

Code of Practice
for
Residential Care Homes for
Persons with Disabilities



(March 2002)

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CHAPTER 1

INTRODUCTION

1.1 General

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

1.1.2 This Code of Practice shall not apply to -

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

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

the Code of Practice.

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

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

“disability”, in relation to a person, means -

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

1.2 Purpose of the Code of Practice

This Code of Practice sets out the minimum standards and guidelines for hygiene, fire, building safety, and the level of care required, which aims at ensuring that residents in these homes receive services of acceptable standards that are of benefit to them physically, emotionally and socially.

1.3 Entry to Premises

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

1.4 Certificate of Registration

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

1.5 Insurance Coverage

According to the Employees' Compensation Ordinance, Cap. 282, the operator of a residential care home for persons with disabilities, being an employer, is required to take out employees' compensation insurance against his/ her liability to all employees. He/ she is also required to comply with the requirements of the Mandatory Provident Fund Schemes Ordinance. Besides, it is also desirable for the operator of a residential care home for persons with disabilities to provide other insurance coverage, e.g. public liabilities, for the home.

CHAPTER 2

CLASSIFICATION OF RESIDENTIAL CARE HOMES FOR PERSONS WITH DISABILITIES

2.1 Classification of Homes

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

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

2.2 Meaning of the different classes of Homes

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

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

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

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

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

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

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

(d) A ‘hostel for semi-independent living’ means -

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

2.2.1 Classification of Mixed Homes

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

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

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

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

2.3 Relationship of Disability Types and Level of Care Required

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

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

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

2.4 Mapping of Existing Services with the 4 Levels of Care

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

Disability Type	Level of care and assistance required			
	Intensive	High	Medium	Low
Mental/ Physical Handicap (MH/ PH)	<ul style="list-style-type: none"> Care & Attention Home for the Severely Disabled (C&A/SD) 	<ul style="list-style-type: none"> Home/ hostel for the Severely Mentally Handicapped (HSMH) Home/ hostel for the Severely Physically Handicapped (HSPH and HSPH/MH) 	<ul style="list-style-type: none"> Home/ hostel for the Moderately Mentally Handicapped (HMMH) 	<ul style="list-style-type: none"> Supported Hostel

Disability Type	Level of care and assistance required			
	Intensive	High	Medium	Low
Blind/ Visually Impaired	<ul style="list-style-type: none"> Care & Attention Home for the Aged Blind (C&A/AB) (Note) 		<ul style="list-style-type: none"> Home for the Aged Blind (H/AB) (Note) 	<ul style="list-style-type: none"> Supported Hostel
Mental Illness (MI)	<ul style="list-style-type: none"> Long Stay Care Home (Note) 		<ul style="list-style-type: none"> Halfway House (HWH) 	<ul style="list-style-type: none"> Supported Hostel

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

CHAPTER 3

MANAGEMENT

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

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

3.2 Procedures on Admission of Residents

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

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

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

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

3.3 Schedule of Daily Activities

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

3.4 Staff Duty List

A comprehensive duty list for different posts of staff should be drawn up and a staff duty roster be set for the staff to comply with.

3.5 Record Keeping

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

- (i) name (Chinese and English where applicable), sex, date of birth/ age, address, telephone number and Hong Kong Identity Card number;
- (ii) supporting documents of relevant qualifications;
- (iii) post to be held in the home;
- (iv) monthly salary;
- (v) working hours and shift of duty;
- (vi) terms of appointment; and
- (vii) date of appointment and resignation or dismissal.

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

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

(a) Record of Residents

- (i) the name (Chinese and English where applicable), sex, date of birth/ age and Hong Kong Identity Card number of each resident;
- (ii) the name, address, telephone number and Hong Kong Identity Card number of at least one relative or one contact person of every resident, if available, for future identification;
- (iii) where or how any such relative or contact person may be contacted in an emergency;
- (iv) the date of admission and discharge of every resident;
- (v) any accident or illness suffered by a resident and of any action taken in that respect [for details of the health record of the residents, please refer to paragraphs 9.2(a) and (h)];
- (vi) any death of a resident;
- (vii) any action taken by home staff, including the use of force or physical restraint, to prevent or restrain a resident from injuring himself/ herself or others, or damaging property, or creating a disturbance; and
- (viii) possessions or property stored or held on behalf of every resident by the home, including Hong Kong Identity Card and medical follow-up card.

(b) Log Book

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

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

(c) Record on Application of Physical Restraint

A separate record should be maintained to record the following information in respect of the application of physical restraint to a resident -

- (i) name of the resident restrained;
- (ii) reason of application;
- (iii) besides consent of the resident and/ or his/ her next-of-kin/ guardians, written medical opinion and written professional advice of clinical psychologists, if available, should also be obtained and be reviewed yearly;
- (iv) written consent of the operator/ the home manager;
- (v) written consent of the resident and/ or his/ her next-of-kin or guardian should be obtained and be reviewed yearly; explanation to both the resident and next-of-kin/ guardian, if any, by the home staff should be made and documented;
- (vi) means of physical restraint;
- (vii) duration of application and period of release each time;
- (viii) observation on the condition of resident after application; and
- (ix) date and details of periodic evaluation on the need for continuing the application.

