

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

TABLE OF CONTENTS

		Page
<u>CHAPTER 1</u> <u>INTRODUCTION</u>		
1.1	General	8
1.2	Purpose of the Ordinance and the Regulation	10
1.3	Licence and Certificate of Exemption	10
1.4	Certificate of Registration	12
1.5	Insurance Coverage	12
1.6	Advertisement	12
1.7	Closure of Residential Care Home for Persons with Disabilities (RCHD).....	12
<u>CHAPTER 2</u> <u>CLASSIFICATION OF RCHDS</u>		
2.1	Classification of RCHDs	14
2.2	Classification of Mixed RCHDs	15
2.3	A Contrast of the Types of Disabilities and Levels of Care Required	16
2.4	Classification of Residential Care Service Units for Persons with Disabilities	17
<u>CHAPTER 3</u> <u>CERTIFICATE OF EXEMPTION</u>		
3.1	Policy	18
3.2	Application for a Certificate of Exemption	18
3.3	Issue of Certificate of Exemption	19
3.4	Conditions for the Issue of Certificate of Exemption	19
3.5	Renewal of Certificate of Exemption	20
3.6	Display of Certificate of Exemption	20
3.7	Format of Certificate of Exemption	20
3.8	Expansion or Merger of Existing RCHDs	20

CHAPTER 4 LICENCE

4.1	Policy	21
4.2	Application for a Licence	21
4.3	Issue of Licence	22
4.4	Conditions for the Issue of Licence	23
4.5	Renewal of Licence	23
4.6	Display of Licence	23
4.7	Format of Licence	23
4.8	Expansion or Merger of RCHDs	23

CHAPTER 5 BUILDING AND ACCOMMODATION

5.1	General	24
5.2	Land Lease Conditions, Statutory Plans, Tenancy Conditions and Deed of Mutual Covenant	24
5.3	Restriction to the Premises of RCHD	24
5.4	Design	25
5.5	Basic Facilities	28
5.6	Accessibility	28
5.7	Means of Escape	28
5.8	Fire Resisting Construction	29
5.9	Heating, Lighting and Ventilation	29
5.10	Toilet Facilities	30
5.11	Water Supply and Ablutions	30
5.12	Repair	30

CHAPTER 6 FIRE SAFETY AND PRECAUTIONS

6.1	General	31
6.2	Location	31
6.3	Height	31
6.4	Fire Service Installations	32
6.5	Additional Requirements	36
6.6	Fire Precautions	39

CHAPTER 7 AREA OF FLOOR SPACE

7.1	Area of Floor Space	41
7.2	Number of Residents	41

CHAPTER 8 FURNITURE AND EQUIPMENT

8.1	General	42
8.2	Dormitory	42
8.3	Sitting / Dining Room	43
8.4	Toilet / Bathroom	44
8.5	Kitchen / Pantry	45
8.6	Laundry	46
8.7	Office	46
8.8	Medical Equipment and Supplies	46
8.9	Other Equipment	49
8.10	Furniture and Equipment for Children	49

CHAPTER 9 MANAGEMENT

9.1	Display of the Name of an RCHD	50
9.2	Procedures on Admission of Residents to a Residential Care Home	50
9.3	Fees and Charges	50
9.4	Schedule of Daily Activities	52
9.5	Staff Duty List / Roster and Attendance Records	52
9.6	Maintenance of Records	52
9.7	Staff Meetings	57
9.8	Handling of Personal Data	57

CHAPTER 10 STAFFING OF RCHD

10.1	Employment of Staff	59
10.2	Definition	60
10.3	Staff on Overnight Duty	62
10.4	Conditions of Service	62
10.5	First Aid and Other Training	64
10.6	Relief Staff	65
10.7	Changes in Staff Employment	65
10.8	Importation of Workers	66

