Annexes

Annex 3.1

RESIDENTIAL CARE HOMES (ELDERLY PERSONS) ORDINANCE APPLICATION FOR A LICENCE

(Please read Chapter 3 of the Code of Practice for Residential Care Homes (Elderly Persons) (Code of Practice) and the note on pages 7 and 8 of this application form before submission)

Applicant [Note 1]/representative of applicant [Note 2] should complete Sections I, II, III or IV, V(A) or V(B) and VI in Chinese or English. The completed application form together with the required documents and plans should be sent to the Licensing Office of Residential Care Homes for the Elderly (LORCHE) by hand or by registered post [Note 3]. Should there be any changes to the information contained therein, the applicant is required to inform LORCHE in writing at the earliest possible time. For enquiries, please contact LORCHE at 2961 7211 or 2834 7414.

Section I Please tick as appropriate

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

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

LORCHE No.: _____ Existing Licence No.: _____

Section II Particulars of the Residential Care Home for the Elderly (RCHE) Applying for a Licence

(1) Name of the RCHE (English): _____

_____

(2) Name of the RCHE (Chinese):_____

(3) Address of the RCHE (please state in detail the address which should tally with the Business Registration Certificate, Business Registration Application and Demand Note for Rate):

_____

Flat/Room Floor Block Name of Building

_____

Number and Name of Street/Estate and/or Number of Lot District

Hong Kong/Kowloon/New Territories*

(4) Telephone No.: _____

(5) Fax No.: _____

(6) Email address (if applicable) : _____

(7) Number of floors of the building occupied by RCHE: _____ floor(s)

(8) Number of units of the building occupied by RCHE: _____ unit(s)

(9) Financing nature of the RCHE: (please tick as appropriate)

[ ] Subvented

[ ] Self-financing and non-profit-making

[ ] Private

[ ] Contract Home

[ ] Others (please specify): _____

(10) Type of the RCHE: (please refer to Chapter 2 of the Code of Practice for classification of RCHEs and tick as appropriate)

[ ] a care-and-attention home

[ ] an aged home

[ ] a self-care hostel

(11) The premises of RCHE is: (please tick as appropriate and provide documentary proof specified in Note (c)(6) and (7) on page 7 below)

[ ] a self-owned property

[ ] a rented premises

[ ] partly self-owned and partly rented

- self-owned unit(s): _____

- rented unit(s): _____

(12) Maximum capacity of the RCHE: _____

Existing number of beds and residents of the RCHE:

	Existing no. of beds	Existing no. of residents
care-and-attention places	_____	_____
aged home places	_____	_____
self-care places	_____	_____
Total	_____	_____

(13) Net floor area of the RCHE: (it should be the same as marked on the layout plan submitted with this application form)

_____ square meters

(14) The RCHE is: (please tick as appropriate)

[ ] a proposed service/business [ ] an existing service/business

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

_____
Date Month Year

(16) Does the RCHE comply with the statutory plans, land lease conditions, Deed of Mutual Covenant and tenancy agreement? (please refer to paragraph 4.2 of Chapter 4 of the Code of Practice and tick as appropriate)

[ ] Yes [ ] No [ ] Others (please specify): _____

(17) Monthly fee charged per resident:

Minimum: $_____

Maximum: $_____

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

(1) Ownership of business: (please tick as appropriate)

[ ] Sole proprietorship

[ ] Partnership

[ ] Corporate body

(2) Name of operator(s):

For completion if the operator is a sole proprietorship or partnership:

(i) Mr/Miss/Ms* _____ _____
(English, surname first) (Chinese)

Hong Kong Identity Card (HKIC) No.: _____

(ii) Mr/Miss/Ms* _____ _____
(English, surname first) (Chinese)

HKIC No.: _____

(iii) Mr/Miss/Ms* _____ _____
(English, surname first) (Chinese)

HKIC No.: _____

(iv) Mr/Miss/Ms* _____ _____
(English, surname first) (Chinese)

HKIC No.: _____
(continue on a separate sheet if necessary)

For completion if the operator is a corporate body:

(i) Name of the company (English):

_____

(ii) Name of the company (Chinese):

_____

Section IV Particulars of the Non-governmental Organisation (for completion if the RCHE is a subvented or self-financing non-profit-making establishment)

(1) Name of the organisation (English):

_____

(2) Name of the organisation (Chinese):

_____

Section V(A) For Completion if the Applicant is an Individual (see Note (a))

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

Mr/Miss/Ms*_____
(Surname first)

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

_____

(3) HKIC No.: _____

(4) Residential address:

_____
Flat/Room Floor Block Name of Building

_____
Number and Name of Street/Estate District

Hong Kong/Kowloon/New Territories*

(5) Correspondence address (if different from (d)) :

_____
Flat/Room Floor Block Name of Building

_____
Number and Name of Street/Estate District

Hong Kong/Kowloon/New Territories*

(6) I select the [ ] residential adddress/[ ] correspondence address as the address to be shown on the Licence (Item 3(b) of the Licence refers) (please tick as appropriate)

(7) Telephone No.: _____(Residence) _____(Office)

(8) Position held by the applicant in the RCHE (if applicable):

_____

Section V(B) For Completion if the Applicant is a Corporate Body/Non-governmental Organisation*

(1) Name of the company/non-governmental organisation* (English):

_____

(2) Name of the company/non-governmental organisation* (Chinese):

_____

(3) Business Registration Number (if applicable): _____

(4) Certificate of Incorporation Number (if applicable): _____

(5) Address of the company/non-governmental organisation*:

_____

Flat/Room Floor Block Name of Building

_____

Number and Name of Street/Estate District

Hong Kong/Kowloon/New Territories*

(6) Telephone number: _____

(7) Name of the responsible person of the company/non-governmental organisation*:

Mr/Miss/Ms* _____ _____

(English, surname first) (Chinese)

(8) Position of the responsible person held in the company/non-governmental organisation*:

_____

Section VI Declaration of applicant/representative of applicant

I declare that :

(a) the information I have given on this application form is true and correct to the best of my knowledge and belief; and

(b) the operation, keeping, management or other control measures of the RCHE referred to in Section II above are under my continuous and personal supervision.

Date : _____ Signature of applicant/ representative of applicant: _____

Company/Organisation chop* (if applicable) : _____

* Please delete as appropriate

Note: (a) "Applicant"/ "Individual(s)" refers to natural person(s).

(b) "Representative of applicant" refers to a person who completes this application form on behalf of a corporate body/non-governmental organisation.

(c) The applicant/representative of applicant should send the orginal copy of a completed application form together with the following documents by hand or by registered post to LORCHE at:

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

(1) photocopy of the Hong Kong Identity Card of the applicant (applicable to application made by an individual)

(2) photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable to application made by a corporate body)

(3) certified copy of Business Registration Application issued by the Commissioner of Inland Revenue (applicable to applications of private RCHEs)

(4) photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable to applications of private RCHEs)

(5) staff employment record of RCHE

(6) photocopy of the tenancy agreement of the RCHE premises (applicable to rented RCHE premises)

(7) photocopy of the deed of assignment of the RCHE premises (applicable to self-owned RCHE premises)

(8) 4 sets of layout plans of the RCHE (6 sets for RCHEs situated in premises under or divested by the Housing Authority) (for requirements on layout plans, please refer to Annex 3.3 of the Code of Practice)

(9) photocopy of the fire service installation plan and relevant documents (please refer to paragraphs 5.4 and 5.5 of Chapter 5 and Annex 5.1 of the Code of Practice)

(10) For use of the location/premises for operation of RCHE subject to the planning permission from the Town Planning Board, the applicant/representative of applicant should submit proof of the planning permission to LORCHE.

(11) For operation of RCHE in the subject premises violating the land lease conditions, the applicant/representative of applicant should submit a waiver issued by the Lands Department to LORCHE as a proof of waiving of the land lease conditions.

(12) Upon receipt of the above required documents, and if all of them are in order, under general circumstances, LORCHE will take 8 weeks to complete processing an application for a licence and issue the licence.

WARNING

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

2. Under section 6 of the Residential Care Homes (Elderly Persons) Ordinance, any person who on any occasion operates, keeps, manages or otherwise has control of an unlicensed RCHE commits an offence and is liable to a fine at level six and imprisonment for two years and to a fine of $10,000 for each day during which the offence continues.

Staff Employment Record
職 員 僱 用 記 錄

Annex 3.2

Home Name
安老院名稱：

Home Address
安老院地址：

Telephone
電話：

Home Nature 安老院性質：
（please tick one 只✓一格）

Subvented 資助 ☐ self-financing 自負盈虧 ☐
cum 混合 ☐ private 私營 ☐
contract 合約 ☐

Date of Reporting DD/MM/YYYY 日／月／年
申報日期：

Name and Signature
(Status: Operator/Home Manager)
申報人姓名及簽署：
（身份：經營者／主管）

Enrollment：
（入住人數）

Bed no：
（床位數目）

Agency Chop：
（機構蓋印）

第一部份

Name in English 姓名（英文） Surname 姓	First Name 名	Name in Chinese 姓名（中文） Surname 姓	First Name 名	Sex 性別 M 男	F 女	HKIC No. 身份證號碼 (please enter alphabet and full number including the last digit in bracket) 請填上全部字母及數字，包括在括弧內的最後一個數字	Date of commencement of Current Employment 現職日期 dd/mm/yyyy 日/月/年 （example 例如 1/1/2003）	Current Post Held 現時職位 (please enter the code as provided in remark 1) （請用註一的代號)	Total Working Hours per week 每週總工作時數 (Please see remark 3) (請看註三)	Daily Working Time 每天工作時間 On duty (am/pm) 上班時間（請列明上午或下午）	Off duty (am/pm) 下班時間（請列明上午或下午）	Qualification 學歷 (Please enter the code as provided in remark 2) （請用註二的代號）
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					
							/ /					

第二部份 Supplementary Information（補充資料）

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

Remark/註解：

Remark 1/註一：

Post Held/職位

HM : 主管　RN : 註冊護士
EN : 登記護士　HW : 保健員
CW : 護理員　OT : 職業治療師
PT : 物理治療師　DT : 營養師
SW : 社會工作者　AW : 助理員*

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

Remark 2/註二：　May choose more than one items as applicable
如適用可以同時填報多於一項

Qualification/學歷

(1) Educational Level 教育程度
A1 : 從未受教育
A2 : 小學
A3 : 初中
A4 : 高中
A5 : 專上教育：高中以上學位或非學位課程

(2) Special Training 特別訓練
B1 : 註冊護士
B2 : 登記護士
B3 : 註冊保健員證書
B4 : 起居照顧員證書
B5 : 物理治療證書
B6 : 職業治療證書
B7 : 社工學系畢業（包括：文憑和學位）

(3) Other Training 其他訓練
C : 急救證書

Remark 3/註三：　Total weekly working hours of every staff should be reported for checking compliance with the licensing requirement. Information of relief staff should not be recorded on this Staff Employment Record.
安老院必須申報每位員工每週的總工作時數，以便本署審核安老院僱用的人手是否符合法例的要求。如屬替假員工，不用填報在這職員僱用記錄上。

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

WARNING

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

警告

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

Annex 3.3

Guidance Notes on Submission of Floor Plans of Residential Care Homes for the Elderly (RCHEs)

(Para. 3.2.2(h) of Chapter 3 of the Code of Practice for Residential Care Homes (Elderly Persons) (Code of Practice))

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

(11)	Walls should be indicated by double lines.
(12)	The configuration and layout of the RCHE premises shown in the plans should tally with the actual situation.
(13)	The operator is required to submit 4 sets of revised layout plans to the Licensing Office of Residential Care Homes for the Elderly for information and comment (6 sets for RCHE situated in premises under or divested by the Housing Authority) whenever there is any change of the home layout or re-arrangement of the bedspaces. Parts where revisions have been made should be coloured on the revised layout plans to show the difference as compared with the previously accepted ones.
(14)	Where necessary (e.g. complicated drawings requiring professional knowledge), the applicant should appoint a professional to prepare the plans.

RESIDENTIAL CARE HOMES (ELDERLY PERSONS) ORDINANCE
安 老 院 條 例
(Chapter 459, Laws of Hong Kong)
（香港法例第459章）

LORCHE Number
牌照處檔號_____

Licence Number
牌照編號_____

Licence of Residential Care Home for the Elderly
安 老 院 牌 照

1. This licence is issued under Part IV, Section _____, of the Residential Care Homes (Elderly Persons) Ordinance in respect of the undermentioned residential care home －
茲證明下述安老院已根據《安老院條例》第IV部第_____條獲發牌照－

2. Particulars of residential care home －
安老院資料－
(a) Name (in English) 名稱（英文）_____ Name (in Chinese) 名稱（中文）_____
(b) (i) Address of home
安老院地址 _____
_____
(ii) Premises where home may be operated
可開設安老院的處所 _____
as more particularly shown and described on Plan Number _____ deposited with and approved by me.
其詳情見於圖則第_____號，該圖則現存本人處，並經本人批准。
(c) Maximum number of persons that the residential care home is capable of accommodating －
安老院可收納的最多人數 _____

3. Particulars of person / company to whom / which this licence is issued in respect of the above residential care home
獲發上述安老院牌照人士／公司的資料－
(a) Name/ Company (in English) 姓名／公司名稱（英文）_____ Name/ Company (in Chinese) 姓名／公司名稱（中文）_____
(b) Address
地址 _____

4. The person/ company named in paragraph 3 above is authorized to operate, keep, manage or otherwise have control of a residential care home of the following type : _____ .
第3段所述的人士／公司已獲批准經營、料理、管理或以其他方式控制一所屬_____種類的安老院。

5. This licence is valid for _____ months effective from the date of issue to cover the period from _____ to _____ inclusive.
本牌照由簽發日期起生效，有效期為_____個月，由 _____ 至 _____ 止，首尾兩天計算在內。

6. This licence is issued subject to the following conditions －
本牌照附有下列條件－
_____
_____
_____
_____
_____

7. This licence may be cancelled or suspended in exercise of the powers vested in me under Section 10 of the Residential Care Homes (Elderly Persons) Ordinance in the event of a breach of or a failure to perform any of the conditions set out in paragraph 6 above.
若有關安老院違反或未能履行以上第6段所列的任何條件，本人可行使《安老院條例》第10條賦予本人的權力，撤銷或暫時吊銷本牌照。

_____ _____
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

Licensing of a residential care home does not release the operator or any other person from compliance with any requirement of the Buildings Ordinance (Cap. 123) or any other Ordinance relating to the premises, nor does it in any way affect or modify any agreement or covenant relating to any premises in which the residential care home is operated.
安老院獲發給牌照，並不表示其經營者或任何其他人士毋須遵守《建築物條例》（第123章）或任何其他與該處所有關的條例的規定，亦不會對與開設該安老院的處所有關的任何合約或租約條款有任何影響或修改。

SWD 605 (Revised)

RESIDENTIAL CARE HOMES (ELDERLY PERSONS) ORDINANCE
安　老　院　條　例
(Chapter 459, Laws of Hong Kong)
（香港法例第459章）

LORCHE Number
牌照處檔號_____

Licence Number
牌照編號_____

Licence of Residential Care Home for the Elderly (Continuation)
安 老 院 牌 照（續 頁）

6. This licence is issued subject to the following conditions －
本牌照附有下列條件－
（Continued from front page 續前頁）

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

Licensing of a residential care home does not release the operator or any other person from compliance with any requirement of the Buildings Ordinance (Cap. 123) or any other Ordinance relating to the premises, nor does it in any way affect or modify any agreement or covenant relating to any premises in which the residential care home is operated.
安老院獲發給牌照，並不表示其經營者或任何其他人士毋須遵守《建築物條例》（第123章）或任何其他與該處所有關的條例的規定，亦不會對與開設該安老院的處所有關的任何合約或租約條款有任何影響或修改。

SWD 605A

Annex 5.1

Checklist for Submissions of Fire Safety and Fire Precaution Measures

[Para. 5.4 and 5.5 of Chapter 5 of the Code of Practice for Residential Care Homes (Elderly Persons)]

