

**CODE OF PRACTICE
FOR
RESIDENTIAL CARE HOMES
(PERSONS WITH DISABILITIES)**



January 2020 (Revised Edition)

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CHAPTER 1

INTRODUCTION

1.1 Background

- 1.1.1 Residential Care Homes for Persons with Disabilities (RCHDs) are established for providing residential care service and facilities for persons with disabilities in need. They should be given due respect and concern for a living with dignity.
- 1.1.2 The Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) commenced operation on 18 November 2011 (except Part 2) and came into full implementation on 10 June 2013, for regulating the residential care service of RCHDs through a licensing scheme administered by the Director of Social Welfare (DSW) with a view to meeting an acceptable standard.
- 1.1.3 The Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613 sub. leg. A) is made under section 24 of the Residential Care Homes (Persons with Disabilities) Ordinance, stipulating the requirements for the operation, management and supervision of RCHDs.
- 1.1.4 This Code of Practice is issued by the DSW under section 23 of the Residential Care Homes (Persons with Disabilities) Ordinance, setting out principles, procedures, guidelines and standards for the operation, keeping, management or other control of RCHDs for compliance by operators.
- 1.1.5 The standards, specifications and statutory provisions cited in this Code of Practice are those in force before 31 March 2019. Readers of this Code of Practice should check whether there are any subsequent amendments to these provisions. For reference to the relevant statutory provisions, please visit the “Hong Kong e-Legislation” (<https://www.elegislation.gov.hk>).
- 1.1.6 Under section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance, a residential care home for persons with disabilities means –

any premises at which more than 5 persons with disabilities, who have attained the age of 6 years, are habitually received for

the purpose of residential accommodation with the provision of care.

- 1.1.7 Under section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance, a “person with disabilities” means a person who suffers from one or more of the following disabilities –
- (a) total or partial loss of the bodily or mental functions;
 - (b) total or partial loss of a part of the body;
 - (c) the malfunction, malformation or disfigurement of a part of the body;
 - (d) a disorder, illness or disease that affects the thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.
- 1.1.8 Residents who are received by an RCHD issued with a licence/certificate of exemption (CoE) should be persons with disabilities as defined in paragraph 1.1.7 above, so as to ensure that RCHDs are operated and managed satisfactorily, and the welfare of their residents is promoted in such a proper manner that the residents receive appropriate residential care service.
- 1.1.9 Under section 3 of the Residential Care Homes (Persons with Disabilities) Ordinance, the Ordinance does not apply to –
- (a) any premises used or intended for use solely for the purpose of the medical treatment of persons requiring medical treatment;
 - (b) a nursing home regulated under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165);
 - (c) a boarding school within the meaning of the Education Regulations (Cap. 279 sub. leg. A);
 - (d) a treatment centre within the meaning of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566); or
 - (e) a residential care home for persons with disabilities, or type or description of residential care home for persons with disabilities, excluded by the DSW by order published in the Gazette.

- 1.1.10 The Residential Care Homes (Persons with Disabilities) Ordinance and the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) are mutually exclusive. Based on this principle, the operator of any home which fits into the definitions of a residential care home under the Residential Care Homes (Persons with Disabilities) Ordinance and the Residential Care Homes (Elderly Persons) Ordinance is required to hold only 1 valid licence under either of the Ordinances, yet shall not apply for a licence under both Ordinances. If a licence issued under the Residential Care Homes (Elderly Persons) Ordinance is for the time being in force in respect of the residential care home, and the operator intends to switch over to operate an RCHD, the operator shall, after being advised by the DSW that the application under the Residential Care Homes (Persons with Disabilities) Ordinance is approved, surrender to the DSW the first-mentioned licence which will be cancelled on the issue of a licence under the Residential Care Homes (Persons with Disabilities) Ordinance. Similarly, if a licence issued under the Residential Care Homes (Persons with Disabilities) Ordinance is for the time being in force in respect of the residential care home, and the operator intends to switch over to operate a residential care home for the elderly (RCHE), the operator shall, after being advised by the DSW that the application under the Residential Care Homes (Elderly Persons) Ordinance is approved, surrender to the DSW the first-mentioned licence which will be cancelled on the issue of a licence under the Residential Care Homes (Elderly Persons) Ordinance.
- 1.1.11 Operators of RCHDs should study this Code of Practice in detail, as well as the Residential Care Homes (Persons with Disabilities) Ordinance and the Residential Care Homes (Persons with Disabilities) Regulation. The DSW may refuse to issue a licence to the applicant under section 7(3)(c) of the Residential Care Homes (Persons with Disabilities) Ordinance if it appears to the DSW that the premises used for the residential care home do not comply with any requirements relating to design, construction, fire precautions, health, sanitation and safety set out in this Code of Practice or any other conditions as deemed fit by the DSW. Any person who intends to operate an RCHD may contact the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of the Social Welfare Department (SWD) (Telephone No.: 2891 6379) (Address: 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong) for advice or consultation.
- 1.1.12 Compliance with the requirements of this Code of Practice does not exempt the operator or any other person from the liabilities, obligations and requirements imposed under other ordinances or the common law.

1.2 Licence and Certificate of Exemption

- 1.2.1 Any person who on any occasion operates, keeps, manages or in any other way has control of an RCHD shall hold –
- (a) a licence that has been issued under section 7(2)(a) or renewed under section 8(3)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of that RCHD and is for the time being in force; or
 - (b) a CoE that has been issued under section 11(2)(a) or renewed under section 12(3)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of that RCHD and is for the time being in force.
- 1.2.2 Operators of RCHDs that existed immediately before the commencement date of the Residential Care Homes (Persons with Disabilities) Ordinance (except Part 2) (i.e. 18 November 2011) but are unable to comply fully with the licensing requirements, may make an application to the DSW for a CoE, in order to allow time for existing RCHDs to carry out improvement works for meeting the licensing requirements and standards. RCHDs that are established with operation commenced on or after that date should be subject to regulatory control by way of the issue of a licence rather than a CoE, so as to ensure that the service of RCHDs meet the statutory standards and the interests of persons with disabilities are safeguarded more effectively.
- 1.2.3 Under section 7(3)(d) of the Residential Care Homes (Persons with Disabilities) Ordinance, the DSW may refuse to issue a licence to the applicant if the proposed name of the residential care home is unsuitable or is the same as or similar to –
- (a) the name of an existing home in respect of which a CoE is for the time being in force;
 - (b) the name of an RCHD in respect of which a licence is for the time being in force;
 - (c) the name of a residential care home regulated by the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459);
 - (d) the name of an RCHD in respect of which a licence has been suspended, surrendered or cancelled; or
 - (e) the name of a residential care home under the Residential Care

Homes (Elderly Persons) Ordinance (Cap. 459) in respect of which a licence issued under that Ordinance has been suspended, surrendered or cancelled.

- 1.2.4 A licence/CoE issued in respect of a specific RCHD is verified by the signature of the DSW and contains information of the RCHD issued with a licence/CoE. Under section 7(6) and section 11(5) of the Residential Care Homes (Persons with Disabilities) Ordinance, the licence/CoE is evidence of the facts stated in it. If there is any change(s) in the name, address, type of the RCHD, maximum capacity as stated in the licence/CoE and/or holder of the licence/CoE, it is required to apply for a new licence.

1.3 Business Registration/Companies Registration

An operator of a private RCHD shall apply to the Inland Revenue Department for business registration in respect of the business under the Business Registration Ordinance (Cap. 310), and with the Registrar of Companies under the Companies Ordinance (Cap. 622) if the home is operated by a body corporate.

1.4 Insurance

Operators of RCHDs, who are employers, shall formulate employment contracts and take out a policy of employees' compensation insurance for all staff in accordance with the Employment Ordinance (Cap. 57) and the Employees' Compensation Ordinance (Cap. 282). Moreover, the operators of RCHDs are also advised to take out other related insurances for their RCHDs such as public liability insurance.

1.5 Advertisement

In accordance with section 15 of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must ensure that an advertisement for promoting the residential care home contains information to the effect that a licence or a CoE is for the time being in force in respect of the residential care home.

1.6 Closure of RCHDs

If an operator ceases operation of an RCHD, LORCHD shall be informed,

as well as the residents and their guardians¹ /guarantors² /family members/relatives/contact persons, in writing at least 3 months prior to its closure of the RCHD, together with a removal plan for the residents. The operator shall return the licence/CoE to LORCHD after the closure of the RCHD. For management matters relating to the closure of an RCHD, please refer to paragraph 8.12 of Chapter 8 in this Code of Practice.

¹ A “guardian” in this Code of Practice refers to a person appointed by the Court or the Guardianship Board for executing the conferred powers and responsibilities.

² A “guarantor” in this Code of Practice refers to a person who is or is not a relative of a resident and may not be conferred with statutory powers, voluntarily assists in handling the daily matters for the resident, such as making an application for admission to and discharge from an RCHD, discussion of care plans or payment of home fees, etc.

CHAPTER 2

TYPES OF RCHDS

2.1 Types of RCHDs

2.1.1 Under section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance, an RCHD means any premises at which more than 5 persons with disabilities, who have attained the age of 6 years, are habitually received for the purpose of residential accommodation with the provision of care. As stipulated in section 3 of the Residential Care Homes (Persons with Disabilities) Regulation, types of RCHDs are as follows –

(a) A “high care level home”

An establishment providing residential care for persons with disabilities who are generally weak in health and lack basic self-care skill to the extent that they require personal care, attention and assistance in the course of daily living activities but do not require a high degree of professional medical or nursing care.

(b) A “medium care level home”

An establishment providing residential care for persons with disabilities who are capable of basic self-care but have a degree of difficulty in daily living activities.

(c) A “low care level home”

An establishment providing residential care for persons with disabilities who are capable of basic self-care and require only minimal assistance in daily living activities.

2.1.2 In determining the type of an RCHD making an application for the issue or renewal of a licence/CoE, the level of care and assistance required by the residents received or to be received by an RCHD will be considered by LORCHD based on health assessments of the residents at the time of their admission to an RCHD (please refer to paragraph 8.3.1 of Chapter 8 in this Code of Practice).

2.2 Classification of Mixed RCHDs

- 2.2.1 RCHDs may concurrently receive residents requiring different levels of care in actual operation. For example, some medium care level homes may be established with high care level places. Moreover, some medium care level homes or high care level homes also provide low care level places.
- 2.2.2 In determining the type of a mixed RCHD, if a home receives persons with disabilities requiring low care level, medium care level and/or high care level services concurrently, that home will only be classified as either a medium care level home or a high care level home, irrespective of the number of residents in need of low care level service.
- 2.2.3 For example, for an RCHD concurrently providing low care level, medium care level and high care level places, the number of residents requiring low care level service will be disregarded in classifying the type of home, and the home shall be classified according to the number of residents requiring medium care level or high care level service. The home will be classified as a “high care level home” when 30% or more residents out of the number of medium care level and high care level places are in need of high care level service. When the number of residents in need of high care level service is less than 30% of the number of medium care level and high care level places, the home will be classified as a “medium care level home”. The above principle is to strengthen the protection of residents who require service of a higher care level.

2.3 A Contrast of the Types of Disabilities and Levels of Care Required

The following table sets out the different levels of care and assistance required for various types of disabilities –

Types of Disabilities	Levels of Care and Assistance Required		
	High	Medium	Low
Mentally Handicapped (MH)/Physically Handicapped (PH)/Visually Impaired	Persons who are severely MH and/or PH and/or visually impaired with frail health requiring personal care, attention and assistance in activities of daily living but do not require a high degree of professional medical or nursing care	Persons who are moderately MH or mildly MH with other disabilities requiring supervision and assistance in activities of daily living in which they have a certain degree of difficulties	Persons who are moderately or mildly MH, PH, visually impaired, etc., who are capable of basic self-care requiring only a low level of assistance in activities of daily living
Ex-Mentally Ill (Ex-MI) Persons	Ex-MI persons requiring personal care, attention and assistance in activities of daily living but do not require a high degree of professional medical or nursing care	Ex-MI persons requiring a transitional period of training and supervision in activities of daily living, taking regular medication and attending medical follow-up	Ex-MI persons who are capable of basic self-care requiring only a low level of assistance in activities of daily living

2.4 Classification of Residential Care Service Units for Persons with Disabilities

Residential Care Service Units for Persons with Disabilities are classified as different types of RCHDs based on the following method –

Type of RCHDs	Service Units for Persons with Disabilities
High Care Level Home	Care and Attention Home for Severely Disabled Persons [C&A/SD]
	Care and Attention Home for the Aged Blind [C&A/AB]
	Long Stay Care Home [LSCH]
	Hostel for Severely Mentally Handicapped Persons [HSMH]
	Hostel for Severely Physically Handicapped Persons [HSPH]
	Hostel for Severely Physically Handicapped Persons with Mental Handicap [HSPH/MH]
	Transitional Care and Support Centre for Tetraplegic Patients [TCSC]
Medium Care Level Home	Halfway House [HWH]
	Hostel for Moderately Mentally Handicapped Persons [HMMH]
Low Care Level Home	Supported Hostel [SHOS]
	Integrated Vocational Training Centre [IVTC] – Residential Service
	Small Group Home for Mildly Mentally Handicapped Children [SGH(MMHC)]

CHAPTER 3

LICENCE

3.1 Policy

- 3.1.1 Any person who operates, keeps, manages or otherwise has control of an RCHD at any time shall hold a licence for the time being in force, which is issued or renewed under the Residential Care Homes (Persons with Disabilities) Ordinance in respect of that RCHD, except for an existing home issued with a CoE³ or any RCHE as defined by the Residential Care Homes (Elderly Persons) Ordinance with a valid licence issued under the Residential Care Homes (Elderly Persons) Ordinance (please refer to paragraph 1.1.10 of Chapter 1 in this Code of Practice).
- 3.1.2 RCHDs that are established with operation commenced on or after the commencement date of the Residential Care Homes (Persons with Disabilities) Ordinance (except Part 2) (i.e. 18 November 2011) should be subject to regulatory control by way of the issue of a licence, and these RCHDs will not be issued with CoEs.

3.2 Application for a Licence

Under section 7(1) of the Residential Care Homes (Persons with Disabilities) Ordinance, operators of RCHDs must make an application for a licence by using a prescribed form (SWD 680) ([Annex 3.1](#)). The application form may be obtained from LORCHD or downloaded from the website of the SWD (<https://www.swd.gov.hk>). Submission of the application shall be accompanied by the information and plans as required by the DSW. Details are as follows –

- 3.2.1 An original of the duly completed application form shall be submitted by delivery or registered mail to LORCHD.

³ Operators of RCHDs that existed immediately before the commencement date (i.e. 18 November 2011) of the Residential Care Homes (Persons with Disabilities) Ordinance (except Part 2) but are unable to comply fully with the licensing requirements (i.e. existing homes), may make an application for a CoE, in order to allow time for existing homes to carry out improvement works for meeting the licensing requirements and standards.

- 3.2.2 The applicant shall submit the following documents simultaneously –
- (a) a photocopy of the Hong Kong Identity Card of the applicant(s) (applicable to applications made by individuals);
 - (b) a photocopy of the Certificate of Incorporation issued by the Registrar of Companies (applicable to applications made by body corporates);
 - (c) a certified copy of the Business Registration Application issued by the Commissioner of Inland Revenue (applicable to applications of private RCHDs);
 - (d) a photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable to applications of private RCHDs);
 - (e) staff list of the RCHD (Annex 3.2);
 - (f) a photocopy of the duly stamped tenancy agreement in respect of the RCHD premises (applicable to rented RCHD premises);
 - (g) a photocopy of the deed of assignment in respect of the RCHD premises (applicable to self-owned RCHD premises);
 - (h) 4 sets of layout plans of the RCHD (6 sets for RCHDs situated at premises under or divested by the Housing Authority) (for requirements on layout plans, please refer to the Guidance Notes at Annex 3.3); and
 - (i) a photocopy of the fire service installation and equipment plan and relevant documents (please refer to paragraphs 5.4 and 5.5 of Chapter 5 in this Code of Practice and the Checklist at Annex 5.1).
- 3.2.3 Based on the principle of classifying an RCHD as stated in paragraph 2.2 of Chapter 2 in this Code of Practice, LORCHD may require the applicant to submit the “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities” (Annex 11.1) to ensure compliance of the RCHD with the licensing requirements on the type and number of staff employed according to the type of RCHD as stipulated in section 11(1) of the Residential Care Homes (Persons with Disabilities) Regulation.

- 3.2.4 Operators should ensure that the use of the subject location/premises for operating RCHDs is always permitted under the Town Planning Ordinance, or if it requires an application to the Town Planning Board for planning permission in advance. For uses subject to planning permission from the Town Planning Board or a designated officer assigned by the Planning Department, the operators shall submit proof of the planning permission to LORCHD. Otherwise a licence may not be issued in respect of the RCHD (please refer to paragraph 4.2.2 of Chapter 4 in this Code of Practice).
- 3.2.5 Operators should ensure whether the operation of RCHDs at the subject location/premises is in compliance with the land lease conditions. For premises breaching the land lease conditions, the applicant shall submit a waiver issued by the Lands Department as a proof of exemption from the relevant land lease conditions (please refer to paragraph 4.2.3 of Chapter 4 in this Code of Practice).
- 3.2.6 On receipt of the above required documents from the applicant, and if all of the information is in order, LORCHD will normally take 8 weeks to complete processing a licence application and notify the applicant of the outcome.

3.3 Issue of Licence

Under section 7(2) of the Residential Care Homes (Persons with Disabilities) Ordinance, the DSW must, on receipt of an application, determine the application –

- (a) by issuing to, and in the name of, the applicant a licence subject to any conditions that the DSW thinks fit in relation to the operation, keeping, management or other control of the residential care home; or
- (b) by refusing to issue a licence to the applicant.

3.4 Conditions on the Issue of Licence

Under section 7(4)(b) of the Residential Care Homes (Persons with Disabilities) Ordinance, the DSW may specify the conditions that the DSW thinks fit in relation to the operation, keeping, management or other control of the residential care home on the issue of a licence.

3.5 Renewal of Licence/CoE

- 3.5.1 Under section 8(2) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person holding a licence in respect of an RCHD must apply to the DSW not more than 4 months and not less than 2 months before the licence expires for renewal in the form specified at Annex 3.4.
- 3.5.2 Under section 12(2) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person holding a CoE in respect of an existing home may apply to the DSW not more than 4 months and not less than 2 months before the CoE expires for renewal in the form specified at Annex 3.4.

3.6 Display of Licence/CoE

- 3.6.1 Under section 15 of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must ensure that an advertisement for promoting the residential care home contains information to the effect that a licence or a CoE is for the time being in force in respect of the residential care home.
- 3.6.2 Operators shall display the licence/CoE in a prominent place of the RCHD premises, so that the public may be able to identify the legal status of the RCHD concerned.

3.7 Format of Licence/CoE

A licence issued under section 7 or renewed under section 8 of the Residential Care Homes (Persons with Disabilities) Ordinance or the CoE renewed under section 12 of the Ordinance should be in the form specified at Annex 3.5 and Annex 3.6 respectively.

3.8 Application for a New Licence for Licensed RCHDs

- 3.8.1 For an RCHD holding a valid licence, it is required to make an application for a new licence under section 7(1) of the Residential Care Homes (Persons with Disabilities) Ordinance by using the prescribed form (SWD 680) (Annex 3.1) if there is/are any change(s) of the following –
- (a) name of the RCHD;

- (b) address of the RCHD (for expansion or merger of RCHDs, please refer to paragraph 3.9 of this chapter);
- (c) type of the RCHD;
- (d) licensed capacity; and/or
- (e) licence holder/licensed corporation (please refer to paragraph 3.8.2 of this chapter).

3.8.2 If there is a change of licence holders/licensed corporations arising from the sale of business or replacement of partners, the existing operator shall inform LORCHD in writing of the relevant details not more than 4 months and not less than 2 months prior to the change(s) (including the effective date, information of the new operator, change of staff and/or premises, etc.). Meanwhile, the prospective operator shall apply for a new licence under section 7(1) of the Residential Care Homes (Persons with Disabilities) Ordinance by using a prescribed form (SWD 680) ([Annex 3.1](#)) not more than 4 months and not less than 2 months prior to the change(s).

3.9 Expansion or Merger of RCHDs

- 3.9.1 If there is any expansion or merger plan in respect of a licensed RCHD, the operator should apply to LORCHD in writing to obtain an acceptance-in-principle for including the proposed expanded or merged portion in the licensed area of the RCHD prior to implementation of the plan, and an application for a new licence shall be submitted (please refer to paragraph 3.8.1(b) of this chapter).
- 3.9.2 The expansion or merger of RCHD premises shall comply with the following conditions. If necessary, applications for expansion or merger of individual homes will be considered by LORCHD under special circumstances –
- (a) the proposed expanded portion or RCHDs to be merged shall be situated on the same floor or practically upper or lower adjoining floors of the same premises on which the existing RCHDs are located. For proposed expanded or merged portion on adjoining floors, the condition of item (d) of this paragraph shall be fulfilled concurrently;

- (b) for RCHD premises being New Territories Exempted Houses (NTEH) (commonly known as “small houses”), the proposed expanded portion or RCHDs to be merged shall be situated in the same or adjoining house. For proposed expanded or merged portion in adjoining houses, the condition of item (d) of this paragraph shall be fulfilled concurrently. The applicant shall also ensure that the proposed expanded or merged RCHD remains in compliance with the relevant land lease conditions after the expansion or merger (please refer to paragraph 3.2.5 of this chapter);
- (c) for an application for expansion or merger of RCHDs involving substantial alteration to the floor area or layout of the RCHD premises, the entire new premises after expansion or merger shall comply with the latest requirements in respect of fire safety and building safety standards and requirements stipulated in the relevant ordinances or codes of practice such as those applicable to applications for a new licence in respect of newly established RCHDs; and
- (d) if the proposed expanded portion or RCHDs to be merged is/are situated on adjoining upper or lower floors or in adjoining blocks of NTEH (commonly known as “small houses”) and not on the same floor or the same block of the NTEH, the management, operation and staff deployment of the newly established RCHD will be directly affected. Hence, the RCHD concerned shall be able to meet the legislative requirement in respect of staff employment and attendance for the 12 months prior to the application. Effective measures or supporting device should also be provided to ensure effective communication and mutual support among the staff.

3.9.3 If the proposed expanded portion is not situated at a location as mentioned in paragraph 3.9.2(a) or (b) of this chapter, the operator shall apply for another licence for the premises under section 7(1) of the Residential Care Homes (Persons with Disabilities) Ordinance by using a prescribed form (SWD 680) ([Annex 3.1](#)).

3.10 Expansion or Merger of Existing RCHDs

If there is any expansion or merger plan of an existing RCHD issued with CoE, the operator should make an application to LORCHD in writing to obtain an acceptance-in-principle for including the proposed expanded or merged portion in the licensed area of the RCHD prior to implementation of the plan. The RCHD may be subject to regulatory control by way of the issue of a licence and an application for a new licence shall be submitted.

CHAPTER 4

BUILDING AND ACCOMMODATION

4.1 Introduction

RCHDs are subject to inspection by the Building Safety Inspectorate Team of the SWD and shall comply with the Buildings Ordinance (Cap. 123) and its subsidiary legislation as well as any codes of practice and guidelines issued by the Buildings Department on building safety, including the Practice Note for Authorised Persons, Registered Structural Engineers and Registered Geotechnical Engineers.

4.2 Statutory Plans, Land Lease Conditions, Deeds of Mutual Covenant and Tenancy Conditions

4.2.1 It is the responsibility of the operators to ensure that the premises used for operating RCHDs comply with the requirements of the relevant legislations, statutory plans, land lease conditions, deed of mutual covenant and tenancy conditions.

4.2.2 With regard to the requirements of statutory plans, the operators should check the Outline Zoning Plans or the Development Permission Area Plans devised by the Town Planning Board under the Town Planning Ordinance (Cap. 131) to confirm whether the use or development of an RCHD at the subject location/premises is always permitted under the Town Planning Ordinance or requires an application to the Town Planning Board or a designated officer assigned by the Planning Department for planning permission. An RCHD is a “Social Welfare Facility” according to the Definition of Terms in statutory plans⁴ adopted by the Town Planning Board. If it is specified in the “Note” of the Outline Zoning Plans or the Development Permission Area Plans that the use of “Social Welfare Facility” requires prior planning permission from the Town Planning Board, the operator shall apply to the Town Planning Board for a planning permission in advance, and submit the relevant proof of planning permission to LORCHD. Otherwise, LORCHD may not be able to issue a licence to the RCHD concerned.

⁴ For details, please refer to website: <https://www.info.gov.hk/tpb/tc/forms/definition.html>.

- 4.2.3 With regard to the requirements of land lease conditions, operators should check the land lease of the lot where the premises are situated (including NTEHs or commonly known as “small houses”) to ensure that the operation of RCHD at the premises concerned is permitted. If the RCHD concerned is in breach of the land lease conditions, the operator shall make an application to the Lands Department for a short-term waiver for operating an RCHD at the subject premises, for which the processing time normally takes 6 to 9 months. If the required short-term waiver cannot be produced, LORCHD may not be able to issue a licence to the RCHD concerned. If the premises are not able to comply with the requirements of the land lease conditions, enforcement action may be taken by the relevant authorities resulting in the premises not suitable to be used as an RCHD.
- 4.2.4 The operators shall note that tenancy agreements and deeds of mutual covenant are legal binding documents. They may be ordered by the court to terminate the operation of the RCHD in the subject premises in civil proceedings.
- 4.2.5 This Code of Practice does not prejudice the power of other government departments to take law enforcement or regulatory actions.

4.3 Restriction to the Premises of RCHDs

- 4.3.1 No part of an RCHD shall be situated on any premises where building works have been carried out or structures⁵ have been built without the approval and consent from the Building Authority. For RCHDs situated at NTEHs, please refer to paragraph 4.2.3 of this chapter.
- 4.3.2 Unauthorised building works⁶ inside or related to the premises of RCHDs may constitute a risk to the safety of the occupants and the public, and therefore shall be removed or rectified. If the renovation or alteration works are within the scope of the Building (Minor Works) Regulation, they shall be carried out in accordance with the requirements and procedures stipulated under the above-mentioned Regulation. For details, please refer to the website of the Buildings Department (<https://www.bd.gov.hk>). For RCHDs situated at NTEHs, please refer to paragraph 4.2.3 of this chapter.

⁵ Definitions of building and building works are set out under section 2 of the Buildings Ordinance (Cap. 123).

⁶ Any building works without the approval and consent from the Building Authority are regarded as unauthorised building works unless they are exempt from the provisions of section 41 of the Buildings Ordinance (Cap. 123) or are minor works carried out according to simplified requirements.

4.4 Design

Under section 22 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must, to the satisfaction of the DSW, be designed to suit the particular needs of the residents as follows –

- 4.4.1 every passage and doorway must be wide enough to accommodate residents using walking aids or wheelchairs. According to the above principle, the clear width of every passage and doorway shall not be less than 1 050 mm and 800 mm respectively, so as to facilitate residents using wheelchairs or walking aids to enter or pass through any rooms, including bedrooms and toilets/bathrooms, without assistance and unnecessary difficulty;
- 4.4.2 non-slip tiles must be fitted in every place (especially the toilet/bathroom and kitchen) where the safety of residents is in jeopardy by reason of a risk of slippage; and
- 4.4.3 the ceiling (the ceiling slab or suspended false ceiling) of every room must, unless otherwise permitted by the DSW, 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.
- 4.4.4 In addition to the above requirements, the operators shall also ensure that –
 - (a) at least 1 electric call bell is installed at each bedroom for residents requiring high level of care;
 - (b) appropriate handrails⁷ are fitted at all toilets/bathrooms and corridors for all high care level RCHDs as well as other types of RCHDs when necessary;
 - (c) the design of furniture and interior installations of the premises are hazard-free; and
 - (d) at the outer edge of all balconies, verandahs, staircases, landings or projections, or where there is a difference in adjacent levels greater than 600 mm, protective barriers shall be provided to minimise the risk of persons or objects falling from height; the height of the protective barrier should not be less than 1.1 m and the lowermost 150 mm shall be built solid and constructed so as to inhibit the passage of articles not less than 100 mm.