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

- (i) name of resident restrained;
- (ii) type of restraint;
- (iii) time/ period for application and release; and
- (iv) signature of responsible staff.

(d) Record of Accident

Record of accident is to be kept. Information should include date and time of accident, details of accident, resident(s) affected, whether family members or relatives or contact persons of the resident(s) were informed and any remedial action taken. The staff who handled the accident should sign on the record.

(e) Record of Complaint

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

(f) Record of Social Activities and Programmes

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

(g) Other Records

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

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

3.6 Staff Meeting

Staff meeting, briefing session, case conference or discussion among staff should be conducted by the operator or home manager at regular intervals with record.

CHAPTER 4

BUILDING AND ACCOMMODATION

4.1 General

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

4.2 Lease Conditions and Deed of Mutual Covenant

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

4.3 Restriction on Home Premises

4.3.1 No part of a residential care home for persons with disabilities shall be located in or under any structures built without the approval and consent of the Building Authority, unless exempted by the concerned authority.

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

4.4 Design

Every residential care home for persons with disabilities should, to the satisfaction of the Director of Social Welfare, be designed in the following manner to suit the particular needs of residents -

- (a) every passage and doorway should be wide enough to accommodate residents using walking aids or wheelchairs;
- (b) non-slip tiles should be fitted in every place, especially toilets and bathrooms, where the safety of residents is in jeopardy by reason of a risk of slippage;
- (c) the ceiling of every room should be situated at a height not less than 2.5 m measuring vertically from the floor or not less than 2.3 m measuring vertically from the floor to the underside of any beam, unless permitted by the Director of Social Welfare.

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

- (d) at least 1 call bell should be installed in each dormitory for care-and-attention residents;
- (e) all bathrooms, toilets and corridors should be fitted with railings;
- (f) the design of furniture and fitting-out works of the premises should be hazard-free;
- (g) at all windows, balconies, verandahs, staircases, landings or where there is a difference in adjacent levels greater than 600 mm, protective barriers designed to minimize the risk of persons or objects falling should be provided at a height of not less than 1.1 m and so constructed as to inhibit the passage of articles more than 100 mm in their smallest dimension; and

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

4.5 Basic Facilities

The basic facilities in a residential care home for persons with disabilities should include dormitories, dining/ sitting area, toilet/ bath/ shower, kitchen, laundry and office area. All circulation area including corridor and sitting out area should not be converted into dormitories. A residential care home should provide or make appropriate arrangements for meals and laundry service for the residents.

4.6 Accessibility

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

4.7 Fire Exits

4.7.1 Adequate fire exits and exit routes should be provided in every residential care home for persons with disabilities in accordance with the “Code of Practice for the Provision of Means of Escape in Case of Fire 1996” issued by the Buildings Department and any subsequent amendments or revisions made.

4.7.2 The capacity of a residential care home for persons with disabilities and the establishment of staff should be taken into account when assessing the requirements for means of escape.

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

4.7.4 Every exit route should be adequately lit and kept clear of obstructions. A fire escape route plan should be displayed. The general requirements of exit routes in the “Code of Practice for the Provision of Means of Escape in Case of Fire 1996” and any other subsequent amendments/ revisions made shall be observed and complied with.

4.8 Heating, Lighting and Ventilation

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

4.8.2 Every room used for habitation or for the purposes of an office or as a kitchen in a residential care home for persons with disabilities shall be provided with natural lighting and ventilation complying with Regulations 30, 31, 32 and 33 of the Building (Planning) Regulations, Cap. 123, sub. leg. F. Exemption from natural lighting and ventilation may be given by the Director of Social Welfare on condition that artificial lighting and mechanical ventilation are provided.

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

4.9 Water Supply and Ablutions

Every residential care home for persons with disabilities should, to the satisfaction of the Director of Social Welfare, be provided with -

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

Details of the facilities required are described in Chapter 8 of this Code of Practice for reference.

4.10 Repair

Every residential care home for persons with disabilities should, to the satisfaction of the Director of Social Welfare, be kept in a state of good repair.

CHAPTER 5

SAFETY AND FIRE PRECAUTIONS

5.1 General

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

5.2 Location

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

- (a) an industrial building; or
- (b) any premises the floor of which is immediately over the ceiling or immediately below the floor slab of any -
 - (i) godown;
 - (ii) cinema;
 - (iii) theatre; or
 - (iv) premises wherein any trade, which, in the opinion of the Director of Social Welfare, may pose a risk to the life or safety of the residents, is carried on.

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

5.3 Height

5.3.1 No part of a residential care home for persons with disabilities should be situated at a height more than 24 m above the ground floor, measuring vertically from the ground of the building to the floor of the premises in which the residential care home is to be situated.

5.3.2 The Director of Social Welfare may by notice in writing served on an operator authorize that any part of such residential care home for persons with disabilities may be situated at a height more than 24 m above the ground floor as may be indicated in the notice.