(I) New or Expanded RCHE

1	General fire service installations and equipment (applicable to floor area of less than 230 m^2)		
	i	Fire Service Installation Plan (FSI/314A), Fire Service Installation Plan for Prescribed Commercial Premises/Specified Commercial Buildings (FSI/314B), Fire Service Installation Plan for Composite Building/Domestic Building (FSI/314C) (as appropriate) (including relevant fire service plan(s) with the stamp of the Fire Services Department (FSD)) and subsequent reply (NP/317) from the Director of Fire Services (DFS)	
	ii	Existing Certificate of Fire Service Installations and Equipment (FS 251) (if applicable)	
	iii	New Certificate of Fire Service Installations and Equipment (FS 251)	
	iv	Proof of direct line connection to fire detection system	
	v	Compatibility proof of the control box of fire detection system and the detectors installed	
	vi	Calculation of back-up battery capacity of fire detection system	
	vii	Checklist for the Inspection of Fire Detection System — FSD Circular Letter No. 1/2004	
	viii	Certification of fire resistant cable	
2	Fire service installations and equipment to be installed apart from Item 1 above (applicable to floor area of less than 230 m^2)		
	i	FSI/314A, FSI/314B, FSI/314C (as appropriate) [including plan(s) of sprinkler system and/or hose reel system with the stamp of FSD] and subsequent reply (NP/317) from DFS	
	ii	For newly installed sprinkler and/or hose reel system, a notification letter and a Fire Services Certificate (FS 161) issued by DFS as well as a No Objection Letter on use of water issued by the Director of Water Supplies should be submitted	
	iii	New Certificate of Fire Service Installations and Equipment (FS 251)	
3	Certificate of Fire Service Installations and Equipment (FS 251) for emergency (back-up) generator (if applicable)		
4	Certificate of Fire Service Installations and Equipment (FS 251) for ventilation/air conditioning control system (if applicable)		
5	Ventilating system (if applicable)		
	i	As-fitted drawings of the ventilating system (To be submitted to the Ventilation Division of FSD via SWD for further processing)	

	ii	Letter of Compliance issued by the Ventilation Division of FSD	
6	Fixed Electrical Installation Work – Work Completion Certificate (Form WR1)		
7	Photocopy of Fuel Gas Installation Work – Certificate of Compliance/Certificate of Completion, and documentary proof of registered gas contractors and gas installers		
8	Emergency evacuation plan		
9	Polyurethane (PU) foam		
	i	Test reports	
	ii	Invoices from manufacturers/suppliers	
	iii	Goods labels	
10	Certificate of Fire Service Installations and Equipment (FS 251) for use of accepted fire retardant solution (if applicable)		

(II) Renewal of Licence

1	Certificate of Fire Service Installations and Equipment (FS 251) of the RCHE	
2	Certificate of Fire Service Installations and Equipment (FS 251) for sprinkler system and/or hose reel system of building (if applicable)	
3	Annual Inspection Certificate (AIC) of Ventilating System (if applicable)	
4	Latest fire drill report	
5	Pages 1 and 2 of Electrical Installation Work – Work Completion Certificate (Form WR1)/Periodic Test Certificate (Form WR2)	
6	Documentary proof of annual inspection of fuel gas installations (if applicable) and registered gas contractors and gas installers	

Annex 8.1

Guidelines on Collection of Fees and Charges and Handling of Elderly Residents' Properties in Residential Care Homes for the Elderly (RCHEs)

The operator and the home manager, in handling the collection of fees and charges and residents' properties, must strictly adhere to the requirements set out in the "Code of Practice for RCHEs" and the guidelines as follows:

(1) RCHE shall explicitly specify the amount (that is, amount per month/per time/per item in HK dollar) of home fees and other charge items (including services or products) and have a list of charges, setting out clearly all the charge items, charging criteria and the actual amount/unit cost (RCHEs 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", etc). Clear lists of charges shall be displayed in prominent places in RCHE to facilitate access of residents, family members and other people.

(2) Before residents are admitted, RCHE must give the list of fees and charges to the residents/their guardian [Note 1]/guarantor [Note 2]/family members/relatives and clearly explain to them the charging details.

(3) RCHE should state the following clearly in the admission agreement:

   (a) rules governing RCHE charges;
   (b) home fees payable by residents (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) and the detailed information on such charges;
   (c) arrangement for collecting deposit;
   (d) deadline for payment and arrangement for handling overdue payment;
   (e) arrangement for home fee for residents with long-term in-patient treatment;
   (f) arrangement for collection/refund of payment for discharge (e.g. leaving the RCHE, death, etc.), including the home fee/deposit/other paid fees, non-refundable fees and processes and procedures for refund of payment; and
   (g) arrangement for fee adjustment, etc.

Note 1 A "guardian" refers to a person appointed by the Guardianship Board and thus with legal status accorded.

Note 2 A "guarantor" refers to a relative or non-relative of the resident who voluntarily involves in handling various matters for the resident, including applications for admission to and discharging from RCHE, discussion of care plans and payment of fees, etc., without legal status accorded.

(4) RCHEs are required to explain clearly all the terms in the admission agreement, in particular those in relation to collection/refund of payment, to the residents and their guardian/guarantor/family members/relatives at the time of admission.

(5) The admission agreement must be signed by RCHE and the resident/guardian/guarantor/family members/relatives for confirmation. The resident/guardian/guarantor/family members/relatives who sign(s) on the admission agreement should have sufficient cognitive ability to state that he/she/they understand and accept the contents and conditions in the agreement. Any revision (including the introduction of payable items) shall be effective only after being signed and confirmed by the RCHE and the resident/guardian/guarantor/family members/relatives. The home's arrangement in the case of the resident/guardian/guarantor/family members/relatives disagreeing with the home's proposed fee adjustment should also be stated in the admission agreement.

(6) RCHE should provide the resident/guardian/guarantor/family members/relatives with a copy of the signed admission agreement for their retention.

(7) Upon receipt of payment, RCHE must immediately issue an official receipt bearing the name and/or business chop of the RCHE to the resident/guardian/guarantor/family members/relatives that indicates clearly the payer, date of payment, payee, items of payment, payment period and amount paid. RCHE should properly keep records of different payments made by the residents, amounts paid by the RCHE on the residents' behalf, receipts, etc.

(8) RCHE can encourage residents to pay home fee by autopay.

(9) Residents receiving CSSA payment or their appointee 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 appointee, RCHE may contact relevant staff of the field unit of SWD, which will then recover and deduct the overpayment or proceed with other appropriate arrangements.

(10) RCHEs should inform the residents and the guardian/guarantor/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 conditions) at least 30 days prior to the effective date.

(11) RCHEs are forbidden to draw on the long-term supplement and/or the additional standard rate payments (if applicable) granted to CSSA recipients for subsiding their home fees.

(12) Written consent and authorisation should be sought from the resident and the guardian/guarantor/family members/relatives for possessions or property stored or

held on behalf of every resident by the RCHE, including the identification document, bank passbook/ATM card, pocket money, medical follow-up card, etc. Such consent and authorisation should be sought either at the time of admission or as it becomes necessary, and should be properly documented.

(13) According to Section 16 of the Residential Care Homes (Elderly Persons) Regulation, a comprehensive and up-to-date recording system should be set up and maintained for possessions or property stored or kept on behalf of every resident by the RCHE, including the identification document, bank passbook/ATM card, pocket money, medical follow-up card, etc. Such records should be properly kept in the RCHE and should be ready for the inspection of the Licensing Office of Residential Care Homes for the Elderly (LORCHE) at any time. The templates for such records are as follows:

- Authorisation for Custody of Property (Template 1);
- Acknowledgement of Receipt of Properties Put under Custody (Template 2);
- Record Form for Custody/Collection of Properties (Template 3);
- Record of Resident's Bank Account Balances (Template 4); and
- Record of Deposits and Withdrawals of Resident's Pocket Money (Template 5).

(14) Operators and staff of RCHEs are prohibited to use or withdraw money from the bank accounts of residents for paying home fees and other charges unless it is so agreed and authorised in writing by the residents and the guardian/ guarantor/family members/relatives. A proper monitoring mechanism must be established and implemented to avoid misuse of or dispute over such accounts (please see para (17) for the monitoring mechanism).

(15) The following monitoring mechanism must be established and implemented to avoid misuse of or dispute over money in resident's bank accounts:

(a) If the resident is in good mental condition, being able to understand and manage personal financial matters, he/she may, if he/she so wishes, authorise the RCHE to withdraw bank savings for paying the home fees and other charges on his/her behalf, while the RCHE must keep a record of the authorisation letter. The letter of authorisation must be signed by the resident, staff concerned of the RCHE and a witness (who should be the guarantor/family members/relatives, if there are such persons). The RCHE should formulate guidelines and operational procedures as appropriate, including keeping a complete and up-to-date record by a designated management/supervisory staff. The RCHE must also establish and strictly implement a proper monitoring mechanism; the accounts, bills and 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 LORCHE, the respective caseworker and SWD staff concerned.

(b) If the guardian/guarantor/family members/relatives, who is/are responsible for handling the personal financial matters of the resident, is/are not able to pay the home fees in person for any reasons (the resident must have a good mental condition), he/she/they may sign an authorisation for any person who is being trusted or the RCHE to do so. If RCHE is appointed, the RCHE concerned must implement the authorisation procedure and monitoring mechanism as mentioned in (a). The authorisation letter must be signed by the resident's guardian/guarantor/family members/relatives, staff of the RCHE concerned and a witness.

(c) If the resident is certified by a registered medical practitioner as mentally unfit or a mentally incapacitated person and is incapable of managing personal financial matters, operators and staff of the RCHE are strictly prohibited to withdraw any bank savings to pay the home fees and other charges on behalf of the resident. The RCHE should request the resident's guardian/guarantor/family members/relatives or the respective caseworker to arrange for an appointee to handle matters relating to the home fees and other charges.

(16) RCHE should refer to the chapter on "Basic Knowledge on Elder Abuse" in the Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006) to protect residents against financial abuse. RCHE should also refer to "Guidelines for Handling Elder Abuse Cases in RCHE" in Annex 8.9 for proper handling of cases involving financial abuse of residents to safeguard their properties.

Annex 8.1
(Template 1)

_____
(Name of Residential Care Home for the Elderly)

Authorisation for Custody of Properties

I, _____ (name) (HKIC no. _____), *resident of your RCHE/ *the guardian/guarantor/family member/relative of your resident _____ (name of resident), hereby authorise you to keep the following items in custody on *my/the resident's behalf:

- ☐ Hong Kong Identity Card
- ☐ Medical follow-up card
- ☐ Medical waiver
- ☐ Bank passbook Bank account no.: (1) _____
  (2) _____
  (3) _____
- ☐ Pocket money
- ☐ Name chop
- ☐ Others (Please specify): _____

Signed or fingerprinted by the *resident/ guardian/guarantor/family member/relative: _____

Name of the *resident/guardian/guarantor/ family member/relative: _____

Signed by staff in-charge: _____

Name/post of staff in-charge: _____

Signed by witnessing staff: _____

Name/post of witnessing staff: _____

Date: _____

* Please delete as appropriate

Note: Please tick the appropriate box. If the resident is cognitively incapable, this acknowledgement should be signed by his guardian/guarantor/family member/relative.

Annex 8.1
(Template 2)

_____
(Name of Residential Care Home for the Elderly)

Acknowledgement of Receipt of Properties Put under Custody

I, _____ (name) (HKIC no. _____), *resident of your RCHE/ *the guardian/guarantor/family member/relative of your resident _____ (name of resident), after checking the record with your RCHE on _____ (date), acknowledge receipt of the following items previously put under your custody by *me/the resident:

1. _____
2. _____
3. _____
4. _____

Signed or fingerprinted by the *resident/ guardian/guarantor/family member/relative: _____

Name of the *resident/guardian/guarantor/ family member/relative: _____

Signed by staff in-charge: _____

Name/post of staff in-charge: _____

Signed by witnessing staff: _____

Name/post of witnessing staff: _____

Date: _____

* Please delete as appropriate

Note: Please tick the appropriate box. If the resident is cognitively incapable, this acknowledgement should be signed by his guardian/guarantor/family member/relative.

Annex 8.1
(Template 3)

_____
(Name of Residential Care Home for the Elderly)

Record Form for Custody/Collection of Properties

Name of resident: _____ HKIC no.: _____ Bed no.: _____

Item of property under custody	Date of custody	# Name of appointer	Name of receiving staff	Name of witnessing staff	Date of Collection of property	Collecting person	Name of staff returning the property	Name of witnessing staff	Note

An appointer refers to the resident or his/her guardian/guarantor/family member/relative.

Annex 8.1
(Template 4)

_____
(Name of Residential Care Home for the Elderly)

Record of Resident's Bank Account Balances

(Applicable to resident or the guardian/guarantor/family member/relative who has authorised RCHE to withdraw money from the bank account on his/her behalf)

Name of resident: _____

HKIC no.: _____

Bank account no.: _____

Date	Deposit amount	Withdrawal amount	Balance	# Signed by appointer	Signed by staff-in-charge	Signed by witnessing staff	** Note

An appointer refers to the resident or his/her guardian/guarantor/family member/relative.
** Please state the purpose for the deposit/withdrawal.

Annex 8.1
(Template 5)

_____
(Name of Residential Care Home for the Elderly)

Record of Deposits and Withdrawals of Resident's Pocket Money
(Applicable to resident or the guardian/guarantor/family member/relative
who has authorised RCHE to keep and use the resident's pocket money on his/her behalf)

Name of resident: _____ HKIC no.: _____ Bed no.: _____

Date	Deposit	Withdrawal	Balance	Summary	# Signed by appointer	Signed by staff-in-charge	Signed by witnessing staff

An appointer refers to the resident or his/her guardian/guarantor/family member/relative.

Annex 8.2
(Template)

_____
(Name of Residential Care Home for the Elderly)

Staff Duty Roster

( ) (month/year)

Name	Post	Daily Working Hours	No. of Daily Working Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon
e.g. XXX	Ancillary worker	7am-7pm	12																															

Remarks: ✓: On duty O: On leave S: Sick leave N: Night shift

For change of working hours or half-day leave, please specify in the box(es) as appropriate.

Annex 8.3
(Template)

_____
(Name of Residential Care Home for the Elderly)

Staff Attendance Record

Date: _____(day/month/year)

Name	Post	On duty time	Staff signature	Off duty* time	Staff signature	Remarks**

* Staff on duty at night should fill in the off-duty time on the following day

** Please specify the following conditions in Remarks:

(1) The staff is a relief staff

(2) The staff is required to work outside the home during on-duty hours【please specify: time, location, work nature and name of resident concerned (if applicable)】

Certified and signed by Home Manager: _____

Name of Home Manager: _____

Date: _____

Annex 8.4

(Template)

_____

(Name of Residential Care Home for the Elderly (RCHE))

Staff Outdoor Duty Record

Date	Name	Post	Time of outdoor work	Staff signature	Time of returning to RCHE	Staff signature	Details of outdoor work (Note 1)

Note 1: Please provide details of outdoor work (e.g. purchasing grocery/supplies for RCHE; purchasing xxx for resident xxx; escorting resident xxx to attend follow-up medical appointment at xxx hospital; obtaining medicine on behalf of resident xxx from xxx hospital; delivering diapers to resident xxx at xxx hospital; etc.).