⁷ Please refer to the Design Manual : Barrier Free Access 2008 and any subsequent revision issued by the Buildings Department for the requirements of handrails standard.

4.4.5 If there is an internal open staircase connecting upper and lower levels within the premises, a fence or gate should be provided, where the situation allows, at the upper landing of the internal staircase that does not cause obstruction; the fence or gate should be kept closed under usual circumstances which should not affect the means of escape in the premises in order to ensure safety of the residents (including wheelchair users). RCHDs are advised to consider supplementing the following measures or other improvements (if applicable) to enhance safety in the use of open staircases –

- (a) lay non-slip mats or tiles on the upper landing of the staircase and place non-slip nosing in contrasting colour at each step of the staircase;
- (b) extend the handrails on both sides of the staircase to the upper landing to assist users in supporting the body;
- (c) provide tactile or visible marks at suitable locations to remind users to keep alert; and
- (d) avoid setting obstacles on the staircase landing or both sides of the walls.

4.4.6 All RCHDs shall provide appropriate facilities for residents with disabilities to the satisfaction of the DSW. The requirements for facilities should be applicable to the level of care required by the residents received by the RCHDs and the respective type of RCHDs. The design of those facilities shall comply with the requirements of the Design Manual : Barrier Free Access 2008 and any subsequently revised versions issued by the Buildings Department, and the requirements in respect of the above facilities as revised by the DSW (if applicable). If the provision of those facilities imposes unreasonable hardship on the applicant or any other persons, the DSW shall make the final decision.

4.5 Basic Facilities

4.5.1 The basic facilities of an RCHD include bedroom, sitting/dining room, toilet/bathroom/shower room, kitchen, laundry, office and isolation facility/room. All passages including the corridor and outdoor rest area should not be used as bedrooms. The DSW may impose any of the above requirements on basic facilities for any RCHD based on individual circumstances.

- 4.5.2 A kitchen with a suitable size and adequate number of water closets, lavatory basins, baths or showers⁸ should be provided in an RCHD based on the number of residents. In addition, at least 1 accessible water closet shall be provided on each floor with bedroom(s) or sitting/dining room for meeting the needs of residents using wheelchairs.

4.6 Accessibility

Under section 24 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must, to the satisfaction of the DSW, be accessible by emergency services.

4.7 Means of Escape

- 4.7.1 RCHDs shall be provided with adequate escape exits and exit routes in accordance with the Code of Practice for Fire Safety in Buildings 2011⁹ issued by the Building Authority and the requirements as stipulated in any subsequently revised versions.
- 4.7.2 The number of residents and staff that may be accommodated by an RCHD are factors that shall be considered for assessment of the adequacy for escape exits and exit routes.
- 4.7.3 All fire-related doors to kitchens, plant rooms or shafts that are usually unoccupied and used to place machinery or plumbing equipment, and all protected doors to or along protected staircases should be capable of self-closing and kept closed at all times. If a locking device is installed on a designated exit door, it shall be readily openable from the inside without the use of a key. The locking device may be electrically operated, but shall be released automatically upon actuation of a smoke detection system or the operation of an alarm system or a central manual override designed and installed to the satisfaction of the Director of Fire Services (DFS). The electric locking device should be released automatically in case of a power failure. If an emergency push bar is installed on the exit door, it shall not be encased with additional installations.

⁸ Please refer to the Building (Standards of Sanitary Fitments, Plumbing, Drainage Works and Latrines) Regulations (Cap. 123 sub. leg. I).

⁹ The DSW may impose corresponding requirements in accordance with the conditions for RCHDs issued with CoEs under sections 11(2)(a) and 12(3)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance.

- 4.7.4 Adequate lighting shall be provided for every exit route which is kept clear of obstructions. A fire/emergency evacuation route plan should be displayed inside the RCHD in accordance with the relevant requirements as stated in paragraph 5.5.7 of Chapter 5 in this Code of Practice.

4.8 Fire Resisting Construction

- 4.8.1 The design and construction of RCHDs shall comply with the Code of Practice for Fire Safety in Buildings 2011¹⁰ issued by the Building Authority and the requirements as stipulated in any subsequently revised versions.
- 4.8.2 RCHDs shall be separated from other users of the building by suitable fire resisting construction in accordance with the Code of Practice for Fire Safety in Buildings 2011 issued by the Building Authority and the requirements as stipulated in any subsequently revised versions.
- 4.8.3 The kitchen of an RCHD shall be separated from other parts of the home premises with a barrier of a fire resistance rating of not less than 60 minutes. The door of the kitchen shall have a fire resistance rating of not less than 60 minutes, which should be capable of self-closing and kept closed at all times.
- 4.8.4 Areas of special hazards (the definition of special hazard is provided in Part A of the Code of Practice for Fire Safety in Buildings 2011) in RCHDs shall be enclosed by barriers with a fire resistance rating of not less than 120 minutes, or 240 minutes if the areas of special hazards adjoin protected exits directly. Any door leading to such areas of special hazards from the RCHD premises shall have a fire resistance rating of not less than that for the barrier leading to areas of special hazards, which should be capable of self-closing and kept closed at all times.
- 4.8.5 If added or altered fire resisting constructions are involved in the premises of an RCHD, LORCHD may require the RCHD to submit documentary proof with supporting test/assessment reports prepared by authorised persons/registered structural engineers to certify that the fire resistance function of such fire resisting construction is in order.

¹⁰ Same as above.

4.9 Heating, Lighting and Ventilation

- 4.9.1 Under section 25 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must, to the satisfaction of the DSW, be adequately heated, lighted and ventilated.
- 4.9.2 Every room used for habitation or for the purposes of an office or kitchen in RCHDs shall be provided with adequate natural lighting and ventilation for compliance with sections 29, 30, 31, 32 and 33 of the Building (Planning) Regulations, (Cap. 123 sub. leg. F). The DSW may consider exemption if adequate artificial lighting and mechanical ventilation are provided in the kitchen or office to the satisfaction of the DSW.
- 4.9.3 Every room containing a soil fitment or waste fitment in an RCHD shall be provided with a window in accordance with section 36 of the Building (Planning) Regulations (Cap. 123 sub. leg. F). The DSW may consider exemption if adequate artificial lighting and mechanical ventilation are provided to the satisfaction of the DSW.
- 4.9.4 The requirements on the provision of heaters, electric fans and/or air conditioners in bedrooms and toilets/bathrooms are stipulated in paragraphs 7.3 and 7.5 of Chapter 7 in this Code of Practice.

4.10 Toilet Facilities

- 4.10.1 Under section 26 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must be provided with toilet facilities and sanitary arrangements of a type approved by the DSW.
- 4.10.2 A room used for toilet facilities must –
- (a) to the satisfaction of the DSW, be provided with fittings appropriate to the use of the toilet facilities by the residents;
 - (b) at all times be kept in a clean and sanitary condition; and
 - (c) not be used for any other purpose.

4.11 Water Supply and Ablutions

Under section 27 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must, to the satisfaction of the DSW, 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 stated in Chapter 7 of this Code of Practice for reference.

4.12 Repair

Under section 28 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must, to the satisfaction of the DSW, be kept in a state of good repair.

4.13 Additions and Alterations

4.13.1 Building professionals should be consulted if there is a need for an RCHD to carry out addition or alteration works (A&A works)¹¹, and the A&A works shall comply with the Residential Care Homes (Persons with Disabilities) Regulation, this Code of Practice and other relevant legislative requirements (such as the Minor Works Control System of the Buildings Department. For details, please visit the website of the Buildings Department at <https://www.bd.gov.hk>).

4.13.2 If there is a need for an RCHD to carry out internal renovation works involving changes to the exit doors/exit routes, layout, number/position of beds, basic facilities (e.g. kitchen, laundry, isolation facilities/room, water closet, lavatory basin), fire service installations and equipment, etc., the operator shall submit to LORCHD in writing details of the related plans and proposed revised layout plans, modification of fire service installation plans at least 30 days prior to commencement of the renovation works. Depending on the actual situation, LORCHD reserves the right for giving approval and requiring the RCHD to reinstate or make amendments in accordance with the approved plans for compliance with the relevant requirements.

4.13.3 The RCHD should take effective measures to maintain normal operation while works are being carried out, and all fire service installations shall be maintained in effective operation to ensure safety.

¹¹ Addition or alteration works include alterations to the means of escape inside a building, routes leading to and from the building and barrier free access, addition or removal of partition walls, installation of fixed structural frames for air-conditioners, etc.

CHAPTER 5

FIRE SAFETY AND PRECAUTIONS

5.1 Introduction

Under section 32 of the Residential Care Homes (Persons with Disabilities) Regulation, any member of the Fire Services Department (FSD) may at all reasonable times enter and inspect an RCHD. Operators of RCHDs shall comply with any requirements stipulated by the SWD and the FSD in respect of fire safety and precautionary measures.

5.2 Location

5.2.1 Under section 20 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must not 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 premises in which any trade that, in the opinion of the DSW, may pose a risk to the life or safety of the residents is carried on.

5.2.2 With regard to the trades as mentioned under section 20(b) of the Residential Care Homes (Persons with Disabilities) Regulation, please refer to the prescribed use stipulated under section 49(1) of the Building (Planning) Regulations (Cap. 123 sub. leg. F), including that for the manufacture of any dangerous goods within the meaning of the Dangerous Goods Ordinance (Cap. 295); or for the storage of any such dangerous goods to which section 6 of that Ordinance applies; or as a motor repair shop; or as a vulcanizing shop; or for automobile or carriage painting; or as a paint shop where paint or varnish is manufactured or mixed; or for dry-cleaning.

5.2.3 RCHDs should not be situated on the basement floor under general circumstances. Nevertheless, the DSW may consider special cases after consulting relevant departments.

5.3 Height

- 5.3.1 Under section 21 of the Residential Care Homes (Persons with Disabilities) Regulation, subject to paragraph 5.3.2 below, an RCHD, including any part of it, must not be situated at a height more than 24 m above the street level, measuring vertically from the street level to the floor of the premises in which the residential care home is or is to be situated.
- 5.3.2 The DSW may, by a notice in writing given to an operator of an RCHD, authorise that any part of the residential care home may be situated at a height more than 24 m above the street level as may be indicated in the notice.
- 5.3.3 If an RCHD is located in a building served by 2 streets/roads at different levels, the height of the RCHD is to be measured from the level of the lower street/road.

5.4 Fire Service Installations and Equipment

- 5.4.1 The requirements and specifications of fire service installations and equipment to be provided for RCHDs shall be based upon the latest version of the Code of Practice for Minimum Fire Service Installations and Equipment and the Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment, and circular letters issued by the DFS to relevant professionals from time to time. For existing fire service installations and equipment already installed in the building/premises, the requirements and specifications should be based on the prevailing version when the fire service installations and equipment were installed.
- 5.4.2 The DSW may impose additional requirements and vary any of the following requirements in consultation with the DFS, having regard to the individual circumstances of any particular RCHD.
- 5.4.3 An RCHD occupying a gross floor area of less than 230 m² shall comply with the following requirements –
 - (a) A fire detection system shall be provided for the RCHD. A smoke detection system shall be provided for the entire floor if any part of the floor is used for sleeping accommodation. Nevertheless, the smoke detection system may be replaced by a heat detection system in electrical/mechanical rooms and the kitchen, depending on the situation. If the entire RCHD is installed with an automatic sprinkler system, it may not be

necessary to provide any additional heat or smoke detectors at locations such as toilets/bathrooms and staircases. The alarm of the detection system shall be transmitted to the Fire Services Communication Centre by a direct telephone line provided by a recognised telecommunications service operator.

- (b) The RCHD shall be installed with a manual fire alarm system in compliance with the Code of Practice for Minimum Fire Service Installations and Equipment with an actuating point and an audio warning device located at or near the main entrance lobby, reception/nurse station (if any) and other sets at conspicuous location(s) near the exit(s) of each floor. In addition to audio warning devices, visual alarm signals shall be provided to form part of the fire alarm system. The alarm of the system shall be integrated with the fire detection system of the RCHD and its respective floor(s), except for the areas mentioned below –
 - (i) staircase(s) as exit routes;
 - (ii) smoke lobbies adjoining staircase(s) as exit routes; and
 - (iii) areas not accessible to residents or visitors, e.g. office, staff toilet, staff dormitory, plant room, etc.
- (c) All fire service installations control panels shall be installed at the reception area or the main entrance of the RCHD or at a location approved by the DFS.
- (d) Portable fire extinguishers shall be provided at the following scale –
 - (i) a 4.5 kg CO₂ type extinguisher shall be provided in each pantry/ switch room;
 - (ii) a 4.5 kg CO₂ type extinguisher and a 1.44 m² fire blanket shall be provided in each kitchen;
 - (iii) a 4.5 kg CO₂ type/9-litre water type extinguisher shall be provided at the reception area or the main entrance of the RCHD; and
 - (iv) a 4.5 kg CO₂ type/9-litre water type extinguisher shall be provided at a location near each exit if hose reel system is not provided for the RCHD.

- (e) All escape exits shall be indicated by illuminated exit signs.
- (f) If an exit sign is not clearly visible from any location in the RCHD especially corridors leading from each room to the exit routes of the RCHD, suitable directional signs shall be provided at conspicuous locations to assist residents or occupants to identify the escape exits in the event of a fire/emergency.
- (g) Emergency lighting shall be provided in the entire area of the RCHD. Self-contained luminaries emergency lighting systems satisfying the latest version of the Requirements for Self-contained Luminaries Emergency Lighting Systems [PPA/104(A)] may be used.

5.4.4 In addition to the requirements set out in paragraph 5.4.3 above, an RCHD occupying a gross floor area exceeding 230 m² shall also comply with the following requirements –

- (a) an automatic sprinkler system shall be installed for the entire area of the RCHD;
- (b) a hose reel system shall be provided for the RCHD; and
- (c) all actuating points of the manual fire alarm system provided as required by paragraph 5.4.3 (b) shall include facilities for starting the fire pump and initiating the audio/visual warning device.

5.4.5 Please refer to the “Checklist of Documents for Fire Safety and Precautionary Measures” ([Annex 5.1](#)) for submission of the required documents with regard to each of the above requirements.

5.4.6 If there is a need to alter or add any fire service installations and equipment on the premises, the applicant shall appoint a Registered Fire Service Installation Contractor (RFSIC) of appropriate classes to carry out the works. The contractor concerned shall submit a certificate FSI/314A, FSI/314B or FSI/314C (as appropriate), together with 3 sets of the fire service installation plans to the DFS. On completion of the works, the contractor concerned shall submit a copy of the Certificate of Fire Service Installation and Equipment (FS 251) to the DFS. In addition, the operator shall also submit a copy of the certificate to the DSW as a proof of compliance. All fire service installations and equipment installed in the RCHDs shall be maintained in efficient working order at all times and inspected by an RFSIC at least once every 12 months in accordance with the Fire Service (Installations and Equipment) Regulation (Cap. 95 sub. leg. B). On completion of the works, the contractor shall submit a copy of FS 251

to the DFS. In addition, the operator shall also submit another copy of the certificate to the DSW as a proof of compliance.

5.5 Additional Requirements

- 5.5.1 Primary and stand-by power supply shall be provided to all fire service installations.
- 5.5.2. If the ventilating system in the RCHD has an air handling capacity exceeding one cubic metre per second or serves more than one fire compartment, i.e. all air distribution ductwork systems are not contained within the same compartment, a ventilation/air-conditioning control system shall be provided. The operator shall appoint an RFSIC of appropriate classes to carry out the works.
- 5.5.3 The operator shall submit detailed as-fitted drawings of the ventilating system via the SWD to the Ventilation Division of the FSD, and submit a Report of Completion on Ventilating System to the Ventilation Division on completion of such works for arrangement of inspection. For ventilating system inspected and found to be in compliance with the requirements under the Building (Ventilating Systems) Regulations (Cap. 123 sub. leg. J) and Part XI of the FSD Circular Letter No. 4/96, a Letter of Compliance (Ventilating System) will be issued by the Ventilating Division. After the installation of a ventilating system, it shall be maintained in safe and efficient working order at all times. For a ventilating system with ducts or trunks passing through any wall, floor or ceiling from one compartment¹² of the building to another, the operator shall arrange a regular inspection by a Registered Specialist Contractor (Ventilation Works Category), who will issue an Annual Inspection Certificate, at intervals not exceeding 12 months, and submit a copy of the certificate to the DSW.
- 5.5.4 All linings for acoustic, thermal insulation and decorative purposes within the means of escape in an RCHD shall comply with 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 using an approved flame retardant product. On completion of the works, the RFSIC shall submit a copy of FS 251 to the DFS. The operator shall also submit a copy of the certificate to the DSW as a proof of compliance.

¹² A compartment means a portion of a building which is separated from adjoining portions by walls and floors that meets the standard of fire resistance required by the Buildings Department.

- 5.5.5 All linings for acoustic, thermal insulation and decorative purposes in ducting and concealed locations shall comply with 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 using an approved flame retardant product. On completion of the works, the RFSIC shall submit a copy of FS 251 to the DFS. The operator shall also submit a copy of the certificate to the DSW as a proof of compliance.
- 5.5.6 No storage of dangerous goods within the meaning of the Dangerous Goods (General) Regulations (Cap. 295 sub. leg. B) in excess of the exempted quantity is permitted without a licence or approval granted by the DFS.
- 5.5.7 The operator of an RCHD shall draw up an emergency evacuation plan and submit the plan to the DSW. The plan with fire/emergency escape routes shall be displayed at conspicuous locations. RCHDs shall conduct fire drills at least once every 6 months with proper records at all times for inspection by the staff of the FSD/SWD.
- 5.5.8 Polyurethane (PU) Foam
- (a) All PU foam filled mattresses and covering material used for fabrication of mattresses shall conform to British Standard 7177 (for use in medium hazard premises/building); or “Standard for the Flammability (Open Flame) of Mattress Sets” - (Part 1633 of Title 16 of Code of Federal Regulations) as issued by the Consumer Product Safety Commission in the US; or conform to another standard acceptable to the DFS.
 - (b) All PU foam filled upholstered furniture and covering material used for fabrication of the furniture shall conform to British Standard 7176 (for use in medium hazard premises/building); or Flammability Test Procedures for Seating Furniture for Use in Public Occupancies (Technical Bulletin Number 133) as issued by the Bureau of Home Furnishings and Thermal Insulation under the Department of Consumer Affairs of the State of California; or conform to another standard acceptable to the DFS.
 - (c) Each PU foam filled mattress and upholstered furniture conforming to British Standard 7177 (for use in medium hazard premises/building) and British Standard 7176 (for use in medium hazard premises/building) respectively shall bear an appropriate label.

- (d) The operator of an RCHD shall submit invoices from manufacturers/suppliers and test certificates issued by testing laboratories indicating that all the PU foam filled mattresses and/or upholstered furniture have complied with the specified standards to the DSW for inspection. Test certificates shall be issued by an accredited laboratory authorised to conduct tests according to the specified standards, and authenticated by the company's stamp of the manufacturers/suppliers.

5.5.9 Fixed Electrical Installations

- (a) Any works of fixed electrical installations in an RCHD, including installation, inspection, testing and issue of certificates, shall be carried out by Registered Electrical Contractors (RECs) and Registered Electrical Workers (REWs). On completion of the electrical works and prior to connection for use, the REC and REW shall issue a Work Completion Certificate (Form WR1) to the owner of the fixed electrical installations in the RCHD, and submit to the DSW a copy of the certificate to confirm that the installations have complied with the requirements of the Electricity Ordinance (Cap. 406).
- (b) For fixed electrical installations in an RCHD with an approved loading exceeding 100 amperes (single or three phase) at nominal low voltage, the RCHD shall arrange for inspection, testing and certification (Form WR2) of the installations by an REC at least once every 5 years. The certificate shall be re-issued every 5 years and submitted to the DSW.

5.5.10 Gas Installation

- (a) All gas installation works, including town gas and liquefied petroleum gas (LPG), (including fabrication, disconnection, testing, maintenance, etc.) in an RCHD shall be carried out by registered gas contractors in accordance with the Gas Safety Ordinance (Cap. 51).
- (b) For any new or altered gas installation works, a copy of the "Certificate of Compliance/Certificate of Completion for Gas Installation" (Annex 5.2) issued by registered gas contractors shall be submitted to the DSW as a proof of compliance with the gas safety requirements.

- (c) If a piped-gas installation (town gas or LPG central supply) is already installed in the building, it shall be used to supply all gas equipment. Only where a central gas supply is not available should consideration be given to use standalone LPG cylinders stored in a purposely-designed chamber in compliance with the latest Codes of Practice by Gas Standards Office issued by the Gas Authority.
- (d) LPG/LPG cylinder (including empty cylinder) with an aggregate nominal water capacity of more than 130 litres is not permitted to be stored, unless prior approval of the Director of Electrical and Mechanical Services (DEMS) is obtained.
- (e) All gas cooking appliances installed in an RCHD should be equipped with a flame failure device, and only water heaters of the room-sealed type should be installed. Newly purchased domestic gas appliances should bear a “GU” mark signifying that approval is given by the DEMS for importing/manufacturing/selling such appliances.
- (f) Only low pressure flexible gas tubing approved by the Electrical and Mechanical Services Department with the EMSD APPROVAL mark shall be installed, and flexible gas tubing which is longer than 2 metres should not be used.
- (g) All gas installations shall be inspected/maintained by a registered gas contractor annually to ensure safe operation. Documentary proof of continuing annual inspection/maintenance shall be submitted with an application for renewal of a licence/CoE.

5.5.11 Please refer to the “Checklist of Documents for Fire Safety and Precautionary Measures” ([Annex 5.1](#)) for submission of the required documents with regard to each of the above requirements.

5.6 Fire Precautions

- 5.6.1 In order to ensure safety at all times, RCHDs shall pay attention to the following –
- (a) all means of escape shall not be obstructed; and
 - (b) all exit doors shall be openable readily from the inside without the use of a key.

For any operator failing to comply with any of the above preventive measures, the FSD may initiate prosecution under sections 14 and 15 of the Fire Services (Fire Hazard Abatement) Regulation (Cap. 95 sub. leg. F) without giving any warning in advance.

- 5.6.2 All staff of RCHDs shall be fully conversant with the potential fire hazard and the actions to be taken in case of a fire, e.g. evacuation procedures, the use of fire-fighting equipment, etc. Any staff detecting a fire shall –
- (a) give an alarm to warn all other staff and residents;
 - (b) ensure that the fire is reported to the FSD by dialing the 999 hotline; and
 - (c) evacuate the residents (especially for those requiring assistance and under restraint) in joint effort with other staff members.
- 5.6.3 Patrols shall be conducted every night with proper record to ensure that –
- (a) all cooking/heating appliances are switched off;
 - (b) all doors leading to common corridors are closed;
 - (c) there is no obstruction to fire service installations and equipment;
 - (d) there is no obstruction to exit routes by any object; and
 - (e) any door along means of escape that is locked shall be openable in the direction of egress without the use of a key in an emergency.
- 5.6.4 No cooking in naked flame shall be permitted inside the RCHD other than in the kitchen.
- 5.6.5 Air heaters shall not be used for the purpose of drying clothes, and combustible materials shall not be placed in its close vicinity.
- 5.6.6 If gas leakage is suspected, the staff concerned should –
- (a) extinguish all naked flames;
 - (b) turn off gas switches and the main valve;
 - (c) not operate electrical switches;

- (d) open doors and windows; and
- (e) immediately call the gas supplier's emergency number using a telephone remote from the affected area. The gas supply shall not be turned on again until it has been checked by the staff of gas supplier or the registered gas contractor.

5.6.7 If the gas continues to leak after the switches have been turned off or the smell of gas still persists, the staff shall immediately call emergency services by dialing 999 and the gas supplier using a telephone remote from the affected area; evacuate residents from the affected area to a safe location and await the rescue of emergency services.

CHAPTER 6

AREA OF FLOOR SPACE

6.1 Area of Floor Space

Under section 23 of the Residential Care Homes (Persons with Disabilities) Regulation, the minimum area of floor space for each resident in an RCHD is 6.5 m².

6.2 Number of Residents

The appropriate number of residents in an RCHD is determined by the physical size of the building and the area standard of 6.5 m² for each resident. Area of floor space means the net floor area for the exclusive use of the RCHD. In determining the area of floor space per resident, the area of any staff dormitory, open space, podium, garden, flat roof, bay window, staircase, column, walls, staircase hall, lift, lift landing, any space occupied by machinery for any lift, air-conditioning system or any similar service provided for the building, or any other area in the RCHD which the DSW considers unsuitable for the purposes of an RCHD shall be disregarded.

CHAPTER 7

FURNITURE AND EQUIPMENT

7.1 Introduction

- 7.1.1 Every RCHD should be provided with furniture and equipment designed generally for persons with disabilities and suitable furniture and equipment based on the needs of individual residents, to ensure the provision of safe and proper care to the residents.
- 7.1.2 All furniture and equipment in RCHDs shall always be kept functioning well, and should be timely replaced or renovated.
- 7.1.3 In order to ensure the safety of residents, RCHDs should arrange relevant staff training and formulate operation guidelines for staff to refer to and comply with before using electrical furniture and equipment (e.g. lifter/hoist). RCHDs should regularly inspect and repair the equipment and keep maintenance records.
- 7.1.4 With regard to the provision of personal daily necessities and consumables to the residents (e.g. mugs, toothbrushes, towels, combs, lotion, diapers, blood glucose test strips, feeding tubes, pH test strips for testing gastric juice), RCHDs should make arrangements as appropriate in accordance with the admission agreement and the related consent forms signed with the residents and/or their guardians/guarantors/family members/relatives.

7.2 Security Facility

- 7.2.1 In order to ensure the safety of residents, RCHDs should provide suitable security and anti-wandering facilities, e.g. installation of closed-circuit television (CCTV) systems, digital door locks, sensory alarms, etc., so as to step up supervision of the operation of RCHDs.
- 7.2.2 The installation of CCTV systems in RCHDs should comply with the Guidance on CCTV Surveillance and Use of Drones issued by the Privacy Commissioner for Personal Data, to determine the scope and extent of the surveillance and consider installing the CCTV systems at locations such as public areas, interview rooms, entrance and exits so as to protect personal privacy.

7.3 Bedroom

Items	Quantity
1. Bed ¹³	1 for each resident
2. Mattress	1 for each resident
3. Bed sheet	2 for each resident
4. Pillow	1 to 2 for each resident
5. Pillow case	2 for each resident plus an appropriate quantity in reserve
6. Blanket and quilt, with cover	1 of each item for each resident plus an appropriate quantity in reserve
7. Electric call bell ¹⁴	depending on the number of residents requiring high level of care or those in need
8. Name plate	1 for each bedspace
9. Bedside cupboard (with lock)	1 for each resident
10. Wardrobe/clothes closet	1 for each resident
11. Curtain/shading sheet	1 set for each window opening
12. Electric fan and/or air-conditioner	capable of providing adequate ventilation
13. Heater/heating equipment	capable of keeping sufficient warmth
14. Bedside lamp	depending on needs
15. Litter bin with lid	depending on needs
16. Others (vacuum flask/drinking pot, towel rack, clock, etc.)	depending on needs

7.4 Sitting/Dining Room

Items	Quantity
1. Dining table and chair	depending on the number of residents
2. Chair ¹⁵	depending on the number of residents in need
3. Sofa	1 set
4. Television and other audio-visual equipment	1 set
5. Clock and calendar ¹⁶	1 set
6. Notice board	1

¹³ A bed with suitable size and type should be provided to cater the needs and fit the body size of individual residents (e.g. to provide residents in need with adjustable hospital/nursing beds or beds installed with bed rails of suitable height).