5.4 Fire Service Installations

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

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

5.4.1 Requirements for residential care homes for persons with disabilities of less than 230 m² in area on any floor -

- (a) A fire detection system should be provided for the entire home and smoke detector(s) should be provided in area(s) used for sleeping accommodation. The alarm of such system should be transmitted to the Fire Services Communication Centre by direct telephone line. The installation work should be carried out by a Registered Fire Service Installations Contractor in Class 1.
- (b) A manual fire alarm system should be provided with one actuating point and one audio warning device located at or near the main entrance lobby and at a conspicuous location of the common corridor. The alarm of such system should be integrated with the fire detection system. The

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

- (c) All fire service installations control panels should either be installed at the reception area or near the main entrance inside the home or at a location as approved by the Director of Fire Services.
- (d) One 4.5 kg CO₂ gas fire extinguisher should be provided in each kitchen/pantry/ switch room and one 1.44 m² fire blanket should be provided in the kitchen. One 9 litres CO₂/ water fire extinguisher should be provided at the location near the reception area or near the main entrance inside the home.
- (e) All exits to the exit routes of the building should be indicated by illuminated exit signs bearing the word “EXIT” and characters “出 □” in block letters of not less than 125 mm high with 15 mm wide strokes. Colour contrast for translucent surrounds to lettering should comply with one of the following and should be consistent throughout the entire home.

<u>Letter Colour</u>	<u>Contrasting Colour</u>
Green	White
White	Green

- (f) If an exit sign is not clearly visible from any location in the home especially the corridors leading from each room to the exit routes of the home, suitable directional signs conforming to Table 10 of British Standard 5499: Part I should be provided at conspicuous locations to assist occupants to identify the exits in the event of an emergency.
- (g) Emergency lighting should be provided throughout the entire home. A self-contained battery type emergency lighting system in accordance with Part V, Para. 5.9 of the “Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment 1998” will be accepted if the illumination level of not less than 2 lux for a duration of 2 hours in the event of power failure is provided.

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

5.4.2 Requirements for residential care homes for persons with disabilities exceeding 230 m² or more in area on any floor -

- (a) A smoke detection system should be provided in area(s) used for sleeping accommodation. The alarm of such system should be transmitted to the Fire Services Communication Centre by direct telephone line. The installation work should be carried out by a Registered Fire Service Installation Contractor in Class 1.
- (b) A hose reel system should be provided for the home such that every part of the home premises can be reached by a length of not more than 30 m of hose reel tubing. Where the building in which the home is located is not provided with any fire hydrant/ hose reel tank, the hose reel system may be fed by an improvised water tank of not less than 1500 litres. The system should have a fixed fire pump which should be permanently primed and be capable of producing a jet at the hose reel nozzle for a length of not less than 6 m, at a flow of not less than 24 litres/ minute.
- (c) An automatic sprinkler system should be installed for the entire home premises. Where the provision of sprinkler water tank is not possible, the water supply for such system may be permitted to be obtained from the building's fire hydrant/ hose reel tank or via direct connection from town mains. The improvised sprinkler system should be installed in accordance with the Fire Services Department Circular Letter No. 4/96. The installation works should be carried out by a Registered Fire Service Installations Contractor in Class 2.
- (d) A manual fire alarm system should be provided with one actuating point and one audio warning device at each hose reel point. This actuating point should include facilities for fire pump start and audio warning

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

- (e) All fire service installations control panels should either be installed at the reception area or near the main entrance inside the home or at a location as approved by the Director of Fire Services.
- (f) One 4.5 kg CO2 gas fire extinguisher should be provided in each kitchen/pantry/ switch room and one 1.44 m2 fire blanket should be provided in the kitchen.
- (g) All exits to the exit routes of the building should be indicated by illuminated exit signs bearing the word “EXIT” and characters “出 □” in block letters of not less than 125 mm high with 15 mm wide strokes. Colour contrast for translucent surrounds to lettering should comply with one of the following and should be consistent throughout the entire home.

<u>Letter Colour</u>	<u>Contrasting Colour</u>
Green	White
White	Green

- (h) If an exit sign is not clearly visible from any location in the home especially the corridors leading from each room to the exit routes of the home, suitable directional signs conforming to Table 10 of British Standard 5499: Part I should be provided at conspicuous locations to assist occupants to identify the exits in the event of an emergency.
- (i) Emergency lighting should be provided throughout the entire home. A self-contained battery type emergency lighting system in accordance with Part V, Para. 5.9 of the “Code of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment 1998” will be accepted if the illumination level of not less than 2 lux for a duration of 2 hours in the event of power failure is provided.

