要，以及預防可能危害健康問題的措施，例如：吞嚥困難，請參閱上文 12.2(a)(iv)段。

12.5.4 院舍員工爲住客提供個人起居照顧時，建議遵照衞生署不時發出的相關指引，以便預防及控制傳染病在院舍蔓延。

12.6 盡量避免使用約束的一般原則

12.6.1 約束的種類

(a) 身體約束物品是指爲限制住客活動以盡量減少其對自己及／或其他住客所造成的傷害而特別設計的物品。常用的身體約束物品可包

括約束衣、軟帶、腕帶、軟布連指手套、有扣或沒有扣的安全帶等，亦可包括使用便椅／座椅上可拆除的托盤／枱板來限制住客活動／固定住客於某一地方但並非作原來用途。但身體約束物品並不包括一些由醫療專業人員處方／指示純用作治療用途的醫療物品／設備；

(b) 隔離約束是指在住客非自願的情況下，將住客禁閉在他不能自行離開的房間／地方（例如：上鎖的房間）。用作隔離約束的房間／地方必須裝有閉路電視或房門上必須裝有可供觀察的窗戶，以便院舍員工密切留意住客的安全，免生意外。此外，亦建議院舍在此房間／地方裝置其他安全設施，例如：對講機、門外紅色訊號顯示燈等；

(c) 化學約束物品是指利用藥物達致約束的目的。在沒有醫生建議的情況下，不得使用化學約束物品。使用藥物的反應因人而異，用藥過量可能導致嚴重併發症。假如註冊醫生處方具化學約束作用的藥物作其他用途，使用時必須密切留意住客的情況。

12.6.2 使用約束時，應時刻顧及住客有尊嚴地生活及自由活動的權利。院舍應盡量避免使用約束，而且絕對不應以使用約束作爲懲罰，或作爲代替照顧住客或方便員工工作的方法。

12.6.3 只有在嘗試過其他折衷辦法失效後或在緊急的情況下，才可考慮使用約束。

使用約束不應是第一選擇，而應是最後的處理方法；而且只應在例外的情況下，當該名住客及／或其他住客的利益遭到危害時，才可使用約束，而不應視爲一種慣性做法。

12.6.4 院舍可能基於下列原因而認爲必須使用約束，以限制住客的活動：

(a) 防止住客傷害自己或他人；

(b) 防止住客跌倒；及／或

(c) 防止住客除去醫療器材、尿袋、引流導尿管、餵飼管、尿片或衣服。

12.6.5 如使用身體約束物品或隔離約束

(a) 院舍主管、護士主管或保健員主管必須得到住客、其監護人／保證人／家人／親屬及註冊醫生的同意（在有需要時，亦需取得臨床心理學家的書面專業意見），方可使用約束。在徵詢註冊醫生的意見時，院舍的保健護理人員必須向有關註冊醫生清楚解釋住客需要使用約束的原因，包括住客的精神、情緒、行爲及健康狀況；

(b) 應密切留意住客是否安全及舒適；

(c) 應盡可能爲最低限度的使用，使用的時間應盡量減少，不可使用超過所需的時間；及

(d) 須遵照下文第 12.7 段的程序。

12.6.6 如使用化學約束物品

(a) 院舍主管、護士主管或保健員主管必須取得住客及其監護人／保證人／家人／親屬的同意，以及註冊醫生的處方（在有需要時，亦需取得臨床心理學家的書面專業意見），方可使用化學約束物品。在徵詢註冊醫生的意見時，院舍的保健護理人員必須向註冊醫生清楚解釋住客的精神、情緒、行爲及健康狀況；

(b) 須根據相關註冊醫生的指示密切留意住客使用化學約束物品後的情況，以確保住客安全；

(c) 應與相關註冊醫生跟進住客使用化學約束物品後的情況及檢討住客是否需要繼續使用化學約束物品；及

(d) 須遵照下文第 12.7 段的程序。

12.6.7 使用約束指引及員工訓練

若院舍認爲有需要使用約束，須妥爲訂立使用約束指引。院舍主管須確保所有參與使用約束的員工均曾接受適當訓練，特別是有關決定何時使用約束、使用約束對住客個人尊嚴的影響、使用約束的技巧及事後照顧程序等。在可適用情況下，正確使用約束應作爲員工入職訓練及定期培訓的一部份。

12.7 使用約束時須遵照的程序

12.7.1 評估

護士／保健員／醫療專業人員應就住客的情況，以及導致他們有危險而要使用約束的因素，進行基本評估。評估項目可包括下列一項或多項：

(a) 情緒狀況（例如：大吵、大鬧、精神困擾和感到迷惘等）；

(b) 長期出現的滋擾性行爲（例如：除去醫療器材等）；

(c) 身體機能和日常起居活動（例如：經常容易跌倒）；及／或

(d) 對自己和他人可能造成的傷害（例如：傷害自己的行爲和對他人使用暴力等）。

12.7.2 折衷辦法

使用約束前，應盡可能嘗試採用其他折衷辦法；在有需要時，亦需取得臨床心理學家的書面專業意見。

(a) 當住客情緒不穩並可能傷害自己或他人時，院舍員工及住客的監護人／保證人／家人／親屬或朋友應多留意他的情況；

(b) 當住客有自傷或攻擊行爲時，例如：咬手、踢人等，院舍應使用行爲治療等方法去處理；

(c) 提供消閒和分散注意力的活動（例如：舉行運動小組和輔助步行活動等）

(d) 消除可能令住客不安以致需要使用約束的情況（例如：安排及協助步伐不穩的住客定時如廁，從而減低他們因爲自行前往廁所而跌倒的機會）；

(e) 採取建議措施，以提供安全的環境，包括：

(i) 搬走有銳邊的家具；

(ii) 爲住客提供前往房間的指示；

(iii) 協助住客穿著適當鞋履和使用合適的步行輔助用具；

(iv) 提供良好照明；

(v) 裝置睡牀／座椅檢查系統；

(vi) 確定住客使用輪椅時的坐姿／姿勢正確；及

(vii) 爲所有可移動的物件（例如：睡牀、輪椅和便椅等）加裝制動裝置。

12.7.3 介入計劃

(a) 使用身體約束物品或隔離約束：

(i) 與住客及其監護人／保證人／家人／親屬討論使用身體約束物品或隔離約束帶來的短期及長遠影響；

(ii) 住客如認爲身體約束物品有

助加強安全，可自行選擇使用；

(iii) 決定那一類身體約束物品可盡量減低對住客的約束（例如：輪椅安全帶）；

(iv) 向住客、其監護人／保證人／家人／親屬及註冊醫生解釋需要使用約束的原因，以及曾經嘗試採用的折衷辦法和成果；及

(v) 必須取得住客、其監護人／保證人／家人／親屬、院舍主管及註冊醫生的同意（在有需要時，亦需取得臨床心理學家的書面專業意見）。

(b) 使用化學約束物品：

(i) 向住客、其監護人／保證人／家人／親屬及註冊醫生解釋曾經嘗試採用的折衷辦法和成果；

(ii) 在徵詢註冊醫生的意見時，院舍的保健護理人員必須向註冊醫生清楚解釋住客的精神、情緒、行爲及健康狀況；

(iii) 請相關註冊醫生與住客及其監護人／保證人／家人／親屬討論使用化學約束物品帶來的短期及長遠影響，包括藥物反應；及

(iv) 必須取得住客、其監護人／

保證人／家人／親屬及院舍主管的同意，以及註冊醫生的處方（在有需要時，亦需取得臨床心理學家的書面專業意見），方可使用化學約束物品。

12.7.4 使用身體約束物品時須注意的事項：

(a) 不應使用裝上鎖的身體約束物品；

(b) 利用繃帶、尼龍繩、布條及頇帶等作爲身體約束物品是絕對不容許的；

(c) 應使用合適尺碼且狀況良好的身體約束物品，以確保盡量減低對使用者可能造成的不適；舉例來說，約束衣應具備不同的尺碼，以配合住客的個別需要；

(d) 應妥爲使用及扣好身體約束物品，以確保用者安全及舒適，並能轉換姿勢。舉例來說，身體約束物品應固定和緊扣在牀架兩側，或者固定和緊扣在輪椅或設有扶手及底部寬闊／穩固的座椅上；

(e) 應每隔一段時間（例如：最少每隔兩小時）鬆解身體約束物品，讓用者舒展和活動身體，並照顧住客的基本生理需要（例如：如廁、進食）；

(f) 使用身體約束物品的方法，必須以在緊急情況下（例如：火警）可迅速解除約束物品爲準；

(g) 使用身體約束物品期間，必須密切留意有關住客，並盡可能把有關住客安置在員工的視線範圍內；亦應採取措施，防止身體約束物品因移位而導致用者的血液循環及呼吸受阻；同時應最少每隔兩小時檢查一次（或應按住客情況增加檢查次數）住客受制於身體約束物品的情況及根據住客當時的精神、情緒、行爲、健康狀況及反應而檢討住客是否需要繼續使用身體約束物品，並把有關情況加以記錄及由負責員工簽署；

(h) 應就擬使用身體約束物品的種類及設計徵詢註冊醫生及／或醫療專業人員的意見（在有需要時，亦需取得臨床心理學家的書面專業意見），以確保所使用的身體約束物品，不會令用者感到不適、擦傷或身體受損。此外，亦必須小心使用身體約束物品，避免令住客意外受傷。舉例來說，綁在手腕以限制手部活動的軟帶，應加上厚墊或護墊以提供更妥善的保護；及

(i) 院舍應根據本實務守則第九章9.5.3(e)段的規定，擬備使用身體約束物品的記錄。

12.7.5 使用隔離約束時須注意的事項：

(a) 院舍主管必須確保用作隔離約束的房間／地方能爲住客提供安全的環境，包括裝有保護軟墊的牆壁及地板、有足夠的空間讓住客伸展、具備良好的通風及足夠的光線，以及並沒有放置有機會令住客