¹⁴ Electric call bells shall be installed/placed at locations where residents can reach.

¹⁵ Chairs with back, arm rest and a base with appropriate width and weight should be provided for frail residents in need to ensure their safety.

¹⁶ Clock and calendar with larger font size are preferred for easy identification of time and date.

Items	Quantity
7. Litter bin with lid	1
8. Facility for warm/cool drinking water	1
9. Broadcasting system	depending on needs
10. Recreational and rehabilitation equipment	depending on needs and number of residents
11. Items for leisure such as newspaper, magazines and books	depending on needs of residents

7.5 Toilet/Bathroom¹⁷

Items	Quantity
1. Flush toilet/lavatory basin/faucet/bathtub ¹⁸	depending on the number of residents
2. Commode chair/bed pan/urinal with lid	depending on the number of residents requiring high level of care or those in need
3. Shower chair/bathtub seat	depending on the number of residents requiring high level of care or those in need
4. Electric call bell ¹⁹	depending on the number of residents requiring high level of care or those in need
5. Water heater ²⁰	at least 1
6. Exhaust fan	at least 1 in each toilet or bathroom
7. Hand-drying facility	1 in each toilet
8. Heater/heating equipment	1 in each bathroom
9. Curtain/facility for protecting privacy	depending on actual layout
10. Mirror	at least 1
11. Litter bin with lid	at least 1

¹⁷ Accessible water closet cubicles shall comply with the relevant requirements as set out in the Design Manual : Barrier Free Access 2008 drawn up by the Buildings Department and any subsequently revised versions.

¹⁸ Refer to the requirements set out in the Building (Standards of Sanitary Fittings, Plumbing, Drainage Works and Latrines) Regulations (Cap. 123 sub. leg. I).

¹⁹ Electric call bells shall be installed/placed at locations where residents can reach. For the locations of call bells, please refer to the Design Manual : Barrier Free Access 2008 and the requirements of any subsequently revised versions.

²⁰ If gas water heater is used, it shall be a room-sealed type only.

7.6 Kitchen/Pantry

Items	Quantity
1. Stove ²¹	at least 1 set (depending on the number of residents)
2. Cooking utensils	at least 1 set (depending on the number of residents)
3. Rice cooker	at least 1 set (depending on the number of residents)
4. Refrigerator/freezer (with a thermometer)	at least 1 set (depending on the number of residents)
5. Electric water boiler/hot water boiler	at least 1 set (depending on the number of residents)
6. Meat mincer/blender	at least 1 set (depending on the number of residents)
7. Cutting board and knives ²²	at least 2 sets for handling raw and cooked food separately
8. Food container and dining utensils	depending on the number of residents
9. Litter bin with lid	1
10. Notice board/white board	1
11. Exhaust fan	1
12. Cupboard	1 set
13. Food trolley	1
14. Serving tray	depending on the number of residents
15. Cleaning utensils	depending on the number of residents

7.7 Laundry

Items	Quantity
1. Washing machine	at least 1 (depending on the number of residents)
2. Drying machine	at least 1 (depending on the number of residents)
3. Iron	at least 1 (depending on the number of residents)
4. Ironing board	at least 1 (depending on the number of residents)
5. Basket for clothing	at least 2 (for separating clean and dirty clothes and depending on the number of residents)
6. Hangers/laundry clips	depending on the number of residents
7. Storage racks	depending on the number of residents

²¹ RCHDs should only use town gas or electricity for cooking, and shall not use kerosene or other fuel for safety reasons.

²² Sharp objects shall be properly kept at a place that is not accessible by residents.

7.8 Office

Items	Quantity
1. Office desk	at least 1
2. Office chair	at least 2
3. Stationery	depending on actual needs
4. Filing cabinet with locks	at least 1
5. Telephone	at least 1
6. Computer and printer	at least 1
7. Fax machine/copy machine	at least 1
8. Notice board/white board	at least 1
9. First aid box ²³	at least 1

7.9 Nursing Equipment

Items	Quantity
1. Electronic thermometer/ear thermometer (with disposable ear probe covers)	at least 2
2. Diagnostic set (including stethoscope, torch, disposable tongue depressor, ophthalmoscope and auriscope)	depending on actual needs
3. Electronic blood pressure monitor	at least 1
4. First aid box ²⁴	at least 1 on each floor
5. Alcohol-based handrub	sufficient quantities shall be provided for residents, staff and visitors
6. Personal protective equipment (PPE) items (including masks, disposable gloves, protective gowns, protective caps and goggles/face shields)	sufficient quantities shall be provided for residents and staff
7. Equipment for storing, preparing and giving drugs	depending on the number of residents and needs
8. Pharmaceutical refrigerator/refrigerator (with lock and thermometer) for storing drugs only	1 for high care level homes and depending on the need for medium care level and low care level homes

²³ For the first aid box provided for staff, it shall comply with the requirements of the Labour Department. For details, please refer to Schedule 2 to the Occupational Safety and Health Regulation (Cap. 509 sub. leg. A).

²⁴ At least 1 first aid box shall be provided on each floor of an RCHD, or in each separate unit of the RCHD if it is situated at non-adjointing unit(s) of the same floor. The first aid box should contain basic first aid items such as sterile unmedicated dressings, adhesive wound dressings, triangular bandages of unbleached calico, adhesive plaster, absorbent cotton wool, pressure bandage and disposable gloves.

Items	Quantity
9. Disinfection equipment (e.g. forceps, kidney dishes/dressing trays/dressing bowls)	depending on needs
10. Dressing supplies (e.g. disposable sterile dressing sets/sterile packs), disinfectants and dressings (e.g. sterile gauzes/cotton swabs)	appropriate quantity should be provided for high care level homes and depending on the need for medium care level and low care level homes
11. Scale	1
12. Blood glucose meter and blood glucose test strips	depending on needs
13. pH test strips (for testing gastric juice)	depending on needs
14. Feeding tubes ²⁵	depending on needs
15. Urinary bags/urinary catheters ²⁶	depending on needs
16. Portable oxygen concentrators/portable oxygen cylinders (with oxygen tubing and oxygen mask/nasal cannula)	depending on needs
17. Suction apparatus (with suction catheters)	1 for high care level homes and depending on the need for medium care level and low care level homes
18. Equipment for Cardio-Pulmonary Resuscitation (e.g. Bag-Valve-Mask Resuscitator, suction and oxygen apparatus, Automated External Defibrillator, etc.)	depending on needs

7.10 Isolation Room

Items	Quantity
1. PPE items (including masks, disposable gloves, protective gowns, protective caps and goggles/face shields)	sufficient quantities shall be provided for staff and visitors
2. Electric call bell	1 for each isolation room
3. Lavatory basin	1 for each isolation room
4. Hand-drying facility	1 for each isolation room
5. Litter bin with lid	1 for each isolation room

²⁵ Please refer to paragraph 11.8.2 of Chapter 11 in this Code of Practice for the use of feeding tubes.

²⁶ Please refer to paragraph 11.8.1 of Chapter 11 in this Code of Practice for the use of urinary catheters.

7.11 Other Equipment

	Items	Quantity
1.	Walking aids/wheelchairs	appropriate quantity should be provided for high care level homes and depending on the need for other homes
2.	Lifter/hoist	depending on needs
3.	Fall prevention facilities (e.g. bed rail, bed monitoring system)	depending on needs
4.	Mobile folding partitions	at least 1
5.	Hair dryer	at least 1
6.	Vacuum cleaner	at least 1
7.	Cleaning and disinfection equipment/materials (e.g. household bleach)	appropriate quantities (plus at least 1 set of measuring cup and bucket for diluting disinfectant)
8.	Storing facilities	appropriate quantity
9.	Books/magazines/pictures/ green plant in pot	appropriate quantity

CHAPTER 8

MANAGEMENT

8.1 Introduction

RCHDs should establish an effective management system to ensure a smooth operation in providing residential care service to the residents.

8.2 Display of the Name of RCHD

An RCHD should display prominently, at or near its entrance, a board or other forms of signage in conspicuous letters the name of the RCHD as shown on the licence/CoE.

8.3 Procedures for Admission of Residents to an RCHD

8.3.1 Every resident shall have a medical examination conducted by a registered medical practitioner prior to admission to an RCHD, using the “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities” ([Annex 11.1](#)) or any other forms approved by the DSW (including the medical examination form provided or required for the Standardised Assessment Mechanism for Residential Services for People with Disabilities). For urgent or special cases that medical examinations cannot be conducted prior to admission, medical examinations shall still be conducted within 3 calendar days after admission to an RCHD.

8.3.2 The rules of admission to and discharge from an RCHD should be posted in the office of an RCHD and stated on the admission form.

8.3.3 The following shall be clearly stated in the admission agreement signed by an RCHD with the residents and/or the guardians/guarantors/family members/relatives –

- (a) rules of the RCHD;
- (b) roles and responsibilities of both parties;

- (c) payment arrangement and the precise amounts of all chargeable items (including services and goods). Please refer to the “Guidelines on Fees and Charges in Residential Care Homes for Persons with Disabilities” for details (Annex 8.1); and
- (d) other service terms.

8.3.4 An RCHD should clearly explain the related rules and regulations, chargeable items and refund arrangement of the home to the residents and/or the guardians/guarantors/family members/relatives when handling the procedures of admission. The admission agreement should be signed by both parties for confirmation, with a copy given to the residents and/or the guardians/guarantors/family members/relatives for retention.

8.3.5 Written consent and authorisation shall be obtained from the residents and/or the guardians/guarantors/family members/relatives with proper record in relation to each of the following matters, when arranging for admission or when it becomes necessary –

- (a) possessions or property stored or held on behalf of each resident by the home, including identity document(s), travel document(s), bank passbook(s), automated teller machine (ATM) card(s), name stamp(s), pocket money, medical follow-up card(s), Certificate(s) for Waiver of Medical Charges, Senior Citizen Card(s), Registration Card(s) for People with Disabilities, Octopus card(s), etc. (please refer to paragraph 8.4 of this chapter);
- (b) use of restraint (please refer to paragraph 11.7 of Chapter 11 in this Code of Practice);
- (c) special arrangement on the use of drugs (please refer to paragraphs 11.6.10 and 11.6.11 of Chapter 11 in this Code of Practice); and
- (d) handling personal data of residents (please refer to paragraph 8.10 of this chapter).

8.4 Handling Charges and Possessions

- 8.4.1 As an admission procedure, an RCHD should clearly explain to the residents and their guardians/guarantors/family members/relatives the rules and regulations of the RCHD, including the home fees and other charges, and state clearly the fees that may be refunded to residents, payment procedures and arrangements. Agreements shall be signed by the RCHD and the residents and/or the guardians/guarantors/family members/relatives to state that they understand the rules, regulations and all necessary charges.
- 8.4.2 An RCHD should inform the affected residents and/or their guardians/guarantors/family members/relatives in writing of any proposed increase in fees or charges for any service or goods (including monetary adjustment due to inflation or change of residents' health condition) at least 30 days prior to the effective date.
- 8.4.3 An RCHD shall clearly specify in the admission agreement relating to the amount of monthly home fees for each resident (i.e. the amount per month in HK dollar), other charges (i.e. the amount per month/per time/per item in HK dollar) and each item of charges in detail, and obtain a written confirmation from the residents and/or guardians/guarantors/family members/relatives. Any revision shall be effective only after being signed and confirmed by the RCHD and the residents and/or guardians/guarantors/family members/relatives. Notes for discharge (including discharge from the RCHDs, death, etc.) should be stated in the admission agreement and clearly listed the refundable and non-refundable fees, refund procedures and arrangements. Please refer to the "Guidelines on Fees and Charges in Residential Care Homes for Persons with Disabilities" ([Annex 8.1](#)) for details.
- 8.4.4 To avoid dispute and misuse of money in residents' bank accounts, operators and staff of RCHDs should not take the initiative to handle the personal financial matters of residents such as paying home fees. It is even prohibited to use or withdraw money from the bank accounts of residents for paying home fees and other charges, unless the RCHD has established and executed the following monitoring mechanism –
- (a) If the resident is of a good mental state, clear about his/her own financial conditions and capable of managing personal financial matters, subject to his/her willingness, the resident may appoint the RCHD to withdraw bank savings to pay the home fees and other charges on his/her behalf, while the RCHD shall keep a clear record of the authorisation. The letter of authorisation shall be jointly signed by the resident, staff concerned of the RCHD and a witness. The RCHD should formulate guidelines and

operational procedures as appropriate, including keeping a complete and up-to-date record by a designated management/supervisory staff member. The RCHD shall also establish and strictly execute a proper monitoring mechanism; the accounts, bills, receipts, etc. are to be checked by the home operator regularly. These records and accounts shall be made available for inspection at any time by the resident, family members, inspectors of LORCHD, the caseworker and staff concerned of the SWD.

- (b) If the guardians/guarantors/family members/relatives, who are responsible for handling the personal financial matters of the resident, are not able to pay the home fees in person for any reasons, they may sign a letter of authorisation to appoint any person who is trusted or the RCHD to handle the matters on their behalf. If the RCHD is entrusted by a resident (the resident shall be of a good mental state), the RCHD is obliged to execute the above-mentioned appointment procedure and monitoring mechanism. The letter of authorisation shall be jointly signed by the resident's guardians/guarantors/family members/relatives, staff concerned of the RCHD and a witness.
- (c) If the resident is certified by a registered medical practitioner as incapable of managing personal financial matters, operators and staff of the RCHD are strictly prohibited to withdraw any bank savings to pay the home fees and other charges on behalf of the resident. The RCHD should request the resident's guardians/guarantors/family members/relatives or the caseworker to arrange for an appointee to handle matters relating to home fees and other charges.

8.4.5 The RCHD should clearly count and keep proper record of the residents' possessions put under its custody when arranging for admission. Please refer to the "Guidelines on Handling Resident's Possessions in Residential Care Homes for Persons with Disabilities" ([Annex 8.2](#)) for details.

8.5 Schedule of Daily Activities

An RCHD should formulate a routine programme schedule and time-table for the daily activities of residents, which are to be posted at conspicuous locations (e.g. reception area, notice board or common area for visitors) of the RCHD.

8.6 Staff Record

An RCHD shall maintain the following records related to staff employment and attendance, and timely update the relevant information, for inspection by LORCHD at any time –

- (a) staff list (Annex 3.2);
- (b) duty list for different posts;
- (c) staff monthly duty roster; and
- (d) an attendance record and an outdoor duty record for all staff (including relief staff/hire-of-service contract staff) to reflect the actual situation of staff-on-duty in different time periods of a day.

8.7 RCHD Operation Record

8.7.1 Under section 12 of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must maintain a record of every person employed (including full-time, part-time, relief staff and hire-of-service contract staff) in the RCHD with the following details –

- (a) name (Chinese and English), particulars of identity (including gender, date of birth/age and Hong Kong Identity Card number), address and telephone number;
- (b) supporting documents of qualifications;
- (c) post held in the RCHD;
- (d) working hours and shift of duty;
- (e) terms of employment (full-time or part-time); and
- (f) date of employment and resignation.

8.7.2 The home manager of an RCHD shall establish and maintain a comprehensive and regularly updated record system, and keep the records properly in the RCHD for inspection by LORCHD at any time. Such records shall include –

(a) Record of Residents

- (i) the name (Chinese and English), particulars of identity (including gender, date of birth/age and Hong Kong Identity Card number), address and telephone number (where applicable) of every resident;
- (ii) the name, particulars of identity, address and telephone number of at least 1 relative or contact person of every resident and his/her relationship with the resident;
- (iii) where or how the relative or contact person may be contacted in an emergency; and
- (iv) the date of admission and discharge of every resident.

(b) Accident Record

RCHDs shall take remedial action immediately after the occurrence of an accident, which should be recorded instantly. Information includes the date and time of the accident, details of the accident, name and condition of resident(s) concerned, the name of the guardians/guarantors/family members/relatives/contact persons of the resident(s) who have been informed and the time of informing them, and the remedial action taken in relation to that accident.

(c) Death and Discharge Record

RCHDs shall keep a death and discharge record of residents²⁷. The related information includes –

- (i) name and particulars of identity of the resident;
- (ii) date and place of death/discharge; and
- (iii) cause(s) of death/discharge.

(d) Personal Health and Nursing Record

An RCHD shall maintain a “Personal Health and Nursing Record” for every resident. Please refer to paragraph 11.5 of Chapter 11 in this Code of Practice.

²⁷ For any case involving unusual death or coroner’s inquest, an RCHD shall keep the relevant case records until completion of the coroner’s inquest.

(e) Record on the Use of Restraint

An RCHD shall properly keep the assessment, written consent form and observation record for every resident under restraint. The related information should include –

- (i) name of the resident under restraint;
- (ii) reasons for the use of restraint;
- (iii) type of restraint used;
- (iv) duration for the use of restraint;
- (v) written consent signed by the resident and/or guardians/guarantors/family members/relatives, the operator/home manager/staff of the RCHD and a medical practitioner;
- (vi) observation on the condition of the resident after the use of restraint;
- (vii) duration for the use of restraint and/or release for each application; and
- (viii) dates and details of regular review.

(f) Admission Agreement and Record of Possessions

The admission agreement together with the subsequently revised agreement signed by the residents and/or the guardians/guarantors/family members/relatives, and the record of possessions or property stored or held on behalf of each resident by the RCHD (e.g. identity document(s), travel document(s), bank passbook(s), ATM card(s), name stamp(s), pocket money, medical follow-up card(s), Certificate(s) for Waiver of Medical Charges, Registration Card(s) for People with Disabilities, Octopus card(s), etc.) (please refer to paragraph 8.4 of this chapter).

(g) Complaint Record

An RCHD shall properly follow up and keep records of complaints. Under section 17(1)(i) of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must maintain a record of any complaint made by a resident or any other person relating to the management or operation of

the residential care home and any remedial action taken in relation to that complaint.

(h) Record of Visiting Medical Practitioner

An RCHD shall properly maintain a record of visits conducted by medical practitioners for providing medical consultation or follow-up treatment, including the date(s) of visit(s), names of residents receiving treatment, the diagnosis, treatment plan and recommendations of the residents concerned, etc. (please refer to paragraph 11.2.4 of Chapter 11 in this Code of Practice).

(i) Log Book

A log book shall be used by the staff on duty to record daily events in an RCHD including any irregularities observed on individual residents, emergencies/important environmental problems affecting the operation of the RCHD, follow-up actions on any accident, etc. An RCHD should always update the relevant records to be signed properly by the staff concerned, which should be submitted regularly to the home manager or designated staff for monitoring purpose. The log book should be maintained inside the RCHD for inspection.

(j) Special Incident Report

In the event of a special incident [including unusual death/incident resulting in serious injury or death of residents, missing of residents requiring police assistance, established/suspected abuse or privacy infringement of residents by staff/residents or other people in an RCHD, dispute in the RCHD requiring police assistance, serious medical/drug incident, fire outbreak, other major incidents affecting the daily operation of an RCHD (e.g. suspension of power/water supply, building defects or structural problems, etc.)], the RCHD shall inform LORCHD and submit a “Special Incident Report” (Annex 8.3) to LORCHD within 3 calendar days (including public holiday) after a special incident has occurred. Apart from the above-mentioned situations, an RCHD shall timely submit a “Special Incident Report” to LORCHD depending on the nature and seriousness of the isolated incident.

(k) Record of Social Activities and Programmes

An RCHD should maintain a proper record of social activities and programmes organised for residents, including –

- (i) dates, times and places of the activities;
- (ii) objectives and types of the activities;
- (iii) number and list of residents attended and staff involved, other participants and organisers/co-organisers;
- (iv) responses and feedback of residents and/or relatives; and
- (v) photographs taken during the activities.

(l) Fire Drill Record

An RCHD shall maintain a record of each fire drill including information such as time and date, numbers of participating staff and residents, etc. (please refer to paragraph 5.5.7 of Chapter 5 in this Code of Practice).

(m) Other Records

An RCHD should properly keep the correspondence with government departments and/or other organisations and written records in relation to the operation of the RCHD for reference and taking follow-up action. The RCHD should also keep other records as specified by the DSW or his/her representative, such as guidelines and circular letters issued by LORCHD.

8.8 Staff Meetings

To maintain an effective communication, the operator or home manager of an RCHD should regularly conduct staff meetings, briefing sessions, case conferences or seminars, with relevant records kept. As a good practice, the operator and home manager may consider inviting residents and/or guardians/guarantors/family members/relatives to attend home management meetings and case conferences.

8.9 Prevention of Abuse

8.9.1 An RCHD should be responsible for protecting persons with disabilities from any kind of abuse, including physical abuse, psychological abuse, neglect, financial abuse, abandonment and sexual abuse.

- 8.9.2 In the event of a suspected abuse incident, the RCHD shall handle the case in accordance with the “Guidelines for Handling Mentally Handicapped/Mentally Ill Adult Abuse Cases” (the latest revised version) issued by the SWD, with a consideration to ensure the immediate safety of the person with disabilities as a matter of priority. The RCHD should, as soon as possible, arrange or make a referral to a social worker for follow-up so as to conduct professional assessment, investigation and follow-up actions, to formulate appropriate welfare plans and arrange necessary services for the resident. For the relevant guidelines for handling abuse cases in RCHDs, please refer to Chapter 4 - “Guidelines for Social Service Units in Handling Abuse Cases” and Chapter 5 - “Handling Abuse Cases in Organisations” in the “Guidelines for Handling Mentally Handicapped/Mentally Ill Adult Abuse Cases” (the latest revised version).
- 8.9.3 The RCHD shall submit a “Special Incident Report” ([Annex 8.3](#)) to LORCHD within 3 calendar days (including public holiday) if there is a suspected abuse incident occurred in an RCHD.
- 8.9.4 An RCHD should properly maintain records and documents of abuse cases (including special incident reports, log books, “Personal Health and Nursing Record” of residents, correspondence with government departments and/or other organisations, etc.) for inspection and investigation.
- 8.9.5 To ensure that residents are free from abuse, an RCHD should formulate effective measures and provide clear work guidelines and arrange training for staff, in order to enhance their knowledge for identifying, preventing and handling abuse incidents.
- 8.9.6 For early identification of abuse cases and provision of appropriate services to abused residents, RCHDs should post a notice about reporting/channels of making complaints at conspicuous places in the RCHDs for the staff, residents, their family members or other people to know the means of reporting suspected abuse incidents.

8.10 Handling Personal Data

- 8.10.1 In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), personal data shall only be used (including disclosure and transfer) for the purpose for which the data were collected at the time of collecting the data; or a purpose directly related to that purpose, unless the prescribed consent of the data subject is obtained or the data are exempted under that Ordinance. Therefore, RCHDs shall only use

(including disclosure and transfer) the personal data of a resident for purposes relating to or for which the data were collected. Where the purpose of releasing personal data of a resident is different from that at the time of collecting the data, the prescribed consent of the resident shall be obtained before releasing the data.

- 8.10.2 With regard to the use of personal data (including disclosure and transfer) mentioned in above paragraph 8.10.1, an RCHD should clearly explain to the residents and/or their guardians/guarantors/family members/relatives, when collecting such data of the residents, that the RCHD shall comply with section 16 of the Residential Care Homes (Persons with Disabilities) Ordinance and section 18 of the Residential Care Homes (Persons with Disabilities) Regulation, to produce or provide any information relating to the operation, management or any other activity in respect of the RCHD as required by the DSW or a specified person.
- 8.10.3 The following matters shall be considered in determining whether the security measures of an RCHD are able to provide appropriate protection –
- (a) location where such data are stored;
 - (b) security measures attached to a facility in which such data are stored (e.g. the use of a computer password);
 - (c) measures taken for ensuring the integrity, prudence and competence of the persons having access to such data; and
 - (d) measures taken for ensuring a secure transmission of such data.

Hence, an RCHD should formulate internal guidelines to control the staff in accessing and using personal data of residents, and to take measures to protect the personal data of residents.

- 8.10.4 Under normal circumstances, an open disclosure of the personal data of a subject without seeking his/her consent infringes the person's privacy. In this regard, an RCHD should be careful in displaying the daily programme schedule or timetable for routine activities of residents. No personal data (e.g. identity card numbers, medical records) should be disclosed to the public or openly displayed together with the names of residents to ensure that personal data of residents are properly protected against unauthorised or accidental access, processing, erasure or other uses.

8.11 Other Relevant Legislative Requirements

Licensing of an RCHD does not imply an exemption from other legal obligations. Operators and home managers of RCHDs should take note and comply with other relevant ordinances and statutory requirements, such as issues related to the RCHD premises, employees, personal data, insurance, etc.

8.12 Closure of RCHD or Discharge of Residents

- 8.12.1 If an operator intends to cease operation of an RCHD, LORCHD shall be informed in writing together with a removal plan for the residents, at least 3 months prior to its closure.
- 8.12.2 The operator shall give a notice in writing to the residents and guardians/guarantors/family members/relatives/contact persons at least 3 months prior to the closure of the RCHD.
- 8.12.3 The operator shall surrender the licence/CoE to LORCHD after the closure of the RCHD (please refer to paragraph 1.6 of Chapter 1 in this Code of Practice).
- 8.12.4 Under section 36 of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD may, by a notice in writing given to any resident of the residential care home and to a relative or contact person of the resident, discharge the resident and require the resident to quit the residential care home, before the expiry of the time, being not less than 30 days, indicated in the notice.

CHAPTER 9

STAFFING OF RCHDS

9.1 Employment of Staff

The minimum staffing requirements for different types of RCHDs are stipulated in the Schedule to the Residential Care Homes (Persons with Disabilities) Regulation. Details are as follows –

Item	Type of Staff	High Care Level Home	Medium Care Level Home	Low Care Level Home
1	Home manager	1 home manager	1 home manager	1 home manager
2	Ancillary worker	1 ancillary worker for every 40 residents or part of 40 residents, between 7 a.m. and 6 p.m.	1 ancillary worker or 1 care worker for every 40 residents or part of 40 residents, between 7 a.m. and 6 p.m.	1 ancillary worker or 1 care worker for every 60 residents or part of 60 residents, between 7 a.m. and 6 p.m.
3	Care worker	(a) 1 care worker for every 20 residents or part of 20 residents, between 7 a.m. and 3 p.m.; (b) 1 care worker for every 40 residents or part of 40 residents, between 3 p.m. and 10 p.m.; (c) 1 care worker for every 60 residents or part of 60 residents, between 10 p.m. and 7 a.m.		
4	Health worker	1 health worker for every 30 residents or part of 30 residents, or 1 nurse for every	1 health worker for every 60 residents or part of 60 residents, or 1 nurse	No health worker or nurse required
5	Nurse	60 residents or part of 60 residents, between 7 a.m. and 6 p.m.		