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

5.5 Additional Requirements

- 5.5.1 All linings for acoustic, thermal insulation or decorative purposes within protected means of escape, in ducting and concealed locations in the residential care home for persons with disabilities should be of Class 1 or 2 Rate of Surface Spread of Flame as per British Standard 476: Part 7 or its international equivalent, or be brought up to that standard by use of an approved fire retardant product. The work should be conducted by a Registered Class 2 Fire Service Installations Contractor.
- 5.5.2 All ventilating systems that embody the use of ducting or trunking, passing through any wall, floor or ceiling from one compartment to another, should comply with the Building (Ventilating System) Regulations, Cap. 123 sub. leg. J. Detailed drawings showing layout of the ventilating system should be submitted to the Ventilation Division of the Fire Services Department for approval. The system should subsequently be inspected by a Registered Ventilation Contractor at intervals not exceeding 12 months.
- 5.5.3 All fire service installations and equipment installed in the home premises should be maintained in efficient working order at all times and inspected by a Registered Fire Service Installations Contractor at least once in every 12 months.
- 5.5.4 All fixed electrical installations in the home premises shall be installed, inspected, tested and certificated by an electrical worker and contractor registered with the Director of Electrical & Mechanical Services. The certificate, as proof of compliance with the provisions in the Electricity Ordinance, Cap. 406, shall be re-validated every five years thereafter.
- 5.5.5 No storage of dangerous goods in excess of exempted quantity within the

meaning of the Dangerous Goods Ordinance, Cap. 295 is permitted without a licence or approval granted by the Director of Fire Services.

- 5.5.6 All gas installation work at the home premises must be undertaken by a Registered Gas Contractor in accordance with the Gas Safety Ordinance, Cap. 51. Certification of compliance/ completion in accordance with gas safety regulations and relevant Towngas or LPG codes of practice shall be provided by the contractor for any new gas installation, or alteration to existing installations. If a piped gas supply, Towngas or LPG central supply is already available in the building then it should be used to supply all gas equipment. Only where a piped-gas supply is not available should consideration be given to using individual LPG cylinders stored in a purposely-designed chamber (in accordance with the latest edition of “Gas Utilisation Code of Practice 06 - LPG Installations for Catering Purposes in Commercial Premises” issued by the Gas Authority). All gas appliances installed in residential units should be those models equipped with flame failure device and only water heaters of the room-sealed type should be installed. All gas equipment should be inspected/ maintained annually for safe operation by a Registered Gas Contractor.
- 5.5.7 An evacuation plan should be drawn up in consultation with FSD. Fire drills should be conducted at intervals of not less than once every six months.
- 5.5.8 If PU foam filled mattresses and upholstered furniture are used in the premises, they should meet the flammability standards as specified in British Standard BS 7177:1996 and BS 7176:1995 for use in medium hazard premises/ building or standards acceptable to the Director of Fire Services.

5.6 Fire Precautions

- 5.6.1 All staff of the residential care home for persons with disabilities must be fully conversant with the potential fire hazard and any member discovering a fire must -
- (a) give an alarm to warn all other staff and residents;
 - (b) ensure that the fire is reported to the FSD by telephoning 999; and

- (c) make joint effort with other members of staff to evacuate the residents, particularly those requiring assistance.
- 5.6.2 Late patrol of the home premises should be conducted every night to ensure that -
- (a) all cooking/ heating appliances are turned off;
 - (b) all doors leading to common corridors are closed;
 - (c) no matter or thing is left to obstruct the exit routes; and
 - (d) any door along escape routes, which is required to be locked, should be openable in the direction of egress without the use of key in an emergency.
- 5.6.3 No cooking in naked flame should be permitted in the home premises other than in the kitchen.
- 5.6.4 The users' instructions provided by the manufacturers should be followed when using gas appliances so as to ensure safe operation including gas ignition, etc.
- 5.6.5 Liaison with the Registered Gas Contractor should be made for regular checking of gas appliances as prescribed in paragraph 5.5.6 above and for safety advice on gas-related matters.
- 5.6.6 Smoking should not be permitted in the dormitories.
- 5.6.7 If gas leakage is suspected, responsible staff **must** -

extinguish naked flames

turn off gas taps

not operate electrical switches

open windows and doors wide

Immediately call the gas supplier's emergency number using a telephone remote from the affected area. The gas supply must not be turned on again

until it has been checked by the gas supplier's staff or registered gas contractor.

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

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

5.7 Fire Resisting Construction

- 5.7.1 A residential care home for persons with disabilities should be separated from other parts of the building in which it is situated and every part in the home premises should be separated from each other by fire resisting construction in accordance with the "Code of Practice for Fire Resisting Construction 1996" issued by the Buildings Department and any subsequent amendment or revision made.
- 5.7.2 The kitchen in a residential care home for persons with disabilities should be separated from other parts of the home premises by walls having a fire resisting period of not less than 1 hour and the door of the kitchen should have a fire resisting period of not less than 1/2 hour and be self-closing.

CHAPTER 6

FLOOR SPACE

6.1 Area of Floor Space

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

MINIMUM AREA OF FLOOR SPACE FOR EACH RESIDENT

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

6.2 Number of Residents

The right number of residents to be accommodated in a residential care home for persons with disabilities is determined by its physical size and the space standard per capita area as stated above. Area means the net floor area for the exclusive use of the home. In determining the area of floor space per resident, the area of staff dormitory, open space, podium, garden, flat roof, bay window, staircase, column, staircase hall, lift, lift landing, any space occupied by machinery for any lift, air-conditioning system or similar service provided for the building, and any other area in the home which the Director of Social Welfare considers unsuitable for the purpose of a residential care home for persons with disabilities should be disregarded.