受傷的設備和物品等；

(b) 使用隔離約束前，必須移除所有有機會令住客受傷的個人物品；

(c) 使用隔離約束期間，院舍必須透過房間／地方的窗戶或閉路電視密切觀察住客的情況。院舍應最少每隔十五分鐘檢查一次（或應按住客情況增加檢查次數）住客受制於隔離約束的情況及根據住客當時的精神、情緒、行爲、健康狀況及反應而檢討住客是否需要繼續使用隔離約束，並把有關情況加以記錄及由負責員工簽署；

(d) 應每隔一段時間（例如：最少每隔兩小時）照顧住客的基本生理需要（例如：如廁、進食）；

(e) 隔離約束房間／地方的門鎖必須遵守《提供火警逃生途徑守則 1996 年》及其後任何修訂本所載有關的規定，在緊急情況下應毋須使用鎖匙而房門能向出口方向打開，以便住客能迅速逃生；及

(f) 院舍應根據本實務守則第九章 9.5.3(e)段的規定，擬備使用隔離約束的記錄。

12.7.6 使用化學約束物品時須注意的事項：

(a) 在使用化學約束物品時，須同時遵守上文 12.3(a)至(c)段有關「藥物儲存及管理」的程序及守則。護士、保健員或負責管理藥物的員工在使用化學約束物品時必須遵從註

冊醫生的處方及建議，並嚴格執行「三核五對」程序；

(b) 使用化學約束物品後亦須根據相關註冊醫生的指示密切留意住客的精神、情緒、行爲及健康狀況，並把有關情況加以記錄及由負責員工簽署。如有任何疑問，應向相關註冊醫生查詢或盡早帶住客求診；

(c) 應與相關註冊醫生跟進住客使用化學約束物品後的情況及檢討住客是否需要繼續使用化學約束物品；及

(d) 院舍須將住客使用化學約束物品的資料記錄在住客的「個人藥物記錄」及「個人用藥記錄」內（請參閱上文 12.2(a)(vi)及 12.3(b)段）。此外，院舍亦應根據本實務守則第九章 9.5.3(e)段的規定，擬備使用化學約束物品的記錄。

12.8 使用引流導尿管時須注意的事項

(a) 引流導尿管只應作治療用途或基於住客的健康狀況需要，才可使用，不應爲方便員工工作而使用。使用引流導尿管必須得到註冊醫生批准；

(b) 應由護士爲住客插入或更換福利氏導尿管；

(c) 在住客的造口型成妥當及經醫生判斷爲穩定的情況下，可由曾接受有關護理訓練的註冊護士爲住客插入或更換恥骨上導尿

管；

(d) 各類引流導尿管應定期更換；

(e) 引流導尿管應擺放在可讓尿液暢順流出的位置；

(f) 負責員工應定期留意有否出現任何異常現象，例如：排尿減少，或者尿液出現血跡或沉澱物。如有需要，負責員工應監察和記錄住客水份進出量的情況，並尋求醫務人員的意見；

(g) 應由註冊醫生或護士定期檢討引流導尿管的使用情況，以決定應否繼續讓住客使用；及

(h) 至於需要間歇地插入清潔導管的住客，插入導管的次數應根據註冊醫生的指示而訂定，而且只可在註冊醫生或護士檢討住客情況後才更改。

12.9 使用餵飼管時須注意的事項

(a) 餵飼管只應作治療用途或基於住客的健康狀況需要，才可使用。使用餵飼管必須得到註冊醫生批准；

(b) 應由護士爲住客插入或更換鼻胃管；

(c) 在住客的造口型成妥當及經醫生判斷爲穩定的情況下，可由曾接受有關護理訓練的註冊護士爲住客插入或更換胃造瘻餵飼管；

(d) 各類餵飼管應定期更換；

(e) 每次餵食前，應確保餵飼管的位置正確。不可利用壓力推入食物。餵飼時應將住客置於半坐卧姿勢，餵飼後亦應將住客繼續保持於半坐卧姿勢約三十分鐘，然後才躺下。此外，亦應注意口腔及鼻囊的護理，特別是口腔衞生，每天應最少三次爲住客進行口腔護理；

(f) 應根據個別住客的需要或遵從註冊醫生／營養師的意見，安排餵食住客的時間及次數。一般而言，日間每三至四小時便應餵食一次；

(g) 對於使用餵飼管的住客，負責員工應監察和記錄其流質或水份進出量的情況，並留意有否出現水份進出量失衡的現象，亦應特別留意胃部有沒有殘餘物及出現其他過敏現象。如有需要，應立即尋求醫療專業人員的意見；及

(h) 應由註冊醫生或護士定期檢討餵飼管的使用情況，以決定應否繼續讓住客使用。

12.10 其他特別護理程序

院舍於執行特別的護理程序時，建議參照衞生署、醫院管理局及／或牌照處發出的保健照顧指引，以及其後發出的任何修訂／修改版本。

第十三章

感染控制

13.1 概要

殘疾人士院舍爲身體機能有不同程度缺損的住客提供住宿照顧服務。由於住客、員工及訪客會有近距離的接觸，因此，在院舍環境中實施有效的感染控制是至關重要的。爲了統籌和迅速執行感染控制措施，院舍經營者應委任一名護士或保健員擔任感染控制主任（若院舍沒有護士或保健員，則應由院舍主管擔任）。感染控制主任是院舍內負責處理感染控制及防止傳染病散播事宜的主要人員。院舍主管應盡量安排有關員工接受感染控制培訓。

13.2 感染控制主任的職責

獲委任的感染控制主任負責處理下述事宜：

(a) 統籌及監督院舍內所有有關感染控制及傳染病預防的事宜；

(b) 向院舍所有員工及住客發放最新的預防傳染病訊息及指引，並協助新員工認識這些最新訊息；

(c) 協助院舍主管安排員工接受感染控制訓練；

(d) 協助院舍主管監察員工及住客遵守及妥善

執行感染控制指引，包括保持個人、環境及食物衞生；

(e) 監督院舍內的消毒工作，確保員工妥爲消毒所有使用過的醫療器具及其他用具，以及妥善處理和棄置受污染衣物及其他廢物；

(f) 協助院舍主管爲員工提供必須的個人防護裝備，並指導及監察員工按照正確程序使用及棄置個人防護裝備；

(g) 觀察住客及員工是否有傳染病的徵狀（如住客或員工不尋常地在同一時間相繼出現發燒、上呼吸道感染徵狀及腸道傳染徵狀）；協助院舍主管向牌照處及衞生署衞生防護中心（下稱「衞生防護中心」）報告傳染病個案或懷疑個案；向衞生防護中心提供所需資料，協助該中心進行調查；以及配合衞生防護中心採取有效的感染控制措施，避免傳染病擴散；及

(h) 協助院舍主管評估院舍內爆發傳染病的風險，並徵詢院舍主管、醫療專業人員（例如：到診註冊醫生）及衞生署的意見，以定期檢討及制定預防傳染病爆發的策略。

13.3 預防傳染病

(a) 應時刻保持良好的個人、食物及環境衞生。

(b) 院舍的員工應根據標準預防方法及以傳播途徑爲根基的預防方法，採取適當的預防措施。

(i) 用正確的方法潔手及常潔手是預防傳染病的先決條件，所以院舍應提供適

當的洗手設施及／或酒精搓手液。

(ii) 員工應採取標準預防措施，視所有人體的血液、體液、分泌物及排泄物（汗液除外）（例如：大小便、唾液、痰涎、嘔吐物或傷口分泌物等）、不完整的皮膚（例如：傷口）及黏膜都有潛在的傳染性，並按照不同情況採取適當及相關的保護措施。

(iii) 爲了盡量減低受感染或引起交叉感染的風險，員工應在進行護理或起居照顧程序時使用適當的個人防護裝備。員工亦應針對性地採取預防措施，以預防從不同傳播途徑傳播的疾病，例如：針對流行性感冒採取飛沫預防措施及針對疥瘡採取接觸預防措施。

(iv) 員工應留意政府公布的有關傳染病控制警號等級的最新建議，並應按照警號等級採取適當的預防措施。

(c) 住客如患上流行性感冒，會較容易出現併發症；因此，除非住客有醫學原因不宜接受注射，院舍應鼓勵住客每年接受流行性感冒疫苗注射。院舍的經營者作爲負責任的僱主，亦應盡可能安排員工接受流行性感冒疫苗注射。

(d) 員工在處置受污染物品時，應採取適當的預防措施。員工應按需要把受污染物品消毒及／或分開棄置。員工應採取良好的行事方式，把針筒及利器棄置在外面貼有「利器箱」標籤的防穿漏容器內。

13.4 傳染病個案的處理

(a) 根據《殘疾人士院舍規例》第 XX 條，若院舍主管懷疑或知道院舍的住客或員工當中有人染上表列傳染病，或懷疑或知道他們當中有人曾接觸過染有表列傳染病的病人，須立即向社會福利署署長報告。院舍主管／感染控制主任亦應安排染病的住客／員工向註冊醫生求診，以及按照《預防及控制疾病規例》(第 599 章附屬法例 A)，確保向衞生防護中心報告有關個案。附件十載有須同時向衞生防護中心及牌照處呈報的表列傳染病一覽表〔該表亦載於《預防及控制疾病條例》(第 599 章)附表 1(二零零八年七月十四日版本)〕，以供參考。並請留意衞生署其後任何修訂本。

(b) 除了上述須呈報的疾病外，若院舍有多名員工或住客感染或懷疑感染一些因院舍的集體居住環境而值得衞生防護中心特別關注的傳染病，例如：流行性感冒或疥瘡，院舍主管／感染控制主任亦應盡快向衞生防護中心及牌照處報告有關個案，以知會當局，讓當局可給予意見。

(c) 若有任何住客染上任何傳染病，院舍主管／感染控制主任應把染病的住客安置於特定的地方或房間，該地方或房間應有良好的通風，可供妥善棄置個人和醫療廢物的裝置及基本的潔手設施。院舍主管／感染控制主任亦應迅速安排染病的住客求診，並採取預防措施。舉例來說，若懷疑住客感染透過飛沫傳播的傳染病，便應安排這些住客戴上外科手術用口罩，以確保他們不會危及其他住客的健康。