9.2 Definition

The following terms are defined under section 2 of the Residential Care Homes (Persons with Disabilities) Regulation –

9.2.1 Operator

An operator means a person holding a licence in respect of an RCHD or a CoE in respect of an existing home. In accordance with sections 11 to 15 of the Residential Care Homes (Persons with Disabilities) Regulation, the duties of an operator include –

- (a) employment of staff;
- (b) maintenance of records of staff (please refer to paragraph 8.7.1 of Chapter 8 in this Code of Practice);
- (c) providing plans or diagrams of the subject premises (please refer to paragraph 3.2.2 of Chapter 3 in this Code of Practice);
- (d) providing details of fees (please refer to paragraph 8.4 of Chapter 8 in this Code of Practice); and
- (e) ensuring that an advertisement contains information to the effect that a licence or CoE is for the time being in force in respect of the RCHD.

9.2.2 Home Manager

A home manager means any person responsible for the management of an RCHD. His/her duties include –

- (a) the overall administration and staff matters of the RCHD;
- (b) planning, organising and implementing social activities programme and care arrangements;
- (c) maintaining safety, cleanliness, tidiness and sanitation of the RCHD;
- (d) maintaining contacts with social service units/medical institutions concerned, and referring residents to these units/institutions where necessary;

- (e) handling all emergencies;
- (f) submission of staff lists as required under section 16 of the Residential Care Homes (Persons with Disabilities) Regulation;
- (g) maintenance of up-to-date records regarding management of the RCHD and condition of residents as required under section 17 of the Residential Care Homes (Persons with Disabilities) Regulation and Chapter 8 of this Code of Practice;
- (h) providing information concerning the RCHD as required by the DSW under section 18 of the Residential Care Homes (Persons with Disabilities) Regulation; and
- (i) reporting information concerning scheduled infectious diseases as required under section 19 of the Residential Care Homes (Persons with Disabilities) Regulation.

9.2.3 Nurse

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

9.2.4 Health Worker

A health worker means any person whose name appears on the register of health workers maintained by the DSW under section 5 of the Residential Care Homes (Persons with Disabilities) Regulation. Chapter 10 of this Code of Practice contains more information about health workers.

9.2.5 Care Worker

A care worker means any person, other than an ancillary worker, health worker or nurse, employed by an operator to render personal care to residents.

9.2.6 Ancillary Worker

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

9.3 Staff on Overnight Duty

- 9.3.1 In accordance with the Schedule to the Residential Care Homes (Persons with Disabilities) Regulation, as an additional requirement for a high care level home, at least 2 designated persons must be on duty between 6 p.m. and 7 a.m.
- 9.3.2 As an additional requirement for a medium care level home (with a capacity of more than 60 residents), at least 1 designated person must be on duty and 1 other designated person must be on site (whether or not on duty) between 6 p.m. and 7 a.m.; or
- 9.3.3 As an additional requirement for a medium care level home (with a capacity of not more than 60 residents), at least 1 designated person must be on site (whether or not on duty) and 1 other designated person must be on call (whether or not on site) between 6 p.m. and 7 a.m.
- 9.3.4 As an additional requirement for a low care level home, at least 1 designated person must be on site (whether or not on duty) and 1 other designated person must be on call (whether or not on site) between 6 p.m. and 7 a.m.
- 9.3.5 The above-mentioned designated person means a home manager, an ancillary worker, a care worker, a health worker or a nurse.

9.4 Service Conditions

9.4.1 Medical Examination

All staff of an RCHD shall have a medical examination by a registered medical practitioner prior to their employment, to certify that the staff concerned are able to meet the requirements and perform duties of the job. An operator should consider reasonably accommodating candidates who are persons with disabilities so that they may carry out the inherent requirements of the job, unless this may impose an unreasonable hardship on the employer.

9.4.2 Hours of Work

There should be a minimum of 2 shifts of staff in attendance for all types of RCHDs. As for the number of working hours, it should be stated in the employment contract signed between the employer and the employee.

9.4.3 Sexual Conviction Record Check

To implement a good practice, all staff of an RCHD (including home manager, nurse, health worker, care worker and ancillary worker) should undergo the Sexual Conviction Record Check implemented by the Security Bureau through the Hong Kong Police Force prior to employment or renewal of employment contract.

9.4.4 Other Relevant Legislative Requirements

Concerning the arrangement on employment of staff, RCHDs shall comply with other relevant legislative requirements. Please refer to Annex 9.1 for details.

9.5 **Staff Training**

- 9.5.1 All staff of an RCHD should possess basic knowledge of first aid and at least 1 staff member shall have completed a course in first aid and is holding a valid first aid certificate. Under the Occupational Safety and Health Regulation (Cap. 509 sub. leg. A), a person trained in first aid shall be a person who holds a certificate of competency in first aid issued by the St. John's Ambulance Association, the Auxiliary Medical Services or the Hong Kong Red Cross, or who has completed a training course in first aid and who holds a certificate to that effect issued by an organisation approved by the Commissioner for Labour.
- 9.5.2 Registered nurses and enrolled nurses within the meaning of the Nurses Registration Ordinance are recognised for their first aid knowledge and skills. RCHDs with the employment of either a registered nurse or an enrolled nurse are exempted from the requirement of having at least 1 staff member holding a valid first aid certificate.
- 9.5.3 The operator and home manager should arrange continuous on-the-job training and supervision to staff, including occupational safety, stress management, infection control, drug management, nursing care, common diseases, health and behavioural problems of persons with disabilities, etc., so as to keep their staff abreast of the latest development of the nursing care skills for persons with disabilities, methods of handling behavioural problems of persons with disabilities, and attend to safety and health at work, in particular, proper manual handling technique, enhancing their awareness of drug safety management and effective infection control measures, with the relevant records maintained.

9.6 Relief Staff/Hire-of-service Contract Staff

RCHDs shall comply with the minimum staffing requirements at any time as stipulated in the Schedule to the Residential Care Homes (Persons with Disabilities) Regulation. Attendance of appropriate relief staff shall be arranged whenever there is any staff on casual leave, vacation leave, sick leave, maternity leave or paternity leave, etc. in order to comply with legislative requirement and maintain operation of the RCHDs. For RCHDs employing hire-of-service contract staff, all relevant employment records and service contracts shall be kept (please refer to paragraph 8.6 of Chapter 8 in this Code of Practice).

9.7 Changes in Staff Employment

- 9.7.1 In accordance with section 11(3) of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must inform the DSW in writing within 14 days after any change in the employment of a home manager of an RCHD.
- 9.7.2 In accordance with section 16(1) of the Residential Care Homes (Persons with Disabilities) Regulation, the home manager must, in relation to an RCHD and if required by the DSW in writing, submit to the DSW a list of staff employed by the operator of the residential care home, within 14 days of being required to do so.
- 9.7.3 In accordance with section 16(2) of the Residential Care Homes (Persons with Disabilities) Regulation, a home manager must at least once every 3 months inform the DSW in writing of any change in the list of staff employed. An operator/home manager shall submit the “staff list” ([Annex 3.2](#)) as at the last day of the preceding month and the “staff duty roster” of the month to the DSW on or before the 5th day of January, April, July and October every year as follows –

Date of Staff List Referred to	Month of Staff Duty Roster Referred to	Submission Date
31 December	January	on or before 5 January
31 March	April	on or before 5 April
30 June	July	on or before 5 July
30 September	October	on or before 5 October

CHAPTER 10

HEALTH WORKER

10.1 Duties of a Health Worker

A health worker is responsible for providing comprehensive health care to residents in an RCHD, with the following duties –

- (a) to conduct regular health checking and record health condition of residents (e.g. blood pressure, pulses, body temperature, excretion, emotional change, etc.), for early identification of any illness and arrange treatment for the residents;
- (b) to properly maintain and timely update residents' health record, including medical history, health condition, treatment plan, use of drugs, medical appointments, hospitalisation, etc.;
- (c) to work closely with the visiting medical practitioners and other healthcare professionals to provide information on the medical history of residents and follow up with the health care plans;
- (d) to maintain communication with residents' guardians/guarantors/family members/relatives and report the health condition of residents to them when necessary;
- (e) to assist residents in using drugs safely according to the prescriptions of medical practitioners;
- (f) to design menu as needed and assist residents in the use of tube-feeding;
- (g) to assist residents in doing simple exercises;
- (h) to provide dressing for wounds or pressure injuries (pressure sores) of residents;
- (i) to provide basic first aid for residents in times of accident or emergency; and
- (j) to guide care workers with advice on basic knowledge of health care and nursing care, provision of daily personal care service, use of simple medical equipment and disinfection of instruments, update of log book, etc.

10.2 Qualifications for Registration as Health Workers

- 10.2.1 Under section 4 of the Residential Care Homes (Persons with Disabilities) Regulation, a person who meets either of the following requirements is qualified to be registered as a health worker for the purposes of employment at an RCHD –
- (a) the person has completed a course of training approved by the DSW in writing either generally or in any particular case; or
 - (b) by reason of the person's education, training, professional experience and skill in health work, the DSW is satisfied that the person is a suitable person to be registered as a health worker.
- 10.2.2 For the lists of training courses approved by the DSW serving the purpose of paragraph 10.2.1(a) above, please refer to the website of the SWD (<https://www.swd.gov.hk>).

10.3 Registration

- 10.3.1 Under section 6(2) of the Residential Care Homes (Persons with Disabilities) Regulation, the DSW may register a person as a health worker, and may impose any conditions in relation to the registration that the DSW thinks fit.
- 10.3.2 Under section 6(3) of the Residential Care Homes (Persons with Disabilities) Regulation, the DSW must not register an applicant as a health worker unless the DSW is satisfied that the applicant is a person who is –
- (a) Qualified;
 - (b) competent; and
 - (c) fit and proper,
- to be registered as a health worker.

10.4 Application

Any person who intends to apply for registration as a health worker shall make an application using a prescribed form ([Annex 10.1](#)) and enclosing the required supporting documents.

10.5 Registration Fee

Subject to compliance with paragraphs 10.3 and 10.4 above, the DSW may register an applicant as a health worker on payment of the fee prescribed under section 37 of the Residential Care Homes (Persons with Disabilities) Regulation.

10.6 Cancellation of Registration

10.6.1 In accordance with section 8 of the Residential Care Homes (Persons with Disabilities) Regulation, the DSW may cancel the registration of a person registered as a health worker if –

- (a) the DSW is of the opinion that the registration was obtained by fraudulent means; or
- (b) the DSW ceases to be satisfied of any matter in respect of which the DSW is required to be satisfied under section 6(3) of the Residential Care Homes (Persons with Disabilities) Regulation (i.e. paragraph 10.3.2 above) (e.g. a person who has been convicted of a criminal offence or exhibited serious misbehaviour which sufficiently reflects that the person is not a fit and proper person to be a registered health worker).

10.6.2 In accordance with section 5(4) of the Residential Care Homes (Persons with Disabilities) Regulation, the DSW must remove from the register the name of a person under the following circumstances –

- (a) who dies;
- (b) who requests in writing that the person's name be removed;
- (c) whose registration is cancelled under section 8 of the Residential Care Homes (Persons with Disabilities) Regulation (i.e. paragraph 10.6.1 above); or
- (d) who is also registered as a health worker under the Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A) and whose name has been removed under section 5(4)(a) or (c) of that Regulation.

10.7 Continuous Learning

In-service health workers should enhance service quality through continuous learning. If a health worker has been registered for a long period of time before taking up employment or being re-employed as a health worker, he/she should take relevant training courses prior to taking up employment for revision and updating of nursing care knowledge and skills.

CHAPTER 11

HEALTH AND CARE SERVICES

11.1 Introduction

In providing residential care service for persons with disabilities, an RCHD should deliver health and care services to individual residents based on their health condition and self-care ability as required, in order to maintain their health, prevent deterioration of physical functioning, and assist them in carrying out daily living and self-care activities.

11.2 Health Service

- 11.2.1 Under section 35 of Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must ensure that every resident of the residential care home who has attained the age of 60 years is medically examined at least once in every 12 months. The examination must be conducted by a registered medical practitioner, who must report in writing to the operator on the health of every resident. RCHDs should use the “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities” ([Annex 11.1](#)) or any other forms as endorsed by the DSW to record and maintain the residents’ health condition for inspection by inspectors of LORCHD.
- 11.2.2 For residents who are below 60 years of age, RCHDs should also arrange medical examinations once in every 12 months or when necessary, depending on the health condition of individual residents so as to facilitate RCHDs to review the individual care plans based on their health condition.
- 11.2.3 Every resident shall have a medical examination conducted by a registered medical practitioner prior to admission to an RCHD, using the “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities” ([Annex 11.1](#)) or any other forms as endorsed by the DSW (including the medical examination form provided for or required by the Standardised Assessment Mechanism for Residential Services for People with Disabilities). For urgent or special cases that medical examinations cannot be conducted prior to admission, medical examinations shall still be conducted within 3 calendar days after admission to an RCHD.

- 11.2.4 An RCHD shall arrange regular visits by a registered medical practitioner to residents with difficulty in mobility, for health checking, medical consultation or follow-up treatment. In addition, an RCHD should provide assistance for visiting healthcare professionals and other professional practitioners in delivering services to the RCHD (including the Visiting Medical Practitioner Service for Residential Care Homes and the Professional Outreaching Team for Private RCHDs provided by the SWD) in the provision of the required health service or health education activities for residents.
- 11.2.5 Apart from regular medical examinations or follow-up appointments, an RCHD should follow up the health condition of residents as needed (including measuring body temperature and blood pressure regularly) and maintain all the relevant records. When the resident is sick, injured or there is a change in his/her health condition, a health assessment should be made immediately with a view to arranging consultation or seeking medical/nursing opinion. The resident's guardians/guarantors/family members/relatives should also be informed of the condition with a record in his/her "Personal Health and Nursing Record".
- 11.2.6 An RCHD should have contingency arrangements in place at all times for emergencies or accidents, including the formulation of work guidelines for handling unforeseen incidents, (e.g. kinds of the emergencies, ways of immediate handling, lists of emergency contact numbers, division of work among staff, when and which staff to contact families of the residents, documentary records, etc.) and training and supervision of the competencies of staff in handling emergencies so that residents may receive proper care in case of emergencies.
- 11.2.7 To maintain the best physical fitness of residents, an RCHD should provide physical activity exercise for all residents, especially for those with severe physical disabilities. An RCHD should seek advice from healthcare professionals and professional practitioners in encouraging residents to participate in rehabilitation exercises and arranging suitable rehabilitation services for residents. An RCHD may design an exercise routine and provide an exercise area and equipment inside the RCHD so as to encourage the residents to do more exercise for better health. An RCHD should ensure the safety of residents when doing exercise. The equipment should be checked regularly and maintained in good condition. For residents with special health or physical problems, advice should be sought from healthcare professionals such as medical practitioners or

physiotherapists on the exercise.

- 11.2.8 An RCHD should put in place proper work procedures for the staff concerned in identifying and matching the personal identity and health records of the residents accurately in the process of medical consultation.

11.3 Individual Care Plan

- 11.3.1 An RCHD should consult healthcare professionals and professional practitioners for advice and maintain effective communication with residents' guardians/guarantors/family members/relatives, so as to formulate specific and appropriate individual care plans (ICPs) depending on the needs of residents, with a view to providing and arranging necessary care services.
- 11.3.2 An RCHD should formulate the ICPs of residents jointly with the residents and their guardians/guarantors/family members/relatives within 1 month after admission to the RCHD, and conduct the first review in 6 months after the dates of formulating the first ICPs. The RCHD should also review the ICPs at least annually or regularly and maintain the relevant record.
- 11.3.3 The content of the ICP should include the following –
- (a) medical history;
 - (b) mental state;
 - (c) mobility assessment;
 - (d) self-care ability assessment;
 - (e) assessment of risk factors and preventive measures (e.g. swallowing difficulty, falls, wandering, mental state, emotional state, behavioural problems, allergies, etc.);
 - (f) assessment of nursing care needs and nursing care plan (e.g. wounds, urinary catheters, feeding tubes, peritoneal dialysis, stoma care, etc.);
 - (g) personal habits and daily activities (e.g. social, emotional, behavioural conditions, etc.); and
 - (h) rehabilitation need and plan.

11.4 Personal Care

- 11.4.1 An RCHD should devise a personal care schedule and provide personal care services for residents such as bathing, hair washing, hair cutting, shaving, nail cutting, dental and oral care, changing clothes and diapers, etc. timely and whenever required, so as to keep body clean, feel comfortable and keep skin dry.
- 11.4.2 An RCHD should assist bedridden residents in changing their positions regularly, and assist in keeping their skin and clothes clean and dry to avoid skin in contact with sweat or excreta for a long time leading to breakage, infection or pressure injuries (pressure sores).
- 11.4.3 Appropriate facilities (e.g. partitions, curtains, etc.) shall be provided by RCHDs, and proper steps shall be taken when rendering personal care services or nursing care procedures, for protecting the dignity and privacy of residents.
- 11.4.4 An RCHD should take appropriate measures, including placing signs near the bedsides of residents and/or other suitable locations for identifying the special nursing care needs or risk factors of residents (e.g. allergies, falls, swallowing difficulty, etc.) to ensure their safety.
- 11.4.5 In order to render appropriate personal care services to residents, RCHD operators should arrange for staff to receive training related to personal care and nursing care skills (e.g. lifting/transfer, feeding, bathing, etc.) and draw reference from the relevant guidelines and healthcare professionals' advice.

11.5 Personal Health and Nursing Record

An RCHD shall properly maintain and update the “Personal Health and Nursing Record” of each resident, including –

- (a) medical examination forms;
- (b) medical history (e.g. history of major illnesses, previous operations, vaccination, special care needs, accidents, etc.);
- (c) records of admission to and discharge from hospitals;
- (d) records of medical consultation and follow-up treatment;

- (e) health condition assessments (e.g. body weights, vital signs, activities of daily living, intake and output condition, dental and oral, emotional, mental, social and behavioural condition, smoking or alcoholism habits, exercise, etc.); and
- (f) special nursing care needs and nursing records (e.g. incontinence care, use of feeding tubes/urinary catheters, prevention of pressure injuries (pressure sores), peritoneal dialysis care, stoma or wound care, etc.).

11.6 Drug Management

- 11.6.1 An RCHD shall adhere to the proper procedures in the drug management and assisting residents in using drugs (including oral, topical and injectable drugs), including the storage and preparation of drugs, giving drugs and maintenance of drug records. For details, please refer to the “Guide on Drug Management in Residential Care Homes” (“the Guide”) jointly published by the SWD, the Department of Health (DH) and the Hospital Authority (HA).
- 11.6.2 RCHDs should make reference to the Guide in drawing up work guidelines on drug management (including the procedures of handling drug incidents) for the compliance of their staff. The home managers shall ensure that all designated staff members who are responsible for handling drugs have received proper training. If applicable, the above-mentioned training should form a part of the induction training and regular training for staff.
- 11.6.3 RCHDs shall strictly follow the prescriptions and the related instructions of medical practitioners to assist residents in using drugs. Any person shall not arbitrarily cease or change the dosages or routes of using drugs without authorisation. Medical advice should be sought if there is doubt.
- 11.6.4 An RCHD shall ensure that drugs are used on residents prescribed of the drugs and shall not arbitrarily re-distribute the drugs of individual residents or use the drugs on other residents. If an automated drug packaging system is used, the RCHD shall comply with the guidelines and requirements of the Guide.

11.6.5 If an electronic drug management system is used, the RCHD shall comply with the principles stipulated in paragraph 3.3 of Chapter 3 in the Guide, including work procedures, operation guidelines, monitoring mechanisms, protecting personal data, contingencies and requirements of an electronic signature.

11.6.6 Drug Storage

In accordance with section 34 of the Residential Care Homes (Persons with Disabilities) Regulation, all medicine and drugs in an RCHD must, to the satisfaction of the DSW, be kept in a secure place. An RCHD shall adhere to the following requirements for drug storage –

- (a) all drugs (including oral, topical and injectable drugs) shall be clearly labelled and stored in a secure place (e.g. locked drug cabinet or room) under the monitoring of designated staff members for drug management;
- (b) the drugs of every resident (including drugs that are used when necessary) shall be stored individually in a compartment bearing the resident's name, and each compartment shall only store the drugs of a resident;
- (c) store oral, topical and injectable drugs separately; and
- (d) store drugs appropriately according to the directions on drug labels (e.g. temperature, away from direct light, etc.) to preserve the efficacy of drugs.

11.6.7 Preparing Drugs

- (a) RCHDs should arrange for staff with relevant training (nurses or health workers²⁸) to be responsible for preparing drugs and to carry out the procedures of “**3 Checks and 5 Rights**” strictly to ensure that the drugs tally with the “Medication Administration Records (MARs)” and the information on the drug labels, including –

[First Check] when taking the drugs out of the drug cabinet;
[Second Check] before taking out the drugs from the drug packets/bottles;
[Third Check] before putting the drugs back into the drug cabinet; and

²⁸ Excludes low care level homes as stated on the licence/CoE.

[Five Rights] include name of the resident, name and dosage form of the drug, dosage of the drug, frequency and time of using the drug and route of using the drug.

- (b) The staff responsible for preparing drugs shall record and sign on the MAR immediately after preparing drugs for each resident. Signing in advance and/or on behalf of others is prohibited to ensure accuracy of the record.
- (c) Unless a designated drug preparation system²⁹ is used, an RCHD can only prepare drugs for a maximum period of 24 hours in advance.
- (d) If there is any change in the drug prescription of a resident, an RCHD should update the drug records immediately and prepare drugs according to the latest prescription.

11.6.8 Giving Drugs

- (a) An RCHD should arrange for staff with relevant training to be responsible for giving drugs and assisting residents in using drugs.
- (b) The staff responsible for giving drugs should carry out the “Five Rights” procedures again when giving drugs.
- (c) The staff giving drugs shall ensure that the resident has swallowed the drugs before leaving.
- (d) The staff giving drugs should record and sign on the MAR immediately after giving drugs for each resident. Signing in advance and/or on behalf of others is prohibited to ensure accuracy of the record. Reasons for not using drugs shall be clearly recorded for individual residents who fails to take drugs.
- (e) An RCHD should take proper measures for identifying residents with communication problems or cognitive impairment (e.g. names of residents, bed numbers, photos, etc.) to ensure accuracy in giving drugs.

²⁹ A designated drug preparation system refers to a multi-day drug preparation system, drug preparation service provided by community pharmacies and an automated drug packaging system. Please refer to paragraph 2.4.6 of Chapter 2 in the Guide for details.

11.6.9 Record of Drugs

- (a) An RCHD shall maintain an up-to-date record of drugs for every resident, including the “Individual Drug Record” (IDR) and MAR to ensure accuracy of the information.
- (b) Information of currently and previously used drugs shall be shown clearly and accurately on the IDRs, containing personal information of residents, drug allergy history, drugs information (including names of the drugs, dosage forms of the drugs, dosages of the drugs, frequency/times and routes of administration, dates of commencing and ceasing use of the drugs, sources of the drugs and precautions) and signature of the staff responsible for record at each time.
- (c) Residents’ daily used drugs shall be clearly and accurately shown on the MARs, containing personal information of residents, drug allergy history and information of currently used drugs (including dates of prescriptions, sources of the drugs, names of the drugs, dosage forms of the drugs, dosages of the drugs, frequency of administration, times of administration and routes of administration) and signature of the staff responsible for preparing and giving drugs at each time.
- (d) Whenever there is any change in the drug prescription of a resident (e.g. change of the prescription by a medical practitioner after medical follow-up or discharge from the hospital), the RCHD should update the IDR and MAR on the same day.

11.6.10 Use of Chinese Medicines

If Chinese medicines are used by a resident, the RCHD shall follow the instructions of a registered Chinese medicine practitioner or a listed Chinese medicine practitioner, and properly keep the relevant information such as the name of the Chinese medicine practitioner, prescription, etc., and record the medicine information and medicine administration condition on the resident’s IDR and MAR.

11.6.11 Use of Proprietary/Non-prescription Drugs and Self-administration of Drugs

- (a) An RCHD should not suggest or encourage residents to use drugs obtained or purchased from sources other than a prescription by a registered medical practitioner (including

Chinese and Western medicines or proprietary drugs). If a resident insists on using non-prescription drugs, the staff of the RCHD should give advice or consult healthcare professionals if necessary. The RCHD should make a record on the “Confirmation of Request for Giving Proprietary/Non-prescription Drugs” ([Annex 11.2](#)), and mark on the “Personal Health and Nursing Record” of the resident and keep the “Directions for the Use of Drugs” for healthcare professionals’ reference when necessary.

- (b) An RCHD shall set up a relevant mechanism and operation guidelines for staff’s reference and compliance if there is a need for an RCHD to train the ability of individual residents for keeping and taking drugs by themselves. Assessments on the residents’ drug compliance, including the abilities to fully understand and to follow the medical advice to take drugs on time, shall be conducted by the RCHD if residents administer drugs on their own. In addition, the RCHD shall ensure that the residents can keep the self-administered drugs in secure and locked places, and nearby residents will not take the drugs mistakenly. Prior written consent of the residents and their guardians/guarantors/family members/relatives shall be obtained by using the “Consent Form for Self-storage and Self-administration of Drugs” ([Annex 11.3](#)). The RCHD shall continue to maintain and update the residents’ IDRs, to monitor and assess regularly on the abilities of the residents to keep and take drugs by themselves and keep the relevant records for inspection by inspectors of LORCHD.

11.6.12 Drug Incidents

Drug incidents refer to the occurrences of any abnormality related to the administration of drugs (e.g. residents failing to follow the prescriptions in using drugs, using others’ drugs mistakenly, using wrong dosages of drugs, using expired drugs, etc.). If a serious drug incident happens in an RCHD resulting in hospitalisation of the affected resident(s), the RCHD shall submit a “Special Incident Report” ([Annex 8.3](#)) and a “Medication Risk Management Report” to LORCHD within 3 calendar days (including public holiday). For details, please refer to paragraph 3.4 of Chapter 3 in the Guide.

11.6.13 Drugs for Home Leave

RCHDs shall strictly follow the prescriptions and related guidelines of medical practitioners to assist residents in preparing sufficient drugs for home leave and keep the relevant records.

11.6.14 Expired and Surplus Drugs

An RCHD should handle expired and surplus drugs, which are regarded as chemical wastes, in accordance with the requirements stipulated in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Chemical Waste) Regulation (Cap 354 sub. leg. C). For details, please refer to paragraph 4.4 of Chapter 4 in the Guide.

11.7 Avoid Using Restraint

11.7.1 Restraint refers to a means of limiting a resident's movement so as to minimise harm to himself/herself and/or other residents, including –

- (a) physical restraint refers to the use of a purposely-made device to limit a resident's movement so as to minimise harm to himself/herself and/or other residents. Commonly used physical restraints may include safety vests, wrist restraints, gloves or safety belts, etc.; or
- (b) seclusion refers to an involuntary confinement of a resident in a room/an area where the resident cannot choose to leave in general.

11.7.2 An RCHD may consider it necessary to use restraint to limit residents' movement for the following reasons –

- (a) to prevent residents from injuring themselves or others;
- (b) to prevent residents from falling; and/or
- (c) to prevent residents from removing medical equipment, urinary bags, urinary catheters, feeding tubes, diapers or clothes.

11.7.3 General Principles

- (a) An RCHD should adopt measures with least restraint. The use of restraint should only be considered when all other alternative attempts are ineffective or in case of emergency and when the well-being of the resident and/or other residents is jeopardised.
- (b) Minimum restraint should be applied and the time for applying restraint should be minimised. The use of restraint should not be regarded as a usual practice and absolutely not to be taken as a form of punishment, or as a substitute for caring residents or for the convenience of staff. The use of restraint should be the last resort.
- (c) Dignity and privacy of the residents shall be respected if restraint is applied, with appropriate measures against any assaults to the residents under restraint.
- (d) Guidelines on the use of restraint should be formulated for staff's reference and compliance. The home manager should arrange for all the staff participating in the use of restraint to receive proper training in particular for the impact of restraint on the dignity, privacy and safety of residents, techniques of using restraints, after-care procedures, etc. The proper use of restraint should be included as a part of the induction training and regular training for staff where applicable.