Name: HKID No.:

Accident Report

Name of resident:		Sex:		Age:		Bed no.:	
Date of accident:		Time:					

Location: ☐ Sitting room/Dining room ☐ Corridor ☐ Toilet ☐ Bathroom ☐ Bedside ☐ Others _____

Happening of accident

(Para. 8.6.2(f) and 11.2.1(e) of the Code of Practice for Residential Care Homes (Elderly Persons) (Code of Practice))

Activity of resident: ☐ Lying down ☐ Standing ☐ Walking ☐ Getting out of/going to bed
☐ Transferring to bed/chair/commode chair/shower chair ☐ Feeding ☐ Grooming
☐ Dressing ☐ Toileting ☐ Bathing ☐ Others

Illness of resident: ☐ Lower limb weakness ☐ Joint pain ☐ Dizziness ☐ Collapse ☐ Increased heart beat
☐ Severe chest pain ☐ Others _____ ☐ Not applicable

Unsafe behaviour of resident: ☐ Unsafe movement: _____ ☐ Did not use proper aids
☐ Did not seek help ☐ Others _____ ☐ Not applicable

Environmental/Personal factors: ☐ Slippery/uneven floor ☐ Insufficient lighting
☐ Movement of furniture (e.g. unlocked wheelchair/commode chair)
☐ Obstruction of articles ☐ Length of trousers being too long ☐ Problem of shoes
☐ Clashed by others ☐ Others _____ ☐ Not applicable

Details: _____
_____
_____

Follow-up action of the accident

Date of follow-up action: _____ Time: _____

Check: Vital signs: Blood pressure ____mmHg Pulse ____ /min Breaths ____/min Body temperature ____□
Level of consciousness: ☐ Alert ☐ Confused ☐ Unconscious
Limb movement: ☐ Normal ☐ Abnormal: ☐ Left hand ☐ Right hand ☐ Left leg ☐ Right leg
Details: _____
_____
Injury: ☐ No skin damage ☐ Skin damage ☐ Bruises (location: _____)
☐ Fracture (location: _____) ☐ Others

Immediate treatment: ☐ Wound dressing ☐ Others _____ ☐ Not applicable

Medical arrangement: ☐ Visit by medical practitioner ☐ Out-patient clinic ☐ Accident & Emergency Department
☐ Not applicable

Ambulance: Time of calling an ambulance: _____ Time of arrival: _____ Time of departure: _____
Name of hospital to which the resident is conveyed: _____

Informing family members/relatives (para. 8.6.2(f) of the Code of Practice):
Time: _____ Name: _____
His/her relationship with the resident: _____
(Name of informing staff: _____ Post: _____)

Name: HKID No.:

Condition of resident after treatment: _____
_____

Hospitalised (name of hospital: _____) ☐ Not applicable

Follow-up action (including the case and systematic enhancement measures)

_____

_____

_____

_____

_____

Note: For residents who have fallen, particularly when head injuries are suspected, or obvious injuries and unstable mental state are observed, they must be given medical care or sent to the hospital immediately

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

Please put a ✓ in the appropriate box and delete as appropriate

Annex 8.6

Significant Incident Report
(To be submitted to LORCHE within three days)

From (name of RCHE): _____ Name of responsible person: _____ Contact telephone no.: _____
To: Inspector _____
Licensing Office of Residential Care Homes for the Elderly (LORCHE) of Social Welfare Department
(Fax no.: 2574 4176/3106 3058; Hotline: 2961 7211/2834 7414)

Date of incident: _____ Date telephone report made: _____
Type of special incident {please ✓ as appropriate and provide relevant information of the incident on the supplementary sheet, or submit a customised report with relevant information, together with this form to facilitate follow-up action and statistical consolidation by LORCHE}

1. Incident of unusual death/severe accident resulting in death of resident
   - 1.1 ☐ Accident in residential care home for the elderly (RCHE) and the resident died after being taken to hospital
     (please select a following category as appropriate)
     a. ☐ Fall b. ☐ Choke
     c. ☐ Others (please specify: _____)
   - 1.2 ☐ Suicide in RCHE and the resident died after being taken to hospital
   - <applicable to 1.1 and 1.2> Police inspection at the home: a. ☐ Yes b. ☐ No
     Media reporting: a. ☐ Yes b. ☐ No
   - 1.3 ☐ Receiving a summons issued by the Coroner's Court to attend the inquest to give evidence (please attach a photocopy of the summons and provide details of incident on supplementary sheets)
   - 1.4 ☐ Others (please specify: _____)

2. Missing of resident requiring police assistance
   - 2.1 ☐ Inside RCHE
   - 2.2 ☐ During activities outside RCHE
     (please select a following category as appropriate)
     a. ☐ Spending holidays at home b. ☐ Going out on his/her own
     c. ☐ Activities organised by RCHE
   - <Applicable to 2.1 and 2.2> ☐ Resident found (date:_____)
     ☐ Resident not yet found (starting from the date of missing to the date of reporting) after missing for a total of _____ days
   - 2.3 With medical history of dementia: a. ☐ Yes b. ☐ No

3. Confirmed/Suspected* cases of abuse of residents by staff in RCHE
   - 3.1 ☐ Negligent care of the elderly resulting in his/her injury requiring medical treatment
   - 3.2 ☐ Physical abuse/battering
   - 3.3 ☐ Sexual abuse/indecent assault
   - 3.4 ☐ Embezzling or obtaining money/possessions of resident fraudulently by staff
   - 3.5 ☐ Others (please specify:_____)
   - <Applicable to 3.1 to 3.5> Reported to the police: a. ☐Yes b. ☐ No
     c. ☐ Others (please specify: _____)

To be continued…

4. Dispute inside RCHE requiring police assistance
   a. ☐ Between residents b. ☐ Between resident and staff c. ☐ Between staff and visitor
   d. ☐ Between staff e. ☐ Between resident and visitor f. ☐ Others (please specify:_____)

5. Serious drug incident
   a. ☐ Residents admitted to hospital for examination or treatment after taking the wrong drugs
   b. ☐ Residents admitted to hospital for examination or treatment after missing a dose or an overdose
   c. ☐ Residents admitted to hospital for examination or treatment after taking proprietary Chinese/western medicine

6. Serious clinical incident (Please elaborate)

   _____

   _____

   _____

7. Major incident in RCHE affecting its daily operation for at least 24 consecutive hours
   a. ☐ Suspended fresh water supply b. ☐ Suspended flushing water supply
   c. ☐ Power suspension d. ☐ Fire
   e. ☐ Landslip/flood/other natural disasters and accidents f. ☐ Building defects

8. ☐ Other categories (please specify: _____)

The guardian/guarantor/family members/relatives or contact person* _____ (name) of the resident has/have been **informed**

a. ☐ Yes date and time: _____ b. ☐ No

Signature: _____ Post: _____

Name: _____ Date: _____

*Please delete as appropriate

Annex 8.6
Supplementary sheet

Significant Incident Report

Date of incident: _____

Time of incident: _____

(1) Information of the resident concerned:

Name: _____ Age: _____ Sex: _____

Medical history: _____

_____

(2) Details of the special incident:

(3) Immediate and/or follow-up actions taken by RCHE:

Annex 8.7

(Template)

Death Record

Name of resident	HKIC No.	Sex/Age	Date and where hospitalised	Date and place of death	Cause of death and source of information	Remarks

(Please refer to para. 8.6.2(h) and 11.2.1(e) of the Code of Practice for Residential Care Homes (Elderly Persons) for details)

Annex 8.8
(Template)

_____
(Name of Residential Care Home for the Elderly)

Record of Complaint

Date of complaint: _____ Time: _____ Place: _____

Form of complaint: ☐ Verbal ☐ Telephone ☐ Written
☐ Others (please specify: _____)

Complaint items: (please put a ✓ in the appropriate box(es); may choose more than one item)
☐ Service/activity arrangement ☐ Personal care service ☐ Fee charging
☐ Food quality ☐ Staff attitude ☐ Environmental hygiene ☐ Facilities
☐ Administrative management ☐ Others (please specify: _____)

Name of complainant:_____(resident/family member/staff/others:_____)

Contact address: _____

Contact telephone no.: _____

Details of Complaint: _____

_____

_____

_____

Complaint handling and investigation result: _____

_____

_____

Follow-up work and/or improvement: _____

_____

_____

Name of responsible staff: _____ Name of home manager: _____

Signature: _____ Signature: _____
Date: _____ Date: _____

Annex 8.9

Guidelines for Handling Elder Abuse Cases in Residential Care Homes for the Elderly

Residential care homes for the elderly (RCHEs) have the responsibility to protect the elderly from any forms of abuse [Note 1]. The Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department (SWD) provides the following guidelines for handling suspected elder abuse cases in RCHEs. Operators/home managers of RCHEs should read this Guideline and the relevant guidelines carefully and provide their staff with clear operational guidelines on protecting the elderly from abuse.

(1) RCHEs should, in accordance with the Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006) [Note 2] (the Guidelines) issued by SWD, seriously investigate and handle suspected elder abuse cases and refer the cases to social workers for follow-up actions and professional assessment to formulate welfare plans and various follow-up measures for the elderly as appropriate, so as to ensure their safety and well-being. For detailed procedures of handling elder abuse cases in RCHEs, reference could be drawn to the Procedures for Handling Institutional Abuse of Elders in Chapter 9 of the Guidelines.

(2) RCHEs should charge fees and handle residents' properties in accordance with the "Guidelines on Collection of Fees and Charges and Handling of Elderly Residents' Properties" to protect residents from financial abuse.

(3) RCHEs should submit a Significant Incident Report to LORCHE within three days if there is a suspected elder abuse or elder abuse incident occurred in RCHEs.

(4) RCHEs should keep documents of elder abuse cases properly (including the Significant Incident Report, Log Book, health record of residents and correspondence with government departments and/or other organisations etc.) to facilitate inspection and follow-up action.

(5) To identify elder abuse cases as early as possible and provide appropriate services to the abused elders, notices on how to make reports/complaints must be displayed at the prominent locations of RCHEs to inform the staff, elderly residents, their family members or other persons of the channels for reporting cases of suspected elder abuse.

Note 1 Forms of elder abuse include: physical abuse, psychological abuse, neglect, financial abuse, abandonment and sexual abuse.

Note 2 The Guidelines had been uploaded to SWD's website (www.swd.gov.hk) (Home > Public Services > Family and Child Welfare > List of Services > Services for Prevention and Handling of Elder Abuse > Procedural Guidelines for Handling Elder Abuse Cases (Revised August 2006).

Annex 8.10

Handling of Personal Data

Residential care homes for the elderly (RCHEs) must comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486) (the Ordinance) when handling personal data of staff, residents and other persons. The Privacy Commissioner for Personal Data (PCPD) issues codes of practice, guidelines and information leaflets on handling of personal data based on the requirements of the Ordinance from time to time [relevant information can be downloaded from PCPD's website (http://www.pcpd.org.hk/)]. RCHEs should comply with the guidelines for protection of personal data privacy.

Some of the good practices for handling personal data are listed as follows for reference by RCHEs:

(1) post the Personal Data Collection Statement at prominent locations for reference by the data subject and the provider;

(2) check and update personal data regularly with the data subject/provider;

(3) set a retention period of personal data and dispose of the data based on the period;

(4) review the procedures regularly to ensure that personal data are kept properly;

(5) provide the staff with regular training to ensure that they are familiar with the requirements of the Ordinance as well as the institutional policy and practice on personal data; and

(6) formulate guidelines on collecting, keeping, using and handling person data as well as on data access/correction request for the compliance of staff; the guidelines should be circulated among the staff regularly (e.g. half yearly) to ensure their compliance.

Annex 10.1

RESIDENTIAL CARE HOMES (ELDERLY PERSONS) REGULATION
Application for Registration as a Health Worker

photograph of applicant to be affixed here

Attention: In accordance with Section 5 of the Residential Care Homes (Elderly Persons) Regulation, the Social Welfare Department has established and maintained the Register of Health Workers for inspection by the public free of charge. All persons included in this Register are persons registered as health workers according to Section 6(2) of the Regulation for the purposes of employment at a residential care home. Any person who collects the personal data of the health workers as included in this Register for direct marketing purposes may contravene the use limitation requirement of the Personal Data (Privacy) Ordinance. Complaints by health workers about such use of data for marketing purpose can be addressed to the Office of the Privacy Commissioner for Personal Data.
The Licensing Office of Residential Care Homes for Persons with Disabilities may access the data of registered health workers in accordance with Chapter 613 of Residential Care Homes (Persons with Disabilities) Ordinance.

Enquiries Telephone Number of Health Worker Registration
2961 7264 or 2961 7265

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

Applicant's correspondence address:

_____

_____

_____

Daytime contact telephone number: _____

1. I forward the following particulars of myself for application for registration as a Health Worker under Regulation 6(1) of the Residential Care Homes (Elderly Persons) Regulation.

2. Personal particulars

(a) Name

(English) _____
(Please provide in BLOCK LETTERS)

(Chinese) _____

(b) Sex ☐ Male ☐ Female

(c) HKIC No. _____

(d) Date of birth _____

(e) Residential address _____

(f) Correspondence address _____

(if different from (e)) _____

(g) Telephone no. (residential) _____

Telephone no. (mobile) _____

(h) Means of contact (may choose both) ☐ Email ☐ Post

(i) Email address _____

(j) Particulars of educational attainment (only information of secondary and above education is required)

Name of School(s)	Date of Entry (month/year)	Date of Leaving (month/year)	Highest Class/Form Completed	Certificate/Diploma/ Degree Achieved (copies to beattached)

(k) Training on care for the elderly attended

Name of Course(s)	Date of Enrolment	Date of Completion	Official Certificate Achieved

(l) Details of working experience in residential care homes for the elderly

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

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

(a) photocopy of my Hong Kong Identity Card

(b) one recent full face photograph with my name written on the back (for producing the certificate and should be the same as that affixed above)

(c) photocopies of certificate and/or testimonial of educational attainment and completion of Health Worker Training Course

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

Signature of applicant: _____

Date: _____

Annex 11.1

Working Guidelines for Residential Care Homes for the Elderly – "Days-in-advance Drug Pre-packing System"

A. Introduction

Residential care homes for the elderly (RCHEs) must formulate and carry out appropriate safety measures before adopting the "Days-in-advance Drug Pre-packing System" (the System) to avoid or minimise potential risks as far as possible. The working guidelines aim to provide RCHEs with relevant information and recommendations to help home operators and their staff to understand the characteristics of the System and the principles that must be observed when adopting the System. However, the working guidelines are only supplementary to and do not supplant any requirements/practices under the Code of Practice for Residential Care Homes (Elderly Persons) (Code of Practice) and the Operational Manual on Drug Management in RCHEs (the Manual) 2007. If in doubt, the requirements under the Code of Practice and the Manual 2007 should prevail.

B. Definition

The System adopted in RCHEs refers to the method of storing the residents' drugs in well-sealed device or blister packs in which packages with, for example, paperboard, polythene or aluminium foil as under layer are needed so that drugs can be safely and properly sealed.

The method of drug storage in packs refers to the sorting out of drugs to be taken by providing individual residents with suitable packs (drug packs) or boxes, and allocating the drugs properly to (drug compartments) for different dates and time slots before sealing. Drugs are taken out by puncturing the paperboard, aluminium foil or polythene at the bottom of the corresponding positions when use. Given the requirements for drug quality assurance, the materials, tools and designs of drug packaging and how they are used must meet international certification standards to ensure quality and safety.

C. Principles

(1) RCHEs must observe the following principles when adopting the System –

I. Workflow and Code of Practice

(a) There must be a set of comprehensive working procedures for "days-in-advance drug pre-packing". Compile a timetable and a flow chart for conducting a review not less than once every year and keep relevant records accordingly.

(b) The manual or operational guidelines provided by the supplier of the System concerned should be followed as far as possible.

(c) There should be adequate space for drug preparation which should be kept clean and tidy at all times. It should also be separately located in a specific room or area inside the RCHE.

(d) After drug preparation, properly clean up the working space for drug preparation. No drugs, drug packs and other tools for preparing and packing drugs shall be left behind.

II. Operating Staff

(e) Unless there is continuous monitoring and management by pharmacists, no drugs shall be prepared and kept inside multi-dosage drug packs more than seven days in advance. If the System is adopted for drug preparation, drugs can be prepared up to seven more days in advance apart from the unpacked drug packs currently in use.

(f) No staff member shall prepare drugs for more than one resident at the same time. Drugs of other residents shall not be placed within the working area for drug preparation.

(g) Preparing and checking of drugs must be separately performed by at least two qualified staff members (i.e. nurses, health workers, dispensers, pharmacists or medical practitioners) according to the procedures set out in Chapter 2.5 of the Manual. Since drugs in different compartments may mix together during the sealing process, the staff concerned should, as far as possible, check the drugs before the sealing procedure and must check the drugs again after sealing. Medical practitioners, pharmacists or nurses of RCHEs may revise this procedure as appropriate according to the actual operation. However, RCHEs must, in this connection, put in place a set of comprehensive working guidelines and monitoring mechanism to ensure the accuracy of drug preparation.

(h) Unpacking and changing the drugs sealed inside packs may carry some degree of risk and hence should be avoided as far as possible. When the prescribed drugs of the residents are changed or the sealed drugs have to be unpacked due to other circumstances, two qualified staff members of RCHEs must prepare and check all the drugs again according to the procedures set out in (1) II (g) above before sealing the drugs.

III. Information

(i) Information on the drug packs should be automatically generated by the software of the computer database to avoid mis-match of information during the process.

(j) The upper part of the drug packs must contain the information of the resident, including the name, bed number, identity card number (showing only the alphabet and the first three numbers) or other identity document number, the commencement date of the drug packs, the time intervals of drug intake and the photo of the resident. The drug packs must contain information on drug intake, including the drugs' name, dosage, formulation, the number of pills and the frequency of medication. It is even better to have drug descriptions (e.g. colours, shapes and marks, etc.). The information of the drugs to be taken, including the drugs' name, dosage and number of pills, should be clearly indicated in each time interval of drug intake.

IV. Requirements for Storage and Recycling of Materials

(k) Store properly the drugs prepared, drug packs and other tools for preparing and packing drugs.

(l) Blister packs and other packing materials must not be reused to avoid contamination of drugs.

V. Monitoring System

(m) Appropriate procedures for drug distribution should be formulated for the System.

(n) Designated staff should be responsible for the coordination of monitoring and reviewing the whole process of preparing, checking and distributing drugs.

(o) There should be guidelines for handling drug near misses/incidents, contingency plans and notification mechanism.

(p) Set up a mechanism for staff training in days-in-advance drug pre-packing and assess the knowledge and skills of the staff on a regular basis.

VI. Requirements for Records

(q) Clear and complete drug records of the residents should be kept and updated regularly.

(r) In case of any update of drugs, drug records must be updated and printed out for keeping in the files of the residents.

(2) It must be noted that RCHEs which procure services of days-in-advance drug pre-packing provided by community pharmacies are still responsible for drug incidents due to negligence or inadequacies in monitoring and management and they should observe the following principles –

I. Transfer of Personal Data and Drugs

(a) Procurement of services from community pharmacies involves personal data and drugs of the residents and must be operated in accordance with the requirements of the Personal Data (Privacy) Ordinance, such as informing the residents in advance and obtaining consent from them and/or their family/guardians, and requiring community pharmacies to adopt appropriate measures to prevent leakage of personal data of the residents.