CHAPTER 7

STAFFING

7.1 Employment of Staff

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

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

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

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

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

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

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

7.2 Duties and responsibilities

7.2.1 The Operator

An operator means a person who runs the residential care home for persons with disabilities. The duties of an operator include -

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

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

7.2.2 The Home Manager

A home manager means any person responsible for the management of a residential care home for persons with disabilities. A home manager is responsible for -

- (a) overall administration and staffing matters of the home;
- (b) planning, organizing and implementation of social programmes and caring schedules to meet the needs of the residents of the home;
- (c) maintaining an acceptable standard of cleanliness, tidiness and sanitation;
- (d) dealing with all emergency situations;
- (e) maintenance of up-to-date records of the home;
- (f) reporting infectious disease in accordance with the Prevention of the Spread of Infectious Diseases Regulations, Cap. 141, sub. leg. B; and
- (g) providing information concerning the home as required by the Director

of Social Welfare.

7.2.3 The Registered Social Worker

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

7.2.4 The Nurse

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

7.2.5 The Health Worker

A health worker means any person whose name appears on the register maintained by the Director of Social Welfare under Section 5 of the Residential Care Homes (Elderly Persons) Regulation. For more information on details of the health worker, please refer to the Code of Practice for Residential Care Homes (Elderly Persons).

7.2.6 The Care Worker

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

7.2.7 Ancillary Worker

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

7.3 Overnight Staff

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

7.4 Conditions of Service

7.4.1 Medical Examination

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

7.4.2 Salary

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

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

7.4.3 Hours of Work

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

7.4.4 Sick Leave

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

7.4.5 Maternity Leave

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

7.4.6 Annual Leave

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

7.4.7 Termination of Service

Subject to the Employment Ordinance, Cap. 57 and the terms of the relevant contract, either party to a contract of employment may at any time after the probationary period terminate the contract by giving the other party one-month notice, orally or in writing, of his intention to do so. Part II of the Employment Ordinance, Cap. 57, is relevant.

7.4.8 Insurance

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

7.4.9 Retirement Protection

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

7.4.10 Others

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

7.5 First Aid Training

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

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

7.6 Relief Staff

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

7.7 Importation of Labour

The operator and home manager should observe the terms and conditions of employment for staff imported under the Supplementary Labour Scheme. Such terms and conditions are stipulated in the employment contract. The operator may be legally responsible for any violation of the immigration and labour rules and regulations in relation to imported staff.

CHAPTER 8

FURNITURE AND EQUIPMENT

8.1 General

- 8.1.1 It is important that a residential care home for persons with disabilities should have furniture and equipment specially made for the use of the disabled residents.
- 8.1.2 There should be the provision of at least one first aid box on each floor, or in each separate unit of the home if the home premises is located at different and non-adjointing unit(s) of the same floor. The first aid box should include at least bandages, elastoplasts, dressings, mild antiseptic (e.g. 1% solution of savlon, 0.3% solution of Hibitane), ointment suitable for burns and scalds (e.g. silver sulphadiazine), ointment suitable for stings and bites (e.g. antisan cream) etc.
- 8.1.3 This Chapter listed out furniture and equipment recommended for use in a residential care home for persons with disabilities. Every home should, according to its own circumstances, procure appropriate furniture and equipment, to ensure provision of proper care to the residents.
- 8.1.4 All furniture and equipment should be properly maintained, replaced and renovated.

8.2 Dormitory

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

Items	Minimum Quantity Recommended
(5) Heater	1 no. for each dormitory
(6) Mattress	1 sheet for each resident
(7) Mattress cover	1 no. for each resident
(8) Pillow	1 no. for each resident
(9) Pillow case	2 nos. for each resident plus appropriate number for spare use
(10) Bed cover	1 no. for each resident
(11) Bed sheet	2 nos. for each resident
(12) Blanket	1 no. for each resident plus appropriate number for spare use
(13) Blanket cover	1 no. for each resident plus appropriate number for spare use
(14) Quilt	1 no. for each resident plus appropriate number for spare use
(15) Quilt cover	1 no. for each resident plus appropriate number for spare use
(16) Rubber sheet	depends on need
(17) Litter bin	1 no. for each dormitory
(18) Electric clock	1 no. for each dormitory
(19) Vacuum flask	optional
(20) Thermos bag	optional
(21) curtain with rail	1 set for each window opening
(22) Towel rack	optional
(23) Electric fan and/ or air conditioner	be able to provide sufficient ventilation
(24) Call bell	1 no. for each dormitory for care-and-attention residents (optional for homes serving persons with less severe disabilities)
(25) Name Plate	1 no. for each dormitory
(26) Screen	depends on need
(27) Emergency light	1 no. for each dormitory
(28) Drinking pot	optional
(29) Insect trap light	depends on need