CHAPTER 11 HEALTH WORKER

11.1	Application	67
11.2	Qualification	67
11.3	Registration	67
11.4	Registration Fee	68
11.5	Cancellation of Registration	68
11.6	Job Description of a Health Worker	69
11.7	Continuing Education	70

CHAPTER 12 HEALTH AND CARE SERVICES

12.1	General	71
12.2	Health	71
12.3	Drug Storage and Management	73
12.4	Annual Medical Examination	77
12.5	Personal Care	77
12.6	General Principles of Least Restraint	78
12.7	Procedures to be Observed in Applying Restraints	79
12.8	Notes for Using Urinary Drainage Catheters	86
12.9	Notes for Using Feeding Tubes	87
12.10	Other Special Nursing Procedures	88

CHAPTER 13 **INFECTION CONTROL**

13.1	General	89
13.2	Duties of an Infection Control Officer	89
13.3	Prevention of Infectious Diseases	90
13.4	Management of Cases with Infectious Diseases	91
13.5	Other Information	92

CHAPTER 14 **NUTRITION AND DIET**

14.1	General	93
14.2	Design of Menu	93
14.3	Meals and Choice of Food	93
14.4	Preparation and Supply of Food	94
14.5	Meal Time	95
14.6	Special Attention on Supply of Food	96
14.7	Provision of Water	97
14.8	Monitoring of Nutritional Condition of Residents	97
14.9	Other Information	98

CHAPTER 15 **CLEANLINESS AND SANITATION**

15.1	General	99
15.2	Staff	99
15.3	Residents	100
15.4	Cleaning Schedule	100
15.5	General Sanitation	101
15.6	Pest and Vector Control	101
15.7	Other Information	102

CHAPTER 16 **SOCIAL CARE**

16.1	General	103
16.2	Homely Atmosphere	103
16.3	Adjustment to Living in a Residential Care Home	104
16.4	Social Life	104
16.5	Programmes and Activities	105
16.6	Maintaining Contact with the Community	106

TABLE OF ANNEXES

- Annex 1** Application for a Certificate of Exemption / Licence
- Annex 2** Staff Employment Record of Residential Care Home for Persons with Disabilities
- Annex 3** Guidance Notes on Submission of Floor Plans for a Residential Care Home for Persons with Disabilities
- Annex 4** Certificate of Exemption of Residential Care Home for Persons with Disabilities
- Annex 5** Licence of Residential Care Home for Persons with Disabilities
- Annex 6** Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities
- Annex 7** Application for Registration as a Health Worker
- Annex 8** A List of Notifiable Scheduled Infectious Diseases
(as at 10 June 2011)
- Annex 9** Notification Form for Suspected Outbreak of Infectious Disease in RCHDs

CHAPTER 1

INTRODUCTION

1.1 General

- 1.1.1 The Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) was enacted in June 2011, and came into operation on 18 November 2011 (except Part 2).
- 1.1.2 The Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613 sub. leg. A) is made by the Secretary for Labour and Welfare under section 24 of the Residential Care Homes (Persons with Disabilities) Ordinance, stipulating the requirements for the operation, management and supervision of residential care homes for persons with disabilities (RCHDs).
- 1.1.3 This Code of Practice is issued by the Director of Social Welfare (DSW) under section 23 of the Residential Care Homes (Persons with Disabilities) Ordinance, setting out principles, procedures, guidelines and standards for the operation, keeping, management or other control of RCHDs for compliance by operators.
- 1.1.4 The statutory provisions cited or mentioned in this Code of Practice are those in force before 18 November 2011. Readers of this Code of Practice should check whether there are any subsequent amendments to these provisions. For reference to the aforesaid statutory provisions, visit the website of Department of Justice - Bilingual Laws Information System (BLIS) at <http://www.legislation.gov.hk>.
- 1.1.5 Under section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance, a residential care home for persons with disabilities is defined as -
- any premises at which more than 5 persons with disabilities, who have attained the age of 6 years, are habitually received for the purpose of residential accommodation with the provision of care.
- 1.1.6 Under section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance, a “person with disabilities” means a person who suffers from one or more of the following disabilities -

- (a) total or partial loss of the bodily or mental functions;
- (b) total or partial loss of a part of the body;
- (c) the malfunction, malformation or disfigurement of a part of the body;
- (d) a disorder, illness or disease that affects the thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.