(b) Establish service agreements with community pharmacies.

II. Service Agreements

1.1 Terms of Agreements

(c) It is required that pharmacists are responsible for coordinating, monitoring and reviewing the whole process of preparing, packing and handing-over of drugs.

(d) Formulate procedures of drug delivery and collection with community pharmacies and keep clear records of drug delivery and collection.

(e) Formulate procedures and frequency of random checks on packed drugs and keep clear records of random checks.

(f) Appropriate procedures for drug distribution should be formulated for use of the System.

(g) There should be guidelines for handling drug near misses/incidents, contingency plans and notification mechanism.

(h) Set up a monitoring mechanism to ensure that community pharmacies meet the requirements of service agreements. RCHEs should seek legal advice on their own on details of agreements between RCHEs and community pharmacies.

(i) Establish a mechanism for maintaining close and effective communication with community pharmacies.

1.2 Communication Mechanism

(j) Community pharmacies must provide contact details of the pharmacists on duty.

1.3 Responsibility

(k) In case of medication incidents, pharmacists of community pharmacies may have to take the professional responsibility while RCHEs may also be held responsible for negligence or inadequacies in monitoring and management.

III. Requirements for Records

(l) RCHEs have the responsibility to keep the "Medical Administration Record" of each resident.

(m) RCHEs also have the responsibility to retain the past drug records of the residents for reference.

(n) RCHEs must keep the information of drugs of the residents that passed to community pharmacies, including the drugs' name, dosage, formulation, the number of pills and the frequency of medication. Keep the samples or photos of the drugs as far as possible to facilitate the checking of blistered drugs returned by community pharmacies. Updated drug records of the residents should also be kept properly. Check the drugs carefully during each handing over of drugs.

(o) No matter in whatever signature format, RCHEs must be able to immediately provide accurate and unchangeable records of drug preparation and distribution which include the signatures of staff responsible for preparing, checking and distributing drugs, for checking by inspectors during the inspection. RCHEs are also responsible for keeping the past drug records of the residents for reference.

Licensing Office of Residential Care Homes for the Elderly
Social Welfare Department

(Formulated in October 2010
Revised in November 2012
By the Working Group on Drug Safety in RCHEs)

Annex 11.2
(Template)

Confirmation Letter
Request for Patent/Non-prescription Drugs

(I) Resident's Name: _____ Date of Birth: _____ Sex: _____

Information of the requested patent/non-prescription drugs:

	Drug Name	Source	Purpose of treat	Route of Administration
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

(II) Resident's Confirmation

I, _____ (Resident's name), have requested _____ _____ (Name of the Residential Care Home for the Elderly (this RCHE)) to give the said drugs to me. Any adverse effects which may cause will be at my own risk.

Resident's signature: _____

Date: _____

(This column can be left blank if the resident is not able to sign due to cognitive impairment.)

(III) Confirmation by the Resident's Family Member/Guarantor

I, _____ (Name), am a *family member/guarantor of _____ (Resident's name). I have requested this RCHE to give the aforementioned drugs to the said resident. Any adverse effects which may cause will be at my own risk.

Signature: _____ Date: _____

Relationship with the resident: _____

(IV) Confirmation by the RCHE Concerned

In response to the request made by the said resident and/or his/her family member/guarantor to this RCHE for giving patent/non-prescription drugs to the said resident, our nursing/health care staff have reminded the said resident and/or his/her family member/guarantor of the potential adverse effects of the drugs, and have also consulted a registered medical practitioner (Name: _____ of Hospital/clinic: _____ _____), who has not objected/confirmed that the drugs can be taken by the said resident.

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

Remarks:

(A) If the said resident suffers from any adverse effects after taking the aforementioned drugs, he/she should stop taking them immediately and consult a registered medical practitioner.

(B) The confirmation letter will have to be updated should there be any changes in the drugs listed in (I).

(C) The drugs listed in (I) have to be marked in the said resident's Drug Record, which will be given to the said resident for reference when consulting a registered medical practitioner.

(*Please delete where appropriate)

Annex 11.3
(Template)

Consent Form for Self-storage and Self-administration of Drugs

(I) Resident's Name: _____ Date of Birth: _____ Sex: _____

Information of drugs for self-storage and self-administration:

	Drug Name	**Source**	**Route of Administration (e.g. oral or external)**
1.			
2.			
3.			
4.			

(II) Confirmation by the Resident and His/Her Family Member/Guarantor

I, _____ (Resident's name), hereby request to store and administer the aforementioned drugs by myself. I am well aware of the medical practitioner's instructions and will administer the drugs on schedule. I will also store the drugs in a safe and locked cabinet/box to prevent other residents from taking them by mistake. _____ (Name of the Residential Care Home for the Elderly (this RCHE)) will not be held responsible for any physical discomfort or other problems I may suffer for administering the drugs on my own.

Resident's signature: _____

Date: _____

Signature of witnessing family member/guarantor: _____

Name of witnessing family member/guarantor: _____

Relationship with the resident: _____

Date: _____

(III) Assessment by This RCHE

In response to the said resident having requested to store and administer the aforementioned drugs by himself/herself, this RCHE has made the following assessment:

Assessment	Yes	No	Remarks
The said resident fully understands the medical practitioner's instructions and is capable of administering the drugs on schedule.			

Assessment	Yes	No	Remarks
This RCHE or the said resident's family members provides the said resident with lockable cabinets/boxes to store the drugs.			
Residents near the said resident may take someone else's drugs by mistake due to cognitive impairment.			
The drugs listed in (1) is suitable to be stored and administered by the said resident himself/herself (e.g. drugs that have to be stored in the refrigerator or dangerous psychotropic drugs have to be stored by this RCHE).			

Upon the assessment above, this RCHE *agrees/disagrees to hand over the drugs listed in (1) to the said resident for self-storage and self-administration.

Signature of assessing staff member:	_____	Signature of supervisor:	_____
Name and post of assessing staff member:	_____	Name of supervisor:	_____
Date of assessment:	_____	Date:	_____

(*Please delete where appropriate)

Remarks:

(A) The assessing staff member has to be either a nurse or a health worker.

(B) The RCHE concerned is required to carry out re-assessments regularly (not less than once every half a year) and update/invalidate the consent form under any of the following circumstances:

1. The said resident/family member/guarantor has requested that the drugs will no longer be stored or administered by himself/herself;
2. The said resident's cognitive or drug-handling ability has deteriorated;
3. Changes in the condition of residents nearby resulting in increased likelihood of the said resident's drugs being taken by mistake; or
4. Changes in the types of drugs for self-storage and self-administration.

(C) The RCHE concerned is required to complete the drug delivery and collection record, which should be signed by the said resident for confirmation.

Annex 11.4

Checklist on Drug Safety in Residential Care Homes for the Elderly (RCHEs)

Name of the RCHE: _____

Date of Checking: _____

			Yes	No
1.	**Observation of the Environment and Conditions in which the Drugs are Stored**			
	(a)	The drug storage cabinet is kept in a place without direct sunlight.	☐	☐
	(b)	The environment in which the drug storage cabinet is kept is dry and cool, which is suitable for storing drugs.	☐	☐
	(c)	The drug storage cabinet is used solely for storing drugs of the residents.	☐	☐
	(d)	The drug storage cabinet is kept in a secure and safe place.	☐	☐
	(e)	The drug storage cabinet is locked and the keys are kept by staff member(s) designated to handle drugs.	☐	☐
	(f)	The residents' names and bed numbers are clearly affixed to the medicine drawers or drug storage compartments.	☐	☐
	(g)	No gap is found between the medicine drawers or drug storage compartments.	☐	☐
	(h)	There is sufficient storage space in the medicine drawers for keeping drugs of individual residents.	☐	☐
	(i)	Oral drugs have been kept separately from other types of pharmaceutical preparations:		
		i. topical drugs (ointments and creams, eye drops and suppositories)	☐	☐
		ii. spray-on inhalers	☐	☐
		iii. injectable medication	☐	☐
	(j)	Drugs of each resident (including PRN drugs) have been properly arranged and are kept separately in a fixed compartment inside the drug storage cabinet.	☐	☐
	(k)	The various kinds of drugs kept inside the drug storage compartments are stored in separate drug bottles or original drug packets.	☐	☐
	(l)	For the drug containers kept inside the drug storage compartments, each and every drug bottle, box or packet is clearly labelled.	☐	☐
	(m)	The refrigerator designated for drug storage is maintained at a temperature of 2-8°C (if applicable).	☐	☐
	(n)	No food or other items are kept at shelves in the refrigerator designated for drug storage (if applicable).	☐	☐
	(o)	The refrigerator designated for drug storage or medicine boxes kept in the refrigerator are locked (if applicable).	☐	☐
	(p)	Unused drugs of individual residents have been removed from that resident's medicine drawer or drug storage compartment.	☐	☐
	(q)	Drugs pending disposal have been kept separately.	☐	☐

			Yes	No
2.	**Observation of the Environment for Drug Preparation**			
	(a)	Lighting is adequate.	☐	☐
	(b)	The environment for drug preparation is quiet and free from disturbance.	☐	☐

		Yes	No
(c)	Desktop is clean and tidy, with sufficient space for placing necessary articles.	☐	☐
(d)	Workbench is at appropriate height.	☐	☐

3.	**Checking the Tools for Drug Preparation and Distribution**	Yes	No
(a)	Mortar and pestle are not made of wood or stone (should be made of porcelain).	☐	☐
(b)	Medicine cups and boxes and tools for crushing pills are clean and dry.	☐	☐
(c)	Medicine cups or boxes are made of non-fragile plastic materials.	☐	☐
(d)	Medicine cups or boxes have tight covers which do not easily loosen out.	☐	☐
(e)	Medicine cups or boxes have enough capacity to store drugs.	☐	☐
(f)	Separate medicine cups and boxes are provided for each resident.	☐	☐
(g)	The name of individual resident and the time for distributing drugs to the resident are clearly marked on medicine cups and boxes.	☐	☐

4.	**Checking Drug Records**	Yes	No
(a)	Maintain a complete drug record for each resident, including the residents' personal "Drug Record" and the "Medication Administration Record".	☐	☐
(b)	Conduct random checks of the personal "Drug Record" and the "Medication Administration Record" of the residents on a regular basis to ensure that the information contained in these two records is consistent with each other.	☐	☐
(c)	Staff members are able to, as early as possible, update the drug records of the residents after they are given newly prescribed drugs or upon the instructions from the medical practitioner to change the prescriptions.	☐	☐
(d)	Staff members contact the hospital wards, clinics or hospital pharmacy departments concerned by phone in case of doubt and, where necessary (if there is no label on the drug packet), contact community pharmacies or pharmaceutical firms to confirm the name and dosage of the drugs so as to ensure that the residents take the right drugs in the right dosage (and record the relevant information).	☐	☐

5.	**Observation of Staff Members' Drug Preparation Procedures**	Yes	No
(a)	Tools for drug preparation are clean and dry before use.	☐	☐
(b)	Wash hands with liquid soap and water and dry them with clean and disposable paper towel before preparing drugs.	☐	☐
(c)	Do not take out drugs directly with hands from drug packets. Use medicine spoons or other appropriate tools instead.	☐	☐
(d)	Use a pill splitter to cut the pills where necessary.	☐	☐
(e)	Staff members are attentive when preparing drugs. They are not distracted by other duties and do not leave their post indiscriminately.	☐	☐
(f)	Prepare drugs according to the latest information listed in the residents' "Medication Administration Record".	☐	☐
(g)	Check the information indicated on the labels of drug packets against the "Medication Administration Record" when taking out drugs from the drug storage cabinet (first checking).	☐	☐
(h)	Check the information indicated on the labels of drug packets against the "Medication Administration Record" before taking out drugs from drug packets (second checking).	☐	☐

(i)	Sign in the appropriate space of the "Medication Administration Record" immediately after preparing drugs.	☐	☐
(j)	Check the information indicated on the labels of drug packets against the "Medication Administration Record" before putting the drugs back into the compartments inside the drug storage cabinet (third checking).	☐	☐
(k)	Tidy up and clean all the tools for drug preparation.	☐	☐
(l)	Lock the drug storage cabinet after drugs preparation and putting the drugs back into the drug storage cabinet.	☐	☐

6.	**Observation of Staff Members' Drug Checking Procedures**	Yes	No
(a)	Drug preparing and drug checking must be separately carried out by at lease two staff members designated to handle drugs (nurses or health workers). [If it is necessary for the same staff member (a nurse or a health worker) to "prepare drugs" and "check drugs", each procedure must be carried out separately.]	☐	☐
(b)	Strict implementation of the "three checks" and "five rights" procedures	☐	☐

"three checks" procedure

- first check: when **taking out** drugs from the drug storage cabinet
- second check: before **taking out** drugs
- third check: before **putting** drugs **back** into the drug storage cabinet

"five rights" procedure

- first right: name of the resident
- second right: name and dosage form of drugs
- third right: drug dosage
- fourth right: frequency and time of administration
- fifth right: route of administration

(c)	Check clearly the prepared drugs once again according to the "Medication Administration Record" and the information on the drug labels.	☐	☐
(d)	Sign in the appropriate space of the "Medication Administration Record" after checking drugs.	☐	☐

7.	**Observation of Staff Members' Drug Distribution Procedures**	Yes	No
(a)	Carry out the "five rights" procedures once again while distributing drugs to ensure that the drugs are consistent with the information in the "Medication Administration Record".	☐	☐
(b)	Crush the drugs into pieces only before distributing drugs, and the resident's name must be marked on the medicine cup.	☐	☐
(c)	Clean the drug crushing/splitting tool thoroughly each time after use and before using it to crush/split the drugs of another resident.	☐	☐
(d)	Use oral syringe, medicine spoons or medicine cups with level mark to get the exact dosage of medicine.	☐	☐
(e)	Be attentive and do not talk to others or handle other matters while distributing drugs.	☐	☐
(f)	Do not let other residents pass the drugs while distributing drugs.	☐	☐
(g)	Do not just put the drugs beside the resident's bed or on the dining table and leave while distributing drugs.	☐	☐

(h)	Ensure that the drugs for residents using nasogastric tubes can be crushed into pieces or dissolved in water (A medical practitioner must be consulted as soon as possible if there are drugs which cannot be crushed into pieces or dissolved in water).	☐	☐
(i)	Where the drugs for residents using nasogastric tubes need to be dissolved in water, do not crush them into pieces.	☐	☐
(j)	After assisting the resident take drugs, check the medicine cup to ensure that no drug is left in the cup and check that the resident has swallowed the drugs. Documented immediately in case of refusal to take drugs.	☐	☐
(k)	Sign in the "Medication Administration Record" immediately after distributing drugs. Never sign in advance.	☐	☐

8.	**Observation of Staff Members' Drug Feeding Procedures**	Yes	No
(a)	If the residents need to take more than one kind of drugs at the same time, the staff will feed them with the drugs one by one.	☐	☐
(b)	After giving out drugs to a resident using a nasogastric tube, rinse the tube thoroughly with warm water to clear drugs adhered inside.	☐	☐

9.	**Drug Review**	Yes	No
(a)	Conduct regular drug review.	☐	☐
(b)	The drug review is conducted by a nurse or health worker of the RCHE.	☐	☐
(c)	Results and follow-up actions of the drug review are recorded clearly and filed for reference.	☐	☐

10.	**Risk Management Report of Drugs (if applicable)**	Yes	No
(a)	In the event of drug near misses or incidents, the Home Manager conducts timely investigations, takes follow-up actions and completes the "Drug Risk Management Report".	☐	☐
(b)	Where the residents need to be hospitalised for medical treatment as a result of drug incidents, the responsible officer of the RCHE uses the "Special Incident Report", together with the "Drug Risk Management Report", to report the incident to the Licensing Office of Residential Care Homes for the Elderly of the Social Welfare Department as soon as possible.	☐	☐

Remarks: _____

_____

_____

_____

Name of Checking Officer: _____ Signature of Checking Officer: _____

Post of Checking Officer: _____ Date of Signature: _____

Formulated by the Working Group on Drug Safety in RCHEs

November 2009

Medical Examination Form
for Residents in Residential Care Homes for the Elderly
安 老 院 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 年齡 : _____

HKIC No. 香港身份證號碼 : _____ Hospital/Clinic Ref. No. 醫院／診所檔號 : _____

Part II ***History of Major Illnesses***
第二部分 *病歷紀錄*

(1) Any history of major illnesses/operations? 曾否患嚴重疾病／曾否接受大型手術？ Yes 有 ☐ No 無 ☐
If yes, please specify the diagnosis
如有，請註明診斷結果: _____
_____
_____