(d) 院舍應保存傳染病記錄，該記錄應包括：

(i) 受感染的住客及員工的發病日期及時間；

(ii) 受感染的住客及員工的數目及姓名；

(iii) 醫院／診所／註冊醫生的名稱及接受治療日期；

(iv) 通知衞生署／牌照處的日期；及

(v) 院舍採取的跟進措施。

相關資料亦應記錄在工作記錄冊及住客的個人健康記錄內。

(e) 院舍主管／感染控制主任應採取良好的行事方式，保存訪客的探訪記錄，以便衞生署可在必要時據此展開追查。如有需要，院舍主管／感染控制主任亦應通知／提醒訪客及／或住客的親友院舍內爆發傳染病。

13.5 其他資料

爲防止傳染病在院舍內蔓延，請參考衞生署出版的「殘疾人士院舍預防傳染病指引」。若需要更多有關在院舍預防和控制傳染病的指導，可向衞生署或其他相關的政府部門索取指引、資料單張及小冊子。

第十四章

營養及飲食

14.1 概要

合適而又營養均衡的飲食，可令殘疾人士身體健康。足夠又富營養的飲食對維持生命及防止疾病非常重要。食物的性質和份量應按殘疾人士個別的需要提供，烹調及運送過程亦應保持衞生。

14.2 餐單的設計

所有殘疾人士院舍必須預先擬定兩至四個星期的餐單，餐單的內容應經常加以變化，並可隨時供人查閱。院舍在設計餐單時，應照顧住客的個人喜好及醫療上的需要。雖然餐單可因食物的季節性供應不同而加以變化，但應以餐單作爲烹調各餐食物的一般指引。

14.3 飲食及食物的選擇

院舍每餐提供的飲食應符合營養和卡路里的要求，更要切合個別住客的需要，例如：因健康問題或宗教信仰而需要的特別飲食。院舍應依照「健康飲食金字塔」的原則爲住客提供均衡的飲食，即以五穀類爲主，並多吃蔬菜、瓜類及水果，進食適量的肉類、蛋類、豆品類及奶品和鈣類食物，並減少鹽、油、糖份及脂肪。此外，院舍應爲住客提供足夠的食物份量。應留意食物的狀況，特別是顏色、味道、質地

及溫度。爲住客選擇食物時，還應特別留意以下數點：

(a) 每天從健康飲食金字塔的五類食物中選擇食物；

(b) 在每類食物中選擇多樣化的食物；

(c) 使用容易咀嚼的材料；

(d) 避免提供多骨的魚類及肉類；

(e) 使用瘦肉，並在烹煮前先切去脂肪；

(f) 避免使用高脂肪食物；

(g) 避免經常使用含高膽固醇的食物；

(h) 使用低脂肪的烹煮方法；

(i) 提供有豐富纖維材料（例如：水果、蔬菜和乾豆類）的菜餚；

(j) 提供含低鹽及低糖份材料和佐料的食物；

(k) 提供稀稠度及質地適中的食物，並按住客的喜好及接受程度改變食物的濃度及質地；

(l) 提供色彩鮮亮的食品或混合鮮色及淡色的食品，以增加菜餚的吸引力；

(m) 按住客的文化、種族和宗教習慣供應食物；

(n) 供應季節合時的新鮮食物；及

(o) 提供足夠的流質，以便住客能吸收充足的水份和保持健康。

14.4 食物的預備和供應

預備食物的過程包括烹煮食物、適當地貯存食物、適當地解凍冷藏食物、使用食譜及正確地混合各種材料。食物應以合適的溫度供應。由於食物的新鮮程度可影響食物的營養價值、味道、質地和外觀，適當地預備食物亦包括適時烹調食物。預備食物時，應盡量保存營養及注意食物衞生，因此應留意以下數點：

(a) 烹調食物前要洗手。若手上有傷口，應用防水膠布包裹，以防止污染食物；

(b) 不要徒手接觸熟食；

(c) 生吃的食物，例如：紅蘿蔔、生菜、番茄或水果，必須用清潔水喉水徹底沖洗乾淨。肉類、家禽及海產，均應以清潔的冷水沖洗；

(d) 應先將菜和肉洗淨再切；

(e) 蔬菜應盡量以少量的水烹煮，不應烹煮過久使其過熟；以及不應以食用蘇打烹煮，並應於接近進餐時間才烹煮；

(f) 按需要爲住客提供磨爛或攪碎的食物，以方便咀嚼及消化。磨爛的肉類、家禽及海產應徹底煮熟；

(g) 雪藏的肉類及魚類應先徹底解凍才烹調；由雪櫃取出的熟食須徹底翻熱才進食；

(h) 不應使用可能會引致養份有化學變化的銅製器皿；

(i) 爲防止食物中毒，必須小心貯存和預備食物，並時刻保持衞生。爲了消除蔬菜上可能殘餘的農藥，洗菜前應先把蔬菜的外葉除掉，然後將其放在清水下不斷重覆沖洗數次，隨後把蔬菜浸在清水中約一小時後再清洗。洗菜完畢後，勿忘將蔬菜徹底煮熟才食用。不論生熟的食物均應全部蓋好，妥爲存放和冷藏。雪櫃及冷藏格應適當地維修，以確保雪櫃的溫度在任何時間均保持於攝氏 4 度或以下及冷藏格溫度應維持於攝氏零下 18 度或以下，並應避免放置過多食物，以確保冷空氣得以適當地流通。食物解凍後不應再次冷藏；及

(j) 爲了防止交叉感染，應以不同的刀、砧板及器皿分開處理生及熟的肉類。每次使用之後亦應妥爲清潔。

14.5 進餐時間

14.5.1 除了某些殘疾人士院舍因住客日間要外出工作／參與日間活動，其他院舍每天應最少供應三餐（早餐、午餐及晚餐）。每餐之間應有合適的相隔時間，並應適當地供應各類食物，例如：熟的食物應該立即進食、熱食應趁熱供應、冷食應冷凍地供應。

14.5.2 員工應留意有吞嚥困難的住客並給予適當的餵食照顧。有吞嚥困難／問題的住客的進食能力及行爲以及其膳食應在入院後兩星期檢討一次及以後作定期檢討。必須密切留意所有住客（甚至被視爲有能力自行進食的住客）的進餐情況。應向不能自行進食的住客提供協助。

14.5.3 嚴重／多重殘疾住客每次進食時，須有保健員或護士在場照顧。

14.5.4 進餐時，院舍亦應採取下述良好的行事方式：

(a) 在光線充足及空氣流通的地方供應食物，使住客可在輕鬆和愉快的環境中安全和舒適地進食；

(b) 在住客進食時給予適當的協助和提示，鼓勵他們吸取充足的營養；

(c) 按需要爲住客，特別是那些體弱或體重過輕而又缺乏胃口的住客，提供均衡及多種類的零食；

(d) 給予住客充足的用膳時間，使他們在進食時不會感到匆忙；

(e) 盡可能爲上肢肌肉及關節無力的住客提供進食輔助器材，以協助他們維持獨立進食的能力；及

(f) 定期評估住客對食物的喜好。

14.6 供應食物時應特別留意的事項

供應食物時應特別留意以下各點：

14.6.1 爲防止食物哽喉：

(a) 有咀嚼或吞嚥困難的住客應徵詢醫療專業人員的意見，以便選擇質地及稀稠度合適的食物；

(b) 預備質地合適的食物，例如：碎餐或糊餐，可幫助有咀嚼或吞嚥困難的住客進食充足的食物和吸取足夠的營養。此外，應遵循言語治療師的指示使用凝固粉；

(c) 應避免爲有咀嚼或吞嚥困難的住客提供黏性過高的食物，例如：糯米糍及農曆新年糕點，以及質地過硬的食物，例如：花生及核桃；及

(d) 對不能自己進食的住客，必須以合適的速度餵食；當進食新種類的食物，特別是固體及／或黏性食物，有關食物每次應以少量進食，避免哽喉及便於吞嚥。

14.6.2 爲防止便秘：

(a) 應爲住客提供充足的流質，包括清水、湯、果汁和高纖維食物，例如：蔬菜和水果；及

(b) 可在註冊醫生或護士的指導下使用輕瀉劑。

14.6.3 爲有特別需要的住客提供特別飲食：

應遵循醫療專業人員所建議的相關飲食療法原則，爲肥胖、患有糖尿病、高血壓或其他慢性疾病的住客提供飲食。

14.7 提供用水

飲用、煮食和洗濯的用水，必須來自水喉或任何其他獲批准的供應來源。自來水應在煮沸後才可飲用。

14.8 監察住客吸取營養的情況

(a) 建議定期爲住客量度體重，以監察他們的體重狀況。若住客沒有刻意減肥或增肥，但體重卻持續下降或增加，應安排住客接受醫生診治；

(b) 對於有表達困難或神智不清的住客（尤其是食量少的住客），建議觀察及記錄他們的食量，包括進食食物及飲用飲料的份量；及

(c) 應鼓勵食量少及／或偏食的住客養成均衡飲食的習慣。

14.9 其他資料

如有需要，可向衞生署、醫院管理局及其他有關政府部門索取更多指引、資料單張及小冊子。

第十五章

清潔及衞生設備

15.1 概要

殘疾人士院舍應經常保持高度的清潔及衞生標準。這有助於防止疾病，並爲住客提供安全及舒適的居住環境。

15.2 員工

殘疾人士院舍所有員工，特別是處理食物及照顧住客日常起居生活的員工，均應保持個人衞生。下列各點必須遵守：

(a) 患病的員工應向註冊醫生求診，如醫生建議員工在康復前不應上班，員工應遵循其意見；

(b) 任何員工，如有流血流膿傷口、腹瀉、嘔吐或可傳染的疾病，必須停止處理食物及向住客提供起居照顧／健康護理服務。上述人士如須執行其他輔助性的職責（例如：清潔），應佩戴個人防護裝備，如外科手術用口罩及即用即棄橡膠手套；