1.1.7 Residents who are received by an RCHD issued with a certificate of exemption (CoE) / licence should be persons with disabilities as defined in paragraph 1.1.6 above, so as to ensure that RCHDs are operated and managed satisfactorily, and the welfare of their residents is promoted in such a proper manner that the residents receive appropriate residential care service.

1.1.8 Under section 3 of the Residential Care Homes (Persons with Disabilities) Ordinance, it does not apply to -

- (a) any premises used or intended for use solely for the purpose of the medical treatment of persons requiring medical treatment;
- (b) a nursing home regulated under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165);
- (c) a boarding school within the meaning of the Education Regulations (Cap. 279 sub. leg. A);
- (d) a treatment centre within the meaning of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566); or
- (e) a residential care home for persons with disabilities, or type or description of residential care home for persons with disabilities, excluded by DSW by order published in the Gazette.

1.1.9 The Residential Care Homes (Persons with Disabilities) Ordinance and the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) are mutually exclusive. Based on this principle, the operator of any home which fits into the definitions of a residential care home under the Residential Care Homes (Persons with Disabilities) Ordinance and the Residential Care Homes (Elderly Persons) Ordinance is required to hold only one valid licence under either of the Ordinances, yet shall not apply for a licence under both Ordinances. If a licence issued

under the Residential Care Homes (Elderly Persons) Ordinance is for the time being in force in respect of the residential care home, and the operator intends to switch over to provide residential service for persons with disabilities, the operator must, after being advised by DSW that the application under the Residential Care Homes (Persons with Disabilities) Ordinance is successful, surrender the first-mentioned licence to DSW which will be cancelled on the issue of a licence under the Residential Care Homes (Persons with Disabilities) Ordinance.

- 1.1.10 Operators of RCHDs should study this Code of Practice in detail as well as the Residential Care Homes (Persons with Disabilities) Ordinance and the Residential Care Homes (Persons with Disabilities) Regulation. DSW may refuse to issue a licence to the applicant under section 7(3)(c) of the Residential Care Homes (Persons with Disabilities) Ordinance if it appears to DSW that the premises used for the RCHD do not comply with any requirements relating to design, construction, fire precautions, health, sanitation and safety set out in this Code of Practice or any other conditions as deemed fit by DSW. Any person who intends to operate an RCHD may contact the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of Social Welfare Department (SWD) (Telephone No.: 2891 6379; Address: Room 1508, 15/F, 248 Queen's Road East, Wan Chai, Hong Kong) for seeking advice or consultation.
- 1.1.11 Compliance with the requirements of this Code of Practice does not release the operator or any other person from the liability, obligation and requirement imposed under other legislations or the common law.

1.2 Purpose of the Ordinance and the Regulation

The requirements of the Residential Care Homes (Persons with Disabilities) Ordinance and the Residential Care Homes (Persons with Disabilities) Regulation provide for the control of RCHDs through a licensing scheme administered by DSW. The legislation aims at ensuring that residents of RCHDs receive services of acceptable standards physically, emotionally and socially.

1.3 Licence and Certificate of Exemption

- 1.3.1 Any person who on any occasion operates, keeps, manages or in any other way has control of an RCHD must hold -
- (a) a licence that has been issued under section 7(2)(a) or renewed

under section 8(3)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of that RCHD and is for the time being in force; or

- (b) a CoE that has been issued under section 11(2)(a) or renewed under section 12(3)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of that RCHD and is for the time being in force.