11.7.4 Assessment

Nurses/health workers/allied health professionals should conduct assessments of the needs and risk factors of individual residents, the contributing factors that place the residents/other residents in peril rendering necessity for restraint, alternative attempts made, proposed types of restraint to be used and the time of application. The assessment includes the following items –

- (a) self-injury and harassment (e.g. confusion, disorientation, etc.);
- (b) functional capacity and activities of daily living (e.g. fall risks, inability to maintain correct posture, etc.); and/or
- (c) harm on one's health (e.g. removing feeding tube, urinary catheter, etc.).

11.7.5 Alternatives

Methods other than the use of restraint should be adopted as far as practicable, including the following –

- (a) staff of RCHDs and the residents' guardians/guarantors/family members/relatives should attend to the residents at times of unstable emotions which may result in injuring themselves or others;
- (b) RCHDs should adopt methods such as behavioural therapy at the times when the residents have self-injuring or aggressive acts (e.g. biting hands or kicking others);
- (c) leisure and diversionary activities should be provided (e.g. exercise groups and assisted walking activities);
- (d) the triggers that may agitate the residents leading to the need for restraint (e.g. to arrange and provide assistance in routine toileting for residents with unsteady gaits to reduce the chance of falling when they go to the toilet on their own) should be removed; and
- (e) recommended measures to be adopted for providing a safe environment, including –
 - (i) remove sharp edged furniture;
 - (ii) strengthen the signage for guiding residents to bedrooms;
 - (iii) assist residents with suitable footwear and appropriate use of walking aids;
 - (iv) provide good lighting;
 - (v) install bed monitoring systems;
 - (vi) ensure correct posture/positions for residents on wheelchair; and
 - (vii) apply brakes to all movable objects (e.g. beds, wheelchairs and commode chairs).

11.7.6 Intervention Plan and written Consent

Before application of restraint –

- (a) explain to the residents and/or guardians/guarantors/family members/relatives and medical practitioners in detail about the reasons for applying restraint, discuss the intervention plans (including alternative attempts and outcome), the purposes and procedures of applying restraint and the possible adverse effects;
- (b) the type, size and material of the physical restraint intended to be used should suit the individual residents; and a wrist restraint with soft padding is suggested; or consulting healthcare professionals for advice when necessary, so as to ensure that the application of physical restraint will not cause discomfort or injury;
- (c) the type and duration of the restraint intended to be applied should be determined by the principle of least restraint; and
- (d) written consent shall be obtained from registered medical practitioners, residents and/or guardians/guarantors/family members/relatives (Annex 11.4) prior to the application of restraint, which shall be reviewed at least once every 6 months or when there is any change in residents' condition. The re-assessment should include the need for continual restraint, change of the types of physical restraints and/or rescheduling the time for applying restraint.

11.7.7 Application of Restraint

Points to note when applying restraint –

- (a) the safety and comfort of residents shall be frequently attended to, and their rights to have freedom of movement shall be taken into consideration in order to apply least restraint with a minimum duration.
- (b) Physical Restraints
 - (i) The use of bandage, nylon rope, cotton strip, etc. is strictly prohibited for the purpose of physical restraint.
 - (ii) RCHDs should consult healthcare professionals on the types and designs of the physical restraints to be used

(written professional advice of a clinical psychologist shall also be sought where necessary), to ensure that the application of physical restraints will not cause discomfort, abrasions or physical injury to the residents.

- (iii) The types, sizes and materials of the physical restraints shall be suitable with a good condition so as to ensure the least possible discomfort and danger to the residents; various sizes of safety vests should be available so as to suit the individual needs of residents. It is necessary to provide soft padding when applying restraint to the wrists for protection of the skin and avoiding abrasions.
- (iv) Physical restraints should be applied properly to ensure safety and comfort of residents with allowance for change of their positions. Physical restraints should be fixed and tied at the lateral sides of the bed frame, wheelchair or chair with armrest and a wide/secure base. The knots of restraints should be fixed at areas beyond reach of the residents as far as possible to prevent the residents from loosening the restraints. Fixing physical restraints on movable objects (e.g. movable bed rails) is strictly prohibited to avoid causing injuries to the residents when moving the objects.
- (v) A physical restraint shall be applied in such a manner that it can be removed instantly in case of emergency. It is prohibited to fix the physical restraint at two or more different objects (e.g. fixing at a chair and a bed simultaneously).
- (vi) It is required to closely monitor the condition of the resident during the period of using physical restraint(s). At the same time, the physical restraint(s) shall be released for examination and allowing the resident for relaxation and body movement, checking and recording the blood circulation, skin condition, respiratory condition and degree of restraint of the resident at least once every 2 hours. The following conditions should be observed in particular –

- (1) resident's level of consciousness;
- (2) emotions of the resident (e.g. resistance or low mood, or unusual emotional state);
- (3) whether there is any dislocation or loosening of the physical restraint; and
- (4) need of water and nutrition, and toileting of the resident.

The staff concerned shall keep a record and sign immediately after observing and examining the condition of every resident under restraint. If there is any abnormality of the resident, the staff should report to the home manager, nurse or health worker immediately for further checking and assessment. The resident should be arranged to seek medical advice timely if necessary.

- (vii) RCHDs should prepare records on the use of restraint according to the requirements stipulated in paragraph 8.7.2(e) of Chapter 8 in this Code of Practice.

(c) Seclusion

- (i) The home manager shall ensure that the room/area used for seclusion is able to provide a safe environment for the resident, including cushioned walls and floor, sufficient space for body movement, good ventilation and adequate lighting, and free from any equipment and object that may injure the resident. Besides, the RCHD shall provide equipment for observing the resident in the room/area (e.g. a view panel on the door) to facilitate close monitoring by staff of the RCHD for safety of the resident.
- (ii) The door of the room/area for seclusion shall be readily openable without the use of keys to allow immediate escape of the resident in case of emergency.
- (iii) All personal belongings of the resident that may cause injury shall be removed before applying seclusion.
- (iv) The RCHD shall observe closely on the resident's condition during the period of seclusion. The RCHD should observe, examine and record the condition of

the resident under seclusion at least once every 15 minutes (or increase the frequency of checking depending on the resident's condition). It should also be reviewed on whether there is a need to continue with the use of seclusion depending on the resident's prevailing mental, emotional, behavioural and health conditions. Moreover, staff shall give special attention to the following conditions –

- (1) Resident's level of consciousness;
 - (2) emotions of the resident (e.g. resistance or low mood, or unusual emotional state); and
 - (3) need of water and nutrition, and toileting of the resident.
- (v) RCHDs should prepare records on the use of restraint according to the requirements stipulated in paragraph 8.7.2(e) of Chapter 8 in this Code of Practice.
- (d) The staff concerned shall keep a record and sign immediately after observing and examining the condition of every resident under restraint. If there is any abnormality of the resident, the staff should report to the home manager, nurse or health worker immediately for further checking and assessment. The resident should be arranged to seek medical advice timely if necessary.

11.7.8 Continuous Assessment and Close Monitoring

- (a) An RCHD should, in response to changes in the residents' conditions, re-assess if there is a need to continue with the use of restraint, change the types of restraint and/or change the time of use. When the residents no longer display dangerous behaviours, or when other non-restrictive alternatives can achieve the same effect, the use of restraint should be ceased immediately.

- (b) An RCHD should establish a monitoring mechanism for the home manager/nurses/health workers to oversee the application of restraint in the home to ensure that the staff concerned have observed proper procedures in applying restraint.
- (c) The home manager/nurses/health workers shall conduct checks randomly at least once a day on the condition of every resident under restraint and the observation record so as to monitor continuously staff's compliance with proper procedures in applying restraint. The observation record should be countersigned by the home manager/nurse/health worker concerned after checking.
- (d) RCHDs should prepare records on the use of restraint according to the requirements stipulated in paragraph 8.7.2(e) of Chapter 8 in this Code of Practice.

11.8 Special Nursing Care Procedures

The home manager shall ensure that special nursing care procedures for residents are performed by qualified staff and comply with the nursing care/healthcare guidelines, and any subsequently revised version, issued by the DH, the HA and/or LORCHD.

11.8.1 Use of Urinary Catheters

- (a) RCHDs shall follow the instructions of medical practitioners to assist residents in using urinary catheters (including indwelling urethral catheters, suprapubic catheters and intermittent catheters) based on the needs of individual residents.
- (b) The insertion or change of indwelling urethral catheters shall be carried out by a registered nurse or an enrolled nurse.
- (c) The insertion or change of suprapubic catheters may be carried out by a registered nurse with relevant training, when the stoma is well formed and in a stable condition as confirmed by a medical practitioner.
- (d) For residents using intermittent catheters, the frequency of catheterisation should be determined based on medical advice. RCHDs should review the use of catheters regularly and seek advice and instructions from medical practitioners.

- (e) The following items should be noted when assisting residents in using urinary catheters –
 - (i) assist residents in changing any kinds of catheters regularly according to the instructions of healthcare professionals;
 - (ii) catheters should be placed in a position that allows free flow of urine. To prevent backflow of urine causing infection, staff should make sure that the urinary bag is placed in a position lower than the bladder when transferring the resident;
 - (iii) keep urinary bags clean at all times, and monitor and keep records of the resident's intake and output of fluid on a need basis; and
 - (iv) observe if any abnormality occurs (e.g. presence of sediments and blood in urine, reduced urine output, etc.) and seek opinion from healthcare professionals if necessary.

11.8.2 Use of Feeding Tubes

- (a) RCHDs shall follow the instructions of medical practitioners to assist residents in using feeding tubes (including nasogastric tubes and percutaneous endoscopic gastrostomy feeding tubes) based on the needs of individual residents.
- (b) The insertion or change of nasogastric tubes shall be carried out by a registered nurse or an enrolled nurse.
- (c) The insertion or change of percutaneous endoscopic gastrostomy feeding tubes may be carried out by a registered nurse with relevant training, when the stoma is well formed and in a stable condition as confirmed by a medical practitioner.
- (d) RCHDs should assist residents in changing feeding tubes regularly according to the instructions of healthcare professionals and take note of the following points –
 - (i) arrange the type of milk, quantity, intervals and frequency of feeding according to the advice of medical practitioners or dietitians;

- (ii) every resident should have his/her own feeding tools (e.g. feeding funnels/bags, feeding connecting tubes, feeding syringes, etc.);
 - (iii) after each use, feeding funnels and feeding connecting tubes should be flushed with water individually and air dried before being put into covered containers;
 - (iv) feeding funnels shall be disinfected daily, and feeding bags and feeding connecting tubes should be replaced daily;
 - (v) oral and nasal hygiene should be observed, and oral care should be provided for residents at least 3 times daily;
 - (vi) use pH test strips to test the pH value of gastric aspirate so as to ensure that the feeding tube is positioned correctly before each feeding, and maintain the relevant record;
 - (vii) do not feed by pressure, and the resident should be placed in a semi-sitting position when feeding and remained in the position for around 30 minutes after feeding and before lying down; and
 - (viii) monitor and keep record of the intake of fluid and the output of urine, and note any abnormal condition of gastric contents. Medical opinions should be sought if necessary.
- (e) RCHDs should review the use of feeding tubes regularly and note the residents' capability in swallowing, and seek the opinion and instructions from medical professionals timely.

11.9 Escort/Escorting Services for Medical Consultation

- 11.9.1 RCHDs should discuss the arrangement of escorting or accompanying residents to outdoor activities or to hospitals/clinics for treatment with the residents and/or their guardians/guarantors/family members/relatives/contact persons, and encourage family members to take part in the escort or accompanying in order to show concern, from which they may also

get the most updated health condition of residents directly from the healthcare professionals.

11.9.2 If there is a need for an RCHD to arrange escorts for or accompany residents to hospitals/clinics for treatment, the RCHD should formulate and implement relevant work guidelines, and take note of the following points –

- (a) maintain contact with the residents' guardians/guarantors/family members/relatives/contact persons in order to ensure the arrangement of escort/accompanying for medical consultation and follow up with the needs of the residents;
- (b) arrange for appropriate persons and transportation to escort or accompany the residents to the hospitals/clinics for treatment on time;
- (c) remind relevant residents and staff members to take appropriate infection control measures while escorting/accompanying residents for medical consultation;
- (d) while waiting in hospitals or clinics, the persons responsible for escorting or accompanying residents for medical consultation should provide assistance and care which the residents need, and seek assistance according to the actual circumstances in order to safeguard the safety of the residents; and
- (e) provide training regarding escorting or accompanying residents for medical consultation for staff, where necessary.

11.9.3 If there are accidents or conditions of residents wandering away while escorting or accompanying residents out of doors, the staff concerned shall immediately report to the home manager and take follow-up actions. The RCHD shall as well inform the residents' guardians/guarantors/family members/relatives/contact persons. Where necessary, the residents should be sent to the hospital or reported to the police for assistance immediately.

CHAPTER 12

INFECTION CONTROL

12.1 Introduction

Residents, staff and visitors may be exposed to pathogens during daily activities or care processes, RCHDs therefore should implement effective infection control measures to ensure the health of residents, staff and the public.

12.2 Infection Control Officer

The home manager of an RCHD shall appoint either a nurse or a health worker as an Infection Control Officer (ICO) (for low care level homes, the home manager or appropriate staff who has received relevant training on infection control should be appointed as an ICO). Duties of an ICO are as follows –

- 12.2.1 to co-ordinate and carry out measures related to infection control and prevention of infectious diseases in an RCHD, as well as review and devise the strategies regularly to prevent the outbreak of infectious diseases;
- 12.2.2 to identify signs of infectious diseases and assess the risk of outbreak, arrange treatments for infected residents, consult healthcare professionals and implement appropriate measures to prevent the outbreak of infectious diseases;
- 12.2.3 to report cases (including confirmed and suspected cases) to LORCHD, the Centre for Health Protection (CHP) of the DH and carry out preventive measures and follow-up actions according to the relevant departments' advice;
- 12.2.4 to assist the home manager in providing necessary PPE for staff, to advise and supervise the staff on the use and disposal of PPE according to proper procedures;
- 12.2.5 to oversee the cleaning and disinfection work inside an RCHD, to ensure that all used or infected instruments are properly cleaned and disinfected, and soiled linens and other wastes are properly handled and disposed of;

- 12.2.6 to disseminate updated information and guidelines on infection control to all staff and residents in the RCHD, and help new staff members get acquainted with the relevant guidelines;
- 12.2.7 to assist the home manager in arranging infection control training for staff; and
- 12.2.8 to assist the home manager in overseeing that the infection control guidelines are being observed and implemented properly by staff and residents, including maintaining personal, environmental and food hygiene.

12.3 Report of Infectious Diseases

- 12.3.1 Under section 19 of the Residential Care Homes (Persons with Disabilities) Regulation, if a home manager of an RCHD reasonably suspects or knows of a case of a scheduled infectious disease amongst the residents or staff of the residential care home or reasonably suspects or knows that a resident or staff member has been in contact with a case of scheduled infectious disease, the home manager must immediately report to the DSW.
- 12.3.2 Scheduled infectious diseases refer to Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599). Please refer to Annex 12.1 for details.
- 12.3.3 Apart from the aforesaid statutory notifiable scheduled infectious diseases, in the event of presenting signs of infectious diseases or suspected outbreak of an infectious disease (e.g. influenza, scabies, etc.) among several staff or residents in a short period of time, the home manager/ICO should also report the case to the CHP and LORCHD promptly for advice and assistance by using the “Notification Form for Suspected Outbreak of Infectious Disease in RCHDs” (Annex 12.2).

12.4 Isolation Measures

- 12.4.1 RCHDs shall be provided with proper isolation facilities, and a designated isolation room shall be provided as far as possible if the situation allows. Isolation facilities/rooms should be equipped with basic bedroom furniture, electric call bells, hand hygiene facilities, good ventilation, enough space for donning and doffing PPE and equipment for proper discarding of contaminated articles. In addition, the RCHD should ensure that the designated isolation room is always ready to be used as an infection control measure.

- 12.4.2 RCHDs which existed prior to the effective date of this revised edition of the Code of Practice shall formulate effective isolation measures for arranging isolation for residents in need. If an RCHD makes changes to the layout of the premises or alter the partition of rooms in the future, they shall also comply with the requirement as mentioned in paragraph 12.4.1 above to provide the designated isolation room.

12.5 Prevention of Infectious Diseases

An RCHD should implement appropriate measures of infection control with reference to the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Persons with Disabilities (the latest revised version) issued by the CHP, and take note of the following key points –

- 12.5.1 staff and residents of RCHDs should maintain good personal and environmental hygiene at all times.
- 12.5.2 RCHDs should carry out standard precautions and transmission-based precautions of infectious diseases properly, including –
- (a) providing hand hygiene facilities (including installing lavatory basins, providing liquid soap, hand-drying facilities and alcohol-based handrub) at appropriate locations to facilitate staff, residents and visitors to perform hand hygiene;
 - (b) implementing standard precautionary measures in handling potentially infectious materials (e.g. blood, body fluids, secretions, excreta, wounds, secretions of mucous membranes, etc.) and carrying out appropriate and relevant protective measures in different situations;
 - (c) using appropriate PPE (e.g. surgical masks, disposable gloves, protective gowns, protective caps, goggles/face shields, etc.) when carrying out nursing or personal care procedures;
 - (d) providing suitable space for cleaning and disinfecting sanitary articles and appliances as appropriate, and properly store disinfectants and sanitary articles to prevent transmission of pathogens;
 - (e) maintaining good indoor ventilation and keeping the environment clean at all times; and

- (f) complying with the relevant requirements stipulated in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354 sub. leg. O) when handling, collecting and disposing of clinical wastes.

12.5.3 RCHDs should encourage and assist in the arrangement of vaccination for residents and staff, e.g. the seasonal influenza vaccination provided by the Government, and participate in other vaccination programmes to prevent and minimise the risk of outbreak of infectious diseases in RCHDs.

12.6 Record of Infectious Diseases

12.6.1 Apart from the log book and residents' "Personal Health and Nursing Records", an RCHD should properly maintain a record of infectious diseases, including –

- (a) dates and times of the onset of disease of infected residents and staff;
- (b) numbers and names of infected residents and staff;
- (c) names of hospitals/clinics/registered medical practitioners and the dates of receiving medical treatment of the infected persons;
- (d) dates of notifying the CHP/LORCHD/HA; and
- (e) follow-up action taken by the RCHD.

12.6.2 The home manager/ICO should adopt a good practice to keep a visitors' attendance record to facilitate the CHP to trace the source of infection based on such information in case of need. The home manager/ICO should also inform/alert visitors and/or relatives of the residents about the outbreak of infectious diseases, and to adjust the visiting arrangement, where necessary.

CHAPTER 13

NUTRITION AND DIET

13.1 Introduction

RCHDs should provide suitable and nutritionally well-balanced diet based on the needs of residents, and maintain hygiene in the process of supplying food in order to ensure food safety.

13.2 Menu

RCHDs shall design a menu in advance covering a period of 2 to 4 weeks and display it at prominent locations. RCHDs should provide food for residents according to the menu and make changes depending on the seasons. Special diet (e.g. vegetarian food, low-fat, low-sugar, low-salt, minced food, pureed food, etc.) should also be provided having regard to the residents' personal special needs, including health condition, religious belief, eating behaviours and other risk factors. Special diet menu should be designed for staff in preparing food and arranging meals for residents.

13.3 Dietary Needs

- 13.3.1 RCHDs should get to know the eating habits and preferences of residents and conduct assessments of the residents' feeding abilities, eating behaviours and dietary needs on admission to the RCHDs, and review them regularly. RCHDs should seek advice from healthcare professionals in designing menu and providing appropriate meals to residents with chewing/swallowing difficulties or fast eating behaviours, and regularly review the residents' swallowing/eating condition.
- 13.3.2 RCHDs should arrange for regular weighing of residents and keep relevant records. Residents with extended period of unintentional weight loss or weight gain should be arranged for seeking medical advice. The RCHD should also record the food and fluid intake of the resident concerned.
- 13.3.3 RCHDs should, subject to individual residents' special needs, keep records of their food and fluid intake so as to monitor their dietary needs.

13.4 Meal Supply

RCHDs shall arrange or provide at least 3 meals (breakfast, lunch and dinner) every day. The timing of every meal should be spaced at appropriate intervals with provision of drinks and snacks in between depending on the need of individual residents. RCHDs should refer to the following principles in supplying appropriate meals based on the dietary needs of residents –

13.4.1 Balanced Diet

- (a) a balanced diet should be provided for the residents everyday according to the principles of the “Healthy Eating Food Pyramid” guide, which means taking grains as the major dietary source, with more vegetables and fruits, suitable amount of meat, fish, eggs or alternatives and dairy products or alternatives;
- (b) provide dishes with fibre-rich and whole-grain ingredients; and
- (c) provide sufficient liquid food for the residents to maintain good hydration and to keep healthy.

13.4.2 Easy-to-chew

- (a) provide food of appropriate consistencies, texture and size;
- (b) finely chopped and tenderly cooked vegetable and meat; and
- (c) avoid providing bony fish and meat.

13.4.3 Low-fat

- (a) use lean meat (e.g. pork fillet, chicken fillet, etc.) and trim skin and fat before cooking;
- (b) avoid providing food with high saturated fat (e.g. pork bone, Chinese preserved sausage, chicken skin, food with coconut milk, etc.);
- (c) avoid frequent use of high-cholesterol food (e.g. pork back ribs, pork jowl, etc.); and
- (d) use low-fat cooking methods (e.g. steaming, boiling, simmering, stewing, etc.).

13.4.4 Natural Ingredients

- (a) serve fresh seasonal food; and
- (b) use of natural condiments (such as ginger, spring onion, parsley, garlic, pepper, etc.) and less salt or sugar.

13.4.5 Habits and Preferences

- (a) adjust the consistencies and texture of food according to residents' preference and ability;
- (b) enhance the appeal of the dishes by serving bright-coloured food or combining different colours of food; and
- (c) serve food according to residents' preference, cultural, ethnic and religious customs, and eating habits.

13.5 Food Safety

RCHDs should ensure food safety in the process of food preparation, including proper storage of food, handling of frozen food, cooking and serving of food, attention on hygiene, and take note of the following key points –

13.5.1 Storage of Food

- (a) all kinds of food should be properly stored and covered; and
- (b) raw food and cooked food should be stored separately.

13.5.2 Handling of Frozen Food

- (a) check the temperature of refrigerator constantly to ensure that it is kept below 4°C;
- (b) temperature of freezer should be kept below -18°C at all times;
- (c) frozen meat and fish should be thawed completely before cooking;
- (d) cooked food taken out from the refrigerator shall be reheated thoroughly;
- (e) defrosted food should not be refrozen;

- (f) avoid storing too much food in refrigerators or freezers; and
- (g) never thaw the food under room temperature.

13.5.3 Cooking of Food

- (a) wash hands thoroughly before cooking;
- (b) wash the vegetables, meat, poultry, seafood, etc. thoroughly before cooking;
- (c) cook only when near the meal times;
- (d) all kinds of food, especially meat, poultry, egg and seafood should be cooked thoroughly; and
- (e) reheat cooked food thoroughly.

13.5.4 Cookware

- (a) keep the cookware clean at all times; and
- (b) separate knives, cutting boards and utensils should be used for handling raw and cooked food.

13.5.5 Food Supply

- (a) use of unlicensed food suppliers is prohibited;
- (b) observe the expiry date on the package when handling and providing food; and
- (c) avoid giving food that is too sticky (e.g. glutinous rice, glutinous rice dumplings, Chinese New Year cake, etc.), too crumbly (e.g. egg rolls, shortbread, etc.) or hard in texture (e.g. peanuts, walnuts, etc.) to residents with chewing/swallowing difficulties or fast eating behaviours.

13.6 Serving of Meals

13.6.1 RCHDs should arrange for staff to monitor the eating conditions of residents (including meal times and snack times), render appropriate assistance to residents, and take note of the following key points –

- (a) serve meals in a place with adequate lighting and ventilation;

- (b) give sufficient meal time for the residents so that they may have meals without feeling hurried;
- (c) provide appropriate eating utensils and assistive devices for residents;
- (d) provide assistance and prompts as appropriate to encourage eating; and
- (e) provide assistance and prompts to residents with fast eating behaviours to eat at an appropriate pace.

13.6.2 For residents requiring assistance in eating, RCHDs should take note of the following key points –

- (a) arrange for staff with relevant training to feed or assist residents in need;
- (b) feed or assist residents in eating safely and appropriately according to healthcare professionals' recommendations (including the use of thickeners);
- (c) residents should sit up straight as far as possible when eating;
- (d) food shall be fed at a reasonable pace to ensure that residents have swallowed the food; and
- (e) avoid allowing residents to lie down immediately after meals.

13.6.3 Handling of Food Brought in by Family Members or Visitors

- (a) RCHDs should pay attention to the food brought in by family members or visitors, and clearly explain to them points to note on bring-in food and advise them of the individual residents' risks in eating (e.g. swallowing, eating behaviours, food allergies, etc.). If family members/visitors are found bringing in food for residents, they should be advised to ask the nurse/health worker-on-duty first to decide whether the food is suitable for the residents.
- (b) Depending on the need, RCHDs should prepare a notice for family members or visitors in reminding them of the principles of bringing in food in order to ensure safety and health of residents.

13.7 Water Safety

- 13.7.1 RCHDs shall ensure that water for drinking is provided from the aqueducts of the Water Supplies Department or any other approved source.
- 13.7.2 RCHDs should keep the drinking water clean and provide boiled or disinfected drinking water for residents.

CHAPTER 14

CLEANLINESS AND SANITATION

14.1 Introduction

RCHDs should always maintain cleanliness and sanitation to provide a safe and comfortable living environment for the residents.

14.2 Cleaning Schedule

RCHDs should draw up and implement an effective cleaning schedule, and to carry out immediate cleaning or disinfection whenever necessary, including the following key points to note –

- 14.2.1 all floors should be cleaned daily and disinfected as necessary with 1:99 diluted household bleach, especially for the toilets/bathrooms, kitchens and isolation facilities/rooms;
- 14.2.2 bed sheets and pillow cases should be washed and changed once a week, and should be changed and disinfected immediately when necessary;
- 14.2.3 kitchens should always be kept clean. The kitchen, covering cooking utensils and food containers as well, should be cleaned promptly every time after food preparation. Cleaned utensils and containers should be stored in a clean container or cabinet with cover;
- 14.2.4 furniture and facilities should be cleaned regularly, including doors, windows, handrails, seats, refrigerators/freezers, exhaust fans and filters of air-conditioners;
- 14.2.5 all garbage receptacles shall be cleaned regularly and covered at all times; and
- 14.2.6 assist residents in tidying their rooms and cleaning up disused articles regularly.

14.3 Personal Hygiene

- 14.3.1. RCHDs should assist residents in maintaining personal hygiene, including grooming, oral cleaning, bathing, hair washing, changing clean clothes, hair cutting, manicuring, etc.
- 14.3.2 Staff of RCHDs should maintain personal hygiene, in particular when handling food and rendering daily personal care to residents, and take note of the following key points –
- (a) keep hair, fingernails and clothes clean;
 - (b) avoid wearing unnecessary accessories (e.g. wristlet, bracelet);
 - (c) any staff member suffering from a bleeding or discharging wound, diarrhea, vomiting or infectious disease should receive treatment and stop handling food or rendering personal care/nursing care service. If the staff member concerned is required to perform other ancillary duties, PPE should be used (e.g. surgical mask, disposable latex gloves, etc.); and
 - (d) staff of RCHDs should wash their hands thoroughly with liquid soap or disinfected with alcohol-based handrub under the following conditions –
 - (i) before preparing food or feeding;
 - (ii) before and after providing personal care or nursing care to a resident;
 - (iii) the time between taking care of different residents; and
 - (iv) after handling vomitus, faeces and changing diapers.