(2)(a) Any evidence of infectious or contagious disease? 有否患有傳染病？ Yes 有 ☐ No 無 ☐
If yes, please specify
如有，請註明 : _____

(b) Any further investigation or treatment required? 是否需要接受跟進檢查或治療？ Yes 是 ☐ No 否 ☐
If yes, please specify and also state hospital/clinic attended and reference number :
如需要，請註明並填寫提供覆診的醫院／診所和病人檔號：
_____

(3) Past psychiatric history, if any, including the diagnosis, period and whether regular following treatment is required.
如過往有精神病紀錄，請詳述病歷及是否需要定期治療。
_____

(4) Detail of present medication, if any.
如目前須服用藥物，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 ：_____ Pulse 心跳 ：_____ Body Weight 體重 ：_____

General 整體情況 ： _____
_____
_____
_____

Cardiovascular System 循環系統 ： _____
_____
_____

Respiratory System 呼吸系統 ： _____
_____
_____

Central Nervous System 中樞神經系統 ： _____
_____
_____

Musculo-skeletal 肌骨 ： _____
_____
_____

Abdomen/Urogenital 腹／泌尿及生殖系統: _____
_____
_____
_____

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

Foot 足部 ： _____

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

Ear 耳部 ： _____
_____

Others 其他 ： _____
_____

Part IV ***Functional Assessment (Please tick where appropriate)***
第四部分 *身體機能的審定（請在適當地方填上✓號）*

Vision (*with/without corrective devices) 視力 在*有／沒有視力矯正器下	normal ☐ 正常	unable to read newspaper print ☐ 不能閱讀報紙字體	unable to watch TV ☐ 不能觀看到電視	see lights only ☐ 只能見光影
Hearing (*with/without hearing aid) 聽覺 在*有／沒有助聽器下	normal ☐ 正常	difficult to communicate with normal voice ☐ 在普通聲量下難以溝通	difficult to communicate with loud voice ☐ 大聲說話的情況下也難以溝通	cannot communicate with loud voice ☐ 在大聲說話的情況下也不能溝通
Mental state 精神狀況	normal /alert ☐ 正常／敏銳	mildly disturbed ☐ 輕度受困擾	moderately disturbed ☐ 中度受困擾	seriously disturbed ☐ 嚴重受困擾
		mild dementia ☐ 輕度痴呆	moderate dementia ☐ 中度痴呆	severe dementia ☐ 嚴重痴呆
Mobility 活動能力	independent ☐ 行動自如	self-ambilatory with walking aid or wheelchair ☐ 可自行用助行器或輪椅移動	always need personal escort ☐ 經常須別人摻扶	bedridden ☐ 長期臥床
Continence 禁制能力	normal ☐ 正常	occasional urine or faecal soiling ☐ 大／小便偶爾失禁	frequent urine or faecal soiling ☐ 大／小便經常失禁	uncontrolled incontinence ☐ 完全失卻禁制能力
Speech 語言能力	able to express ☐ 能正常表達	need time to express ☐ 須慢慢表達	need clues to communicate ☐ 須用其他方式表達	
A.D.L. 日常生活活動 及	independent ☐ 不需幫助	(No supervision or assistance needed in all daily activities, including bathing, dressing, toileting, transfer, continence and feeding.) （在洗澡、穿衣、如廁、移動、大小便禁制進食方面均無需指導或幫助）		
	occasional assistance ☐ 偶爾需要幫助	(Need assistance in bathing and supervision in other activities) （在洗澡時需協助及在其他活動上需指導）		

frequent assistance 經常需要幫助	☐	(Need supervision or assistance in bathing and not more than 4 in other activities) （洗澡時及其他不超過四項日常活動需要指導或幫助）
totally dependent 完全需要幫助	☐	

Part V ***Comments***
第五部分 *批註*

☐ 1. Self-care Hostel 低度照顧安老院
（In general, resident is capable of high degree of self-care 一般來說，住客有高度自我照顧的能力）

☐ 2. Home for the Aged 中度照顧安老院
（In general, resident can observe personal hygiene but need help and guidance for performing household duties 一般來說，住客有能力保持個人衞生，但在處理家居工作方面需要幫助及指導）

☐ 3. Care-and-Attention Home 高度照顧安老院
(In general, resident is generally weak in health, or suffering from functional disability, and requires constant help in meal, dressing-up and toilet, etc, but not requires constant and intensive professional nursing care 一般來說，住客的健康情況衰弱，或有機能上的障礙，以致在飲食、穿衣、如廁等方面經常需要幫助，但無需經常和深切的專業護理照顧）

☐ 4. Other 其他 ： _____

Signature
簽署 ： _____ Date
日期 ： _____

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

Doctor's Chop
醫生印鑑 ： _____

Annex 11.6
(Template)

Working Guidelines for the Staff of Residential Care Homes for the Elderly (RCHEs) – Bathing Skills

Keeping the body clean is the basic physical need of everybody. As such, bathing is an important part in the daily routine of every resident, and helping residents to bathe is an important duty of RCHEs. Since every resident has developed a unique habit and preference through decades of experience, staff of RCHEs should understand and assess the physical and mental condition, self-care ability and daily living skills of their residents. Staff of RCHEs should respect the personal choice and unique bathing habits of their residents while maintaining their safety and health.

(1) Purposes of Helping Residents to Bathe

- to help the residents to clean themselves up;
- to observe and assess the residents' body condition;
- to keep skin clean and hygienic and to maintain the residents' health;
- to prevent infection and bed sore;
- to exercise the muscles and stimulate blood flow through bathing;
- to boost the residents' spirits;
- to make the residents more comfortable;
- to maintain pleasing appearance of the residents and to promote interpersonal relationship and self-esteem; and
- to enhance communication and reinforce the feeling of being cared of and of mutual trust through small talks with the residents at bath time.

(2) Assessment of Residents' Health and Bathing Details

- residents' health condition: including medical history, skin condition, the ability of large and small muscles;
- residents' bathing habits and details: including their ability, bathing time, frequency and method, choice of bath products; and
- residents' awareness of bath safety.

(3) Bathing Arrangement

- Residents with self-care ability should be encouraged to bathe on their own. RCHEs should help those in need and clean the bodies of residents who are totally dependent on others and cannot bathe on their own.
- Residents should be arranged for a shower, tub bath, bed bath or hair washing in bed according to their health conditions.
- Schedule and frequency of bath and bath time should be arranged according to individual circumstances.
- Talk to the resident at bath time, keep a caring attitude, be considerate and respect his/her privacy.
- Be aware of any change on the resident's body. If the resident is feeling unwell, stop bathing and handle as appropriate.
- Remind residents to press the emergency call bell in the bathroom in case of emergency.

- Ensure the safety of the resident at bath time to avoid causing burns or catching a cold.

(4) Preparations before Bathing

- Introduce yourself to the resident and tell him/her that you are going to help him/her with a bath.
- Observe the mental and physical conditions of the resident and decide if he/she is suitable for a bath. In case of doubt, the supervisor should be consulted immediately.
- If the resident rejects to take a bath, it is necessary to understand the reasons and consult the supervisor.
- Switch on the water heater, exhaust fan, bathroom light and heater (if necessary).
- Close the door, windows and curtains in the room/bathroom to keep the room temperature.
- Consult the resident on the choice of clothing to change into.
- Gather soap lotion or soap, bath brush and towel in advance.
- Put on plastic apron and water boots.
- Help the resident to take off clothing. Be careful not to twist the resident's joint or injure his/her skin and use a towel or thicker garment to cover his/her shoulder and back to avoid catching a cold.
- Help the resident to go to the bathroom. Use a shower chair if necessary.
- At least two personal care workers are required for holding and lifting heavy or infirm residents.
- Close the bathroom door or put a screen/curtain in front of the bathroom door to provide privacy for the resident.

(5) At Bath Time

- The Personal Care Worker is required to wash his/her hand first and remove all the hand and wrist accessories to ensure the safety of the resident.
- Help the resident take off his/her underwear.
- Prepare for water with suitable temperature and check the water temperature with inner elbow. Ask the resident if he/she feels comfortable and make adjustments as necessary.
- Rinse the whole body of the resident. Apply soap lotion or soap to the resident when he/she feels warm. Encourage him/her to rub the body and wash the private parts on his/her own. If the resident lacks self-care ability, clean his/her whole body with a bath brush/sponge/small towel.
- Should use the smooth part of the bath brush to wash delicate areas, such as the genital and rectal areas.
- Pay attention to folds of skin and less exposed areas, such as the underarm, webbing between fingers, the groin, etc, throughout the bathing process.
- Maintain a caring attitude to ask the need of the resident throughout the bathing task. Be aware of the skin health condition and behavioural reaction. In case of any abnormality, the nurse/health worker should be informed for follow up.
- Should use a large towel to pat the body dry after washing and check if folds of skin and less exposed areas are dry.

- Apply skin lotion according to the needs of individuals.
- Assist the resident to wear clean clothes in the bathroom or curtained area in the room.
- Assist the resident to return to his/her room and settle down in a suitable area.
- Assist the resident to groom and put on shoes and socks, etc.

(6) Prevent Scalding Caused by Bathing

- Adjust water temperature by turning on cold water first and then hot water. Check the water temperature before starting to bathe.
- Never add hot water into the bath or suddenly increase the flow of hot water through the shower head to avoid scalding caused by overheated water pouring on the resident.
- Install a thermostat on the water heater for a stable water temperature control.
- Avoid using the kettle to boil water for bathing because it is easy to cause splash from the kettle during transportation. Instead, a thermostat water heater should be installed in the bathroom to minimise the risk of accident.

(7) Prevent Slipping in the Bathroom

- The bathroom should be brightly lit.
- Clear all water puddles immediately and keep the floor dry as far as practicable.
- Wear slip-proof rubber-soled shoes.
- Install assistive devices in the bathroom, such as handrails, non-slip mat, shower chair, etc.
- Always lock the legs in position when using a portable shower chair. The resident should keep a correct sitting posture to prevent slips and falls.
- Install an adjustable shower head holder so that the resident can turn the stopcock conveniently without twisting the body.
- The door sill outside the bathroom must not be too high.
- Never place any small mat outside the bathroom door.

(8) Bed Bath

Suitable for residents that are bedbound, with hunched back or cannot sit still. The caregiver can wash such residents in bed to keep him/her clean and comfortable.

<u>Steps for bed bath</u>:

A. <u>Preparations</u>

1. Wash your hands first. Gather all the necessary supplies.
2. Ensure the room is brightly lit and warm.
3. Protect the resident's privacy.
4. Adjust the height of the bed or sit down to avoid bending your waist.

B. <u>Steps for bed bath</u>

1. Identify the resident. Introduce yourself to the resident and tell him/her that you are going to help him/her with a bath.

2. If necessary, give time for the resident to empty the bowels or bladder, so that he/she will feel clean and comfortable.
3. Should protect the resident's privacy throughout the task. Expose the resident's body as little as possible and keep him/her in a comfortable posture.
4. Talk to the resident at bath time, keep a caring attitude and be considerate.
5. Check the water temperature before starting to bathe.
6. Check and assess the body and skin condition of the resident. Be aware of any change on the resident's body. If the resident is feeling unwell, stop bathing immediately.
7. Fold the towel into a towel mitten. Apply soap lotion or soap to the towel mitten and gently rub and clean the body. Rinse well with clear water and pat the area dry with a towel.
8. Clean the eyes, face, neck, arms and hands, chest, abdomen, legs, feet, back, hip, and the private area at last.
9. Apply skin lotion to dry areas for protecting and moisturising the skin.
10. Dress the resident.

C. Aftercare work

1. Help the resident to lie flat in a comfortable position.
2. Gather and clean all the supplies before putting them back in the original position.
3. Wash your hands after the task.
4. Record, report and follow up on any abnormality found during the task.

(9) Washing Hair in Bed

A. Preparations and aftercare work: Same as those for "Bed Bath".

B. Steps for washing hair in bed

1. Identify the resident. Introduce yourself to the resident and tell him/her that you are going to help him/her to wash hair in bed.
2. If necessary, give time for the resident to empty the bowels or bladder, so that he/she will feel clean and comfortable.
3. Talk to the resident at bath time, keep a caring attitude and respect his/her privacy.
4. Help the resident to lie flat in a comfortable position. Remove the pillow. Place cotton balls in the ears to prevent water from getting inside.
5. Check and assess the condition of the resident's skull bone, scalp and hair.
6. Check the water temperature and use the hair rinsing basin to wash the resident's hair in bed. Ask if he/she is comfortable with the water temperature.
7. Clean and condition the hair with shampoo and hair conditioner. Gently massage his/her scalp and avoid using your fingernails to scratch and hurt the scalp.
8. Be aware of any change on his/her body and keep him/her in a comfortable posture. If the resident is feeling unwell, stop washing the hair immediately. Report the incident for follow up.
9. Rinse well. Remove the hair rinsing basin from the bed and take out the cotton balls that were placed in the ears. Pat the hair dry with a towel.
10. Blow dry and brush the hair.

Annex 11.7

Notes on Correct Use of Restraints

(A) General Principles of Least Restraint

1. Restraints refer to purposely-made devices to limit a resident's movement so as to minimise harm to self and/or other residents.

2. As restraints may cause long term harm to a resident's health (see Appendix 11.7.1), the use of restraints must be avoided as far as possible and restraints should only be used when all other alternative have been exhausted. The use of restraints should be the last resort instead of the first option. Moreover, restraints should only be used under exceptional circumstances when the well-being of the resident and/or other residents is jeopardised. The use of restraints should not be regarded as a usual practice.

3. The dignity and privacy of the residents must always be taken into consideration when using restraints. Residential care homes for the elderly (RCHEs) should never use restraints as punishment, or as a substitute for caring of the residents or for the convenience of the staff.

4. The use of chemical restraints is prohibited in the absence of advice from a registered medical practitioner. Chemical restraints refer to the use of medications for the purpose of restraint. Response to medication vary from people to people. Drug overdose may result in serious complications. If a registered medical practitioner prescribes drugs with chemical restraint effects, close monitoring of the residents' conditions is required.

5. RCHEs may consider it necessary to use restraints 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 drainage catheters, feeding tubes, diapers or clothes.

6. If restraints are used -

(a) the dignity and privacy of the residents must be respected with close attention of the safety and comfort of the residents concerned; and

(b) the minimum level of restraints or arrangement must be adopted. The restraints must be used for the minimum of time and must not be used longer than necessary.

7. Restraints shall only be used by the home manager, nurse-in-charge or health worker-in-charge with prior written consent obtained from a registered medical practitioner and the resident and/or his/her guardian [Note 1]/guarantor [Note 2]/ family members/relatives. When consulting a registered medical practitioner, staff of RCHEs must explain clearly to him/her about the reasons leading to the needs of restraints, including the residents' behaviour and health conditions.

(B) Procedures to be Observed in Applying Restraints

1. Assessment

1.1 Nurses or health workers must assess in detail the individual conditions of the residents and consider the contributing factors that place the residents at risk leading to the application of restraints. They must also record the reasons for using the intended restraints, alternative attempted, the type of restraint to be used and the time of application. The assessment may include one or more of the following items -

(a) emotional condition (e.g. confusion, disorientation, etc.);

(b) persistent disturbing behaviours (e.g. wandering);

(c) physical abilities and activities of daily living (e.g. being prone to falls frequently); or

(d) potential harm to self and others (e.g. self-injuring behaviours or violence against others, removing medical equipment, etc.).

Note 1 A "guardian" refers to a person appointed by the Guardianship Board and thus with legal status accorded.

Note 2 A "guarantor" refers to a relative or non-relative of the resident who voluntarily involves in handling various matters for the resident, including applications for admission to and discharging from RCHE, discussion of care plans and payment of fees, etc., without legal status accorded.

2. Alternatives

(a) Alternative methods other than the use of restraints must be adopted as far as practicable. The use of restraints should only be considered when these alternatives are confirmed as ineffective;

(b) Remove triggers that may agitate the resident leading to the need for restraint;

(c) It is recommended to adopt the following measures to provide a safe environment, such as -

(i) removing sharp edged furniture;

(ii) providing signage for guiding the residents to rooms;

(iii) assisting the residents to wear suitable footwear and use appropriate walking aids;

(iv) providing good lighting;

(v) implementing a bed/chair checking system to ensure safety of the residents;

(vi) ensuring appropriate seating/positioning for the residents on wheelchair; and

(vii) applying brakes to all movable objects (e.g. beds, wheelchairs, commode, etc.).

(d) Give more attention to the residents who may injure themselves or others at times of unstable emotions;

(e) Provide leisure and diversionary activities; or

(f) Promote sports activities (e.g. organising exercise groups and assisted walking activities, etc.).

(g) See Appendix 11.7.3 for recommendations of other alternatives to the use of restraints.