1.3.2 Operators of RCHDs that exist immediately before the commencement date of the Residential Care Homes (Persons with Disabilities) Ordinance (except Part 2) (i.e. 18 November 2011) but are unable to comply fully with the legislative requirements, may make an application to DSW for a CoE, in order to allow time for existing RCHDs to carry out improvements to comply with the licensing requirements and standards. RCHDs that are established with operation commenced on or after that date should be subject to regulatory control by way of the issue of a licence rather than a CoE, so as to ensure that the service of RCHDs meet the statutory standards and the interests of persons with disabilities are safeguarded more effectively.

1.3.3 Under section 7(3)(d) of the Residential Care Homes (Persons with Disabilities) Ordinance, DSW may refuse to issue a licence to the applicant if the proposed name of the residential care home is unsuitable or is the same as or similar to -

- (a) the name of an existing home in respect of which a CoE is for the time being in force;
- (b) the name of an RCHD in respect of which a licence is for the time being in force;
- (c) the name of a residential care home regulated by the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459);
- (d) the name of an RCHD in respect of which a licence has been suspended, surrendered or cancelled; or
- (e) the name of a residential care home under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) in respect of which a licence issued under that Ordinance has been suspended, surrendered or cancelled.

1.3.4 A CoE / licence issued to a specific RCHD is verified by the signature of DSW and contains information of the RCHD issued with a CoE /

licence. According to section 7 and section 11 of the Residential Care Homes (Persons with Disabilities) Ordinance, the CoE / licence shall be evidence of the facts stated therein and is therefore non-transferable. If there is any change(s) in the name, address, type, capacity according to the CoE / licence and / or holder of the RCHD, application for a new licence is required. To make an application to DSW, applicants are required to use a prescribed form [Residential Care Homes (Persons with Disabilities) Ordinance - Application for a Certificate of Exemption / Licence] as specified in Annex 1 (SWD 680) of this Code of Practice. Any person may obtain the application form and related information from LORCHD or download from the SWD website at <http://www.swd.gov.hk>.

1.4 Certificate of Registration

The operator of a private RCHD must register the RCHD with the Inland Revenue Department according to the Business Registration Ordinance (Cap. 310), and the Registrar of Companies under the Companies Ordinance (Cap. 32) if the RCHD is operated by a corporate body.

1.5 Insurance Coverage

According to the Employees' Compensation Ordinance (Cap. 282), the operator of an RCHD, being an employer, shall take out a policy of employees' compensation insurance for all employees. Moreover, it is also desirable for the operator of an RCHD to take out other insurance policies, such as public liabilities.

1.6 Advertisement

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

1.7 Closure of Residential Care Home for Persons with Disabilities

If the operator intends to cease operation of an RCHD, LORCHD should be informed in writing of the intention to do so, together with a removal plan for the residents. Moreover, the operator should also give a notice in

writing to the residents and the guardian ^{Note 1} / guarantor ^{Note 2} / family members / relatives / contact persons at least 30 days prior to closure of the RCHD. The operator should return the CoE / licence to LORCHD as soon as possible after closure of the RCHD.

Note 1 “Guardian” in this Code of Practice refers to a person appointed by a court order or by the Guardianship Board to exercise the conferred powers and duties.

Note 2 “Guarantor” in this Code of Practice refers to a person who is not a relative of a resident and is not conferred with statutory powers and duties, but willing to handle the daily matters for the resident, e.g. applications for admission to and discharge from the RCHD, discussion of care plan and payment of home fees, etc.