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

8.3 Sitting/ Dining Room

Items	Minimum Quantity Recommended
(1) Dining table and chair	depends on the number of residents
(2) Sofa	1 set
(3) Colour television set and other audio-visual equipment	1 set
(4) Supplies of newspaper, magazine and books	1 no. of daily newspaper each day and 1 no. of weekly magazine each week
(5) Electric clock and calendar	1 set
(6) Notice board	1 no.
(7) Stackable chair	depends on the number of residents
(8) Litter bin	1 no.
(9) Curtain with rail	1 set for each window opening
(10) Vacuum flask/ tea urn	1 no.
(11) Telephone	1 set, depends on the number of residents
(12) Cupboard	optional
(13) Green plant in pot	optional
(14) Picture with frame	optional
(15) Recreational or physical training equipment	depends on number of residents
(16) Food trolley	optional
(17) Serving trays	optional
(18) Water dispenser	optional
(19) Newspaper and magazine rack	1 no.
(20) Special feeding equipment such as adapted spoon and fork, bowl and cup	depends on need for spastic/ multiple-handicapped residents

8.4 Toilet/ Bathroom (Note 1)

Items	Minimum Quantity Recommended
(1) Litter bin	optional
(2) Commode	depends on the number of care-and-attention residents
(3) Shower chair/ bathtub seat	depends on the number of care-and-attention residents

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

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

8.5 Kitchen/ Pantry

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

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

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

8.6 Laundry

Items	Minimum Quantity Recommended
(1) Washing machine	1 no., depends on the number of residents
(2) Drying machine	1 no., depends on the number of residents
(3) Iron	1 no.
(4) Ironing board	1 no.
(5) Baskets for clothing	2 nos.
(6) Plastic bucket	2 nos.
(7) Storage rack	optional

8.7 Office

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

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

8.8 Medical Equipment and Supplies

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

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

Note: Equipment marked with * should be applied by a nurse only.

Equipment/ supplies marked with # are personal items to be provided by residents, however, operators should keep adequate stock for contingency use.

8.9 Miscellaneous

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

CHAPTER 9

HEALTH AND CARE SERVICES

9.1 General

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

9.2 Health

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

- (a) An updated health record for each resident should be kept by the home to facilitate his or her care. The record should contain information pertaining to the health and care of the resident, including medical history, medication record, special diet, family support and matters of concern related to nursing care;
- (b) If a resident falls ill, the home should inform his parent/ next-of-kin/ guardian (if applicable) and arrange early medical treatment for the resident. The home should take the sick resident to the nearby Accident and Emergency Department in case of emergency;

- (c) Health inspection, medical consultation or follow-up treatment should be made at regular intervals and when necessary. Staff of the residential care homes should receive regular training on common health problems and those specific to disabled persons to enable early recognition in order to provide best care for their clients and for the sake of protection of staff and other residents;
- (d) In the event of any staff or resident suffering or suspected to be suffering from an infectious disease, the home manager should ensure that the case is reported in accordance with the Prevention of the Spread of Infectious Diseases Regulations, Cap. 141, sub. leg. B. For this purpose, the case may be brought to the attention of a medical practitioner or a medical officer of the Department of Health or the Hospital Authority. Infectious diseases as set out in the First Schedule to the Quarantine and Prevention of Disease Ordinance, Cap. 141 include Acute poliomyelitis, Amoebic dysentery, Bacillary dysentery, Cholera, Dengue fever, Diphtheria, Food poisoning, Legionnaires' disease, Leprosy, Malaria, Measles, Meningococcal infections, Mumps, Paratyphoid fever, Plague, Rabies, Relapsing fever, Rubella, Scarlet fever, Tetanus, Tuberculosis, Typhoid fever, Typhus, Viral hepatitis, Whooping cough, Chickenpox and Yellow fever;
- (e) Besides infectious diseases, in the event of an outbreak or suspected outbreak of a communicable disease e.g. influenza, scabies, among staff or residents, which by the nature of communal living in the residential care home for persons with disabilities warrants special attention of the Department of Health, the home manager should promptly report the case to the respective regional offices of the Department of Health for information and advice;
- (f) For preventing spread of communicable diseases, reference should be made to the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and People with Disabilities issued by the Department of Health, as follows -

- (i) Diseases spread by airborne or direct contact transmission (Example: influenza, tuberculosis, upper respiratory tract infection, head lice and scabies)-
- maintain good indoor ventilation;
 - keep hands clean and wash hands properly;
 - cleanse used furniture properly;
 - dispose of used tissue paper properly;
 - cover nose and mouth when sneezing or coughing;
 - wash hands when they are dirtied by respiratory secretions e.g. after sneezing;
 - prevent head lice by keeping hair clean;
 - prevent scabies by regular bathing;
 - keep personal cleanliness;
 - wash hands properly after handling each resident, e.g. after applying medication or changing diaper;
 - wash linen of residents infected with scabies separately;
 - do not share towels.
- (ii) Foodborne diseases (Example: food poisoning, bacillary dysentery, hepatitis A, Norwalk-like virus infection)-
- observe good personal, food and environmental hygiene;
 - store food properly and avoid cross contamination between raw and cooked food;
 - cook food thoroughly;
 - wash hands properly before preparing food or eating;
 - flush toilet after use and wash hands properly;
 - clean cooking and eating utensils properly;
 - keep kitchen clean, tidy and dry;
 - wash hands properly before feeding each resident and after changing diaper for each resident.
- (iii) Blood-borne diseases (Example: hepatitis B, human immunodeficiency virus (HIV) infection and Acquired Immunodeficiency Syndrome

(AIDS) influenza)-

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

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

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

(v) Management of sick residents-

If a resident falls ill,

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

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

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

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

9.3 Personal Care

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

9.4 General Principles in Application of Physical Restraint

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

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

9.4.2 Having regard to the human rights and personal dignity of disabled residents, the use of physical restraints is generally discouraged. However, the homes may consider it necessary to apply restraints to limit the resident's movement for the following reasons -

- (a) to prevent the resident from injuring himself/ herself or others;
- (b) to prevent the resident from falling; and/ or
- (c) to prevent the resident from removing urinary bags, Foley catheters, feeding tubes, napkins or clothes.