3. Intervention Plan

(a) Explain to the resident and/or his/her guardian/guarantor/family members/relatives and registered medical practitioner in detail about the reasons for applying restraints, alternative attempted and the outcome;

(b) Explain to the resident and/or his/her guardian/guarantor/family members/relatives in detail about the purpose and procedures of applying restraints, with the positive outcome and possible adverse impact highlighted;

(c) The residents may choose to apply restraints if they consider that restraints can enhance security and safety;

(d) Determine which type of restraints should be less restrictive for the residents as far as possible (e.g. seat belt of a wheelchair);

(e) Written consent of a registered medical practitioner and/or the resident, his/her guardian/guarantor/family members/relatives must be obtained and reviewed at least half-yearly.

(C) Safe Application of Restraints

1. A registered medical practitioner should be consulted on the type and design of the restraint to be used to ensure that the application of restraints will not cause discomfort, abrasions or physical injury to the residents.

2. The type, size and material of restraints must be suitable and in good condition so as to minimise possible discomfort and danger to the residents as far as possible (e.g. various sizes of safety vest should be available so as to suit the individual need of the residents).

3. Staff must read carefully the product manual or application procedures approved by the RCHE prior to the use of restraints. Staff must also comply with,

approved procedures or instructions of medical professionals when using the restraints.

4. When applying restraint, staff must remove all articles from residents or within their reach which may cause injury to the residents (such as pen, keys, etc.) to prevent accidents.

5. Restraints must be used with due care to avoid the residents getting injured accidentally (e.g. to provide better protection, thick padding or matting should be added to soft ties on the resident's wrists for the purpose of restricting his/her upper limb movement).

6. Never use restraints with locking devices or fix the restraints to two or more different objects (e.g. not to fix the restraint to a chair and a bed simultaneously) to allow quick removal of the restraints and prevent hindering the escape of the residents in case of emergency.

7. When applying restraints, methods allowing speedy removal (such as reef knots) must be used, so that the restraint can be removed by the staff promptly in case of a fire or emergency.

8. Restraints must be applied with an appropriate degree of tightness. Do not apply the restraints too tightly to avoid affecting blood circulation to the restrained areas. As a general principle, the knot of restraint must be tied in such a way that leaves space for one to two fingers to insert into. However, staff must use judgement according to the body parts to be restrained, the resident's physical conditions, susceptibility to swelling, special reaction, etc.

9. Restraints should be applied and secured properly to ensure safety and comfort of the residents with allowance for change of position (e.g. Restraints should be fixed and tied at the lateral sides of the bed frame, wheelchair, geriatric chair or chair with armrests and a wide/heavy base). To prevent residents from being hurt when the bed tails are pulled up and down, never fix the restraints to any movable bed rails.

10. If bone prominence such as wrists are to be restrained, soft pad must be used to cover the skin in touch with the tie for protection against abrasion (Other body parts under the pressure of restraint should also be covered by soft pad).

11. Round-the-clock use of restraints must be avoided as far as possible. The restraints should be removed at appropriate times to allow relaxation and body movement of the resident. Help the resident change position and carry out skincare on restrained body parts.

12. Once contaminated or wet, the restraint must be changed immediately to prevent skin problems.

13. Residents with restraints must be assisted to change position regularly to prevent pressure ulcers caused by persistent pressure on the body.

14. Restrained residents must be assisted to maintain comfortable posture. Their limbs should be kept slightly bent and maintain mobility. Assist the resident with range-of-motion exercises regularly to prevent muscle contracture and ankylosis.

15. Close attention must be given to the resident concerned during the use of restraints and the resident should be placed in sight of the staff as far as practicable. Measures must also be taken to prevent blocking of blood circulation and respiratory difficulty of the user due to displacement of the restraint. Check and record the condition of the restrained resident at least once every two hours and the record must be signed by the staff concerned. The purpose of checking is to assess whether there is a need to continue with the use of restraint depending on the resident's prevailing behavioural conditions and reactions.

16. See Appendix 11.7.4 for mistakes that must not be made when applying restraints.

(D) Observation

1. During the application of a restraint to a resident, observe, check and record his/her blood circulation, skin condition, breathing condition and level of restraint at least once every two hours and observe the following carefully -

   (a) the condition of the restrained body part by removing the restraint;

   (b) if the restraint has been dislocated or loosened;

(c) the resident's toileting needs and personal hygiene;

(d) if the resident is taking sufficient water and nutrition; and

(e) the resident's emotional and psychological response, for example, if there is any sign of resistance, depression, abnormal emotional condition, etc.

2. Record the condition of each restrained resident immediately after performing observation and check. Sign the record for confirmation; and

3. If there is any abnormal condition of the resident, report immediately to the home manager, nurse or health worker for inspection and assessment of the condition. Arrange for timely medical consultation if necessary.

(E) Protecting Restrained Residents from Assault

1. Appropriate precautions, including but not limited to the following, must be in place based on the actual circumstances of the home to protect restrained residents from assault -

(a) conduct regular inspection of rooms, sleeping accommodations, corridors and other public areas and record accordingly (inspection should preferably be conducted at least once every two hours). Staff must pay special attention to the condition of restrained residents during the inspection. Once they detect that a resident has been assaulted or at the risk of being assaulted, they must report and follow up on the case immediately;

(b) the room or sleeping accommodation of the restrained resident should be as close as possible to the nurse station/office to facilitate ready observation of their condition and provision of support;

(c) the room or sleeping accommodation of the restrained resident should be kept as far as possible from the accommodation designated for the opposite sex to ensure privacy and minimise the risk of assault;

(d) install closed-circuit televisions or fisheye mirrors for surveillance of public corridors or accesses in the home, so that staff can keep a more watchful eye on the condition of residents; and

(e) promote residents' awareness of self-protection and vigilance against assault, and encourage them to seek help from staff when in need.

2. Precautions adopted by the home to protect restrained residents from assault should be clearly explained to families of the residents, or information on such precautions should be given to them, so as to avoid misunderstanding and gain support and cooperation from the families.

(F) Continued Assessment and Close Monitoring

1. Assessment must be conducted on a regular basis (at least half-yearly) or according to changing conditions of the resident to re-evaluate the need for continual restraint, changing the type of restraints and/or rescheduling the time for applying restraints. When the resident no longer displays dangerous behaviour, or when other non-restrictive alternatives can achieve the same effect, restraints should be ceased immediately.

2. A monitoring mechanism must be established for nurses/health workers/home manager to oversee the application of restraints in the home. The monitoring mechanism aims to ensure that the staff concerned have observed proper procedures in applying restraint to a resident.

3. Nurses/health workers/home manager must conduct regular checks on the condition of every resident under restraint and the observation record at least once a day to monitor on an ongoing basis staff's compliance with proper procedures in applying restraint to a resident. The observation record should be countersigned by the nurse/health worker/home manager concerned after checking.

Appendix 11.7.1

Adverse Effects that may be Caused by the Use of Restraints
(which should thus be avoided)

1 The use of restraints will confine one to a seating or lying down position for a long period of time, thus significantly reducing a resident's mobility and joint movement and resulting in muscular atrophy.

2 Residents' bones may become brittle and fragile due to the reduction of weight-bearing activities.

3 Residents may develop lower limbs oedema due to reduced function of the blood vascular system.

4 Restrained residents may have negative emotions, such as anger, shame, fear, helplessness, distress, etc.

5 Residents may become bad-tempered and anxious or even have depressive tendency as a result of long term use of restraints.

6 Restrained residents may become frailer and have mental infirmity. They may fall and hurt themselves as a result.

7 Some residents resist restraints very much and may harm themselves or fall when they try to get rid of the restraints.

8 As residents' mobility is restricted, they have fewer chances to talk to or get along with other people, thus affecting their social well-being.

Appendix 11.7.2

(Template) (revised in 2010)

Pre-application Assessment Record and Consent for Applying Restraints

(Date of last assessment on the application of restraints: _____)

Name of Residential Care Home for the Elderly (RCHE): _____

Name of Resident: _____ Sex: ___ Date of Birth: _____ Room and/or Bed No.: _____

(I) Problems of the Resident: (Please put a tick in the appropriate box. May choose more than one)

1. Has abnormal mental condition and/or abnormal behaviour:
   ☐ confusion ☐ wandering ☐ self-injuring behaviour (please specify: _____)
   ☐ injuring/disturbing others (please specify: _____)
2. Unable to maintain a proper seating posture:
   ☐ weak in back and loin muscles ☐ hemiplegia ☐ joint degeneration
   ☐ other reasons for being unable to maintain a proper seating posture (please specify: _____)
3. Risk of fall:
   ☐unsteady gait ☐ unsteady sitting posture
   ☐ fall during hospitalisation ☐visual/hearing impairment
   ☐ under the influence of drugs ☐ other risks of fall (please specify: _____)
4. Resident has history of taking out his / her medical devices /taking off his / her personal items:
   ☐feeding tube/gastric tube ☐ urinary drainage catheter ☐ oxygen tubing or mask
   ☐ colostomy bag ☐ diaper or clothes ☐ others (please specify: _____)

(II) Assessment

1. The RCHE has tried other possible alternatives which suit the needs of the resident (please refer to paragraph 11.7.2 of the Code of Practice for Residential Care Homes (Elderly Persons)):

Other Attempted Alternatives (Please put a tick in the appropriate box)	Date of Assessment	Results of Assessment		Remarks
		Effective[1]	Ineffective[2]	
☐ Seeking medical advice to find out any possible cause leading to emotional problem or confusion and handling the situation accordingly		☐	☐	
☐ Discussed with medical practitioners if there is a need to adjust medications		☐	☐	
☐ Requesting visits and assistance from family members		☐	☐	
☐ Requesting assessment and seeking advice from clinical psychologists/physiotherapists/occupational therapists/social workers		☐	☐	
☐ Using appropriate chair, cushion or other accessories		☐	☐	
☐ Improving the environment and furniture to provide a safe, comfort and familiar living environment		☐	☐	
☐ Providing leisure and diversionary activities		☐	☐	
☐ Talking to the resident more often to build a harmonious and mutual trust relationship		☐	☐	
☐ Regular observation and inspection by nursing staff		☐	☐	
☐ Adjusting the daily care and toileting arrangement to meet special needs of the resident		☐	☐	
☐ Others (please specify): (a): _____ (b): _____		☐	☐	

2. Proposed Type of Restraints:
   ☐ safety vests ☐ seat belts ☐ soft ties/soft cloth ☐ gloves/mittens ☐ wrist restraints
   ☐ non-slippery trousers/non-slippery stripes ☐ others (please specify: _____)
3. Restraints will be applied to the resident under the following conditions:
   ☐ sitting on the chair ☐ lying down on the bed ☐ sitting on the chair and lying down on the bed
4. Proposed Period of Applying Restraints: _____

[1] When the attempted alternatives have been assessed to be effective, no restraints should be used.

[2] The use of restraints may be considered only when the attempted alternatives have been assessed to be ineffective.

5. Date of Next Assessment: _____ (According to paragraph 8.5.2(e)(iv) of the Code of Practice for Residential Care Homes (Elderly Persons), assessment shall be made half-yearly.)

*Name of Nurse/Health Worker: _____ Signature: _____ Date: _____ (dd/mm/yyyy)

Name of Home Manager: _____ Signature: _____ Date: _____ (dd/mm/yyyy)

(III) Doctor's Comment:

☐ **Agree** to the use of restraint on the above resident as suggested in parts 2, 3 and 4 in (II) above.

☐ **Disagree** to the use of restraint on the above resident.

Remarks: _____

Doctor's name: _____ Signature: _____ Date: _____ (dd/mm/yyyy)

(IV) Resident's Intention:

I, _____ (Resident's name), after being clearly explained by *staff/doctor of the RCHE the reasons for using restraint, type of restraint to be used, period for the restraint to be used, short-term and long-term impacts that may be caused by the use of restraint (see "Special Notes" below), and other alternatives that have been exhausted and their effectiveness, hereby ***agree**/**disagree** to the use of restraint as suggested in parts 2, 3 and 4 in (II) above.

Resident's signature: _____ Date: _____(dd/mm/yyyy)
(For completion if the resident is cognitive impairment)
I,_____, *guardian/guarantor/family member/relative/visiting doctor of _____(Resident's name), hereby witness that the resident cannot sign the consent due to cognitive impairment.

Witness' Signature: _____ Relationship with the Resident: _____ Date: _____ (dd/mm/yyyy)

(V) * Guardian/Guarantor/Family member/Relative's Intention:

I,_____, *guardian/guarantor/family member/relative/visiting doctor of _____ (Resident's name), after being clearly explained by *staff/doctor of the home the reasons for using restraint, type of restraint to be used, period for the restraint to be used, short-term and long-term impacts that may be caused by the use of restraint (see "Special Notes" below), and other alternatives that have been exhausted and their effectiveness, hereby ***agree**/**disagree** to the use of restraint as suggested in parts 2, 3 and 4 in (II) above.

Witness' Signature: _____ Relationship with the Resident: _____ Date: _____ (dd/mm/yyyy)

* Please delete as appropriate.

Special Notes: Adverse impacts that may be caused by the use of restraint. (The use of such should therefore be avoided as far as possible.)

1. The use of restraints will confine one to a seating or lying down position for a long period of time, thus significantly reducing a resident's mobility and joint movement and resulting in muscular contracture.
2. Residents' bones may become brittle and liable to fracture due to the reduction of weight-bearing activities.
3. Swelling of the residents' lower limbs may occur due to reduced blood circulation.
4. Restrained residents may have negative emotions, such as anger, shame, fear, helplessness, distress, etc.
5. Residents may become bad-tempered and anxious or even have depressive mood as a result of long term use of restraints.
6. Restrained residents may become more frail and apathetic . They may fall and hurt themselves more easily.
7. Some residents resist restraints very much and may harm themselves or fall when they try to get rid of the restraints.
8. As residents' mobility is restricted, they have fewer chances to talk to or get along with other people, thus affecting their social well-being.

-- End --

Appendix 11.7.3

Recommendations of Possible Approaches other than Restraints

	Resident's Condition	Suggested Approach
1	Mentally confused	• Consult a medical practitioner to identify the reasons for mental confusion (e.g. hypoglycemia, drug overdose, drug reactions, etc.) and take proper medication.
2	Demented elderly with wandering behaviour	• Communicate with the family and understand the underlying causes of the resident's wandering behaviour. • Maintain the resident's living habits and set regular daily routines (e.g. regular toilet time, mealtime, exercise, etc.). • Arrange for leisure and physical activities within residents' ability range according to their preference (e.g. singing, social groups, outdoor walk, etc.). Such activities are to focus on enhancing their social and motor abilities. • Encourage family members to visit residents more frequently to show their care and support. • Provide a safe, comfortable and familiar daily life setting for the residents to promote a sense of belonging (e.g. posting residents' daily photos at their bedside, using appropriate signage to indicate the positions of different rooms, etc.).
3	Unable to maintain proper sitting posture	• Understand the reasons for the resident's inability to maintain a correct sitting posture (e.g. weak back and lower back muscles, the chair being too high, etc.). • Consider using a more suitable chair, seat cushion or other devices (e.g. wheelchair with high back support or special cushion) to improve sitting posture. • When necessary, staff may seek medical professionals' advice, arrange for sitting posture assessment, provide muscle strengthening exercises and choose appropriate assistive devices.
4	Fall easily	• Consult medical professionals (e.g. medical practitioners, nurses, physiotherapists, occupational therapists, podiatrists, social workers, etc.). • Identify the root of the problem by comprehensive assessments of health condition, intelligence, self-care abilities, assistive devices, home settings, etc. • Choose proper furniture and adopt proper measures to prevent residents from falling (e.g. arrange for and assist them in regular toileting to reduce their sudden need to go to the toilet on their own and thus reducing the chance of falling). • Should not use restraints to restrict residents' movement.
5	Resist to receive necessary medical treatment	• Explain calmly the purpose of the medical treatment. Comfort the emotional resident. • Cooperate with the family, promote residents' knowledge of the medical treatment, and gain their understanding. • Appropriate care and effective communication can alleviate residents' unnecessary fear.

Appendix 11.7.4

Never Make the Following Mistakes When Applying Restraints

1 Never use a particular type of restraints/method of applying restraints or change the type of restraints/method of applying restraints/period of applying restraints without the prior written consent from registered medical practitioners, nurses, health workers or other professional carers or according to the instruction of the residents' family members.

2 To allow quick removal and prevent the restraints from hindering the escape of the residents in case of emergency, never use restraints with locking devices.

3 To allow quick removal and prevent the restraints from hindering the escape of the residents in case of emergency, never fix the restraints to two or more different objects (for example, do not fix the restraints to the chair and the bed at the same time).

4 Never leave the residents before ensuring that the restraints have been properly and securely tied.

5 To prevent residents from being hurt when the bed rails are pulled up and down, never fix the restraints to any movable bed rails.