CHAPTER 2

CLASSIFICATION OF RCHDS

2.1 Classification of Residential Care Homes for Persons with Disabilities

2.1.1 As defined under section 2 of the Residential Care Homes (Persons with Disabilities) Ordinance, a residential care home for persons with disabilities (RCHD) means any premises at which more than 5 persons with disabilities, who have attained the age of 6 years, are habitually received for the purpose of residential accommodation with the provision of care. According to the level of care and assistance required by the residents and the type of RCHDs prescribed under section 3 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD may be classified as -

- (a) a “high care level home”
an establishment providing residential care for persons with disabilities who are generally weak in health and lack basic self-care skill to the extent that they require personal care, attention and assistance in the course of daily living activities but do not require a high degree of professional medical or nursing care;
- (b) a “medium care level home”
an establishment providing residential care for persons with disabilities who are capable of basic self-care but have a degree of difficulty in daily living activities; or
- (c) a “low care level home”
an establishment providing residential care for persons with disabilities who are capable of basic self-care and require only minimal assistance in daily living activities.

2.1.2 To cater for the care needs of children, age demarcation is imposed on the high, medium and low care level homes as classified above, by way of -

- (a) rooms and facilities for children with disabilities from the age of 6 to under 15; and
- (b) rooms and facilities for persons with disabilities who have attained the age of 15.

- 2.1.3 The level of care required by the residents who have been received or to be received by an RCHD will be considered by LORCHD in classifying the type of RCHD when applying for the issue or renewal of a CoE / licence.

2.2 Classification of Mixed Residential Care Homes for Persons with Disabilities

- 2.2.1 RCHDs may concurrently receive residents requiring different levels of care services in actual operation. For example, some medium care level homes may be established with high care level places. Moreover, some medium or high care level homes also provide low care level places.
- 2.2.2 In classifying a mixed RCHD, if a home receives persons with disabilities of low, medium and / or high care levels concurrently, that home will only be classified as either a medium care level or high care level home, irrespective of the number of residents of low care level. To take a home concurrently providing low, medium and high level places as an example, the number of residents requiring low care level will be disregarded in classifying the home, and the home will be classified according to the number of residents requiring medium care level or high care level, whichever is the higher. The above principle is to ensure that the interests of residents requiring a higher care level are safeguarded.
- 2.2.3 If a home receives persons with disabilities requiring medium and high care levels concurrently, that home should be classified as a high care level or medium care level RCHD based on the majority rule. For example, for a home providing service of medium care level and high care level concurrently, it will be classified as a high care level RCHD if more than half of the residents are in need of high care level . If the numbers of residents requiring service of high and medium care levels are the same, that home will also be classified as a high care level home.

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

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

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

2.4 Classification of Residential Care Service Units for Persons with Disabilities

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

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

CHAPTER 3

CERTIFICATE OF EXEMPTION

3.1 Policy

Operators of RCHDs that exist immediately before the commencement date of the Residential Care Homes (Persons with Disabilities) Ordinance (except Part 2) (i.e. 18 November 2011) but are unable to comply fully with the legislative requirements, may make an application to DSW for a CoE, in order to allow time for existing RCHDs to carry out improvements to comply with the licensing requirements and standards. DSW may revoke the CoE if the safety of residents is endangered or their well-being is adversely affected after the issue of CoE.

3.2 Application for a Certificate of Exemption

Under section 11(1) of the Residential Care Homes (Persons with Disabilities) Ordinance, operators of existing RCHDs shall apply to DSW for a CoE in the form specified in Annex 1 (SWD 680), accompanied by the information and plans required by DSW. The details are as follows -

- 3.2.1 The duly completed application form may be submitted in person or by registered post to LORCHD.
- 3.2.2 The following documents should also be submitted -
- (a) photocopy of the Hong Kong Identity Card of the applicant (applicable to applications made by an individual);
 - (b) photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable to applications made by a corporate body);
 - (c) certified copy of Business Registration Application issued by the Commissioner of Inland Revenue (applicable to applications of private RCHDs);
 - (d) photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable to applications of private RCHDs);

- (e) staff employment record of RCHD (Annex 2);
- (f) photocopy of the tenancy agreement in respect of the RCHD premises (applicable to rented RCHD premises);
- (g) photocopy of the deed of assignment in respect of the RCHD premises (applicable to self-owned RCHD premises); and
- (h) 4 sets of layout plans of the RCHD (6 sets for RCHDs situated in premises under or divested by the Housing Authority). For details of the requirements on layout plans, please refer to the Guidance Notes at Annex 3.