14.4 Environmental Hygiene

RCHDs should keep the environment clean at all times, and take note of the following key points –

- 14.4.1 cover garbage bins with lids at all times, and seal the garbage bags properly before disposing of the garbage at regular time every day;
- 14.4.2 empty stagnant water in saucers of flower pots or vases;

- 14.4.3 inspect sewage and drainage systems regularly, and maintain the systems in good conditions at all times; and
- 14.4.4 carry out appropriate and effective pest control measures; clean and handle food wastes properly. Clean-up of the facilities in RCHDs and proper actions should be arranged as soon as possible where there are signs of pest or rodent infestation in order to bring the pest and rodent problem under control. In case of need, the RCHD may contact the Pest Control Advisory Section of the Food and Environmental Hygiene Department (Telephone No.: 3188 2064/ 24-hour hotline: 2868 0000) for advice and assistance.

CHAPTER 15

SOCIAL CARE

15.1 Introduction

RCHDs should enhance the social, recreational and developmental needs of the residents, and facilitate the integration of persons with disabilities into the society. Through cultivating a homely atmosphere, providing appropriate support, diverse social and leisure activities, and arranging various programmes, RCHDs may enable persons with disabilities to make meaningful use of their leisure time, provide opportunities for them to develop their potential and well-being, facilitate residents in developing social skills, enhance the development of interpersonal relationships and encourage the active participation of persons with disabilities in the community in order to maintain their physical, mental and psychological health.

15.2 Homely Atmosphere

- 15.2.1 The home manager should cultivate a homely atmosphere as far as possible such that the residents can feel secure and comfortable. Under appropriate circumstances, residents should be given opportunities to participate in the RCHD's daily living activities (e.g. dusting, cleaning, shopping or cooking) depending on their abilities so as to maintain their self-care abilities. Hence, RCHDs shall have relevant guidelines and maintain the record and provide adequate guidance and support to ensure safety of the residents.
- 15.2.2 The importance of interpersonal relationship and mutual trust should be promoted to the residents. RCHDs should create opportunities for building interpersonal relationships through the home design, staff's attitude and the arrangements of programmes/activities.
- 15.2.3 A safe living environment should be provided to residents. RCHDs should also formulate appropriate and effective measures to protect residents' privacy and dignity, and protect them from any kind of bully, assault or abuse.

15.3 Adaptation to Living in a Residential Care Home

- 15.3.1 After admission of persons with disabilities, staff of RCHDs should provide assistance for the residents as soon as possible in order to help them adapt to the residential care home environment and understand areas of attention in group living. Staff of RCHDs should demonstrate an understanding if the residents appear to be anxious or distressed. The staff should assist them in building a trustful relationship with the staff and other residents, and give them more concern and encouragement in order to help them develop their potentials.
- 15.3.2 RCHDs should encourage involvements of the residents' guardians/guarantors/family members/relatives during the adjustment period and in formulating individual care and service plans. Moreover, the RCHDs should also encourage the guardians/guarantors/family members/relatives to visit the residents regularly (especially for children) so as to provide them with appropriate emotional supports and help them adapt to the group living in residential care homes as early as possible.
- 15.3.3 An enriched and structured living pattern is very important to the rehabilitation of persons with disabilities. RCHDs should set up a daily routine for residents according to their needs so that they may develop a regular living pattern and good sleeping habit. RCHDs should also arrange goal-oriented trainings for the residents simultaneously in order to help them develop their potentials.
- 15.3.4 RCHDs should take note of residents' emotions and behaviours and seek immediate advice and arrange appropriate intervention from the professionals when necessary.

15.4 Social Life

- 15.4.1 Good interpersonal relationship is conducive to physical and mental wellness. RCHDs should encourage residents to live in harmony with each other, provide guidance and arrange appropriate leisure activities for them if necessary so as to assist them in developing a positive social life in the RCHDs.
- 15.4.2 In addition, RCHDs should also encourage residents to maintain contact with family members and friends. Interaction with family members/friends through home leave or visits may enhance the residents' social life outside the RCHDs.

- 15.4.3 RCHDs should provide guidance for residents to help them attend to their personal hygiene and sexual needs properly. The home manager shall also draw up protocols for staff to understand the proper ways to provide appropriate guidance and care for the residents to manage their relationship with the opposite sex.

15.5 Programmes and Activities

- 15.5.1 Apart from arranging treatment or daily activities, RCHDs should organise mass programmes or individual leisure activities for residents. When organising these activities, consideration should be given to the residents' ages, developmental needs, personal interests and capabilities.
- 15.5.2 Persons with disabilities may be enabled to develop daily living skills, social and communication skills through a variety of activities, hence forestalling problem behaviours and meeting their social and recreational needs.
- 15.5.3 Activities provided in RCHDs may include daily living skills training, interest groups, birthday parties and festival celebrations. The information of activities should be clearly displayed on notice boards and properly recorded as stated in paragraph 8.7.2(k) of Chapter 8 in this Code of Practice.
- 15.5.4 Exercise not only strengthens physical health but also enables the development of a positive life attitude through the strengthening of willpower. Appropriate exercise may facilitate the residents' physical and psychological development. RCHDs should arrange appropriate exercise for residents depending on their various extents of physical condition and abilities, so that they may develop a habit of doing exercise.
- 15.5.5 RCHDs may make use of community resources to meet the needs of the residents for social reintegration (e.g. visiting and using community recreational facilities or outdoor activities). RCHDs should arrange for a designated staff member to provide assistance and make referral to social service units for those residents in need, for arrangement of day training or other community support services.

15.6 Contact with the Community

- 15.6.1 For persons with disabilities to maintain contact with the community, telephones should be installed in RCHDs for the residents. RCHDs should arrange outings for residents on a regular basis, such as visits to the parks, shopping, participating in religious service, visiting relatives/family members, etc. RCHDs should develop operational guidelines and procedures on safety issues in respect of various types of outdoor activities involving the residents. When drawing up the guidelines, factors including staff to resident ratio, transport arrangements, weather condition, contingency plans, safety measures, etc. should be taken into consideration to ensure safety of the residents and to facilitate a smooth organisation of the activities.
- 15.6.2 It is necessary for RCHDs to promote and ensure good mental health of those residents who are preparing to leave the RCHDs for reintegration with the community. Appropriate support and guidance should be provided for the residents to enhance their independent living ability and prepare them for reintegration into the community.

CHAPTER 16

CARE FOR CHILDREN

16.1 Introduction

Family is the ideal place for children to grow up. However, some children with disabilities cannot be appropriately cared for by their family members due to various reasons or family problems and hence require residential care services. RCHDs receiving children with disabilities under the age of 18 should safeguard the best interests of children to provide them comprehensive care service and ensure a stable and safe environment for enhancing their growth and development.

16.2 Furniture and Equipment

16.2.1 RCHDs receiving children shall provide suitable furniture and equipment for meeting the residential and activity needs of the children so as to cultivate a home-like environment. In addition, the home manager shall also ensure sufficient staffing and appropriate facilities at any time in order to safeguard the safety of children with disabilities, and promote their physical, mental and psychological development.

16.2.2 In addition to the furniture and equipment set out in Chapter 7, RCHDs should provide suitable furniture and equipment for residents who are children with disabilities including –

Items	Quantity
1. Desk (which fits the size and needs of children)	1 for each child
2. Desk lamp (which fits the size and needs of children)	1 for each child
3. Chair (which fits the size and needs of children)	1 for each child
4. Bookshelf	depending on needs
5. Books (which fit the ages and development stages of children)	depending on needs
6. Toys (which fit the ages and development stages of children)	appropriate quantity
7. Dormitory supplies designed for children	appropriate quantity
8. Furniture and facilities designed for children	appropriate quantity

16.3 Personal Care

RCHDs shall provide facilities to safeguard the privacy and safety of residents who are children with disabilities. Moreover, with regard to the ages and abilities of children with disabilities, RCHDs shall provide them the required personal care services including grooming, dressing, changing clothes, bathing, eating, personal hygiene, etc., and render assistance and guidance with adherence to the principle of safeguarding the privacy, dignity and developmental needs of children.

16.4 Learning Support

RCHDs should render assistance (such as arranging transportation and escort service) to residents who are children with disabilities for the convenience of going to school and/or receiving day training, and keep in contact with schools or day training organisations so as to provide proper supervision on their studies. According to their specific needs, after-school care and support services should be arranged to facilitate their growth and development.

16.5 Social Care

RCHDs should arrange or liaise with suitable bodies or organisations to provide individual/group activities in various ways with different content (including leisure, entertainment and cultural activities) so as to foster the physical, mental and psychological development of children under the age of 15 and young people from the age of 15 to 18 at different stages. When organising the above activities, the home manager shall arrange appropriate staffing and facilities for the safety and best interest of children with disabilities. The guardians/guarantors/family members/relatives are also encouraged to participate or assist in leading the activities.

16.6 Welfare Arrangement

RCHDs should keep in close contact with school social workers and/or caseworkers of residents who are children with disabilities, and actively co-operate with the social workers concerned in formulating the children's long-term welfare plan and rendering appropriate follow-up services.

16.7 Prevention of Child Abuse

RCHDs are responsible for protecting residents who are children against any form of abuse. Appropriate staff training should be provided to enhance the knowledge and skills of all types of staff at RCHDs about handling suspected child abuse cases. RCHDs shall follow the “Procedural Guide for Handling Child Abuse Cases”³⁰ when suspected child abuse is identified, and properly arrange appropriate and timely treatment services or referral to social workers for follow-up in order to formulate appropriate welfare plans. The relevant procedural guide is available for download on the website of the SWD.

³⁰ As the Procedural Guide for Handling Child Abuse Cases is updated from time to time, RCHDs should follow the latest version issued by the SWD.

Residential Care Homes (Persons with Disabilities) Ordinance Application for a Licence

(Please study Chapter 3 of the Code of Practice for Residential Care Homes (Persons with Disabilities) and the guidance notes for application for a licence before submission)

Attention: Please put a “✓” in the appropriate box

Section I Details of Application

Application for a licence for setting up a new residential care home for persons with disabilities (RCHD) (please fill in Section II)

Tentative date of commencement of the proposed RCHD:

_____ / _____ / _____ (dd/mm/yyyy)

Application for a licence by a licensed RCHD

Date of commencement of the existing RCHD:

_____ / _____ / _____ (dd/mm/yyyy)

Reasons for an application for a new licence (may choose more than one item):

Change of name of the RCHD

Existing name of the RCHD: _____

Proposed name of the RCHD: _____

Change of address of the RCHD

Existing address of the RCHD: _____

Proposed address of the RCHD: _____

Change of licence holders/licensed corporation

Existing licence holders/licensed corporation of the RCHD:

Proposed licence holders/licensed corporation of the RCHD:

Change of type of the RCHD

Existing Type of the RCHD: High Care Level home

Medium Care Level home

Low Care Level home

Proposed Type of the RCHD: High Care Level home

Medium Care Level home

Low Care Level home

Change of the maximum number of persons that the RCHD is capable of accommodating

Existing maximum number of persons that the RCHD is capable of accommodating –

Proposed maximum number of persons that the RCHD is capable of accommodating –

Section II Particulars of the RCHD

Name of the RCHD (English)	
Name of the RCHD (Chinese)	
Address of the RCHD (English)	
Address of the RCHD (Chinese)	
Telephone number	Fax number
Email address	
Operation mode of the RCHD <input type="checkbox"/> Subvented home <input type="checkbox"/> Self-financing and non-profit making home <input type="checkbox"/> Private home <input type="checkbox"/> Others (please specify) _____	
Type of the RCHD <input type="checkbox"/> High Care Level home <input type="checkbox"/> Medium Care Level home <input type="checkbox"/> Low Care Level home	
The premises of the RCHD is <input type="checkbox"/> self-owned property <input type="checkbox"/> rented premises (please specify the validity of tenancy agreement below) <input type="checkbox"/> rented government land <input type="checkbox"/> partly self-owned and partly rented (please specify the validity of tenancy agreement below) details of self-owned part _____ details of rented part _____ Validity of tenancy agreement (1) From _____ to _____ Validity of tenancy agreement (2) From _____ to _____ Validity of tenancy agreement (3) From _____ to _____ (Please use supplementary sheets if necessary)	

Section II Particulars of the RCHD (Continued)

Number of places in the RCHD High Care Level places _____ Medium Care Level places _____ Low Care Level places _____ Total _____
Area of floor space of the RCHD (shall be the same as shown on the layout plan submitted with this application form) _____ m ²
Type of applicant of the RCHD <input type="checkbox"/> Sole proprietorship [Please fill in Section III(A)] <input type="checkbox"/> Partnership [Please fill in Section III(A)] <input type="checkbox"/> Body corporate [including a non-governmental organisation (NGO)] [Please fill in Section III(B)]

Section III (A) A Sole Proprietorship or Partnership

Name of the operator(s) (shall be the same as shown on the Hong Kong Identity Card) (1) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese
Hong Kong Identity Card number
(2) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese
Hong Kong Identity Card number
(3) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese
Hong Kong Identity Card number
(4) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese
Hong Kong Identity Card number
(Please use supplementary sheets if necessary)

Section III (B) A Body Corporate (including an NGO)

Name of the company/NGO (English)	
Name of the company/NGO (Chinese)	
Business Registration Certificate number (if applicable)	Certificate of Incorporation number (if applicable)
Address of the company/NGO (English)	
Address of the company/NGO (Chinese)	
Telephone number	Email address

Section IV Correspondence of the Applicant/Representative of the Applicant

(A partnership or body corporate (including an NGO) shall authorise a representative of the applicant in writing. Please refer to the guidance notes for application of a licence for details)

Name of the applicant/representative of the applicant (shall be the same as shown on the Hong Kong Identity Card) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese	
English correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)	
Chinese correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)	
Mobile phone number	Office phone number
Email address	
Position of the applicant/representative of the applicant held in the company/NGO/RCHD (if applicable)	

Section V Declaration

I declare that:

1. the information I have given on this application form is true and correct to the best of my knowledge and belief; and
2. the operation, keeping, management or other control of the RCHD above is under my continuous supervision.

Signature of the applicant/
 representative of the applicant: _____

Date: _____

Company/Organisation stamp

(if applicable): _____

WARNING

1. Under section 22(6)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person commits an offence if the person in or in connection with any application makes any statement or gives any information, whether in oral or written form, which is false in any material particular and which the person knows or reasonably ought to know is false in the material particular. The provision of such false information may also prejudice this application and the existing certificate of exemption/licence.
2. Under section 4 of the Residential Care Homes (Persons with Disabilities) Ordinance, a person must not operate, keep, manage or in any other way have control of a residential care home for persons with disabilities otherwise than under a licence for the time being in force. A person who contravenes the above commits an offence and is liable to a fine at level 6 and to imprisonment for 2 years; and to a further fine of \$10,000 for each day during which the offence continues.
3. Licensing of a RCHD does not prejudice the power of other government departments to take enforcement or regulatory actions, neither release or affect any contract, covenant or deed of mutual covenant in respect of the premises or building. The applicant/representative of the applicant shall be responsible for ensuring that the premises used for the purpose of RCHD comply with the relevant legislations, statutory plans, land lease conditions, deed of mutual covenant and tenancy conditions.

Residential Care Homes (Persons with Disabilities) Ordinance

Guidance Notes for Application for a Licence

1. An “applicant” includes a sole proprietorship, partnership and body corporate (including an NGO).
2. A partnership and body corporate (including an NGO) shall authorise a “representative of the applicant” to sign on this application form, and submit a written authorisation together with this application form.
3. The applicant/representative of the applicant shall forward the original copy of a completed application form by dispatch or by registered post to the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of the Social Welfare Department at the following address –

5/F, THE HUB, 23 Yip Kan Street,
Wong Chuk Hang, Hong Kong

4. Any person applying for an RCHD licence shall submit the following documents at the same time –

(a) Applicable to all applications

- layout plans of the RCHD (please refer to Annex 3.3 of the Code of Practice for Residential Care Homes (Persons with Disabilities) for the requirements of layout plans)
- photocopy of the tenancy agreement of the RCHD premises (applicable to rented premises)
- photocopy of the deed of assignment of the RCHD premises (applicable to self-owned premises)
- certified copy of the Business Registration Application (applicable to applications of private RCHDs)
- photocopy of the Business Registration Certificate (applicable to applications of private RCHDs)
- photocopy of the Branch Registration Certificate (applicable to applications of private RCHDs) (if applicable)
- staff list of the RCHD
- photocopy of the relevant documents related to fire safety and precautionary measures [please refer to Annex 5.1 of the Code of Practice for Residential Care Homes (Persons with Disabilities)]
- photocopy of the letter issued by the Buildings Department regarding the change in use of a building (applicable to RCHD premises situated at non-domestic premises or non-domestic part of composite buildings)
- documentary proof of planning permission issued by the Town Planning Board (if applicable)
- waiver issued by the Lands Department (if applicable)

Besides the items in (a) above, the following documents shall be submitted –

(b)(i) Applicable to an application of a sole proprietorship

- photocopy of Hong Kong Identity Card of the applicant

(b)(ii) Applicable to an application of a partnership

- photocopies of Hong Kong Identity Card of all partners
- original copy of the written authorisation for the representative of the applicant

(b)(iii) Applicable to an application of a body corporate (including an NGO)

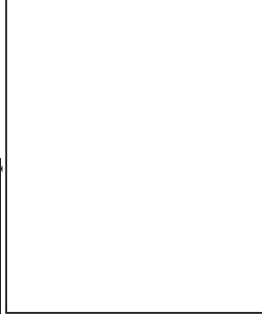
- original copy of the written authorisation for the representative of the applicant
- photocopy of the Incorporation Form (NNC1)
- photocopy of the Certificate of Incorporation
- Memorandum of Association and/or Articles of Association
- photocopy of the Annual Return (NAR1) (applicable to an existing body corporate)
- photocopy of the Notice of Change of Company Name (NNC2) (if applicable)
- photocopy of the Notice of Change of Company Secretary and Director (Appointment/Cessation) (ND2A) (if applicable)

Staff List of Residential Care Home for Persons with Disabilities (RCHD)

Name of RCHD: _____
 Address of RCHD: _____
 Telephone of RCHD: _____
 Date of Report: 31/3/20 30/6/20 30/9/20 31/12/20
 (dd/mm/yyyy) Another date (please specify): / / / /
 No. of Residents on the Date of Report: _____ (including resident(s) on home leave or staying in hospital)
 No. of Beds on the Date of Report: _____

Operator/Home Manager of RCHD: _____
 Signature: _____
 Name: _____
 Post: _____

RCHD Stamp



Part I Staff Information (Note 1)

S/N	Name in English	Name in Chinese	Sex (M/F)	HKIC No. (e.g.: A123456(7))	Date of Commencement of Current Post (dd/mm/yyyy) (e.g. 1/1/2016)	Current Post (Note 2)	Total Working Hours Per Week	Daily Working Time		Qualifications (Note 3)
								On Duty Time (am/pm)	Off Duty Time (am/pm)	
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Post	Number	Post	Number
Home Manager		Social Worker	
Registered Nurse		Physiotherapist	
Enrolled Nurse		Occupational Therapist	
Health Worker		Dietician	
Care Worker		Others (please specify):	
Ancillary Worker		Total Number of Staff:	

Operator/Home Manager of RCHD:

I understand the warning statement set out at the bottom of this page and confirm that the information contained in this Staff List is true and accurate.

Signature: _____

Name: _____

Post: _____

RCHD Stamp



Note 1: The operator/home manager of an RCHD shall report all staff employed to perform work in the RCHD on the date of report (including the relief staff).

Note 2:

Post	CW: Care Worker	PT: Physiotherapist
HM: Home Manager		
RN: Registered Nurse	AW: Ancillary Worker*	OT: Occupational Therapist
EN: Enrolled Nurse	SW: Social Worker	DT: Dietician
HW: Health Worker	Others (please specify):	

*AW may include a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk

Note 3:

Qualifications (may choose more than one item)		
(1) Licensing Requirement	(2) Other Certification	(3) Training Subsidy Scheme for Staff of Residential Care Homes
A1: Registered Nurse	B1: Care Worker Certificate	C1: Training for Home Managers (Course A) Certificate
A2: Enrolled Nurse	B2: Physiotherapist Certificate	
A3: Health Worker Certificate	B3: Occupational Therapist	C2: Training for Home Managers (Course B) Certificate
A4: First Aid Certificate	B4: Social Worker	
		C3: Advanced Training for Health Workers Certificate
		C4: Training for Care Workers Certificate

- Remarks:**
- (1) Please make copies of the front page for insufficient space, with the name, post and signature of the RCHD operator/home manager together with the RCHD stamp on each page.
 - (2) An operator shall inform the Director of Social Welfare, in writing within 14 days, of any change in the employment of a home manager.
 - (3) A home manager of an RCHD shall at least once every 3 months inform the Director of Social Welfare in writing of any change in the list of staff employed. The home manager shall report this staff list as at 31 March, 30 June, 30 September and 31 December every year to the Director of Social Welfare on or before the 5th day of April, July, October and January respectively.

WARNING

Under section 22(6)(a) & 22(6)(c) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person commits an offence if gives any information which is false in a material particular and which the person knows or reasonably ought to know is false in the material particular.

Guidance Notes on Submission of Layout Plans of Residential Care Homes for Persons with Disabilities

1. 4 sets of layout plans of the residential care home for persons with disabilities (RCHD) shall be submitted, 6 sets for the RCHD situated in premises under or divested by the Housing Authority.
2. Each plan shall be duly signed by the applicant (applicable to RCHDs operated by sole proprietorship)/representative of the applicant [applicable to RCHDs operated by partnership or body corporates (including non-governmental organisations)] with the plan submission date and the company/organisation stamp (if applicable).
3. Name of the RCHD (in both Chinese and English) and address (in both Chinese and English) shall be clearly mentioned on each plan.
4. Each plan shall be drawn in metric units with the scale of 1:100 or 1:50.
5. Each plan shall demarcate the area of the home to be licensed in red and state clearly the abutting streets/lanes, adjoining common area such as lift lobbies, escape staircases, protected lobbies, corridors, etc.
6. The proposed use of all rooms or partitions shall be specified on the plan; the measurements in metric units with annotations of all rooms, corridors, passages, etc. shall also be indicated.
7. The position of all columns, load bearing walls, fire resisting walls, fire-rated doors, fire alarm panels, exit signs, windows, parapets, partitions, gates, electric locks, false ceiling, artificial lighting and mechanical ventilating systems, areas of raised floors (if any) and all other fixture shall be clearly indicated and annotated.
8. Walls should be indicated by double lines. The height and materials of parapets and partitions and the fire resistance rating of fire-rated doors and gates shall be specified.
9. The headroom under ceilings (the ceiling structure or suspended false ceilings) and beams of all parts of the RCHD premises, measuring vertically from the floor should be indicated.
10. The bedspace arrangement (with bedspace numbering), sanitary fitments, exhaust fans, air-conditioning units, stoves, water heaters and other movable fittings should be clearly indicated and annotated.
11. The number and location of stoves and water heaters and the type of fuel in use shall be specified. If liquefied petroleum gas (LPG) is used in the RCHD, the location of LPG chambers should also be indicated.
12. The area of floor space of the proposed RCHD premises shall be indicated [please refer to paragraph 6.2 of Chapter 6 in the Code of Practice for Residential Care Homes (Persons with Disabilities)]. Calculation of the actual area of all rooms, passages, corridors, etc. shall be correctly indicated on another plan.
13. Whenever there is any change of the layout plans, the parts where revisions proposed to be made shall be coloured with annotations on the revised layout plans in order to show the difference as compared with the approved plans.
14. The configuration and layout of the RCHD premises shown in the plans shall tally with the actual situation.

Residential Care Homes (Persons with Disabilities) Ordinance Application for Renewal of a Licence/Certificate of Exemption

(Please study Chapter 3 of the Code of Practice for Residential Care Homes (Persons with Disabilities) and the guidance notes for application for renewal of a licence/certificate of exemption before submission)
(Attention: Please put a “✓” in the appropriate box)

Section I Particulars of the Residential Care Home for Persons with Disabilities (RCHD)

LORCHD number	Details of renewal <input type="checkbox"/> Licence renewal <input type="checkbox"/> Certificate of Exemption renewal
Name of the RCHD	
Address of the RCHD	
Telephone number	Fax number
Email address	
The premises of the RCHD is <input type="checkbox"/> self-owned property <input type="checkbox"/> rented premises (please specify the validity of tenancy agreement below) <input type="checkbox"/> rented government land <input type="checkbox"/> partly self-owned and partly rented (please specify the validity of tenancy agreement below) details of self-owned part _____ details of rented part _____ Validity of tenancy agreement (1) From _____ to _____ Validity of tenancy agreement (2) From _____ to _____ Validity of tenancy agreement (3) From _____ to _____ (Please use supplementary sheets if necessary)	
Number of places in the RCHD High Care Level places _____ Medium Care Level places _____ Low Care Level places _____ Total _____	
Type of Applicant of the RCHD <input type="checkbox"/> Sole proprietorship [Please fill in Section II(A)] <input type="checkbox"/> Partnership [Please fill in Section II(A)] <input type="checkbox"/> Body corporate [including a non-governmental organisation (NGO)] [Please fill in Section II(B)]	

Section II (A) A Sole Proprietorship or Partnership

Name of the applicant/representative of the applicant of partnership (shall be the same as shown on the Hong Kong Identity Card) (A partnership or body corporate (including an NGO) shall authorise a representative of the applicant in writing. Please refer to the guidance notes for application for renewal of a licence/certificate of exemption) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese	
Hong Kong Identity Card number	

Section II (B) A Body Corporate (including an NGO)

Name of the company/NGO
Business Registration Certificate number (if applicable)
Address of the company/NGO (English)
Address of the company/NGO (Chinese)
Telephone number
Email address

Section III Correspondence of the Applicant/Representative of the Applicant

Name of the applicant/representative of the applicant (shall be the same as shown on the Hong Kong Identity Card) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese
English correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)

Section III Correspondence of the Applicant/Representative of the Applicant (Continued)

Chinese correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)	
Mobile phone number	Office phone number
Email address	
Position held in the company/NGO/RCHD (if applicable)	

Section IV Declaration

<p>I declare that –</p> <ol style="list-style-type: none"> 1. the information I have given on this application form is true and correct to the best of my knowledge and belief; and 2. the operation, keeping, management or other control of the RCHD above is under my continuous supervision. <p style="text-align: center; margin-top: 20px;">Signature of the applicant/ Date: _____ representative of the applicant: _____</p> <p style="text-align: center; margin-top: 20px;">Company/Organisation Stamp (if applicable): _____</p>	
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<u>WARNING</u>
<ol style="list-style-type: none"> 1. Under section 22(6)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person commits an offence if the person in or in connection with any application makes any statement or gives any information, whether in oral or written form, which is false in any material particular and which the person knows or reasonably ought to know is false in the material particular. The provision of such false information may also prejudice this application and the existing licence/certificate of exemption. 2. Under section 4 of the Residential Care Homes (Persons with Disabilities) Ordinance, a person must not operate, keep, manage or in any other way have control of a residential care home for persons with disabilities otherwise than under a licence for the time being in force. A person who contravenes the above commits an offence and is liable to a fine at level 6 and to imprisonment for 2 years; and to a further fine of \$10,000 for each day during which the offence continues.