6 To prevent accidents from happening when residents are trying to damage the restraints, never let the restrained residents touch any dangerous articles, such as scissors, knives, nail clippers, cigarette lighters and matches.

7 Never use restraints that are made of improper materials (for example, materials that are too hard, too soft or impervious).

Appendix 11.7.5

(Template) (revised in 2010)

Observation Record of Residents under Restraint

(______(dd) ______(mm) ______(yyyy) To ______(dd) ______(mm) ______(yyyy))

(Condition of the resident should be reviewed at least once every 2 hours while under restraint)

Name of the Residential Care Home for the Elderly: ______________ Name of the Resident: ____________ Room/Bed Number: ____

The type of physical restraints used: ☐ safety vest ☐ seat belt ☐ soft ties/soft cloth ☐ gloves/mittens ☐ wrist restraints ☐ non-slippery trousers/non-slippery stripes ☐ others (please specify: ____________________)

Period of applying physical restraints: ☐ whole-day ☐ only in the daytime (from: _____to ____) ☐ only at night (from: ____to ____) ☐ others (please specify: ______________________)

Observations/notes:
1. The restrained parts of the resident must be released for observation. The observation should cover the following aspects: blood circulation, skin condition, respiratory conditions, degree of consciousness, whether the restraint is displaced/loosened, degree of tightness, personal hygiene of the resident, resident's emotional condition.
2. Physical restraints should be released at intervals to allow movement and exercise.

Remark codes：
- N ─ The restrained parts have been released for observation and all the aspects observed are normal.
- P ─ Abnormal signs are identified **(please inform the nurse/health worker immediately for follow-up actions and the observations should be recorded appropriately)**
- S ─ Suspension of the use of physical restraint.

***Countersign: Nurse/health worker/home manager must conduct continuous monitoring and random checks to see whether the staffs have observed the correct procedures in applying physical restraint to a resident, and then countersign in the "countersign" box as confirmation. (Random check shall be conducted at least once a day)**

Date																
Observation time	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign
7am – 9am																
9am – 11am																
11am – 1pm																
1pm – 3pm																
3pm – 5pm																
5pm – 7pm																
7pm – 9pm																
9pm – 11pm																
11pm– 1am																
1am – 3am																
3am – 5am																
5am – 7am																

Date																
Observation time	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign
7am – 9am																
9am – 11am																
11am – 1pm																
1pm – 3pm																
3pm – 5pm																
5pm – 7pm																
7pm – 9pm																
9pm – 11pm																
11pm– 1am																
1am – 3am																
3am – 5am																
5am – 7am																

Date																
Observation time	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign
7am – 9am																
9am – 11am																
11am – 1pm																
1pm – 3pm																
3pm – 5pm																
5pm – 7pm																
7pm – 9pm																
9pm – 11pm																
11pm– 1am																
1am – 3am																
3am – 5am																
5am – 7am																

Date																
Observation time	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign	Time	Remarks	Signature	*Countersign
7am – 9am																
9am – 11am																
11am – 1pm																
1pm – 3pm																
3pm – 5pm																
5pm – 7pm																
7pm – 9pm																
9pm – 11pm																
11pm– 1am																
1am – 3am																
3am – 5am																
5am – 7am																

Annex 11.8

Care for Demented Elderly Residents in Residential Care Homes for the Elderly: Dealing with Emotional and Behavioural Problems

1. Basic Principles

- Stay calm.
- Remind yourself that the emotion and behaviour of the resident are the manifestation of their underlying disease.
- Be diversified in tackling the emotional and behavioural problem. To consider the causes of the behaviour.
- Do not treat a demented resident like a child.
- Avoid arguing with the resident.
- To seek consensus from relevant parties on consistent management approach.
- To refer the resident with serious problem or without any improvement for professional assistance/ treatment.

2. Communication Skills

- Be patient and encouraging.
- Pay attention to the emotion and feelings behind the resident's words.
- Speak in short phrases.
- Speak slowly in a calm and peaceful tone.
- Use body language to complement verbal communications.

3. Attitudes and Methods to Deal with Different Emotional and Behavioural Problems

3.1 Depression

- Stay alert to depressive symptoms.
- Take the initiative to talk to the resident and show your care.
- Encourage the resident to take part in activities.

3.2 Suspicion

- Avoid argument, accusation and direct invalidation of the resident's feelings.
- Propose other possible explanations.

3.3 Overreaction

- Avoid argument.
- Minimum use of restraint.
- Allow time and space for the resident to adjust his/her emotion.

3.4 Wandering

- Provide regular activities in daytime.
- If the resident insists on going out, avoid argument and accompany him/her.

3.5 Aggressive Behaviour

- Stay calm and comfort the resident.
- Have the resident stay at the spot.

3.6 Repetition of Same Action or Words

- To divert the resident with light conversation topics or activities.
- Arrange simple activities.

Annex 11.9

Hot Weather

1. According to Section 24 of the Residential Care Homes (Elderly Persons) Regulation and para. 4.9.1 of the Code of Practice for Residential Care Homes for the Elderly (Code of Practice), residential care home for the elderly (RCHE) shall be adequately ventilated at all times. Para. 7.2 of the Code of Practice also stipulates that every RCHE should install a sufficient number of electric fans and/or air conditioners to maintain sufficient ventilation and a comfortable room temperature.

2. Hydration of residents should be ensured y adequate fluid intakes, including water, soup and juicy fruits (Meals for frail elders should be arranged and provided according to the doctor's instructions).

3. Avoid elderly residents staying under direct sunlight or poorly ventilated area. Avoid strenuous exercise in hot weather.

4. Elderly residents should be assisted to put on thin, light-coloured and loose-fitting clothing. They should be reminded to put on a hat or open an umbrella to avoid direct sunlight when they go out.

5. Elderly residents should constantly be reminded to take enough rest and avoid over exertion.

6. Avoid sudden change of environmental temperature that may affect elderly residents' physical health.

7. Should an elderly resident fall ill, arrangement should be made for him/her to undergo medical consultation immediately.

Annex 11.10

Cold Spell Precautions

1. According to Section 24 of the Residential Care Homes (Elderly Persons) Regulation and para. 4.9.1 of the Code of Practice for Residential Care Homes for the Elderly (Code of Practice), "every residential care home for the elderly must be adequately heated, lighted and ventilated". Para. 7.2 and 7.4 of the Code of Practice stipulates that heaters meeting general safety standard must be installed when necessary.

2. Ensure that every resident has sufficient clothing (such as hat, mittens or gloves, socks, quilt, blanket, etc.)

3. Provide adequate and nutritious food to residents so that they can have sufficient calories intake. Hot meals and hot drinks should be provided to residents in cold weather.

4. Arrangements should be made for residents to perform appropriate exercise for production of heat, thereby raising the body temperature and achieving better fitness.

5. Enhance the health care and daily care for residents, in particular those with chronic diseases, by measuring and recording health condition data, such as blood pressure, pulse, body temperature, etc. Special attention should be paid to their change in body temperature for prevention of hypothermia and influenza. Consult medical advice if necessary and make arrangements for the resident to attend medical consultation with the visiting registered medical practitioner or send the resident to the medical institution for treatment.

Annex 11.11

Working Guidelines for Residential Care Homes for the Elderly (RCHEs) – Guidelines for Feeding with Ryle's Tubes (RT)

A. Introduction

When caring for residents who are not able to take in food orally and need to be fed with RT tubes due to illness or physical impairment, RCHE staff shall follow the following working guidelines in order to ensure that proper care is exercised in the use of RT tubes.

B. Basic Principles

1. RT tubes should only be used for treatment purpose or when warranted in the circumstances of the residents' medical condition. The use of RT tubes must be approved by a registered medical practitioner.
2. RT tubes should be inserted and changed regularly by a registered or enrolled nurse.
3. The type of milk, amounts, intervals and frequency of feeding should be scheduled in accordance with the advice of registered medical practitioners/ dietitians.
4. The use of RT tubes should be reviewed regularly. Medical advice from a registered medical practitioner should be sought to determine if continual use is required.

C. Preparations Before Feeding

1. Staff
   - Hand hygiene should be observed. Wash hands thoroughly with soap and clear water or use alcohol-based hand rubs to disinfect hands.
2. Residents
   - Oral and nasal hygiene should be observed. Oral care and checks should be carried out for residents at least three times daily.
   - Change the fixation tape of the RT tube as necessary and make sure it is securely fixed in place.
   - Residents should be placed in an upright or a semi-sitting position at 30 to 45 degrees.
3. Equipment
   3.1 Liquid food
   - Check the expiry date and find out whether the food is spoiled;
   - Double check the type, amount and concentration of the liquid food;

- Normally, liquid food does not need to be heated so that the nutritional quality will not be affected. If necessary, follow the instructions of the food manufacturer to prepare the food to the right temperature; and
- If necessary, separate liquids from solids with a sieve before feeding to prevent the RT tube from being blocked.

3.2 Equipment for testing the position of the RT tube:
- A feeding syringe of 10-20ml;
- pH indicator; and
- A clean container (for gastric contents)

3.3 Utensils for feeding:
- A measuring cup;
- A cup of warm water;
- A covered feeding bottle/bag; and
- A feeding syringe of 20-50ml.

4. Surroundings
- Brightly lit;
- Equipment must be kept clean.

D. Feeding Procedures and Care

1. Wash hands.
2. Clean the resident's oral cavity.
3. Check the graduation of the RT tube to see if it is correctly positioned, displaced or coiled in the oral cavity. Ensure that the RT tube is fixed with plastic tape.
4. Confirm the position of the RT tube:
   4.1 Remove or open the plastic cap of the RT tube. Attach a 10-20ml feeding syringe to the port and slowly inject 10-20ml of air into the RT tube. Withdraw gastric contents gently and test its acidity with the pH indicator. If the pH value is 5.5 or less, the RT tube is correctly placed and feeding can be commenced.
   4.2 If gastric contents cannot be withdrawn:
   - Try changing the resident's position, e.g. to a side-lying position;
   - Inject 10-20ml of air into the RT tube and obtain gastric contents again after 15-30 minutes; and
   - Using pH indicator to obtain pH reading provides a more accurate and objective testing result. Medical advice should be sought in case no gastric contents can be obtained after repeated attempts of the procedures, position of the RT tube cannot be confirmed or the RT tube is suspected to be dislocated.

   4.3 Observe the colour, texture and volume of the gastric contents after they are withdrawn. In case of any abnormality, stop feeding and seek medical advice or send the resident to the A&E .

5. Fill the feeding bottle/bag with liquid food and fill up the tubing of the feeding bottle/bag. Clear out the air and connect feeding bottle/bag to the RT tube. Set the appropriate flow rate to regulate a slow and steady flow of the liquid food into the stomach. Feeding should not be administered too rapidly. Never use excessive force to avoid hurting the gastric mucosa.
6. During feeding, the resident must be closely monitored. In case of abnormality, such as persistent coughing, vomiting, cyanosis, abnormal respiration, etc, stop feeding immediately. Seek medical advice or send the resident to the A&E .
7. After feeding, flush the RT tube with 50-100ml of water to avoid its being blocked by residues.
8. Remove the feeding bottle/bag and the tube. Place the plastic cap back to the port of the RT tube.
9. Wash hands.

E. <u>What to Do after Feeding</u>

1. Residents
   - Remain in the position of feeding for around half an hour to one hour to avoid the liquid inside the stomach getting into the respiratory tract and causing aspiration pneumonia.
2. Feeding tools
   - Every resident should have his/her own feeding tools individually. After each use, feeding funnels and tubing (connecting tubes) must be rinsed with water individually and air dried before being put into covered containers;
   - Feeding funnels must be cleaned and disinfected daily. Please refer to the user manual for suggested cleaning or disinfecting procedures;
   - Feeding bags and tubing (connecting tubes) should be changed daily;
   - Syringes for feeding should be thoroughly cleaned and changed regularly.
3. Feeding liquid food
   - Unopened liquid food should be kept in a cool place and away from direct sunlight;
   - Once the liquid food is opened, mark down the date and time of opening. The liquid food must be sealed and refrigerated at an appropriate temperature. It must be used within 24 hours.
4. Records
   - The time of feeding, the amount of gastric contents and the types and amounts of food fed should be recorded;
   - The responsible staff should monitor and keep record of the intake of liquid or fluid (in) and the output of urine (out), and take note of any fluid imbalance. Monitor closely also whether there is the presence of irregular gastric contents or other signs of allergy.

F. Never Make the Following Mistakes when Feeding

1. If the RT tube slips out, staff other than medical practitioners or nurses must not re-insert the RT tube on their own.
2. Do not feed the resident if it is uncertain whether the feeding tube is positioned correctly. Re-extract the gastric contents and test again after a while.
3. Do not push in the food by force to avoid hurting the gastric mucosa.
4. Do not feed too fast to avoid causing digestive discomfort.
5. When feeding residents with medicine, do not mix it with the food to be fed. Pour in warm water before and after feeding the residents with medicine to avoid blockage of tubes by the medicine.
6. In cases where choking, vomiting or shortness of breath appears, do not continue feeding as it may be a symptom of wrong flow of liquid into the respiratory tract.

G. Points to Note

1. The test result of the pH value may be affected by the food and the medicine fed.
2. RCHEs should maintain close liaison with the families of the residents to let them know clearly about the residents' conditions and, if necessary, discuss with them the plans of providing assistance in feeding the residents.
3. The weights of the residents should be measured regularly to monitor their weight conditions. If the residents are found to be under-nourished, health care practitioners should be consulted as soon as possible so as to take appropriate follow-up actions.
4. Syringes should be disposed of in accordance with the Waste Disposal Ordinance (Cap. 354) and its subsidiary legislation, the Waste Disposal (Clinical Waste) (General) Regulation.
5. RCHEs should make reference to the guidelines and any subsequent amendments issued by the Department of Health, the Hospital Authority and/or the Licensing Office of RCHEs in carrying out the relevant healthcare procedures.

Social Welfare Department
Licensing Office of Residential Care Homes for the Elderly
September 2013

(Compiled by the Task Group on Health and Care Services of Residential Care Homes for the Elderly)

Annex 11.12

Working Guidelines for Residential Care Homes for the Elderly (RCHEs) – Prevention and Care of Pressure Ulcers

A. Introduction

Residents in RCHEs who suffer from illnesses or deterioration of physical functioning are prone to pressure ulcers caused by prolonged sitting or lying which may further affect their health. Staff of RCHEs should provide residents with proper personal and nursing care, take measures to prevent pressure ulcers and seek advice from health-care professionals as soon as pressure ulcers are detected.

B. Know more about pressure ulcers

1. Definition

Pressure ulcers, also known as bedsores, refer to ulcers or death of tissue caused by lack of nutrition supply to skin, muscle or even deep tissue due to obstructed blood flow as a result of persistent pressure on localised parts of skin or soft tissue without regular pressure relief.

2. Causes

2.1 Pressure: Prolonged contact of and pressure on bony prominences against a surface (e.g. mattress, chair) without regular pressure relief.

2.2 Shearing force: Sliding down of the resident due to unsteady sitting posture or improper ways of moving the resident or changing his/her lying position may cause friction to his/her skin and thus abrasion to his/her bony prominence, leading to injuries to the skin and deep tissue.

2.3 Frictional force: Repeated friction of the skin against a surface may cause injuries. Scraps on the bed, creases of bed sheet or plastic sheet, etc. may also create friction, thus causing injuries to the skin of the resident.

2.4 Moisture: Excessive moisture from excrement, urine or sweat softens the outer layer of the skin, making it prone to injuries.

2.5 Other factors:

- Slow recovery of body tissue owing to malnutrition and insufficient protein;
- Chronic illnesses (e.g. diabetes, stroke, etc.);
- Inability to feel pressure and change position on one's own due to reduced sensation in the skin;
- Reduced blood flow to tissue caused by diseases like heart disease, anaemia, etc.) that increase the risk of pressure sore development; or
- Ageing and degeneration, reduced sensitivity to temperature and pain, fragile skin, nerves and blood vessels of the elderly that increase the risk of injury.

3. Body parts most prone to pressure ulcers

Pressure ulcers generally occur over bony prominences. For supine lying position, pressure ulcers occur over the occipital bone, spine, sacrum, scapula, ankle and heel. While for lateral position, they occur over the anklebone, medial and lateral malleoli, elbow, hip, shoulder and ear.

4. Classification and symptoms

In general, there are four stages of pressure sore development:

4.1 Stage I

- Intact skin with non-blanchable redness of a localised area;
- The sensation and the temperature of the affected skin may differ from normal skin.

4.2 Stage II

- Injuries to the epidermis or dermis. Skin loss or blisters occur, oozing fluid may be found;
- No slough is found.

4.3 Stage III

- Full thickness skin loss with subcutaneous tissue injury, fat may be visible but bone, tendon or muscle is not visible or directly palpable;
- Slough, undermining or tunneling may occur;
- The depth of the wound varies with the affected area.