3.2.3 In addition, for the purpose of classification of RCHDs set out in paragraph 2.2 of Chapter 2 in this Code of Practice, LORCHD may request the applicant to submit the Medical Examination Form (Annex 6) of the residents.

3.2.4 For matters relating to land lease conditions and Outline Zoning Plans in paragraph 5.2 of Chapter 5 in this Code of Practice, LORCHD may request the applicant to submit a waiver or any other documentary proof issued by relevant authorities for using the subject premises for the purpose of an RCHD.

3.2.5 Upon receipt of the above required documents, and if all of them are in order, LORCHD will take 8 weeks to complete processing an application for a CoE and issue the CoE under general circumstances.

3.3 Issue of Certificate of Exemption

Under section 11 of the Residential Care Homes (Persons with Disabilities) Ordinance, DSW shall, on receipt of an application, determine the application -

3.3.1 by issuing to, and in the name of, the applicant, a CoE subject to any conditions as deemed fit by DSW, for a period of 36 months or such lesser period as may be indicated in the certificate; or

3.3.2 by refusing to issue a CoE to the applicant.

3.4 Conditions for the Issue of Certificate of Exemption

3.4.1 Under section 11(3)(b) of the Residential Care Homes (Persons with Disabilities) Ordinance, DSW may impose such conditions in the CoE

as DSW thinks fit. Conditions of exemption may include -

- (a) matters in relation to design, construction, fire precautions, floor space and staffing, etc.;
- (b) display of a CoE; and
- (c) any other conditions as deemed fit by DSW.

3.4.2 The CoE may be revoked if the RCHD concerned fails to comply with such conditions within a specified period.

3.5 Renewal of Certificate of Exemption

Under sections 12(1) and (2) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person holding a CoE in respect of an existing RCHD may apply to DSW not more than 4 months and not less than 2 months before the expiry of the certificate for it to be renewed for a period of not more than 36 months.

3.6 Display of Certificate of Exemption

Operators shall display the CoE in a prominent place of the RCHD premises, so that the public may be able to identify the legal status of the RCHD concerned.

3.7 Format of Certificate of Exemption

A CoE issued under section 11 or renewed under section 12 of the Residential Care Homes (Persons with Disabilities) Ordinance is in the form specified in Annex 4 (SWD 678).

3.8 Expansion or Merger of Existing RCHDs

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

CHAPTER 4

LICENCE

4.1 Policy

Any person who operates, keeps, manages or in any other way has control of an RCHD must hold a licence for the time being in force, except for existing homes in respect of which a CoE is for the time being in force, or any residential care home defined by the Residential Care Home (Elderly Persons) Ordinance as a residential care home for the elderly with a valid licence issued under that Ordinance. RCHDs that are established with operation commenced on or after the commencement date of the Residential Care Homes (Persons with Disabilities) Ordinance (except Part 2) (i.e. 18 November 2011) should be subject to regulatory control by way of the issue of a licence rather than a CoE.

4.2 Application for a Licence

Subject to compliance with the requirements of the Residential Care Homes (Persons with Disabilities) Ordinance, the Residential Care Homes (Persons with Disabilities) Regulation and this Code of Practice, operators of RCHDs may make an application to DSW for a licence. Under section 7(1) of the Residential Care Homes (Persons with Disabilities) Ordinance, operators of RCHDs shall apply to DSW for a licence in the form specified in Annex 1 (SWD 680), accompanied by the information and plans required by DSW. The details are as follows -

- 4.2.1 The duly completed application form may be submitted in person or by registered post to LORCHD.
- 4.2.2 The following documents should also be submitted -
 - (a) photocopy of the Hong Kong Identity Card of the applicant (applicable to applications made by an individual);
 - (b) photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable to applications made by a corporate body);
 - (c) certified copy of Business Registration Application issued by the Commissioner of Inland Revenue (applicable to applications of private RCHDs);