Residential Care Homes (Persons with Disabilities) Ordinance Guidance Notes for Application for Renewal of a Licence / Certificate of Exemption

1. An “applicant” includes a sole proprietorship, partnership and body corporate (including an NGO).
2. A partnership and body corporate (including an NGO) shall authorise a “representative of the applicant” to sign on this application form, and submit a written authorisation together with this application form.
3. The applicant/representative of the applicant shall forward the original copy of a completed application form by dispatch or by registered post to the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of the Social Welfare Department at the following address –
5/F, THE HUB, 23 Yip Kan Street,
Wong Chuk Hang, Hong Kong
4. Any person applying for an RCHD licence/certificate of exemption renewal shall submit the following documents at the same time –

(a) Applicable to all applications

- photocopy of the tenancy agreement of the RCHD premises (applicable to rented premises)
- photocopy of the deed of assignment of the RCHD premises (applicable to self-owned premises)
- certified copy of the Business Registration Application (applicable to applications of private RCHDs)
- photocopy of the Business Registration Certificate (applicable to applications of private RCHDs)
- photocopy of the Branch Registration Certificate (applicable to applications of private RCHDs) (if applicable)
- staff list of the RCHD
- photocopy of the relevant documents related to fire safety and precautionary measures [please refer to Annex 5.1 of the Code of Practice for Residential Care Homes (Persons with Disabilities) (Code of Practice)]
- layout plans of the RCHD (applicable to RCHDs which have undergone the addition and alteration works as mentioned in paragraph 4.13 of Chapter 4 in the Code of Practice. Please refer to Annex 3.3 of the Code of Practice for the requirements of layout plans)

Besides the items in (a) above, the following documents shall be submitted –

(b)(i) Applicable to an application of a sole proprietorship

- photocopy of Hong Kong Identity Card of the applicant

(b)(ii) Applicable to an application of a partnership

- photocopies of Hong Kong Identity Card of all partners
- original copy of the written authorisation for the representative of the applicant

(b)(iii) Applicable to an application of a body corporate (including an NGO)

- original copy of the written authorisation for the representative of the applicant
- photocopy of the Certificate of Incorporation
- photocopy of the Annual Return (NAR1)
- photocopy of the Notice of Change of Company Name (NNC2) (if applicable)
- photocopy of the Notice of Change of Company Secretary and Director (Appointment/Cessation) (ND2A) (if applicable)

LORCHD Number
殘疾人士院舍牌照事務處檔號 _____
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 3, Section _____, of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of the undermentioned residential care home –
茲證明下述院舍已根據《殘疾人士院舍條例》第3部第 _____ 條獲發牌照 –
2. Particulars of residential care home –
院舍資料 –
 - (a) Name (in English) _____ Name (in Chinese) _____
名稱 (英文) _____ 名稱 (中文) _____
 - (b) (i) Address of home _____
院舍地址 _____
 - (ii) Premises where home may be operated _____
可開設院舍的處所 _____
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 –
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 for persons with disabilities of the following type : _____ .
第3段所述的人士/公司已獲批准營辦、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，有效期為 _____ 個月，由 _____ 至 _____ 止，首尾兩天計算在內。
6. This licence is issued subject to the following conditions –
本牌照附有下列條件 –

7. This licence may be cancelled or suspended in exercise of the powers vested in me under Section 9 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9條賦予本人的權力，撤銷或暫時吊銷本牌照。

Date 日期

Director of Social Welfare
Hong Kong Special Administrative Region
香港特別行政區社會福利署署長

WARNING
警告

The issue of licence 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.
院舍獲發給牌照，並不表示其營辦人或任何其他人士無須遵守《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 613, Laws of Hong Kong)
 (香港法例第613章)

LORCHD Number
 殘疾人士院舍牌照事務處檔號 _____
 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 4, Section _____, of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of the undermentioned residential care home –
 茲證明下述院舍已根據《殘疾人士院舍條例》第4部第 _____ 條獲發豁免證明書 –
2. Particulars of residential care home –
 院舍資料 –
 - (a) Name (in English) _____ Name (in Chinese) _____
 名稱 (英文) _____ 名稱 (中文) _____
 - (b) (i) Address of home _____
 院舍地址 _____
 - (ii) Premises where home may be operated _____
 可開設院舍的處所 _____
 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 –
 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 –
 獲發上述院舍豁免證明書人士/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 for persons with disabilities of the following type : _____ .
 第3段所述的人士/公司已獲批准營辦、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 _____ 個月，由 _____ 至 _____ 止，首尾兩天計算在內。
6. This certificate of exemption 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 11(4) 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11(4)條賦予本人的權力，撤銷本豁免證明書。

 Date 日期

 Director of Social Welfare
 Hong Kong Special Administrative Region
 香港特別行政區社會福利署署長

WARNING
警告

The issue of 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.
 院舍獲發給豁免證明書，並不表示其營辦人或任何其他人士無須遵守《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。

Checklist of Documents for Fire Safety and Precautionary Measures

I. Applicable to Application for a New Licence (including expansion or merger of an RCHD, or change of the home name, etc.)

1.	Floor Plan for Fire Service Installations and Equipment within RCHD		<input type="checkbox"/>
2.	Relevant Documents and Certificates of Fire Service Installation and Equipment (applicable to newly installed and existing fire service installations and equipment)	(i) Certificate of Fire Service Installation and Equipment (FS251)	<input type="checkbox"/>
		Fire detection system	<input type="checkbox"/>
		Fire alarm system	<input type="checkbox"/>
		Portable fire-fighting equipment	<input type="checkbox"/>
		Exit signs and directional signs	<input type="checkbox"/>
		Emergency lighting	<input type="checkbox"/>
		Sprinkler system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Hose reel system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Emergency generator (if any)	<input type="checkbox"/>
		Ventilation/air conditioning control system (if any)	<input type="checkbox"/>
		Automatic actuating devices of fire shutters (if any)	<input type="checkbox"/>
		Fire retardant paint/solution accepted by the Director of Fire Services (DFS) (if applicable)	<input type="checkbox"/>
		(ii) Relevant satisfactory letter issued by the DFS, Fire Services Certificate (FS 161) and Fire Service Completion Advice from the Water Authority (applicable to new installed sprinkler system and hose reel system)	<input type="checkbox"/>
		(iii) Checklist for inspection and testing of fire detection and fire alarm system – the latest version of the Codes of Practice for Minimum Fire Service Installations and Equipment issued by the Fire Services Department (FSD)	<input type="checkbox"/>
		(iv) Proof of fire detection system connection to direct telephone link of Service Providers of the Computerised Fire Alarm Transmission System	<input type="checkbox"/>
3.	Fire Service Installation Plans (FSI/314A), Fire Service Installation Plans for Prescribed Commercial Premises/Specified Commercial Buildings (FSI/314B), or Fire Service Installation Plans for Composite Building/Domestic Building (FSI/314B); (as appropriate) Relevant fire service plan(s) with the stamp of the FSD and subsequent reply from the DFS shall be included.		<input type="checkbox"/>
4.	Ventilating System	3 copies of proposed ventilating system layout plans (including data of ventilation rate for the ventilating system)	<input type="checkbox"/>
		Letter of Compliance issued by the FSD	<input type="checkbox"/>
5.	Certificates of flame retardant product for all linings for acoustic, thermal insulation and decorative purposes within means of escape (if applicable)		<input type="checkbox"/>
6.	Certificates of flame retardant product for all linings for acoustic, thermal insulation and decorative purposes in ducting and concealed locations (if applicable)		<input type="checkbox"/>
7.	Emergency evacuation plan and fire/emergency escape routes plan		<input type="checkbox"/>

I. Applicable to Application for a New Licence (including expansion or merger of an RCHD, or change of the home name, etc.) (continued)

8.	Polyurethane (PU) Foam Filled Mattresses and Upholstered Furniture	Invoices from manufactures/suppliers (to indicate the goods conform to the relevant standard)	<input type="checkbox"/>
		Test certificates issued by accredited laboratories (authenticated by the company's stamp of manufactures/suppliers)	<input type="checkbox"/>
		Goods label	<input type="checkbox"/>
9.	Electricity (Wiring) Regulations Work Completion Certificate (Form WR1)		<input type="checkbox"/>
10.	Gas installation	Copy of the Certificate of compliance/certificate of completion for gas installation	<input type="checkbox"/>
		Copy of the Registered Gas Contractor Certificate	<input type="checkbox"/>
		Copy of the Registered Gas Installer Card	<input type="checkbox"/>

II. Applicable to Application for Renewal of a Licence/Certificate of Exemption

1.	Certificates of Fire Service Installation and Equipment (FS251)	Fire detection system	<input type="checkbox"/>
		Fire alarm system	<input type="checkbox"/>
		Portable fire-fighting equipment	<input type="checkbox"/>
		Exit signs and directional signs	<input type="checkbox"/>
		Emergency lighting	<input type="checkbox"/>
		Sprinkler system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Hose reel system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Emergency generator (if any)	<input type="checkbox"/>
		Ventilation/air conditioning control system (if any)	<input type="checkbox"/>
		Automatic actuating devices of fire shutters (if any)	<input type="checkbox"/>
2.	Electricity (Wiring) Regulations Work Completion Certificate (Form WR1) (applicable to first 5 years); or Periodic Test Certificate (Form WR2)		<input type="checkbox"/>
3.	Ventilating System	Annual Inspection Certificate (AIC)	<input type="checkbox"/>
4.	Gas Installation	Copy of the Certificate of compliance/certificate of completion for gas installation	<input type="checkbox"/>
		Copy of the Registered Gas Contractor Certificate	<input type="checkbox"/>
		Copy of the Registered Gas Installer Card	<input type="checkbox"/>
5.	Fire Drill Record	Shall be still valid on the day of renewal for a licence/certificate of exemption	<input type="checkbox"/>

Residential Care Homes (Persons with Disabilities) Ordinance (Chapter 613, Laws of Hong Kong)

*Certificate of Compliance/Certificate of Completion for Gas Installation

Name of RCHD: _____ LORCHD Number: _____

Address: _____

(A) This is to certify that –

* (i) All gas installations (including gas appliances) for the above premises have been *installed/modified in accordance with the following regulations and codes for safe operation –

* (ii) All existing gas installations (including gas appliances) installed in the above premises have been *inspected/maintained/repared in accordance with the following regulations and codes for safe operation –

* (a) Gas Safety (Gas Supply) Regulations (Cap. 51 sub. leg. B)
* (b) Gas Safety (Installation and Use) Regulations (Cap. 51 sub. leg. C)
* (c) Installation Requirements for Domestic Gas Water Heaters (Rated Heat Input Up To 70 kW) (Code of Practice GU03)
* (d) For Town Gas Supply Requirements for Town Gas Installations for Catering Purposes in Restaurants and Food Preparation Establishments (Code of Practice GU21)
* (e) For LPG [*Centralized Piped/Cylinder Chamber Supply] LPG Installations for Catering Purposes in Commercial Premises (Code of Practice GU06)
* (f) Installation of Mechanical Exhaust System for Gas Appliances (Rated Heat Input Up to 70 kW) (Code of Practice GU12)
* (g) Commercial Gas Dryer Fuelled By Town Gas/Liquefied Petroleum Gas (Code of Practice GU13 - Module One/Two)
* (h) Others

(B) The installation was

*installed/modified/inspected/maintained/repared on: _____ (dd/mm/yyyy)

Registered Gas Installer (RGI) Name: _____ RGI No.: _____

Classes Registered: _____ * 5/6/7

Signature: _____ Date: _____

On behalf of: _____

(Name of Company)

Company Stamp & Signature: _____ Registered Gas Contractor (RGC) No.: _____

Telephone: _____ Date: _____

Note: Please attach a copy of the related (i) Registered Gas Installer Card and (ii) Registered Gas Contractor Certificate to this Certificate for submission to the Licensing Office of Residential Care Homes for Persons with Disabilities of the Social Welfare Department.

**Delete whichever is inapplicable*

Guidelines on Fees and Charges in Residential Care Homes for Persons with Disabilities

Operators and home managers of residential care homes for persons with disabilities (RCHDs) shall strictly adhere to paragraphs 8.3 and 8.4 of Chapter 8 in the Code of Practice for Residential Care Homes (Persons with Disabilities) and the following guidelines on handling fees and charges –

- (1) RCHDs shall explicitly specify the amount (i.e. the amount per month/per time/per item in HK dollar) of home fees and other charge items (including services or goods) and list the charges to set out clearly all the chargeable items and the charging criteria with the actual amount/unit cost [RCHDs are strictly prohibited from adopting a pricing method without specifying the actual amounts, such as “charging the total Comprehensive Social Security Assistance (CSSA) (including Residential Care Supplement) payment as the home fee”, “charging a fee equivalent to the CSSA amount”, “charging a fee equivalent to the price under the Bought Place Scheme (BPS)”, etc.]. RCHDs should also display a clear list of charges at prominent places in the RCHDs to facilitate access of residents, family members and other people.
- (2) RCHDs shall give the schedule of fees and charges to the residents/their guardians/guarantors/family members/relatives prior to admission and clearly explain to them details of the charges.
- (3) RCHDs shall state the following items clearly in the admission agreement –
 - (a) fee-charging regulations of the RCHD;
 - (b) home fees payable by the resident (i.e. the amount per month in HK dollar) and the specific amounts (i.e. the amount per month/per visit/per service/per item in HK dollar) for items of payable fees for different services/goods (e.g. transportation fees for attending medical appointment, escort fees for attending medical treatment, dressing charges, diaper fees, nutritional milk product charges, air-conditioning fees, etc.) and the detailed information of such charges;
 - (c) arrangement of charging a deposit;
 - (d) deadline for payments and arrangement for handling overdue payments;
 - (e) fee-charging arrangement for residents with long-term hospitalisation;
 - (f) arrangement for collection/refund of payment for discharge (e.g. leaving the RCHD, death, etc.), including the home fee/deposit/other paid fees, non-refundable fees and the processes and procedures for refund of payment; and
 - (g) arrangement for fee adjustment, etc.
- (4) During the procedures of admission, RCHDs shall explain clearly all the terms in the admission agreement, in particular those in relation to collection/refund of payment, to the residents and their guardians/guarantors/family members/relatives.

- (5) The admission agreements shall be signed by RCHDs and the residents/guardians/guarantors/family members/relatives for confirmation. The residents/guardians/guarantors/family members/relatives who sign(s) the admission agreements shall have sufficient cognitive ability to state that they understand and accept the contents and conditions of the agreement. Any revision (including the formulation of new payable items and fee adjustment) shall be effective only after being signed and confirmed by the RCHDs and the residents/guardians/guarantors/family members/relatives. The follow-up arrangement in the case of the residents/guardians/guarantors/family members/relatives disagreeing to the RCHDs' proposed fee adjustment should also be stated in the admission agreements.
- (6) RCHDs shall provide the residents/guardians/guarantors/family members/relatives with a copy of the signed admission agreements for their retention.
- (7) Upon receipt of payment, RCHDs shall immediately issue an official receipt bearing the name and/or business stamp of the RCHDs to the residents/guardians/guarantors/family members/relatives that indicates clearly the payer, date of payment, payee, items of payment, payment period and amount paid. RCHDs should properly keep records of different payments made by the residents, amounts paid by the RCHD on the residents' behalf and receipts, etc.
- (8) RCHDs may encourage residents to pay home fee by autopay for clear transactions and maintenance of records.
- (9) Residents receiving CSSA payment or their appointees are obliged to keep proper management of the CSSA payment received for paying home fees and other charges. In case of non-payment of home fees and other charges by the residents receiving CSSA payment or their appointees, RCHDs may contact the respective staff of the social security field units of the Social Welfare Department, which the latter will recover and deduct the overpayment or proceed with other appropriate arrangements.
- (10) RCHDs should inform the affected residents and their guardians/guarantors/family members/relatives in writing of any proposed increase in fees or charges for any service or goods (including monetary adjustment due to inflation or change of residents' health condition) at least 30 days prior to the effective date and shall be effective only after being signed and confirmed by the RCHD and the residents/guardians/guarantors/family members/relatives.
- (11) RCHDs are forbidden to draw on the long-term supplement and/or the additional standard rate payments (if applicable) released to CSSA recipients for supplementing their home fees and/or service charges.

Guidelines on Handling Resident's Possessions in Residential Care Homes for Persons with Disabilities

Operators and home managers of residential care homes for persons with disabilities (RCHDs) shall strictly adhere to paragraphs 8.3 and 8.4 of Chapter 8 in the Code of Practice for Residential Care Homes (Persons with Disabilities) and the following guidelines on handling residents' possessions –

- (1) Under section 17 of the Residential Care Homes (Persons with Disabilities) Regulation, RCHDs shall maintain a record of every resident, including possessions or property stored or held on behalf of each resident, such as identity document(s), travel document(s), bank passbook(s), automated teller machine (ATM) card(s), name stamp(s), pocket money, medical follow-up card(s), Certificate(s) for Waiver of Medical Charges, Senior Citizen Card(s), Registration Card(s) for People with Disabilities, Octopus card(s), etc. Written consent and authorisation from the residents and their guardians/guarantors/family members/relatives shall be obtained on admission or when necessary. RCHDs shall establish and maintain a comprehensive and regularly updated record system and keeping the records properly in the RCHDs for the inspection of the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) at any time.
- (2) An RCHD should clearly count and keep proper record of the possessions under its custody during admission.
- (3) Unless the RCHD has obtained written consent and authorisation from the resident and his/her guardians/guarantors/family members/relatives, the operator and staff of the RCHD should not take the initiative to handle the personal financial matters of residents such as paying the home fees. It is even prohibited to use or withdraw money from the bank accounts of residents for paying the home fees and other charges. The RCHD shall also establish and execute a proper monitoring mechanism in order to avoid dispute and misuse of money in residents' bank accounts (please refer to (4) below for the monitoring mechanism).
- (4) In order to avoid dispute and misuse of money in residents' bank accounts, an RCHD shall establish and execute the following monitoring mechanism:
 - (a) If the resident is of a good mental state, clear about his/her own financial conditions and capable of managing personal financial matters, subject to his/her willingness, the resident may appoint the RCHD to withdraw bank savings to pay the home fees and other charges on his/her behalf, while the RCHD shall keep a clear record of the authorisation. The letter of authorisation shall be jointly signed by the resident, staff concerned of the RCHD and the witness (who should be the resident's guarantors/family members/relatives, if any). The RCHD should formulate guidelines and operational procedures as appropriate, including keeping a complete and up-to-date record by a designated management/supervisory staff member. The RCHD must also establish and strictly execute a proper monitoring

mechanism; the accounts, bills, receipts, etc. are to be checked by the home operator regularly. These records and accounts shall be made available for inspection at any time by the residents, family members, inspectors of LORCHD, the caseworker and staff concerned of the Social Welfare Department.

- (b) If the guardians/guarantors/family members/relatives, who are responsible for handling the personal financial matters of the residents, are not able to pay the home fees in person for any reasons (the resident shall be of a good mental state), they may sign a letter of authorisation to appoint any person who is trusted or the RCHD to handle the matters on their behalf. If the RCHD is entrusted, the RCHD is obliged to execute the appointment procedure and monitoring mechanism as mentioned in (a) above. The letter of authorisation shall be jointly signed by the resident, the resident's guardians/guarantors/ family members/relatives, the staff concerned of the RCHD and a witness.
 - (c) If the resident is certified by a registered medical practitioner as incapable of managing personal financial matters, the operator and staff of the RCHD are strictly prohibited to withdraw any bank savings to pay the home fees and other charges on behalf of the resident. The RCHD should request the resident's guardians/guarantors/family members/relatives or the caseworker to arrange for an appointee to handle matters relating to the home fees and other charges.
- (5) RCHDs should refer to Chapter 2 of the Guidelines for Handling Mentally Handicapped/Mentally Ill Adult Abuse Cases (the latest revised version) issued by the SWD about the basic knowledge on abuse to protect residents from financial abuse. RCHDs should also refer to paragraph 8.9 "Prevention of Abuse" of Chapter 8 in the Code of Practice for Residential Care Homes (Persons with Disabilities) to protect residents from abuse.

Special Incident Report

(shall be submitted within 3 calendar days, including public holiday, after the incident)

Note: please tick as appropriate and submit the supplementary sheet/a customised report with relevant information together with this form.

To: Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of the Social Welfare Department

(Fax no.: 2153 0071; Enquiry no.: 2891 6379)

[Attn: _____ (Name of inspector)]

Name of RCHD _____

Name of home manager _____ Contact no. _____

Date of incident _____

Type of Special Incident

(1) Unusual death/incident resulting in serious injury or death of a resident

incident happened in the RCHD and the resident died after being taken to hospital

please specify: _____

the resident committed/attempted suicide in the RCHD and he/she died in the RCHD/after being taken to hospital

other unusual death/incident, please specify: _____

receiving a summons issued by the Coroner's Court to attend the inquest to give evidence (please attach a copy of the summons and provide details on supplementary sheet)

(a) has not/ has reported the case to police

reporting date and reference no.: _____

(b) police inspection date and time (if applicable): _____

(2) Missing of a resident requiring police assistance

the resident leaving the RCHD unnoticed

the resident is found missing during activities outside the RCHD

during home leave going out on his/her own during activities organised by the RCHD

date of reporting case to police and reference no.: _____

(a) resident is found on _____ (dd/mm/yyyy)

resident is not yet found and has been missing for _____ days since the missing day

(b) please specify the medical history of resident: _____

(3) Established/suspected abuse or privacy infringement of a resident

physical abuse

psychological abuse

neglect

financial abuse

abandonment

sexual abuse/indecent assault

others (please specify: _____)

<p>(a) identity of abuser/suspected abuser <input type="checkbox"/> staff <input type="checkbox"/> resident <input type="checkbox"/> visitor <input type="checkbox"/> others (please specify: _____)</p> <p>(b) <input type="checkbox"/> has/<input type="checkbox"/> has not referred to social worker please specify the referral date and respective service unit if referral is made: _____</p> <p>(c) <input type="checkbox"/> has/<input type="checkbox"/> has not reported the case to police reporting date and reference no.: _____</p>
<p>(4) Dispute in the RCHD requiring police assistance <input type="checkbox"/> between residents <input type="checkbox"/> between resident(s) and staff <input type="checkbox"/> between resident(s) and visitor(s) <input type="checkbox"/> between staff <input type="checkbox"/> between staff and visitor(s) <input type="checkbox"/> between visitors <input type="checkbox"/> others (please specify: _____) date of reporting case to police and reference no.: _____</p>
<p>(5) Serious medical/drug incident (Medication Risk Management Report shall be submitted at the same time) <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s) <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking proprietary or non-prescription drug(s) <input type="checkbox"/> others (please specify: _____)</p>
<p>(6) Other major incidents affecting the daily operation of the RCHD <input type="checkbox"/> suspension of power <input type="checkbox"/> building defects or structural problems <input type="checkbox"/> fire outbreak <input type="checkbox"/> suspension of water supply <input type="checkbox"/> flood/landslip/other natural disasters</p>
<p>(7) Others <input type="checkbox"/> please specify: _____</p>

Follow-up Action with the Resident and his/her Guardians/Guarantors/Family Members/Relatives

<p>Name of resident _____ Age/Sex _____ Room and/or bed no. _____</p> <p><input type="checkbox"/> has contacted the guardians/guarantors/family members/relatives Name(s) and relationship(s) _____ date and time _____ respective staff and post _____</p> <p><input type="checkbox"/> has not contacted the guardians/guarantors/family members/relatives reason(s) _____</p>

Signature of informant _____ Post _____
 Name of informant _____ Date _____

Special Incident Report (Supplementary Sheet)

(this supplementary sheet/a customised report with relevant information shall be submitted with the Special Incident Report)

Name of RCHD	_____
Date of incident	_____
Time of incident	_____
Name of resident concerned	_____
HKIC no.	_____
Medical history of the resident concerned	_____ _____ _____

Details/Occurrence of the Special Incident

_____ _____ _____ _____ _____ _____ _____ _____
--

Follow-up Actions Taken by the RCHD/Suggestion or Measures for Preventing the Reoccurrence of the Similar Incident

_____ _____ _____ _____ _____ _____ _____

Signature of informant	_____	Post	_____
Name of informant	_____	Date	_____

Other Relevant Legislative Requirements Concerning Employment of Staff

Concerning the arrangement on employment of staff, residential care homes for persons with disabilities (RCHDs) shall comply with other relevant legislative requirements as follows –

(1) Salary

Employee salaries shall comply with the requirements of the Minimum Wage Ordinance (Cap. 608) and be commensurate with the qualifications, job responsibilities and performance. The salary scale should be reviewed regularly and if necessary, considered for adjustment having regard to the prevailing economic situation.

(2) Sick Leave

Under section 37 of the Employment Ordinance (Cap. 57), every employer shall keep a record of all paid sickness days taken by each employee. Proper maintenance of sick leave records of employees is one of the important indicators of good occupational health and safety practice. It also allows early identification of an outbreak of infectious disease. A medical practitioner's certificate should be produced for any sick leave exceeding 2 working days. Any employee meeting the criteria prescribed under Part VII (Sickness Allowance) of the Employment Ordinance is entitled to have sickness allowance.

(3) Maternity Leave/Paternity Leave

Pregnant employees/eligible male employees covered by the Employment Ordinance are entitled to have maternity leave and maternity leave pay under Part III (Maternity Protection)/paternity leave and paternity leave pay under Part IIIA (Paternity Leave) of the Ordinance. Under section 15B of the Employment Ordinance, every employer shall maintain a record of maternity leave taken by and maternity leave pay paid to his/her employees.

(4) Annual Leave

Eligible employees meeting the criteria prescribed under Part VIIIA (Annual Leave with Pay) of the Employment Ordinance are entitled to have annual leave with pay.

(5) Termination of Service

Subject to the Employment Ordinance and relevant contract terms that are consistent with the Ordinance, either party to a contract of employment may terminate the contract by giving to the other party notice, orally or in writing, of his/her intention to do so, and by giving the other party due notice or payment in lieu of notice. Part II of the Ordinance sets out the relevant provisions on termination of contract of employment.

(6) Employees' Compensation Insurance

Under the Employees' Compensation Ordinance (Cap. 282), as employers, operators of RCHDs shall take out policies of employees' compensation insurance to cover the employers' legal liabilities, including under the common law. Otherwise, no employees (including full-time and part-time employees) shall be employed to engage in any work.

(7) Mandatory Provident Fund

The Mandatory Provident Fund (MPF) is a retirement protection system established under the Mandatory Provident Fund Schemes Ordinance (Cap. 485). As employers, operators of RCHDs shall comply with the requirements under the Ordinance. All employees attaining the age of 18 but below 65 shall participate in registered MPF schemes or other approved retirement schemes and comply with the requirements as stipulated in the Ordinance.

(8) Importation of Labour

Local workers shall be given priority in filling job vacancies. Operators who are genuinely unable to recruit local workers to fill the job vacancies can be allowed to bring in imported workers. Operators and home managers shall strictly observe the Laws of Hong Kong, the requirements stipulated in the Supplementary Labour Scheme (SLS) and the standard contract of employment if they are granted the approval to import workers. Operators shall be liable for any contravention of the immigration and labour laws and regulations and shall be subjected to withdrawal of approval for labour importation. SLS application will not be approved if the operator has severe poor record in 2-year period immediately preceding the date of application.

(9) Others

Personnel policies of RCHDs shall comply with the conditions and requirements stipulated in the Employment Ordinance.