(c) 衣服應常常保持清潔；

(d) 指甲應保持乾淨，並經常修剪；

(e) 頭髮應保持清潔，梳理整齊。預備食物或照顧住客起居生活時，應將長髮妥爲紮

好；及

(f) 在下列情況下，應以梘液徹底洗手或用酒精搓手液消毒雙手：

- 如廁後；
- 預備食物及餵食前；
- 爲每名住客提供護理及個人照顧服務前和後；
- 在照顧不同住客之間的時間；及
- 處理嘔吐物、糞便及紙尿片後。

(g) 在院舍內的室內區域不可吸煙。

15.3 住客

下列各點均應遵守：

(a) 保持住客的個人衞生；

(b) 衣服應常常保持清潔；

(c) 每名住客均應獲提供個人的梳洗用品；

(d) 貯存物品應保持一定程度的整潔，並准予住客存放一些個人用品；

(e) 應提供足夠的貯存設施；及

(f) 在院舍內的室內區域不可吸煙。

15.4 清潔程序

應制定一套詳盡的清潔程序，並應在有需要時，如物品被弄污或污染時，進行清潔。下列爲其中幾項要點：

(a) 所有地板必須每日清潔，並按需要以 1 比 99 的稀釋家用漂白水消毒。應特別留意浴室、廁所及廚房的地板。牆壁、門、窗戶、天花、扶手及其他結構，亦應時刻保持清潔和乾爽；

(b) 每次預備食物後，應立即及適當地洗滌（在合適時應進行消毒）和清潔廚房、煮食器具及盛載食物的器皿，並把清洗後的器具及器皿貯存在清潔並有蓋的容器或有門的貯物櫃內。所有器具及器皿均應屬安全，而且應妥爲維修，以免其破損有裂縫；

(c) 雪櫃／冰箱應定時清洗，並按需要定時溶雪；

(d) 床單及枕袋必須最少每星期洗換一次。在有需要時，更應即時更換和消毒；

(e) 所有的設施、家具、抽氣扇及設備均應定時清潔；

(f) 所有垃圾容器必須定時清潔，並須經常蓋好；及

(g) 院舍的醫療設施及設備應定時由護士或保健員妥爲清洗及消毒。

15.5 一般衞生

(a) 必須裝設妥善的污水及排水系統，並定時檢查，以及確保這些系統經常保持性能良

好；

(b) 殘疾人士院舍內的員工區、住客區、廁所及浴室應裝設妥善的通風設施；及

(c) 應採取適當的防治蟲鼠措施。

15.6 防治蟲鼠及控制傳病媒介

(a) 應時刻保持環境清潔；

(b) 垃圾箱應經常蓋好；

(c) 應妥善清理及棄置食物渣滓，以防止蚊蟲及老鼠滋生；

(d) 應清理／清倒花盆底盤及花瓶的積水；及

(e) 如有蚊蟲和老鼠滋生的跡象，應盡早安排清理行動。如有需要，院方應聯絡滅蟲公司或食物環境衞生署（熱線 2868 0000）尋求意見和協助。

15.7 其他資料

如有需要更多的指導，可向有關政府部門索取指引、資料單張及小冊子。

第十六章

社交照顧

16.1 概要

關注殘疾人士在社交方面的需要，對加強院舍住客的生活質素是很重要的。院舍的社交風氣，與照顧服務質素及住客的身心健康息息相關。具支援作用的人際關係、有意義的個別活動及在院舍內外的社交關係，可減少住客出現孤立的情況，從而改善他們的身心健康。作息有序的生活環境，以及家庭成員繼續與其殘疾親友溝通，可增加住客改善社交生活的機會。

16.2 家居氣氛

殘疾人士院舍主管應盡量減少殘疾人士院舍的院舍氣氛，使住院殘疾人士仿如置身家中。若情況許可，住客應獲給予機會，參與院舍的日常起居運作，例如打掃、清潔、購物、煮食或洗熨；而院舍亦應提供足夠指導及支援以確保住客的安全及避免有關安排會引致濫用的情況出現；收納兒童的殘疾人士院舍須參考本實務守則第八章《家具及設備》，設置配合兒童住宿及活動需要的家具及設備以營造家居氣氛。此外，亦應向住客推廣人際關係及互相信任，以及保護他們的個人私隱，例如：在更衣、沐浴、使用洗手間時，應提供充足的私人空間。如有需要，爲住客提供保障私隱的設施（例如屏風）。院舍設計、員工態度和安排的節目／活動，均會大大影響住客能否得到妥善的社交照顧。

16.3 適應院舍生活

住客入住殘疾人士院舍後，院舍員工應盡快協助他們適應院舍的環境，讓他們明白群體生活的複雜之處。院舍員工亦應對住客的憂慮及不安表示諒解，以及協助他們享受目前的和諧生活，透過提供一個關懷及充滿激勵的環境，讓他們有機會發揮潛能。殘疾人士院舍應鼓勵住客的監護人／保證人／家人／親屬於適應期內提供協助，以及參與制訂住客的個人照顧及服務計劃；此外，殘疾人士院舍主管亦應鼓勵上述監護人／保證人／家人／親屬定期探訪有關住客（特別是兒童），以提供適切的情緒支援及協助住客盡早適應院舍的群體生活。

16.4 社交活動

與其他人交往是在院舍建立社交環境的另一要素。住客如能與其他人融洽相處，對他們來說是一件好事。透過讓住客暫時離院返家或接受家人探訪，可鼓勵他們與家人及朋友正常社交及交往。

與健康及心智正常的人一樣，殘疾人士亦有性需要。院舍應提供指導，以協助住客適當處理其個人衞生及性需要。院舍主管應訂立守則，讓員工了解正確的方法爲異性住客提供恰當及適切的照顧。

此外，院舍主管亦應確保在任何時間有足夠人手及合適的設施，以保障殘疾兒童的安全及利益。

16.5 節目及活動

這裏所指的活動是在殘疾人士院舍內或其他地方爲住客安排的集體或個人活動。舉辦有關活動是爲住客提供社交照顧的一部分。安排活動時，應顧

及他們的年齡、發展需要、個別興趣及能力。

殘疾人士院舍可透過不同內容及型式的個人／集體活動和遊戲，以促進 15 歲以下兒童及年滿 15 至 18 歲以下青年於不同階段的成長。進行上述活動時，殘疾人士院舍主管應安排足夠的員工照顧有關兒童及青年；同時，亦可鼓勵監護人／保證人／家人／親屬參加或協助帶領活動。

透過不同類型的活動，殘疾人士可培養日常生活、社交及溝通方面的技巧，從而減低他們的依賴性、預防出現問題行爲，以及滿足他們的社交及康樂需要。在院舍內舉辦的活動可包括技巧訓練、興趣小組、生日會及節日慶祝活動。院舍應把這些活動的資料清楚張貼於壁報板上，並根據本實務守則第九章 9.5.3(i)段妥爲記錄。院舍亦可借助社區內可用的資源，以配合住客的需要，並讓他們融入社區。院舍應盡量協助住客參與特殊學校、爲弱智人士而設的展能中心、精神病康復者訓練及活動中心及庇護工場等機構舉辦的日間訓練課程。

16.6 與社會保持接觸

爲避免住客與社會疏離，院舍應定期爲住客安排戶外活動。院舍應設有電話，作爲住客與外界溝通的重要橋樑。此外，我們亦鼓勵院舍與其身處的社區多作接觸。出外可進行的活動包括到公園遊玩、購物、到宗教場所參加宗教活動及探訪親友／家人等。院舍應就住客參加各類戶外活動的安全問題，制訂執行指引和程序。訂立指引時，應考慮員工比例、交通安排、天氣情況、應變計劃、安全措施等，以確保活動能順利進行。

院舍必須促進和確保所有住客精神健康良好，尤其是一些預備離院的住客，院舍應提供適切的支援和指導，幫助他們提升自己獨立生活的能力，得以重新融入社會。

附件一

《殘疾人士院舍條例》
豁免證明書／牌照*申請

提交本申請表前，請參閱本附件的備註

申請人須用中文或英文填寫本表格第一、第二、第三或第四、第五(甲)或(乙)及第六部分，並把填妥的申請表連同所需文件及圖則以掛號郵遞方式寄交或親自送交至殘疾人士院舍牌照事務處。若申請表上的資料有任何改變，申請人須盡快以書面通知殘疾人士院舍牌照事務處。豁免證明書／牌照申請的查詢熱線爲 2891 6379。

第一部分　*請在適當的方格內加上「✔」號*

☐ 現根據《殘疾人士院舍條例》第X(X)條的規定申請豁免證明書。

☐ 現根據《殘疾人士院舍條例》第X條的規定申請豁免證明書續期。

現有豁免證明書編號 ： _____

☐ 現根據《殘疾人士院舍條例》第X(X)條的規定申請牌照。

☐ 現根據《殘疾人士院舍條例》第X條的規定申請牌照續期。

現有牌照編號 ： _____

第二部分　*有關申請豁免證明書／牌照*的殘疾人士院舍的詳情*

（一） 殘疾人士院舍名稱（英文）： _____

_____

（二） 殘疾人士院舍名稱（中文）： _____

（三） 殘疾人士院舍地址（請提供詳細地址，其須與商業登記證、商業登記申請書，以及差餉繳款通知書上的地址相同）：

香港／九龍／新界 *

_____

地區　　街道名稱及門牌號數／屋邨名稱及／或地段編號

_____

大廈名稱　　座　　樓　　室

（四） 電話號碼：_____

（五） 傳真號碼 ：

_____

（六） 電郵地址（如適用）：_____

（七） 殘疾人士院舍佔用所在樓宇的層數：_____層

（八） 殘疾人士院舍佔用所在樓宇的單位數目： _____個單位

（九） 殘疾人士院舍的營運性質：（請在適當的方格內加上「✓」號）

☐ 受資助

☐ 自負盈虧及非牟利

☐ 私營

☐ 其他性質（請加以說明）：_____

（十） 殘疾人士院舍的種類：（有關殘疾人士院舍的分類，載於《殘疾人士院舍實務守則》第二章；請在適當的方格內加上「✓」號）

☐ 高度照顧院舍

☐ 中度照顧院舍

☐ 低度照顧院舍

（十一）殘疾人士院舍的處所是：（請在適當的方格內加上「✓」號，並提供下文備註（二）(6)項所指定的證明文件）

☐ 自置物業

☐ 租用物業（私人物業／政府物業／房屋委員會物業*）

☐ 租用政府土地

☐ 部分自置及部分租用物業

－自置物業單位：_____

－租用物業單位：_____

（十二）殘疾人士院舍可收納名額及已入住人數：

	床位數目	現時入住人數
高度照顧宿位	_____	_____
中度照顧宿位	_____	_____
低度照顧宿位	_____	_____
總數	_____	_____