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

9.5 Principles to be Observed in Applying Physical Restraint

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

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

- (a) Consent from the residents or their parents/ next-of-kin/ guardians must be sought in relation to any application of physical restraints;
- (b) Explanation should be given to the parent/ next-of-kin/ guardian and the resident, when application of restraint becomes necessary;
- (c) No restraints with locking devices should be used;
- (d) Physical restraint should not be used without instituting procedures to reinforce more adaptable behaviour at the same time or when implementation of less restrictive procedures have not been tried;
- (e) Restraints should be used for the minimum of time and should not be applied longer than necessary;
- (f) Restraints must be used with care to avoid accidental harm to the resident;
- (g) The need for continuing the application of restraints should be evaluated regularly;
- (h) Restraints should be of the right size and in good condition so as to ensure the least possible discomfort;
- (i) Restraints should be worn and secured properly to ensure safety and comfort with allowance for change of position;
- (j) Restraints must be released at least at 2-hour intervals for 15 minutes to allow movement and exercise at daytime. At bedtime, turning of sleeping position

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

- (k) Restraints should be applied in such a manner so that quick removal in case of fire and other emergency can be achieved;
- (l) During the period of application, the resident must be under close observation and measures should be taken to prevent displacement of restraint, impairment of blood circulation and respiratory difficulty. The condition of the resident while under restraint should be reviewed at least once every 2 hours by the home manager/ nurse/ health worker to determine if continuous use of restraint is warranted. The time frame required for review depends on the specific situation of each resident;
- (m) Physically-restrained residents must not be kept alone in a room;
- (n) The type of restraints used should not cause abrasions or physical injury;
- (o) Restraints should never be used as punishment, as a substitute for caring of the residents or for the convenience of staff; and
- (p) Records on the use of restraint as advised in Chapter 3 of this Code of Practice must be made and the incident should be reported to the parent/ next-of-kin/ guardian.

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

9.6.1 Use of Foley Catheter

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

- (b) Insertion of Foley catheter should be done by a nurse and should be changed weekly;
- (c) The Foley catheter should be placed in a position to allow urine to flow freely and not be infected. The urinary bag should be placed at a position below supra-pubic level to prevent reflux of urine;
- (d) Should monitor and keep record of intake and output of fluid and observe if there is any abnormality. If deemed necessary, medical opinion should be sought immediately; and
- (e) The use of Foley catheter should be reviewed regularly by a registered medical practitioner or nurse to see if the use should be continued.

9.6.2 Use of Nasogastric Tube

- (a) Nasogastric tube should only be used for treatment purpose or when warranted in the circumstances of the residents' medical condition and endorsed as necessary by a registered medical practitioner;
- (b) Insertion of nasogastric tube should be done by a nurse and should be changed regularly;
- (c) Before every feeding, should ensure that the nasogastric tube is properly positioned. Feeding by pressure is not allowed. Mouth and nasal care should be noted;
- (d) Intervals of feeding should be scheduled according to need or as advised by a registered medical practitioner/ dietitian. Generally, feeding should be scheduled at the interval of 3 to 4 hours;
- (e) Should monitor and keep record of intake and output of fluid for residents on nasogastric feeding and observe if there is any abnormality. If deemed

necessary, medical opinion should be sought immediately; and

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

CHAPTER 10

NUTRITION AND DIET

10.1 General

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

10.2 Design of Menu

It is essential for all residential care homes for persons with disabilities to design a menu in advance covering a period of 2 to 4 weeks. The menu should be varied from time to time and be available at all times for inspection. The menu should be designed having regard to residents' personal preferences and medical needs. The menu should be used as a general guide on the range and variety of meals produced, although it may be subject to variations according to seasonal availability of foods.

10.3 Meals and diet

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

10.4 Preparation and Serving of Food

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

- (a) Wash hand properly before preparing food and wounds on hands should be protected with waterproof dressing to prevent passing germs from the wounds to food;
- (b) Do not touch cooked food with bare hands and do not smoke while handling food;
- (c) Raw food such as carrots, lettuces, tomatoes or fruits must be thoroughly washed and rinsed in clean tap water. Meat, poultry and seafood should be rinsed in cold and clean water;
- (d) Vegetables and meat should be washed before chopping;
- (e) Vegetables should be cooked in small amount of water, not be overcooked and not be cooked with baking soda, and cooked as near mealtime as possible;
- (f) Meat should be properly grounded, or minced for easy chewing and digestion. Ground meat and poultry should be cooked thoroughly;
- (g) Frozen meat or fish must be thawed completely before cooking and food taken out from the refrigerator should be reheated thoroughly before consumption;
- (h) Copper utensils, which may cause chemical changes to the nutrients, should not be used;
- (i) To prevent food poisoning, food must be carefully and hygienically stored and prepared. Discard the outer leaves of leafy vegetables and immerse the vegetables in water for one hour before washing to eliminate possible pesticide residues. All kinds of foodstuff, whether raw or cooked, should be properly covered, stored and put under refrigeration. Refrigerators should be properly maintained to ensure their temperature is below 4°C and freezers at or below -18°C at all times and overloading should be avoided to allow proper circulation of cold air. Defrosted food should not be refrozen; and