4.4 Stage IV

- Full thickness skin loss. Subcutaneous tissue is completely damaged and bone, tendon or muscle is visible or directly palpable;
- Slough, eschar, undermining or tunneling may occur.

C. Prevention of pressure ulcers

1. Relieve or reduce pressure

1.1 Encourage self-reliant residents to increase physical activities for position change.

1.2 Assist residents in need to change their lying positions at least every two hours. In addition, sitting time should not be longer than two hours so as to avoid persistent pressure on a certain part of the body.

1.3 Supine lying position and lateral position should be adopted interchangeably to reduce pressure on localised parts of the body. For lateral position, the back should remain tilted against the surface at 30 degrees. Support the back and protect the knee with a pillow.

1.4 Pressure relieving products (e.g. pressure relief or ripple bed, ankle and heel protector, pressure relief cushion, etc.) can be used to protect localised parts under pressure.

1.5 When sitting, place the feet on foot rests for support. Pressure relief cushions may be used as appropriate but round cushions with a hollow centre, such as doughnut-shaped cushions, should not be used.

1.6 Keep proper records of changing positions for residents in accordance with the requirements set out in paragraph 11.2.1(d) of Chapter 11.

2. Avoidance of Shearing and Frictional Forces

2.1 A proper sitting posture should be maintained to prevent sliding.

2.2 While a resident is in a semi-reclining position, the tilt angle of the bed should not exceed 30 degrees.

2.3 In moving a resident (including changing his/her position), sufficient manpower should be arranged for transfer and lifting with proper skills, and use ancillary tools as necessary to reduce the shearing and frictional forces .

2.4 Keep the clothing and bed linen of the residents flat and wrinkle-free and remove any debris from the bed. Ankle and heel protectors may also be used.

3. Skin Care and Incontinence Management

3.1 Avoid massaging areas over bony prominences, especially for areas exhibiting a sign of skin redness.

3.2 Keep the skin of residents clean, dry and moisturised.

- Timely change of diapers and wet clothing and bed linen.

- Application of lotion and skin protectant for residents as advised by the health care practitioners.

3.3 Check the skin of residents daily with special attention paid to the areas over bony prominences. Check for early signs of pressure ulcers.

4. Adequate Nutrition Intake

4.1 Refer to Chapter 13 "Nutrition and Diet".

4.2 A feeding regimen (including the type of milk, amount, time and intervals of feeding) should be prepared for residents with feeding tubes, in accordance with Paragraph 11.8(g) of Chapter 11.

D. Handling Pressure Ulcers

1. If pressure ulcers have occurred, regardless of the stage, staff in RCHEs shall follow the care and management instructions as advised by health care practitioners and allied health professionals (e.g. dietitian, occupational therapist, physiotherapist etc.), including:

- Avoid persistent pressure on the affected areas;

- Avoid massaging the affected areas;

- Closely monitor the other parts of the body to look for signs of pressure ulcers;

- Properly record the development of pressure ulcers to facilitate the formulation of appropriate care plans by the staff and heath care practitioners;

- Continue to implement preventive measures to prevent the occurrence of pressure ulcers, in other unaffected areas, etc

2. Pressure Ulcers / Wound Management

2.1 For Stage I Pressure Ulcers

- Keep the affected area clean and dry;

- Apply lotion or skin protectant for the resident as advised by health care practitioners, or use appropriate dressing for protection as advised;

- Closely monitor the condition of pressure ulcers. For pressure ulcers without improvement, presented with signs of infection or deterioration, or the condition of the resident has worsened, seek advice from health care practitioners or arrange medical treatment as soon as possible.

2.2 For Stage II Pressure Ulcers

- Manage wounds as advised by health care practitioners, including wound cleansing, use of appropriate dressing lotion and dressing products, and the frequency of changing dressing, etc.

- Closely monitor the condition of pressure ulcers. For pressure ulcers without improvement, presented with signs of infection or deterioration, or the condition of the resident has worsened, inform health care practitioners or arrange medical treatment as soon as possible.

2.3 For Stage III or Stage IV Pressure Ulcers

- The pressure ulcers may require relatively complicated medical or care procedures. Staff in RCHEs shall report the wound condition to health care practitioners or arrange medical

treatment for follow-up actions as soon as possible, in addition to assisting health care practitioners in wound management.

E. Points to Note

1. Deterioration in pressure ulcers may cause severe complications, including osteomyelitis, septicaemia etc, which may pose health risks to residents. Therefore, RCHEs should take measures for needy residents as early as possible to prevent the occurrence of pressure ulcers.

2. RCHEs should continuously monitor the skin condition of residents and, upon identifying any pressure ulcers, take early follow-up action and seek advice from health care practitioners as soon as possible.

3. RCHEs should maintain close contact with the families of the residents, with a view to ensuring that they understand the physical condition of the residents and, where necessary, discussing with them the plan for prevention and management of pressure ulcers.

4. RCHEs should carry out the relevant nursing procedures as advised by the Hospital Authority staff or registered medical practitioners with regard to the personal health and care needs of the residents.

September 2014

Licensing Office of Residential Care Homes for the Elderly
Social Welfare Department

(Prepared by Task Group on Health and Care Services of Residential Care Homes for the Elderly)

Annex 12.1

A List of Notifiable Infectious Diseases

The following list of Notifiable Infectious Diseases is set out in First Schedule to the Prevention and Control of Disease Ordinance (Cap. 599). When reading this Code of Practice, please check with the Centre for Health Protection of the Department of Health for any subsequent amendments to these provisions.

1. Acute poliomyelitis
2. Amoebic dysentery
3. Anthrax
4. Bacillary dysentery
5. Botulism
6. Chickenpox
7. Chikungunya fever
8. Cholera
9. Community-associated methicillin-resistant *Staphylococcus aureus* infection
10. Creutzfeldt-Jakob disease
11. Dengue fever
12. Diphtheria
13. Enterovirus 71 infection
14. Food poisoning
15. *Haemophilus influenzae* type b infection (invasive)
16. Hantavirus infection
17. Influenza A (H2), Variant Influenza A (H3N2), Influenza A (H5), Influenza A (H7), InfluenzaA (H9)
18. Japanese encephalitis
19. Legionnaires' disease
20. Leprosy
21. Leptospirosis
22. Listeriosis
23. Malaria
24. Measles
25. Meningococcal infection (invasive)
26. Mumps
27. Paratyphoid fever
28. Plague
29. Psittacosis
30. Q fever
31. Rabies

32. Relapsing fever
33. Rubella and congenital rubella syndrome
34. Scarlet fever
35. Severe Acute Respiratory Syndrome
36. Severe Respiratory Disease associated with Novel Coronavirus
37. Shiga toxin-producing *Escherichia coli* infection
38. Smallpox
39. *Streptococcus suis* infection
40. Tetanus
41. Typhoid fever
42. Typhus and other rickettsial diseases
43. Viral haemorrhagic fever
44. Viral hepatitis
45. West Nile Virus Infection
46. Whooping cough
47. Yellow fever
48. Tuberculosis

Annex 12.2

Appendix K: Suspected Outbreak of Infectious Disease in RCHE

NOTIFICATION FORM

To:	**Central Notification Office (CENO), Centre for Health Protection**	**(Fax: 2477 2770)**
cc:	**Licensing Office of Residential Care Homes for the Elderly**	**(Fax: 2574 4176 / 3106 3058)**
	Community Geriatric Assessment Team (CGAT) (If applicable)	**(Fax:)**

NOTE: To enable prompt investigation and control of infectious disease outbreak, please call CENO by phone (Tel: 2477 2772) before sending fax notification.

Name of RCHE: _____ (Code :_____)

Address of RCHE: _____

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

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

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

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

Common symptoms: (May tick multiple items)

☐ Fever ☐ Sore throat

☐ 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)

Annex 13.1

Working Guidelines for the Staff of Residential Care Homes on Feeding Assistance to Frail Elderly Residents

(1) Introduction

Residents in residential care homes for the elderly (RCHEs) with chronic illness or impaired mobility may suffer from various degrees of feeding problems, thus affecting their health condition and quality of life. It is therefore important for RCHE staff to provide appropriate assistance according to frail resident's individual needs to enable them to regain confidence in self-feeding and enjoy eating. RCHE staff should be patient and caring when taking care of residents incapable of self-care.

The following information is extracted from the elderly health service webpage of the Department of Health and the address is: http://www.info.gov.hk/elderly/english/healthinfo/elderly/feeding-e.htm

(2) Objectives

(a) To maintain a healthy diet and balanced nutrition.
(b) To prevent choking.
(c) To minimise residents' dependence on RCHE staff by improving their self-care abilities.
(d) To improve resident's quality of life.

(3) Residents Who May Need Feeding Assistance

(a) Weak in upper limbs or low mobility of upper limbs.
(b) Not suitable to take food unassisted due to cognitive impairment or mood disturbances.
(c) Not suitable to take food unassisted due to serious visual impairment.
(d) Have swallowing difficulties.
(e) Have serious respiratory disease.
(f) Have shortness of breath or phlegm-choking.
(g) Can normally take food unassisted but there is a sudden deterioration in health condition.
(h) Have other feeding problems.

(4) Preparation Before Feeding

(a) Environment

Ensure that the eating area is well-ventilated, with adequate lighting and free from distractions so as to enhance residents' concentration.

(b) Feeding Utensils

(i) Ensure the utensils are clean; use non-slip utensils and check if they are safe.
(ii) Choose appropriate feeding utensils for residents, e.g. fork or spoon instead of chopsticks.
(iii) Use smaller spoons to control feeding amount each time and minimise the risk of choking.
(iv) Use straws or specially designed cups to control the amount and flow of fluids during drinking.
(v) Consult occupational therapist if necessary for advice on the choice of feeding aids, e.g. spoons and forks with enlarged handles, adapted chopsticks, bowl with a raised curved lip etc..

(c) Preparation for RCHE Staff

(i) Maintain good personal hygiene; wash hands with soap before feeding residents.
(ii) Assist residents in hand washing before every meal for maintaining good hygiene so that they can eat comfortably in a relaxed manner.
(iii) Perform oral care for residents before meals to stimulate appetite if needed.
(iv) Assess residents' chewing and swallowing abilities. Give appropriate assistances if needed.
(v) Communicate with residents before feeding so as to let them know that it is meal time. Adopt a warm and caring attitude in explaining the feeding procedures to facilitate residents' understanding and cooperation. As for demented residents, discuss the menu with them to enhance their cognition and stimulate their interest in food.
(vi) For residents with visual impairment, guide them along by informing them the food types and positions of food and utensils, to enhance their confidence in self-feeding.

(d) Choice of Food

(i) Individual's food preference, religions and health status of individuals should be taken into consideration during preparation of meals e.g. diabetic, low-salt or vegetarian diet etc..
(ii) Choose food that is safe and easy to swallow. Change menus regularly and choose nutritious food to stimulate appetite and ensure that resident's nutritious needs are met.
(iii) Prepare food according to individuals' abilities, e.g. provide puree, porridge or fluid diet where necessary. Remove the bones and skin of meat. Cut meat and vegetables into small pieces for easy chewing and to prevent choking.

(iv) Avoid food which are sticky and difficult to chew of swallow so as to prevent choking, e.g. konjac jellies, glutinous rice balls, glutinous rice dumplings, Chinese New Year puddings, beef omasums and beef tendons. Cut them into smaller pieces before serving and remind residents to be careful when eating. RCHEs should avoid, providing such kind of food to residents with swallowing difficulties.

(e) Preparation for Residents

(i) Assist residents in wearing dentures if required.
(ii) Proper positioning is important to safe swallowing. Back support should be provided to ensure that residents are sitting comfortably in an upright position. The seats should be adjusted to suitable height.

(f) Safety Tips on Feeding

(i) Ensure that resident is fully alert during feeding.
(ii) Ensure proper positioning of the resident. Sitting with head slightly flexed and chin down which reduces the risk of choking.
(iii) Serve food at the right temperature. Avoid serving food which is too hot or having uneven temperature to prevent residents from scalding. Avoid serving food which is too cold as it may spoil the appetite of residents or cause discomfort.
(iv) Observe residents' pace of eating and give them appropriate assistance. Do not hurry them.
(v) Do not rush or feed too much food at one time. Feed another mouthful of food only after residents have finished chewing and swallowing or checking there is no food inside their mouths.
(vi) If residents refuse to eat, try to find out the reason and patiently encourage them to eat.
(vii) Do not allow residents to talk while eating.
(viii) Pay attention to any signs of coughing or increased sputum while residents are eating. Do not pat residents on their backs or let them drink water while they are coughing. Stop feeding if coughing persists.
(ix) Pay attention to any signs of swallowing difficulties, e.g. coughing, dribbling, reflux of food into the nose or difficulties in swallowing food.
(x) Observe residents' pace of eating. In case of choking, keep calm and enlist a staff with a valid First Aid Certificate to apply appropriate first aid treatment as soon as possible. Send the resident concerned to hospital immediately where necessary. Record details of the incident for future follow up and review.

(xi) Ensure adequate fluid intake for residents who need feeding assistance at regular intervals to prevent dehydration.

(xii) RCHE staff should not perform other duties while feeding residents. Nor should they walk away without ensuring the safety of residents while feeding them.

(g) After Care

(i) After feeding, help residents rinse their mouths, clean their dentures or perform oral care to prevent food being left in their mouths, which may easily cause choking. Wipe their mouths with wet towels to maintain good personal hygiene.

(ii) Remove feeding utensils, aprons and serviettes, etc.. Let the residents rest comfortably.

(iii) Avoid lying down the residents right after feeding. Remain sitting in upright position for at least 20 to 30 minutes to prevent aspiration.

(iv) For residents who are particularly frail, observe them regularly after feeding, e.g. their mental state and signs of aspiration and choking. Consult a doctor as soon as possible in case of problems.

(5) Communication and Cooperation with Relatives and Friends of Residents

A multi-pronged approach should be adopted to improve the feeding problems of residents. It includes enhancing the physiological and psychological well-being of residents, strengthening their physical and self-care ability, and providing them with aids. For this approach to work, comprehensive assessment by and tender care of RCHE staff are needed, but the love and care of residents' relatives and friends are equally important. RCHEs should therefore maintain close contact and discussion with residents' relatives to improve feeding of residents where necessary, and encourage them to visit residents more frequently, or accompany or assist feeding residents directly to motivate residents and rebuild residents' confidence in eating.

Co-compiled by the Social Welfare Department,
the Department of Health and the Hospital Authority
April 2009

Annex 13.2
(Template)

Working Guidelines for Staff
Handling of Food and Other Things Brought in by Visitors

To protect residents' safety and health, staff members should pay attention to the food and other things brought in by visitors and follow the working guidelines as follows:

(I) Handling of Food Brought in

1. The home manager should provide family members of every new resident with a copy of the "Notice to Visitors on Bringing in Food" and explain the details to them.

2. If 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.

3. If the visitor wants to share the food he/she brings in with other residents, give the food to the nurse/health worker-on-duty for processing before arranging to share with other residents.

4. If the food brought in by the visitor cannot be arranged for consumption by the resident immediately, give the food to the nurse/health worker-on-duty for proper storage to ensure good hygiene and freshness.

5. The nurse/health worker should assess if the food brought in is suitable for the resident before arranging for consumption. If the food is not suitable for the resident, the nurse/health worker should explain it to the visitor or resident, and advise the visitor to take it away after the visit.

6. For residents with special dietary needs, a tag for "special dietary care" can be displayed at the prominent area around their beds to indicate their special care needs. Food brought in by visitors should be checked and properly handled by the nurse/health worker-on-duty before arranging for the resident's consumption.

(II) Handling of Other Things Brought in

1. If a visitor is found or suspected of bringing in any restricted article or sharp object, staff should report to the home manager or supervisor immediately.

2. Advise the visitor to surrender the suspected items for inspection. If the item is confirmed to be a restricted article or sharp object, advise the visitor to take it away from the Home as soon as possible.

3. Pay attention to visitors' abnormal behaviour. If any dangerous act is found, stop it immediately and/or report to the home manager or supervisor and/or consider seeking help from the police.

Annex 13.2
(Template)

Notice to Visitors on Bringing in Food

To protect the safety and health of residents, please note the followings when you bring in food to visit our residents:

1. Please make sure the food you bring in is suitable for consumption of the resident according to his/her health condition and chewing ability. You are advised to ask the nurse/health worker-on-duty every time you bring in food if you are not sure if the food is suitable for the resident.

2. For residents with special dietary needs, a tag for "special dietary care" will be displayed at the prominent area around their beds. If you bring in food for a resident who is in need of special dietary care, please take the food to the nurse/health worker-on-duty for proper processing before arranging for consumption of the resident. If the food is not suitable for the resident, the nurse/health worker will advise you to take it away after the visit.

3. If you want to share the food you bring in with other residents, please give it to the nurse/health worker-on-duty for proper processing before arranging to share with other residents.