（十三) 殘疾人士院舍的實用樓面面積：（面積大小應與隨本申請表提交的圖則上所訂明者相同）

_____平方米

（十四）殘疾人士院舍是：（請在適當的方格內加上「✔」號）

□ 擬開辦的服務／業務 * □ 經營中的服務／業務 *

（十五）殘疾人士院舍開辦／行將開辦* 服務／業務的日期：

_____年_____ 月_____日

（十六）所經營的殘疾人士院舍是否符合租約條件及大廈公契? （請參閱《殘疾人士院舍實務守則》第五章5.2段的規定；並在適當的方格內加上「✔」號）

□ 是 □ 否 □ 其他(請加以說明)：_____

（十七）每名住客每月所付的費用：

最低： _____ 元

最高： _____ 元

第三部分 *殘疾人士院舍業務擁有權（如殘疾人士院舍屬根據《商業登記條例》（第310章）向稅務局註冊的私營機構，請填寫此部分）*

（一） 業務擁有權：（請在適當的方格內加上「✔」號）

□ 獨資經營

□ 合夥經營

□ 法人團體

（二） 殘疾人士院舍東主姓名：

如東主是獨資或以合夥形式經營，請填報下列資料：

（1） 先生／太太／小姐／女士*

_____(　　)
英文（姓氏先行，名字隨後）　　中文

香港身分證號碼：_____

（2） 先生／太太／小姐／女士*

_____(　　)
英文（姓氏先行，名字隨後）　　中文

香港身分證號碼：_____

（3） 先生／太太／小姐／女士*

_____(　　)
英文（姓氏先行，名字隨後）　　中文

香港身分證號碼：_____

（4） 先生／太太／小姐／女士*

_____(　　)
英文（姓氏先行，名字隨後）　　中文

香港身分證號碼：_____

(如有需要，請另紙填寫）

如東主屬法人團體，請填報下列資料：

（1） 公司名稱（英文）：_____

（2） 公司名稱（中文）：_____

第四部分　*非政府機構詳情（如殘疾人士院舍屬受資助或自負盈虧非牟利性質，請填寫此部分）*

（一） 機構名稱（英文）：

_____

（二） 機構名稱（中文）：

_____

第五部分(甲) *申請人如以個人名義提出申請，請填報下列資料(參閱備註第一項)：*

（一） 申請人的英文全名（須與香港身分證上姓名相同）：

先生／太太／小姐／女士*

_____

（姓氏先行，名字隨後）

（二） 申請人的中文全名（須與香港身分證上姓名相同）：

_____

（三） 香港身分證號碼： _____

（四） 住址：

香港／九龍／新界 *

_____

地區 街道名稱及門牌號數／屋邨名稱

_____

大廈名稱 座 樓 室

（五） 通訊地址（如與第（四）項不同）：

香港／九龍／新界 *

_____

地區 街道名稱及門牌號數／屋邨名稱

_____

大廈名稱 座 樓 室

（六） 電話號碼： _____（住宅） _____（辦公室）

（七） 申請人在殘疾人士院舍的職位（如適用）：_____

第五部分(乙) *申請人如以法人團體／非政府機構*名義提出申請，請填報下列資料*

（一） 公司／非政府機構* 名稱（英文）：

_____

（二） 公司／非政府機構* 名稱（中文）：

_____

（三） 商業登記號碼（如適用）：_____

（四） 法團註冊證明書編號（如適用）：_____

（五） 公司／非政府機構* 地址：

香港／九龍 ／新界 *

_____

地區 街道名稱及門牌號數／屋邨名稱

_____

大廈名稱 座 樓 室

（六） 電話號碼：_____

（七） 公司／非政府機構* 負責人姓名：

先生／太太／小姐／女士*

_____( )

英文（姓氏先行，名字隨後） 中文

（八） 在公司／非政府機構* 的職位：

_____

第六部分 *申請人聲明*

本人謹此聲明

（一）本人在本申請表內所填報的資料，據本人所知及所信，均屬真確無訛；及

（二）上文第二部分所述殘疾人士院舍的經營、料理、管理或其他控制事宜，均由本人持續地親自監管。

日期： _____ 申請人簽署： _____

公司／機構印鑑* （如適用）： _____

* 請刪去不適用者

備註： （一）個人指自然人

（二）申請人須將下述文件送交社會福利署殘疾人士院舍牌照事務處，地址爲：

香港灣仔
皇后大道東248號
15樓1508室

(1) 本申請表的正本連同副本三份

(2) 申請人的香港身分證影印本（適用於以個人名義提出的申請）

(3) 稅務局局長發出的商業登記申請書核證本及商業登記證影印本（適用於私營殘疾人士院舍）

(4) 公司註冊處處長發出的法團註冊證明書影印本（適用於以法人團體名義提出的申請）

(5) 如屬新申請，須提交殘疾人士院舍的圖則七份，圖則應採用十進制量度單位和符合比例（比例不得少於1:100，並遵守附件三《遞交殘疾人士院舍圖則的指引》的詳細規定）（若院舍的圖則有所變動，豁免證明書／牌照續期的申請亦同樣須遵守這項規定）

(6) 證明擬開設的殘疾人士院舍的地址爲真確的文件，例如轉讓契據（適用於自置物業）、租賃協議（適用於租用物業）或水電費等公共事業的收費單據

(7) a. 殘疾人士院舍如設於非住宅私人樓宇或綜合用途私人樓宇內的非住宅部分，則須提供屋宇署就申請擬「改變用途」發出的「沒有對更改用途發出反對」書面通知

b. 殘疾人士院舍如設於新界豁免管制屋宇，則須提供地政總署就使用有關樓宇作殘疾人士院舍用途的「不反對」通知書

(8) 填寫職員僱用紀錄，以提供所有僱員／擬僱用員工的以下資料：

a. 員工的英文及中文姓名

b. 香港身分證號碼

c. 性別及年齡

d. 在殘疾人士院舍的職位

e. 工作時數

f. 現職日期

警 告

根據《殘疾人士院舍條例》第XX(X)(X)條，任何人在提出的申請中，或在與該等申請有關連的情況下，作出在要項上屬虛假的口頭陳述或書面陳述，或提交在要項上屬虛假的資料，而他或她是知道或理應知道該等陳述或資料在該要項上屬虛假的，即屬違法。提供該等虛假資料亦會影響是項申請及現有的豁免證明書／牌照。

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：
(please tick one 只✓一格)
Subvented 資助 ☐ Self-financing 自負盈虧 ☐ Private 私營 ☐

Enrollment：_____
(入住人數)

Bed no：_____ （床位數目）

Agency Chop：_____ （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）	
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					

					/ /					
					/ /					
					/ /					

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 RN : 註冊護士
EN : 登記護士 HW : 保健員
CW : 護理員 OT : 職業治療師
PT : 物理治療師 DT : 營養師
SW : 社會工作者 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.
殘疾人士院舍必須申報每名員工每週的總工作時數，以便本署審核殘疾人士院舍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 SectionXX(X)(X) of the Residential Care Homes (Persons with Disabilities) 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《殘疾人士院舍條例》第 XX(X)(X)條即屬違法，提供該等虛假資料亦會影響該牌照續期申請。

附件三

提交殘疾人士院舍圖則的指引

(一)	應提交七套圖則。申請人應在每張圖則上妥爲簽署（如以個人名義申請）或蓋上公司／機構的印鑑（如以公司／機構名義申請）。
(二)	應把殘疾人士院舍名稱（中英文）、地址（中英文）及提交圖則的日期清楚寫在每張圖則上。
(三)	每張圖則須按 1:100 或 1:50 的比例來繪製。至於只顯示院舍一小部分的圖則，1:20 的比例也可以接受。
(四)	應用紅線標示申領牌照的範圍。
(五)	應明確說明殘疾人士院舍處所緊連的街道／後巷；鄰近的公共地方，包括電梯大堂、逃生樓梯、防煙間和公共走廊；以及處所每部分的用途，並應以十進制單位詳細標明所有房間、走廊和通道等的大小。
(六)	應在另一張圖則上標明所有房間、通道、走廊等的正確面積。
(七)	應標明擬設的殘疾人士院舍處所的總實用樓面面積（請參閱《殘疾人士院舍實務守則》第七章 7.2 段）。
(八)	應清楚標明下列各項的位置，包括所有柱位、結構牆壁、具耐火時效的牆壁（新造及現有）、標準防火門（新造及現有）、出口指示牌、窗戶、矮牆（必須標明其高度及用料）、間隔、床位擺設、床位編號、潔具、閘門、抽氣扇、冷氣機、氣體煮食爐、電／氣體熱水爐、假天花、人工照明及機械通風系統、升高的地台（如適用），以及其他固定及非固定裝置，並付上圖例加以說明。
(九)	應標明煮食爐的數量及位置，使用的燃料種類，以及獨立石油氣瓶儲存庫（如適用）的位置。
(十)	應標明院舍各部分由地面垂直量度至天花（天花樓板或垂吊式假天花）及橫樑的淨空高度。
(十一)	應以雙線標明牆壁位置。
(十二)	圖則上所顯示的殘疾人士院舍處所的外形及間隔應與實際情況相符。
(十三)	經營者如更改殘疾人士院舍的間隔或床位擺設位置，必須向殘疾人士院舍牌照事務處提交一份經修改的圖則，以作參考和諮詢之用。經修改的圖則應在經修改部分加上顏色，以顯示有關圖則與已接納的圖則的分別。
(十四)	如有需要（例如圖則複雜，須由具備專業知識的人士繪製），申請人應委任專業人士繪製圖則。

RESIDENTIAL CARE HOMES (PERSONS WITH DISABILITIES) ORDINANCE
殘疾人士院舍條例
(Chapter XXX)
（香港法例第XXX章）

Certificate Number
證 明 書 編 號_____

Certificate of Exemption of Residential Care Home for Persons with Disabilities
殘疾人士院舍豁免證明書

1. This certificate of exemption is issued under Part XX, Section _____ , of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of the undermentioned residential care home–
茲證明下述殘疾人士院舍已根據《殘疾人士院舍條例》第XX部第_____條獲發豁免證明書－

2. Particulars of residential care home –
殘疾人士院舍資料－

(a) Name (in English)
名稱（英文）_____

Name (in Chinese)
名稱（中文）_____

(b) (i) Address of home
殘疾人士院舍地址

_____

_____

(ii) Premises where home may be operated
可開設殘疾人士院舍的處所

_____

_____

_____

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 －
殘疾人士院舍可收納的最多人數 _____

3. Particulars of person ／ company to whom ／ which this certificate of exemption is issued in respect of the above residential care home
獲發上述殘疾人士院舍豁免證明書人士／公司的資料－

(a) Name／Company (in English)
姓名／公司名稱（英文）_____

Name／Company (in Chinese)
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_____種類的殘疾人士院舍。

5. This certificate of exemption is valid for _____ months effective from the date of issue to cover the period from _____ to _____ inclusive.