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

10.5 Meal Time

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

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

10.6 Special Attention on Food Provision

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

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

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

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

10.7 Provision of Water

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

10.8 Other Information

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

CHAPTER 11

CLEANLINESS AND SANITATION

11.1 General

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

11.2 Staff

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

- (a) Any person suffering from a discharging wound, diarrhoea, vomiting or a communicable disease should stop from handling food;
- (b) Clothes should always be clean;
- (c) Finger nails should be clean and manicured regularly;
- (d) Hair should be clean and tidily combed. Long hair should be properly tied up when preparing food and providing personal care to residents; and
- (e) Hands should always be washed with soap and water after using the toilet, before preparing food and after providing personal care to the residents and handling of vomitus, faeces and napkins.

11.3 Residents

The following points should be observed -

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

11.4 Cleaning Schedule

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

- (a) All floors should be cleaned daily. Special attention should be given to bath, toilet and kitchen floors. Walls, doors, windows, ceilings and other structures should also be kept clean at all times;
- (b) The kitchen, cooking utensils and food utensils should be properly washed, cleaned, sterilized and stored immediately after each preparation of food. The utensils should be in proper repair and free from cracks;
- (c) Refrigerators should be cleaned and defrosted regularly;
- (d) Bed sheets and pillow cases must be cleaned and changed regularly;

- (e) Furniture and equipment should be cleaned regularly;
- (f) All garbage receptacles must be cleaned regularly and covered at all times;
- (g) Proper cleansing and sterilization of medical facilities and equipment of the home should be conducted regularly by nurses or health workers; and
- (h) All facilities and furniture in a residential care home for persons with disabilities should be cleaned regularly.

11.5 General Sanitation

- (a) Sewage and drainage systems must be properly installed, inspected and always in working order;
- (b) The toilet/ bathroom should be properly ventilated; and
- (c) Measures should be taken for proper pest control.

11.6 Other Information

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

CHAPTER 12

SOCIAL CARE

12.1 General

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

12.2 Home-like Atmosphere and Adjustment to Home Life

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

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

12.3 Social Interaction

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

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

12.4 Programmes and Activities

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

12.5 Contact with the Outside World

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

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

Specimen of
Medical Examination Form
體格檢驗報告書樣本

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

Personal Data of Applicant 申請人資料

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

Major Diagnosis 診斷

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

Medical History 醫療紀錄

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

Physical Examination 身體檢查

Satisfactory滿意 Fair普通 Poor差

General Condition 一般情況

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

Special Examination 特別檢驗

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

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

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

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

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

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

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

Current Treatment (specify dosage) 現時治療 (說明服用量):

Name(s) of Treatment Providers (e.g. clinic) 提供治療者姓名 (例如診所名稱):

Previous Operations 過往手術

Dates 日期

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

Doctor's Recommendations 醫生建議:

1. The applicant is fit / unfit for admission to day/residential service. 申請人適合 / 不適合日間 / 住宿服務 (No evidence of infectious disease or significant physical condition contraindicating placement into a group environment.) (沒有證據顯示患有傳染病或明顯的健康問題, 以致不適合群體的生活環境)
2. The applicant should be referred to the following specialist for follow up examination 申請人須轉介往以下專科接受進一步的檢驗:

Doctor's Signature

醫生簽署:

Name in block letter

正楷姓名:

Date 日期:

Hospital/Clinic

醫院/診所名稱:

Tel. 電話:

Ref. No. 檔案編號:

Remark
備註:

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

Specimen of
Medical Examination Form for ExMI
精神病康復者體格檢驗報告書樣本

Name of applicant: _____ () HKIC: _____ () Sex / Age: _____
申請人姓名 身分證號碼 性別 / 年齡
D.O.B.: ____/____/____ (DD/MM/YYYY) Hospital/Clinic Ref. no. _____
出生日期 (日 / 月 / 年) 醫院 / 診所檔案編號
Hospital / Clinic 醫院 / 診所: _____ Ward 病房: _____

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

Diagnosis 診斷: _____

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

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

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

Premorbid Personality 發病前的性格: _____

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

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

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

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

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

Symptoms at present attack 現時徵狀: _____

Anti-social behaviour 反社會行爲: _____ Prognosis 預計判斷: _____

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

Problem gambling 沈溺賭博 Others 其他: _____ (include medication 包括服藥) _____

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

Suicidal tendency 自殺傾向 _____ history 紀錄: _____

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

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

Outcome 結果 / sentence 判刑: _____

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

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

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

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

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

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

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

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