Personal Data

Operators should ensure that the personal data of residents and/or employees shall be used (including disclosure and transfer) in compliance with the Personal Data (Privacy) Ordinance (Cap. 486). For details, please refer to paragraph 8.10 of Chapter 8 in the Code of Practice for Residential Care Homes (Persons with Disabilities) and the website of Privacy Commissioner for Personal Data (<https://www.pcpd.org.hk>).

Social Welfare Department

Application for Registration as a Health Worker

Please put a “✓” in the appropriate box

(I) Type of Application

- Registration as a health worker of RCHEs under section 6(2) of the Residential Care Homes (Elderly Persons) Regulation
- Registration as a health worker of RCHDs under section 6(2) of the Residential Care Homes (Persons with Disabilities) Regulation

(II) Personal Particulars

1. Name (please complete in BLOCK LETTERS):
 _____ (English)
 _____ (Chinese)
2. Gender: Male Female
3. Hong Kong Identity Card number: _____
4. Date of birth: _____ (dd/mm/yyyy)
5. Residential address: _____

6. Correspondence address (Note: The correspondence address will be kept in the Register of Health Workers):
 same as the above residential address
 different from the above residential address. The correspondence address is:

7. Telephone number (Residential): _____
 Telephone number (Mobile): _____
8. Email address: _____

(III) Academic Qualification(s) (in chronological order, only academic qualifications of secondary school and above are required. Please also attach the photocopies of certificates of the academic qualifications.)				
Name of the Institute	Date of Admission (mm/yyyy)	Date of Leaving (mm/yyyy)	Highest Class / Form Completed	Certificate / Diploma / Degree Conferred

(IV) Training(s) on Care for the Elderly / Persons with Disabilities (in chronological order and please attach photocopies of certificates)				
Name of the Course	Name of the Organisation	Date of Enrolment (mm/yyyy)	Date of Completion (mm/yyyy)	Certificate Conferred

(V) Working Experience(s) in Residential Care Homes for the Elderly or Persons with Disabilities (in chronological order)			
Name of the Home	Post Held	Date of Commencement (mm/yyyy)	Date of Leaving (mm/yyyy)

(VI) Important Notes

- (1) Please study the Brief on Application for Health Worker Registration which is uploaded on the Social Welfare Department (SWD) website (www.swd.gov.hk) before filling in this application form.
- (2) In accordance with section 5 of the Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A) and Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613 sub. leg. A), the Director of Social Welfare shall establish and maintain a register in which he shall cause to be kept particulars of the names and addresses of all persons registered as health workers under these Regulations and such other matters, if any, as he thinks fit. The register shall be available for inspection by the public free of charge at such offices of the Government as the Director may direct. If any person uses the personal data of the health workers collected from the register for direct marketing purposes without their consent, this may contravene Principle 3 of Data Protection Principles in Schedule 1 under the Personal Data (Privacy) Ordinance. The health workers concerned may lodge complaints to the Office of the Privacy Commissioner for Personal Data.
- (3) If the applicant has completed the Training Course for Health Worker approved by the Director of Social Welfare (DSW), he/she can submit the completed application form to the following address through the relevant training organisation, and please state on the envelope “Application for Health Worker Registration” –

Development Section
Licensing and Regulation Branch
Social Welfare Department
5/F, THE HUB, 23 Yip Kan Street,
Wong Chuk Hang, Hong Kong

- (4) Please attach the following documents when submitting the application form –
 - (a) photocopy of the Hong Kong Identity Card;
 - (b) photocopies of the certificate of relevant academic qualifications; and
 - (c) photocopy of the graduation certificate of Training Course for Health Worker.
- (5) Please make sure the mail item(s) is/are with sufficient postage. Underpaid mail item(s) are subject to the handling of Hongkong Post.
- (6) Completed application form and photocopies of supporting documents, once submitted, are not returnable.
- (7) If necessary information is not provided by the applicant or the information is insufficient, the application will not be processed.
- (8) If there is not enough space on the application form, please write on another sheet and state clearly in the relevant part(s) on the application form. The applicant should clearly write the name and sign on the supplementary sheet(s) and staple the supplementary sheet(s) to the application form.
- (9) For enquiries, please call 3104 0714 / 3104 0702 during office hours.

(VII) Declaration and Undertaking

- (1) I understand if my name is removed from the register in accordance to section 5(4)(a) or (c) under Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A), my registration under the Health Worker Register of Residential Care Homes (Persons with Disabilities) (Cap. 613 sub. leg. A) will also be removed by the DSW at the same time.
- (2) I understand the DSW can enter in the register any amendment as he may consider necessary for the purposes of preserving the accuracy of the register in respect of the address or any other particulars relating to a person whose name appears therein. If I have any amendment on the information in the register, I will inform the SWD as early as possible.
- (3) I declare that to the best of my knowledge and belief, the information provided in this application form and the documents submitted are true. I understand that if I knowingly give any false information or make false statements, it will render the application invalid.
- (4) I agree that the SWD can make necessary enquiries on matters regarding my application for a Health Worker for verifying the above information. I give my consent to all Government departments and other organisations to disclose any relevant record and information upon receiving the SWD's enquiries (including asking the relevant authorities or training organisations for my identity proof, academic qualifications, course attendance and assessment record, working experience and any other information).
- (5) I agree to the use of my personal data for the intended publicity and promotional activities.
 I object to the use of my personal data for the intended publicity and promotional activities.

(Note: The SWD intends to use your name and contact information (for example address and telephone number) for providing to you publicity and promotional activities / service or training courses related to Health Workers. The SWD has to obtain your consent before using your personal data for the above purpose. You can anytime request the SWD to stop using your personal data for the above purpose and the SWD will stop using your personal data upon receiving your request. Please state if you agree with the use of your personal data for the above purpose by the SWD by putting a "✓" in the suitable box above.)

- (6) I have read the Personal Information Collection Statement and the Brief on Application for Health Worker Registration and understood the content.
- (7) I have read all the above information and declaration in details. I fully understand and agree the relevant content.

Signature of the Applicant: _____ Date: _____ (dd/mm/yyyy)

Personal Information Collection Statement

Please read this notice before you provide any personal data¹ to the Social Welfare Department.

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to process your application for registration as a Health Worker in residential care homes for the elderly or persons with disabilities, including (but not limited to) monitoring and reviewing the registration procedures, handling complaints related to the services provided to you, conducting research and surveys, preparing statistics, discharging statutory duties, etc. The provision of personal data to the SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application.

Classes of Transferees

2. The personal data you provide will be made available to persons working in the SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above –
 - (a) other parties such as government bureaux / departments / training institutes, if they are involved in –
 - (i) processing and/or assessing any application from you for the provision of service to you by the SWD;
 - (ii) monitoring and reviewing of the services provided by the SWD or preparing statistics;
 - (b) complaint handling authorities such as the Office of The Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services provided to you by the SWD;
 - (c) where such disclosure is authorised or required by law; or
 - (d) where you have given your prescribed consent to such disclosure.

Access to Personal Data

3. You have the right to request access to and correction of your personal data held by the SWD in accordance with the Personal Data (Privacy) Ordinance (Cap. 486). A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by the SWD should be addressed to –

Post Title : Executive Officer I (Licensing and Regulation) 2
 Office : Development Section, Licensing and Regulation Branch,
 Social Welfare Department
 Address : 5/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

¹ Under Personal Data (Privacy) Ordinance (Cap. 486), personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.

Medical Examination Form
for Residents in Residential Care Homes for Persons with Disabilities
殘疾人士院舍住客體格檢驗報告書

Part I **Particulars of Resident**
第一部分 **住客資料**

Name 姓名	Sex 性別	Age/Date of Birth 年齡／出生日期
HKIC No. 香港身份證號碼	Hospital/Clinic Ref. No. 醫院／診所檔號	

Part II **Types of Disability/Medical History**
第二部分 **殘疾類別／病歷**

(1)	Types of disability (diagnosed by clinical psychologists/medical practitioners): 殘疾類別(經臨床心理學家／醫生診斷): <input type="checkbox"/> Mentally Handicapped, please indicate the level: 弱智，請註明程度： <input type="checkbox"/> mild 輕度 <input type="checkbox"/> moderate 中度 <input type="checkbox"/> severe 嚴重 <input type="checkbox"/> profound 極度嚴重 <input type="checkbox"/> Physically Handicapped, please specify: 肢體傷殘，請註明： _____ <input type="checkbox"/> Mentally Ill, please specify: 精神病，請註明： _____ Last hospitalisation: 最近入住醫院記錄： _____ <input type="checkbox"/> Others, please specify: 其他，請註明： _____			
(2)	Any history of major illnesses/operations? 曾否患嚴重疾病／接受大型手術？ If yes, please specify the diagnosis: 如有，請註明診斷結果： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(3)	Any allergy to food or drugs? 有否食物或藥物過敏？ If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(4)	Any diagnosis of epilepsy? 是否患有腦癇症？ If yes, please indicate the number of seizures within the past 1 month: 如有，請表明過去一個月發作次數： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(5)	Any recent auditory/visual deterioration? 近期有否聽覺／視覺退化？ If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(6)	Any signs of infectious disease? 有否傳染病徵狀？ If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	
(7)	Any swallowing difficulties/easy choking? 有否吞嚥困難／容易哽塞？ If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無	

(8)	Any need of special diet? 有否特別膳食需要? If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無
(9)	Any record of travelling within the past 6 months? 過去 6 個月有否外遊記錄? If yes, please specify: 如有，請註明： _____	Yes <input type="checkbox"/> 有	No <input type="checkbox"/> 無
(10)	Details of present medication, if any, including the name and dosage. 如目前需服用藥物，請詳述藥名及服用量。 _____ _____		

Part III Physical Examination
第三部分 身體檢查

Blood Pressure 血壓 mmHg	Pulse 脈搏 /min	Body Weight 體重 kg
Please specify: 請註明：		
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	_____	_____
Skin Condition, e.g. scabies 皮膚狀況，如：疥瘡	_____	_____
Foot 足部	_____	_____
Eye/Ear, Nose and Throat 眼／耳鼻喉	_____	_____
Oral/Dental Condition 口腔／牙齒狀況	_____	_____
Others 其他	_____	_____

Part IV Functional Assessment**第四部分****身體機能評估**

Vision 視力 (with/without* visual corrective devices 有/沒有*配戴 視力矯正器)	<input type="checkbox"/> normal 正常	<input type="checkbox"/> unable to read newspaper print 不能閱讀報紙字體	<input type="checkbox"/> unable to watch TV 不能觀看到電視	<input type="checkbox"/> see lights only 只能見光影
Hearing 聽覺 (with/without* hearing aids 有/沒有*配戴 助聽器)	<input type="checkbox"/> normal 正常	<input type="checkbox"/> difficult to communicate with normal voice 普通聲量下難以 溝通	<input type="checkbox"/> difficult to communicate with loud voice 大聲說話的情況下 也難以溝通	<input type="checkbox"/> cannot communicate with loud voice 大聲說話的情況 下也不能溝通
Speech 語言能力	<input type="checkbox"/> able to express 能正常表達	<input type="checkbox"/> need time to express 需慢慢表達	<input type="checkbox"/> need clues to express 需靠提示表達	<input type="checkbox"/> unable to express 不能以語言表達
Mental state 精神狀況	<input type="checkbox"/> normal/alert/ stable 正常/敏銳 /穩定	<input type="checkbox"/> mildly disturbed 輕度受困擾	<input type="checkbox"/> moderately disturbed 中度受困擾	<input type="checkbox"/> seriously disturbed 嚴重受困擾
Mobility 活動能力	<input type="checkbox"/> independent 行動自如	<input type="checkbox"/> self-ambulatory with walking aid or wheelchair 可自行用助行器或 輪椅移動	<input type="checkbox"/> always need assistance from other people 經常需要別人幫助	<input type="checkbox"/> bedridden 長期卧床
Continence 禁制能力	<input type="checkbox"/> normal 正常	<input type="checkbox"/> occasional faecal or urinary incontinence 大/小便偶爾失禁	<input type="checkbox"/> frequent faecal or urinary incontinence 大/小便經常失禁	<input type="checkbox"/> double incontinence 大小便完全失禁
A.D.L. 自我照顧能力	<input type="checkbox"/> Independent 完全獨立/不需協助 (No supervision or assistance needed in all daily living activities, including bathing, dressing, toileting, transfer, urinary and faecal continence and feeding) (於洗澡、穿衣、如廁、位置轉移、大小便禁制及進食方面均無需指導或協助)			
	<input type="checkbox"/> Occasional assistance 偶爾需要協助 (Need assistance in bathing and supervision or assistance in other daily living activities) (於洗澡時需要協助及於其他日常生活活動方面需要指導或協助)			
	<input type="checkbox"/> Frequent assistance 經常需要協助 (Need supervision or assistance in bathing and no more than 4 other daily living activities) (於洗澡及其他不超過四項日常生活活動方面需要指導或協助)			
	<input type="checkbox"/> Totally dependent 完全需要協助 (Need assistance in all daily living activities) (於日常生活活動方面均需要完全的協助)			
Others 其他	(e.g. aggressive behaviour, self-injurious behaviour, etc.) (例如：攻擊行為、自我傷害行為等)			
	<hr/>			
	<hr/>			

Part V **Recommendations**
第五部分 **建議**

1. **Low Care Level Home 低度照顧院舍**
 (an establishment providing residential care for persons with disabilities (PWDs) who are capable of basic self-care and require only minimal assistance in daily living activities)
 (即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，而在日常起居方面只需低度協助)
2. **Medium Care Level Home 中度照顧院舍**
 (an establishment providing residential care for PWDs who are capable of basic self-care but have a degree of difficulty in daily living activities)
 (即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，但在日常起居方面有一定程度的困難)
3. **High Care Level Home 高度照顧院舍**
 (an establishment providing residential care for PWDs who are generally weak in health and lack basic self-care skill to the extent that they require personal care, attention and assistance in the course of daily living activities but do not require a high degree of professional medical or nursing care)
 (即提供住宿照顧予殘疾人士的機構，而該等殘疾人士一般健康欠佳並缺乏基本的自我照顧技巧，程度達到他們在日常起居方面需要專人照顧、護理及協助，但不需要高度的專業醫療或護理)

Part VI **Other Comment**
第六部分 **其他批註**

Medical Practitioner's Signature
 醫生簽署

Name of Hospital/Clinic
 醫院／診所名稱

Medical Practitioner's Name
 醫生姓名

**Stamp of Hospital/Clinic/
 Medical Practitioner**
 醫院／診所／醫生印鑑

Date
 日期

_____ (Name of RCHD)
**Confirmation of Request for Giving Proprietary/
 Non-prescription Drugs**

Resident's name	Sex/Age	HKIC no.	Room and/or bed no.
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Please study part (V) before completing this confirmation and *delete as appropriate.

(I) Information of the Requested Proprietary/Non-prescription Drugs

Drug Name	Source	Purpose of Medication	Direction of Administration

(II) Resident's Confirmation (leave blank if the resident has cognitive impairment)

I have requested this residential care home for persons with disabilities (RCHD) to give the above drugs to me. Any adverse effects that may cause will be at my own risk.

Signature _____ **Date** _____

(III) Confirmation by the Guardian/Guarantor/Family Member/Relative

I, _____ (name), am the *guardian/guarantor/family member/relative of _____ (resident's name). I have requested this RCHD to give the above drugs to the said resident. Any adverse effects that may cause will be at my own risk.

Relationship with resident _____ **Signature** _____ **Date** _____

(IV) Confirmation by RCHD

In response to the request made by the said resident and/or his/her *guardian/guarantor/family member/relative to this RCHD for giving the above proprietary/non-prescription drugs to the resident, our health care staff have reminded the said resident and/or his/her *guardian/guarantor/family member/relative of the potential adverse effects of the drugs, and have also consulted _____ (name of registered medical practitioner) of _____ (name of hospital/clinic) who has no objection to the administration of the drugs for the said resident

Name of home manager _____ **Signature** _____ **Date** _____

**Name of nurse/
health worker** _____ **Signature** _____ **Date** _____

(V) Remarks

1. An RCHD shall record the drugs listed in part (I) at the Individual Drug Record (IDR) of the said resident and keep the "Directions for the Use of Drugs" for healthcare professionals' reference.
2. The resident should immediately stop taking the drugs and consult registered medical practitioners if there is any adverse effect.
3. This confirmation shall be updated if there is any change in the drugs listed in part (I).

_____ (name of RCHD)
**Consent Form for Self-storage and
 Self-administration of Drugs**

Resident's name	Sex/Age	HKIC no.	Room and/or bed no.
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(I) Information of Drugs for Self-storage and Self-administration

Name of Drug	Source	Purpose of Medication	Direction of Administration

(II) Confirmation by Resident and *Guardian/Guarantor/Family Member/Relative
(*please delete as appropriate)

I, _____ (resident's name), hereby request to store and administer the above drugs by myself. I am well aware of the medical practitioner's instructions and will administer the drugs on schedule and at advised dosage. I will also store the drugs in a secure and locked cabinet/box to prevent other residents from taking them mistakenly.		
Resident's signature	Name of witnessing *guardian/ guarantor/family member/relative	Relationship with resident
Date	Signature of witnessing *guardian/ guarantor/family member/relative	Date

(III) Assessment by RCHD (please tick as appropriate)

Assessment	Yes	No	Remarks
The resident fully understands the medical practitioner's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
The resident can comply with the medical practitioner's instructions in administering the drugs on schedule and at advised dosage	<input type="checkbox"/>	<input type="checkbox"/>	
The resident is capable of storing the drugs in a secure and locked cabinet/box	<input type="checkbox"/>	<input type="checkbox"/>	
Nearby residents will not take the drugs mistakenly	<input type="checkbox"/>	<input type="checkbox"/>	
The drugs listed in part (I) are suitable for self-storage and self-administration	<input type="checkbox"/>	<input type="checkbox"/>	

Upon an assessment, this RCHD **agree**/ **disagree** to handing over the drugs listed in part (I) to the resident for self-storage and self-administration.

*Name of nurse/
health worker _____ Name of home manager _____
 *Signature of nurse/
health worker _____ Signature of home manager _____
 Assessment date _____ Date _____

(IV) Remarks

<p>(1) The RCHD should monitor and assess regularly on the ability of the resident to keep and take drugs by him/herself, and update/invalidate this consent form under any following circumstances –</p> <p>(a) changes in the conditions of nearby residents who may take the self-administered drugs mistakenly;</p> <p>(b) the resident or his/her guardian/guarantor/family member/relative has requested that the drugs will no longer be stored or administered by the resident;</p> <p>(c) the resident's cognitive or drug-handling ability has deteriorated; or</p> <p>(d) changes in the types of the drugs in part (I).</p> <p>(2) The RCHD is required to complete the drug delivery record, which should be signed by the resident and his/her guardian/guarantor/family member/relative for confirmation.</p>
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(Name of RCHD)

Assessment and Consent Form for Applying Restraint

(re-assessment shall be made at least once every 6 months or when there is any change in the resident's condition)

Name of Resident _____ Sex/Age _____ HKIC No. _____

Room and/or Bed No. _____ Last Assessment Date _____

(Principle: Restraint refers to a means of limiting a resident's movement so as to minimise harm to himself/herself and/or other residents. An RCHD should adopt measures with least restraint. The use of restraint should only be considered when all other alternative attempts are ineffective or in case of emergency and when the well-being of the resident and/or other residents is jeopardised.)

(I) Conditions of Resident/Risk Factors (please tick as appropriate, may choose more than one item) **Abnormal mental condition and/or abnormal behaviour** emotion problem/confusion wandering self-injurious behaviour, please specify: _____ injuring/harassing others, please specify: _____ **Inability to maintain a proper seating posture** weak in back and loin muscles paralysis joint degeneration others, please specify: _____ **Risk of fall** unsteady gait fall during hospitalisation visual/hearing impairment under influence of dugs other risks of fall, please specify: _____ **History of removing therapeutic medical supplies and/or personal items** feeding tube oxygen tubing or mask urinary catheter stoma appliances diaper or clothes others, please specify: _____ **Others, please specify:** _____**(II) Alternatives**

Other attempted alternatives (please tick as appropriate, may choose more than one item)	Assessment Date	Assessment Result		Remarks
		Effective	Ineffective	
<input type="checkbox"/> seeking medical advice to find out the possible cause(s) leading to the emotion problem or confusion and handling accordingly		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> discussing with medical practitioners for treatment or medication adjustment		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> seeking intervention from physiotherapists/occupational therapists/clinical psychologists/social workers		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> improving furniture: using more appropriate chairs, cushions or other accessories		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> improving environment: to facilitate the resident to feel secure, comfortable and be familiar with the environment		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> providing leisure and diversionary activities to the resident		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> spending more time to talk to the resident for building up harmonious and mutual trust relationship		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> observing and inspecting regularly by home staff		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> adjusting daily care procedures to meet the special need of the resident		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> requesting visits and assistance from the resident's family/friends		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> others, please specify _____		<input type="checkbox"/>	<input type="checkbox"/>	

(III) Recommendations on Restraint (please tick as appropriate, may choose more than one item)

Physical restraints			
Type	Condition for applying restraints	Period of applying restraints	
<input type="checkbox"/> safety vests	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed	<input type="checkbox"/> daytime (from _____ to _____)	<input type="checkbox"/> whole day
	<input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> at night (from _____ to _____)	<input type="checkbox"/> others _____
<input type="checkbox"/> safety belts	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed	<input type="checkbox"/> daytime (from _____ to _____)	<input type="checkbox"/> whole day
	<input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> at night (from _____ to _____)	<input type="checkbox"/> others _____

<input type="checkbox"/> wrist restraints	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> gloves/mittens	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> non-slippery trousers/stripes	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> lap trays	<input type="checkbox"/> sitting on chair/wheelchair	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> others _____	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
Seclusion		
Period of Seclusion	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____	

Next assessment date _____

Name of nurse/health worker _____ Signature of nurse/health worker _____ Date _____

Name of home manager _____ Signature of home manager _____ Date _____

(IV) Medical Practitioner’s Comment (please tick as appropriate)

Agree to apply restraint on the above resident as suggested in part (III)

Disagree to apply restraint on the above resident

Remarks: _____

Name of medical practitioner _____ Signature of medical practitioner _____ Date _____

(V) Resident’s Intention (please tick the appropriate box and delete * as appropriate)

<p>I, _____ (resident’s name), after being clearly explained by *staff/medical practitioner of the RCHD the reasons for using restraint, type and period for the restraint to be used, the short-term and long-term impacts that may be caused by the use of restraint [see part (VII) below] and other alternatives that have been exhausted and their effectiveness, hereby <input type="checkbox"/> agree/<input type="checkbox"/> disagree to the use of restraint as suggested in part (III).</p> <p>Signature _____ Date _____</p>	<p>If the resident has cognitive impairment, please complete this part only</p> <p>I, *guardian/guarantor/family member/relative/visiting medical practitioner of _____ (resident’s name), hereby witness that the resident cannot sign the consent due to cognitive impairment.</p> <p>Name of witness _____ Relationship _____</p> <p>Signature _____ Date _____</p>
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(VI) Guardian’s/Guarantor’s/Family Member’s/Relative’s Intention
(please tick the appropriate box and delete * as appropriate)

I, _____ * guardian/guarantor/family member/relative of _____ (resident’s name), after being clearly explained by *staff/medical practitioner of the home the reasons for using restraint, type and period for the restraint to be used, the short-term and long-term impacts that may be caused by the use of restraint [see part (VII) below] and other alternatives that have been exhausted and their effectiveness, hereby agree/ disagree to the use of restraint as suggested in part (III).

Signature _____ Relationship with the resident _____ Date _____

- (VII) Special Notes**
1. Condition of the resident should be reviewed at least once every 2 hours while under physical restraints.
 2. Condition of the resident should be reviewed at least once every 15 minutes during the period of seclusion.
 3. The use of restraint will confine a resident to a seating or lying down position for a long period of time, thus reducing the resident’s mobility and joint movement and resulting in muscle contracture.
 4. A resident’s bones may become brittle and liable to fracture due to the reduction of weight-bearing activities.
 5. Swelling of the resident’s lower limbs may occur due to reduced blood circulation.
 6. Residents under restraint may have negative emotions, such as anger, shame, fear, helplessness, distress, etc.
 7. Residents may become bad-tempered and anxious or even have depressive mood as a result of long term use of restraint.
 8. Residents under restraint may become more frail and apathetic. They may fall and hurt themselves more easily.
 9. Some residents resist restraint very much and may harm themselves or fall when they try to get rid of the physical restraints.
 10. As residents’ mobility is restricted, they have fewer chances to talk to or get along with others, thus affecting their social well-being.

Scheduled Infectious Diseases

Currently, there are 50 infectious diseases set out in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599). RCHDs should regularly check with the Centre for Health Protection of the Department of Health for the latest version.

- | | |
|--|--|
| 1. Acute poliomyelitis | 26. Middle East Respiratory Syndrome |
| 2. Amoebic dysentery | 27. Mumps |
| 3. Anthrax | 28. Novel influenza A infection |
| 4. Bacillary dysentery | 29. Paratyphoid fever |
| 5. Botulism | 30. Plague |
| 6. Chickenpox | 31. Psittacosis |
| 7. Chikungunya fever | 32. Q fever |
| 8. Cholera | 33. Rabies |
| 9. Community-associated
methicillin-resistant
<i>Staphylococcus aureus</i> infection | 34. Relapsing fever |
| 10. Creutzfeldt-Jakob disease | 35. Rubella and congenital rubella
syndrome |
| 11. Dengue fever | 36. Scarlet fever |
| 12. Diphtheria | 37. Severe Acute Respiratory
Syndrome |
| 13. Enterovirus 71 infection | 38. Shiga toxin-producing
<i>Escherichia coli</i> infection |
| 14. Food poisoning | 39. Smallpox |
| 15. <i>Haemophilus influenzae</i> type b
infection (invasive) | 40. <i>Streptococcus suis</i> infection |
| 16. Hantavirus infection | 41. Tetanus |
| 17. Invasive pneumococcal disease | 42. Tuberculosis |
| 18. Japanese encephalitis | 43. Typhoid fever |
| 19. Legionnaires' disease | 44. Typhus and other rickettsial
diseases |
| 20. Leprosy | 45. Viral haemorrhagic fever |
| 21. Leptospirosis | 46. Viral hepatitis |
| 22. Listeriosis | 47. West Nile Virus Infection |
| 23. Malaria | 48. Whooping cough |
| 24. Measles | 49. Yellow fever |
| 25. Meningococcal infection
(invasive) | 50. Zika Virus Infection |

Notification Form for Suspected Outbreak of Infectious Disease in RCHDs**Suspected Outbreak of Infectious Disease in RCHDs****NOTIFICATION FORM****To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)****cc: Licensing Office of Residential Care Homes
for Persons with Disabilities (LORCHD) of Social Welfare Department (Fax: 2153 0071)**

Name of RCHD: _____ (LORCHD no: _____)

Address of RCHD: _____

Contact person: _____ (Post: _____) Tel: _____

Total no. of residents: _____ Total no. of staff: _____ Fax: _____

No. of sick residents: _____ (No. admitted to hospital: _____)

No. of sick staff: _____ (No. admitted to hospital: _____)

Common symptoms: Fever Sore throat
(May tick multiple items) Cough Running nose
 Diarrhoea Vomiting
 Skin rash Blisters on hand/foot Oral ulcers
 Others (Please specify: _____)

Suspected infectious disease: _____

Reported by Name: _____ Telephone No.: _____
Signature: _____ Fax on: _____ (date)

For enquiries, please call 2477 2772