本豁免證明書由簽發日期起生效，有效期爲_____個月，由_____至_____止，首尾兩天計算在內。

6. This certificate is issued subject to the following conditions －
本豁免證明書附有下列條件－
_____

_____

_____

_____

_____

_____

7. This certificate of exemption may be revoked in exercise of the powers vested in me under Section XX of the Residential Care Homes (Persons with Disabilities) Ordinance in the event of a breach of or a failure to perform any of the conditions set out in paragraph 6 above.
若有關殘疾人士院舍違反或未能履行以上第6段所列的任何條件，本人可行使《殘疾人士院舍條例》第XX條賦予本人的權力，撤銷本豁免證明書。

Hong Kong _____ (Signed)
_____於香港 （簽署）_____
Director of Social Welfare
社會福利署署長

WARNING

警　告

The issue of a certificate of exemption in respect of a residential care home does not release the operator or any other person from compliance with any requirement of the Buildings Ordinance (Cap. 123) 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.

殘疾人士院舍獲發給豁免證明書，並不表示其經營者或任何其他人士毋須遵守《建築物條例》（第123章）或任何其他與該處所有關的條例的規定，亦不會對與開設該殘疾人士院舍的處所有關的任何合約或租約條款有任何影響或修改。

RESIDENTIAL CARE HOMES (PERSONS WITH DISABILITIES) ORDINANCE
殘 疾 人 士 院 舍 條 例
(Chapter XXX)
（香港法例第XXX章）

Licence Number
牌 照 編 號_____

Licence of Residential Care Home for Persons with Disabilities
殘疾人士院舍牌照

1. This licence is issued under Part XX, Section _____, of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of the undermentioned residential care home －
茲證明下述殘疾人士院舍已根據《殘疾人士院舍條例》第XX部第_____條獲發牌照－

2. Particulars of residential care home －
殘疾人士院舍資料－
(a) Name (in English)
名稱（英文）_____ Name (in Chinese)
名稱（中文）_____
(b) (i) Address of home
殘疾人士院舍地址
_____
_____
(ii) Premises where home may be operated
可開設殘疾人士院舍的處所
_____
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 －
殘疾人士院舍可收納的最多人數 _____

3. Particulars of person／company to whom／which this licence is issued in respect of the above residential care home
獲發上述殘疾人士院舍牌照人士／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_____種類的殘疾人士院舍。

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，有效期爲_____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 XX of the Residential Care Homes (Persons with Disabilities) Ordinance in the event of a breach of or a failure to perform any of the conditions set out in paragraph 6 above.
若有關殘疾人士院舍違反或未能履行以上第6段所列的任何條件，本人可行使殘疾人士院舍條例第XX條賦予本人的權力，撤銷或暫時吊銷本牌照。

Hong Kong _____ (Signed)
_____於香港 （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 (Cap. 123) 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.
殘疾人士院舍獲發給牌照，並不表示其經營者或任何其他人士毋須遵守《建築物條例》（第123章）或任何其他與該處所有關的條例的規定，亦不會對與開設該殘疾人士院舍的處所有關的任何合約或租約條款有任何影響或修改。

RESIDENTIAL CARE HOMES (PERSONS WITH DISABILITIES) ORDINANCE
殘 疾 人 士 院 舍 條 例
(Chapter XXX)
（香港法例第XXX章）

Licence Number
牌 照 編 號_____

Licence of Residential Care Home for Persons with Disabilities (Continuation)
殘 疾 人 士 院 舍 牌 照（續 頁）

6. This licence is issued subject to the following conditions —
本牌照附有下列條件—
(Continued from front page 續前頁)

Hong Kong _____ (Signed)
_____於香港 （簽署）_____
Director of Social Welfare
社會福利署署長

WARNING
警 告

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附件六

Medical Examination Form
體格檢驗報告書

Part I: Particulars of the Applicant （第一部分：申請人資料）

Name 姓名 (English 英文)：_____ （Chinese 中文）：_____

Sex／Age 性別／年齡：_____ Tel. 電話：_____

D.O.B 出生日期：_____

Part II: Types of Disability／Medical History（第二部分：殘疾類別／病歷）

Types of Disability 殘疾類別

Mentally Handicapped 弱智 Mild 輕度 ☐ Moderate 中度 ☐ Severe 嚴重 ☐ Profound 極度嚴重 ☐

Physically Handicapped 肢體傷殘 Please specify 請說明：_____

Mental Illness 精神病 Please specify 請說明：_____

Medical History 病歷

	No 否	Yes 是	If yes, please elaborate 若是，請說明：
Other Major Illness 其他主要疾病	☐	☐	_____
Previous Operations 曾接受手術	☐	☐	_____
Medication(s) Currently in Use 現正服用藥物	☐	☐	_____ _____
Allergy to Food or Drugs 對食物或藥物過敏	☐	☐	_____
Epilepsy 癲癇	☐	☐	☐ mild 輕度 (once a month 每月一次) ☐ moderate 中度 (once a week 每星期一次) ☐ severe 嚴重 (once a day 每日一次)
Swallowing Difficulties／Easy Choking* 吞嚥困難／容易哽塞*	☐	☐	_____

Recent Auditory／Visual* Deterioration 近期聽覺／視覺*退化	☐	☐	_____
Need for Special Diet 特別膳食需要	☐	☐	_____
Symptoms of Infectious Diseases e.g. diarrhoea, rash, frequent cough, past chest infection, etc. 傳染病徵狀，例如：腹瀉，皮疹，經常咳嗽，肺部曾受感染等	☐	☐	_____ _____
Recent Travelling (within past 6 months) 近期旅行(過去 6 個月)	☐	☐	_____

Part III: Physical Examination （第三部分：身體檢查）

	Satisfactory 滿意	Fair 普通	Poor 差
General Condition 一般情況	☐	☐	☐

Systolic BP 收縮壓 _____ mmHg　　Diastolic BP 舒張壓 _____ mmHg

Pulse 脈搏 _____ ／min　　BW 體重 _____ ／kg

	Normal 正常	Abnormal 不正常	If abnormal, please elaborate 如屬不正常，請說明:
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 System 腹／泌尿及生殖系統	☐	☐	_____
Lymphatic System 淋巴系統	☐	☐	_____
Thyroid 甲狀腺	☐	☐	_____
Eye／Ear, Nose and Throat 眼／耳鼻喉	☐	☐	_____

Skin Condition, e.g. scabies, jaundice 皮膚狀況，例如：疥瘡，黃疸	☐	☐	_____
Foot 足部	☐	☐	_____
Possible Signs of Infectious Diseases 傳染病徵兆	☐	☐	_____
Dental Condition 牙齒狀況	☐	☐	_____
Other Findings 其他發現	☐	☐	_____

Part IV: Special Examination（第四部分：特別檢驗）

(Doctors may determine the types of special examination according to the needs of the applicant 醫生可就申請人的需要而決定特別檢驗的項目)

Urine 尿液：_____ Glucose 尿糖：_____ Albumin 尿蛋白：_____

Stool for ova and cyst (if not done within past 3 months) :
大便常規化驗(寄生蟲)（如在過去三個月內不曾進行）:_____

Blood 血液： Hb 血紅蛋白：_____ gm/dl. WBC 白血球：_____ /cu.mm. Plat 血小板：_____ /cu.m.
HBs Ag (if not vaccinated)：
乙型肝炎表面抗原（如未接受防疫注射）：_____
Liver function 肝功能：_____
_____
Renal function 腎功能：_____
_____

Reasons if blood test is not done
若沒有進行血液檢驗，原因是：
- ☐ Doctor considers not necessary 醫生認爲無需要
- ☐ Guardian／guarantor／family members／relatives* refuse 監護人／保證人／家人／親屬*拒絕
- ☐ Applicant is uncooperative 申請人不合作
- ☐ Others 其他：_____

CXR (if not done within past 3 months)
胸肺 X 光檢查（如過去三個月內沒有進行）：_____
As CXR suggests the applicant may infect TB, the case has been referred to chest clinic 由於肺部 X 光檢查顯示申請人可能患上肺結核，個案已轉介胸肺科診所: ☐ Yes 是 ☐ No 否
Others (please specify) 其他（請說明）：_____

Part V: Functional Assessment（第五部分：身體機能的評估）

Vision 視力 (with／without* visual corrective devices 有／沒有*配戴視力矯正器)	☐ Normal 正常	☐ Unable to read newspaper print 不能閱讀報紙字體	☐ Unable to watch TV 不能觀看到電視	☐ See lights only 只能見光影
Hearing 聽覺 (with／without* hearing aids 有／沒有*配戴助聽器)	☐ Normal 正常	☐ Difficult to communicate with normal voice 在普通聲量下難以溝通	☐ Difficult to communicate with loud voice 在大聲量下難以溝通	☐ Cannot communicate with loud voice 在大聲量下完全不能溝通
Speech 語言能力	☐ Able to express 能正常表達	☐ Need time to express 須慢慢表達	☐ Need clues to communicate 須用其他方式表達	
Mental state 精神狀況	☐ Normal／alert 正常／敏銳	☐ Mildly disturbed 輕度受困擾	☐ Moderately disturbed 中度受困擾	☐ Seriously disturbed 嚴重受困擾
		☐ Mild dementia 輕度痴呆	☐ Moderate dementia 中度痴呆	☐ Severe dementia 嚴重痴呆
Mobility 活動能力	☐ Independent 行動自如	☐ Self-ambulatory with walking aid or wheelchair 可自行用助行器或輪椅移動	☐ Always need assistance from other people 經常須別人攙扶	☐ Bedridden 長期卧床
Continence 禁制能力	☐ Normal 正常	☐ Occasional urinary or faecal soiling 大／小便偶爾失禁	☐ Frequent urinary or faecal soiling 大／小便經常失禁	☐ Uncontrolled incontinence 大小便完全失禁

A.D.L.
日常生活活動

☐ Independent 不需幫助
(No supervision or assistance needed in all daily activities, including bathing, dressing, toileting, transfer, urinary and faecal continence and feeding.)
（在洗澡、穿衣、如廁、位置轉移、大小便禁制及進食方面均無需指導或幫助）

☐ Occasional assistance 偶爾需要幫助
(Need assistance in bathing and supervision in other activities.)
（在洗澡時需協助及在其他活動上需指導）

☐ Frequent assistance 經常需要幫助
(Need supervision or assistance in bathing and no more than 4 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 VI: Others (e.g. aggressive behavior, self-injurious behavior, property destruction behavior, etc.)
第六部分：其他（例如：攻擊行爲、自我傷害行爲、破壞行爲等）

_____

_____

Part VII: Doctor's Recommendations（第七部分：醫生建議）

1. The applicant is fit for admission to the following Residential Care Home for Persons with Disabilities (RCHD)
申請人適合入住以下類別的殘疾人士院舍：
(No evidence of infectious disease or significant physical condition contraindicating placement into a group living environment 沒有證據顯示患有傳染病或明顯的健康問題，以致不適合群體的生活環境)

☐ Low-care-level RCHD 低度照顧殘疾人士院舍
(In general, residents are suffering from physical, mental, intellectual or sensory impairments but are capable of basic self-care, requiring only a fair amount of assistance in handling their activities of daily living 一般來說，住客在肢體、精神、智力或感官方面有缺損，但具備基本的自我照顧技巧，在處理日常起居方面只需要適量協助)

☐ Medium-care-level RCHD 中度照顧殘疾人士院舍

(In general, residents are suffering from physical, mental, intellectual or sensory impairments to the extent that although being capable of basic self-care, they have difficulties to a certain degree in handling their activities of daily living 一般來說，住客在肢體、精神、智力或感官方面有缺損，以致雖具備基本的自我照顧技巧，但在處理日常起居方面有一定程度的困難)

☐ High-care-level RCHD 高度照顧殘疾人士院舍

(In general, residents are weak in health, and suffering from physical, mental, intellectual or sensory impairments to the extent that they lack basic self-care skills and require intensive personal care, attention and assistance in activities of daily living, such as dressing, toileting and meals but do not require a high degree of professional medical or nursing care 一般來說，住客健康欠佳，而且在肢體、精神、智力或感官方面有缺損，以致缺乏基本的自我照顧技巧，在處理日常起居方面需要專人照顧料理和協助，例如穿衣、如廁及用膳方面，但不需要高度的專業醫療或護理)

☐ Other 其他：_____

2. The applicant should be referred to the following specialist for follow up examination:
申請人須轉介往以下專科接受進一步的檢驗：

_____

Doctor's Signature 醫生簽署：	_____	Hospital／Clinic 醫院／診所名稱：	_____
Name in block letter 正楷姓名：	_____	Tel. 電話：	_____
Date 日期：	_____	Ref. No. 檔案編號：	_____

* *please delete as appropriate 請刪去不適用者*

Mental Health Record
精神健康記錄

Name of Applicant:_____( ) HKIC No.: _____ ( ) Sex／Age:_____
申請人姓名 身分證號碼 性別／年齡

D.O.B: _____／_____／_____ (DD/MM/YYYY) Hospital／Clinic* Ref. No._____
出生日期 (日／月／年) 醫院／診所*檔案編號

Hospital／Clinic* 醫院／診所*： _____ Ward 病房：_____

Medical History (to be completed by case medical officer) 病歷（由主診醫生填寫）

Diagnosis 診斷： _____

Case Nature 個案性質： Ordinary 普通／Target 對象組別／Sub-target 次對象組別／Others 其他*：_____

Intelligence 智能： Normal 正常／Borderline 邊緣／Mild 輕度／Moderate 中度／Severe 嚴重*

IQ Score 智商： _____ (if available 如有) Date of assessment 評估日期： _____

Premorbid Personality 發病前的性格：_____

Relevant medical illnesses or disabilities 相關的疾病或殘疾：_____

Date of onset of mental illness 最初發病日期： _____ Total no. of Admissions 入院次數：_____

Reasons for latest hospitalisation 最近入院原因：_____

Dates of last three admissions 最近三次入院日期：(include the present admission 包括現時入院)

Duration 期間	Name of Hospital 醫院名稱	Diagnosis 診斷	Voluntary 自願／Compulsory 非自願
to 至			
to 至			
to 至			

Symptoms at present attack 現時徵狀：_____

Anti-social behaviour 反社會行爲： _____ Prognosis 預測病情：_____

☐ Problem drinking 酗酒

☐ Drug addiction 吸毒

☐ Problem gambling 沉溺賭博

☐ Others 其他： _____

Maintenance treatment 持續治療 (include medication 包括服藥)： _____

_____

Response to treatment 對治療的反應：_____

☐ Criminal Record 犯罪記錄 (Details 詳情： _____)

Suicidal tendency 自殺傾向 _____ History 記錄：_____

History of violence／aggressiveness* 暴力／粗暴*記錄： _____

Nature of violent／aggressive* behaviour 暴力／粗暴*行爲的性質： _____

Outcome 結果／sentence 判刑*：_____

Predisposing factors to violence 誘發暴力的因素：_____

Psychological 心理／Social 社交／Biological 生理* (please specify 請說明：_____)

Free from violent／aggressive* behaviour in the last ___ months／years* 已有__月／年*沒有出現暴力／粗暴*行爲

Is the applicant conditionally discharged from hospital 申請人是否有條件出院？ YES 是／NO 否*

The applicant is／is not *recommended to receive the service applied for 推薦／不推薦*申請人接受服務

_____

_____

Additional remarks 備註 (e.g. insight into mental illness 例如：對精神病的自知能力)：

_____

_____

_____

_____

_____

Case Medical Officer's Signature 主診醫生簽署：_____ Name in block letter 姓名（請用正楷填寫）：_____

Tel. 電話： _____ Ext. 內線： _____ Date 日期：_____

* *please delete as appropriate 請刪去不適用者*

殘疾人士院舍保健員登記申請書
《殘疾人士院舍規例》

請貼上
申請人
正面相
片於此

請注意：根據《殘疾人士院舍規例》第 X 條的規定，獲註冊爲保健員的人的姓名及地址詳情，須記錄於由社會福利署設置及備存的「保健員註冊紀錄冊」內，以供公眾人士免費查閱。任何名列於紀錄冊的人士，均屬於按照《殘疾人士院舍規例》第 X(X)條，註冊爲保健員以便受僱在殘疾人士院舍工作的人士。「保健員註冊紀錄冊」首頁已清楚指出紀錄冊並非用作任何商業推銷用途。如日後你認爲有任何人士，利用你列載於紀錄冊內的個人資料，在未經你的同意下，用作直接商業推銷用途，則該人士可能違反了《個人資料（私隱）條例》附表 1 的第 3 原則，你可直接向「個人資料私隱專員公署」提出投訴。

「保健員註冊」查詢電話
xxxx xxxx 或 xxxx xxxx

申請書寄／交回：
社會福利署殘疾人士院舍牌照事務處
香港灣仔皇后大道東 248 號
15 樓 1508 室

申請人通訊地址：

_____

_____

_____

日間聯絡電話：_____

(一) 本人現根據《殘疾人士院舍規例》第 X(X)條附上下列個人資料，並申請註冊爲保健員。

(二) 個人資料：

(a) 姓名（先生／太太／小姐／女士）*

(英文) _____
(請以正楷填寫)

(中文) _____

(b) 別名 _____

*刪去不適用者

(c) 出生日期 _____

(d) 國籍 _____

(e) 香港身分證號碼 _____

(f) 住址 _____

(g) 電話號碼 _____

(h) 學歷詳情

學校及大學名稱	入學日期（月／年）	離校日期（月／年）	完成最高班別	所獲證書／文憑／學位（須附副本）	此欄供社會福利署填寫

(i) 曾接受有關照顧殘疾人士的訓練課程（請列詳情，包括參加課程的日期及有否獲發正式證書，請夾附完成訓練的證明文件）

_____

_____

_____

_____

(j) 殘疾人士院舍的工作經驗詳情

殘疾人士院舍名稱	所屬職位	入職日期 （月／年）	離職日期 （月／年）	此欄供 社會福利署填寫

(k) 其他工作經驗：

_____

_____

(三) <u>本人已隨本申請書夾附以下文件 -</u>

(a) 香港身分證影印本

(b) 本人正面相片一張並於背面寫上本人姓名
（夾附相片須與貼上第 1 頁的相同，以便製作註冊證書）

(c) 有關學歷及完成保健員訓練課程的證書及／或證明文件影印本

(d) 兩位諮詢人簽署的資料

(四) 據本人所知及相信，本申請書的內容真確詳盡。

申請人簽署：_____

日　　期：_____

諮 詢 人 資 料

由兩位諮詢人填寫（諮詢人不可以是申請人的親屬）：

（一） 姓名（先生／太太／小姐／女士）*

_____ （ ）
英文 (請用正楷) 中文

地址 _____

電話號碼 _____

與申請人關係 _____ 與申請人相識年數 _____

諮詢人簽署： _____

日 期： _____

（二） 姓名（先生／太太／小姐／女士）*

_____ （ ）
英文 (請用正楷) 中文

地址 _____

電話號碼 _____

與申請人關係 _____ 與申請人相識年數 _____

諮詢人簽署： _____

日 期： _____

*刪去不適用者

Training Courses for Health Worker
Approved by Director of Social Welfare
(as at XXXX XXXX)
（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X年X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.	Health Worker Training Course （保健員訓練課程）	XXXXX （XXXX）	XXXX	XXXX XXXX
2.	Health Worker Training Course （保健員訓練課程）	XXXXX （XXXX）	XXXX	XXXX XXXX
3.	Health Worker Training Course （保健員訓練課程）	XXXXX （XXXX）	XXXX	XXXX XXXX

附件十

呈報表列傳染病一覽表（二零零八年七月十四日的版本）

下述須呈報的表列傳染病載於由衞生署署長執行的《預防及控制疾病條例》（第 599 章）附表 1 中（二零零八年七月十四日的版本）。讀者閱讀本實務守則時，應向衞生署衞生防護中心查證該等條文於其後是否有任何修訂。

1. 急性脊髓灰質炎(小兒麻痺)
2. 阿米巴痢疾
3. 炭疽
4. 桿菌痢疾
5. 肉毒中毒
6. 水痘
7. 霍亂
8. 社區型耐甲氧西林金黃葡萄球菌感染
9. 克雅二氏症
10. 登革熱
11. 白喉
12. 大腸桿菌 O157:H7 感染
13. 食物中毒
14. 乙型流感嗜血桿菌感染(侵入性)
15. 漢坦病毒感染
16. 甲型流行性感冒(H2)、甲型流行性感冒(H5)、甲型流行性感冒(H7)、甲型流行性感冒(H9)
17. 日本腦炎
18. 退伍軍人病
19. 痲風
20. 鉤端螺旋體病
21. 李斯特菌病
22. 瘧疾
23. 痲疹
24. 腦膜炎雙球菌感染(侵入性)
25. 流行性腮腺炎
26. 副傷寒

27. 鼠疫
28. 鸚鵡熱
29. 寇熱
30. 狂犬病
31. 回歸熱
32. 風疹(德國麻疹)及先天性風疹綜合症
33. 猩紅熱
34. 嚴重急性呼吸系統綜合症
35. 天花
36. 豬鏈球菌感染
37. 破傷風
38. 結核病
39. 傷寒
40. 斑疹傷寒及其他立克次體病
41. 病毒性出血熱
42. 病毒性肝炎
43. 西尼羅河病毒感染
44. 百日咳
45. 黃熱病

Major Differences between the Requirements under the 2002 CoP and the 2008 CoP

(a) Classification of Residential Care Homes (Persons with Disabilities)(RCHDs) and spatial requirements

Requirements	2002 CoP	2008 CoP
Classification	RCHDs are classified according to the care level of services provided to residents. The four levels of care are as follows – (a) intensive care level (including Care and Attention Home for the Severely Disabled, Long Stay Care Home and Care and Attention Home for the Aged Blind); (b) high care level (including Home / Hostel for the Severely Physically Handicapped and Home / Hostel for the Severely Mentally Handicapped); (c) medium care level (including Home / Hostel for the Moderately Mentally	With reference to the licensing system for residential care homes for the elderly, classification is simplified as follows – (b) high care level (including Care and Attention Home for the Severely Disabled, Long Stay Care Home, Care and Attention Home for the Aged Blind, Home / Hostel for the Severely Physically Handicapped Persons and Home/ Hostel for the Severely Mentally Handicapped Persons); (c) medium care level (including Long Stay Care Home again, Hostel for the Moderately Mentally Handicapped, Home

Requirements	2002 CoP	2008 CoP
	Handicapped, Home for the Aged Blind and Halfway House); and (d) low care level (including Supported Hostel).	for the Aged Blind and Halfway House); and (d) low care level (including Supported Hostel).
Space	8 square metres for intensive care level RCHDs and high care level RCHDs, and 6.5 square metres for low to medium care level RCHDs.	6.5 square metres for RCHDs of all care levels.

(b) Manpower requirements

		2002 CoP		2008 CoP
Type of staff	**Time**	**Intensive Care Level RCHDs**	**High Care Level RCHDs**	**High Care Level RCHDs**
Ancillary worker	7:00 a.m. - 6:00 p.m.	1 ancillary worker for every 30 residents or part thereof	1 ancillary worker for every 30 residents or part thereof	1 ancillary worker for every 40 residents or part thereof
Care worker	7:00 a.m. - 3:00 p.m.	1 care worker for every 15 residents or part thereof	1 care worker/ ancillary worker for every 20 residents or part thereof from 7:00 a.m. to 10:00 a.m.	1 care worker for every 20 residents or part thereof
			1 care worker/ ancillary worker for every 60 residents or part thereof from 10:00 a.m. to 4:00 p.m.	
	3:00 p.m. – 10:00 p.m.	1 care worker for every 20 residents or part thereof	1 care worker for every 20 residents or part thereof from 4:00 p.m. to 10:00 p.m.	1 care worker for every 40 residents or part thereof

		2002 CoP		2008 CoP
Type of staff	**Time**	**Intensive Care Level RCHDs**	**High Care Level RCHDs**	**High Care Level RCHDs**
	10:00 p.m. – 7:00 a.m.	1 care worker for every 30 residents or part thereof	1 care worker/ ancillary worker for every 30 residents or part thereof	1 care worker for every 60 residents or part thereof
Nurse	7:00 a.m. – 6:00 p.m.	Unless a health worker is present, 1 nurse for every 60 residents or part thereof	Unless a health worker is present, 1 nurse for every 60 residents or part thereof	Unless a health worker is present, 1 nurse for every 60 residents or part thereof
	6:00 p.m. – 7:00 a.m.	Unless a health worker is present, 1 nurse for every 60 residents	Unless a health worker is present, 1 nurse for every 60 residents	No requirement
Health Worker	7:00 a.m. – 6:00 p.m.	Unless a nurse is present, 1 health worker for every 30 residents or part thereof	Unless a nurse is present, 1 health worker for every 30 residents or part thereof	Unless a nurse is present, 1 health worker for every 30 residents or part thereof
	6:00 p.m. – 7:00 a.m.	Unless a nurse is present, 1 health worker for every 100 residents or part thereof	Unless a nurse is present, 1 health worker for every 100 residents or part thereof	No requirement

		2002 CoP		2008 CoP
Type of staff	**Time**	**Intensive Care Level RCHDs**	**High Care Level RCHDs**	**High Care Level RCHDs**
Social Worker	-	At least one registered social worker should be included in the staffing provision.	At least one registered social worker should be included in the staffing provision.	No requirement

Remarks: There is no major difference between the staffing requirements of the 2002 CoP and the 2008 CoP for low to medium care level RCHDs.

Impact Assessment on Private RCHDs and Possible Number of Residents Affected Arising from the Building and Fire Safety Requirements and the Different Manpower and Spatial Requirements under the 2002 CoP and the 2008 CoP (As at 30 September 2010)

(a) Number of RCHDs that may fail to meet the licensing requirements under the **2002 CoP** (note 1)

Licensing Requirements	**Number of RCHDs which may fail to meet the licensing requirement (Number of affected residents)**	
	Urban	**New Territories (NT)**
Building and fire safety requirement	2 (49)	9 (194)
Manpower requirement and Spatial requirement (Assuming 6.5 square metres for all RCHDs) (note 2)	24 (note 3) (671)	Nil (note 4) (45)
Manpower requirement and Spatial requirement (Assuming 8 square metres for all RCHDs) (note 2)	24 (note 5) (671)	Nil (note 6) (327)
Total number of RCHDs that may close down (assuming spatial requirement at 6.5 square metres) **(Total number of residents being affected)**	**24 (note 7)** **(671)**	**9 (note 8)** **(239)**

Licensing Requirements	**Number of RCHDs which may fail to meet the licensing requirement (Number of affected residents)**	
	Urban	**New Territories (NT)**
Total number of RCHDs that may close down (assuming spatial requirement at 8 square metres) **(Total number of residents being affected)**	**24** (note 7) **(671)**	**9** (note 8) **(521)**

(b) Number of RCHDs that may fail to meet the licensing requirements under the **2008 CoP** (note 1)

Licensing Requirements	**Number of RCHDs which may fail to meet the licensing requirement (Number of affected residents)**	
	Urban	**New Territories (NT)**
Building and fire safety requirements	2 (49)	9 (194)
Manpower requirement	Nil	Nil
Spatial requirement (6.5 square metres for all RCHDs)	Nil (note 9) (72)	Nil (note 4) (45)
Total number of RCHDs that may close down **(Total number of residents being affected)**	**2** (note 8) **(121)**	**9** (note 8) **(239)**

Note 1: The above tables are prepared on the basis of the 64 private RCHDs (24 RCHDs in urban and 40 RCHDs in NT) known to SWD as at 30 September 2010.

Note 2: The spatial requirement is 8 square metres for high to intensive care level RCHDs and 6.5 square metres for low to medium care level RCHDs. The care level of individual private RCHDs will be determined upon the implementation of the licensing scheme.

Note 3: 24 RCHDs in urban are found to be financially not viable, affecting 671 residents.

Note 4: No RCHD in NT is found to be financially not viable, but there will still be a displacement of 45 residents owing to insufficient space in existing RCHDs (on the assumption that the enrolment rates of individual RCHDs remain at the existing level).

Note 5: 24 RCHDs in urban areas are found to be financially not viable, affecting 671 residents. It is noteworthy that, even assuming that these RCHDs are financially viable, there will still be a displacement of 72 residents owing to insufficient space in existing RCHDs (on the assumption that the enrolment rates of individual RCHDs remain at the existing level).

Note 6: No RCHD in NT is found to be financially not viable, but there will still be a displacement of 327 residents owing to insufficient space in existing RCHDs (on the assumption that the enrolment rates of individual RCHDs remain at the existing level).

Note 7: There are 2 private RCHDs which may fail to meet building and fire safety, as well as manpower and spatial requirements at the same time. These overlapping cases are discounted.

Note 8: There is no overlapping case which may fail to meet building and fire safety requirements and need to arrange displacement of residents owing to insufficient space at the same time.

Note 9: No RCHD in urban areas is found to be financially not viable, but there will still be a displacement of 72 residents owing to insufficient space in existing RCHDs (on the assumption that the enrolment rates of individual RCHDs remain at the existing level).