- (d) photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable to applications of private RCHDs);
- (e) staff employment record of RCHD (Annex 2);
- (f) photocopy of the tenancy agreement in respect of the RCHD premises (applicable to rented RCHD premises);
- (g) photocopy of the deed of assignment in respect of the RCHD premises (applicable to self-owned RCHD premises); and
- (h) 4 sets of layout plans of the RCHD (6 sets for RCHDs situated in premises under or divested by the Housing Authority). For details of the requirements on layout plans, please refer to the Guidance Notes at Annex 3.

4.2.3 In addition, for the purpose of classification of RCHDs set out in paragraph 2.2 of Chapter 2 in this Code of Practice, LORCHD may request the applicant to submit the Medical Examination Form (Annex 6) of the residents.

4.2.4 For matters relating to land lease conditions and Outline Zoning Plans in paragraph 5.2 of Chapter 5 in this Code of Practice, LORCHD may request the applicant to submit a waiver or any other documentary proof issued by relevant authorities for using the subject premises for the purpose of an RCHD.

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

4.3 Issue of Licence

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

4.3.1 by issuing to, and in the name of, the applicant, a licence subject to any conditions as deemed fit by DSW, for a period of 36 months or such lesser period as may be indicated in the licence; or

4.3.2 by refusing to issue a licence to the applicant.

4.4 Conditions for the Issue of Licence

Under section 7(4)(b) of the Residential Care Homes (Persons with Disabilities) Ordinance, DSW may impose conditions on the issue of a licence. The conditions of a licence may include -

- 4.4.1 matters in relation to design, construction, fire precautions, floor space and staffing, etc.;
- 4.4.2 display of licence; and
- 4.4.3 any other conditions as deemed fit by DSW.

4.5 Renewal of Licence

Under section 8(1) and (2) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person holding a licence in respect of an RCHD may apply to DSW not more than 4 months and not less than 2 months before the licence expires, for it to be renewed for a period of not more than 36 months.

4.6 Display of Licence

Operators shall display the licence in a prominent place of the RCHD premises, so that the public may be able to identify the legal status of the RCHD concerned.

4.7 Format of Licence

A licence issued under section 7 or renewed under section 8 of the Residential Care Homes (Persons with Disabilities) Ordinance is in the form specified in Annex 5 (SWD 677).

4.8 Expansion or Merger of RCHDs

If there is any expansion or merger plan of an RCHD issued with a licence, operators should apply to LORCHD in writing and acceptance-in-principle must be obtained from LORCHD for including the proposed expansion or merged portion in the licensed area of the RCHD prior to the implementation of the plan and submission of an application for a new licence.

CHAPTER 5

BUILDING AND ACCOMMODATION

5.1 General

RCHDs are subject to inspection by the Building Safety Inspectorate Team of SWD and must comply with the Buildings Ordinance (Cap. 123) and its subsidiary regulations as well as any requirements of the Buildings Department regarding building safety.

5.2 Land Lease Conditions, Statutory Plans, Tenancy Conditions and Deed of Mutual Covenant

5.2.1 It is the responsibility of the operators to ensure that the premises used for the purpose of RCHDs comply with the relevant legislations, land lease conditions, statutory plans, tenancy conditions and the deed of mutual covenant. The operators must note that the lease and deed of mutual covenant are legal binding documents and that they may be ordered by the court to terminate operation of the RCHD in the subject premises in civil proceedings. This Code of Practice does not prejudice the power of enforcement or regulatory actions taken by other government departments.

5.2.2 The operators must ensure that the operation of RCHDs is allowed at the subject premises by checking the land lease conditions and the Outline Zoning Plan of the lot where it is located. If the RCHD concerned is in breach of the land lease conditions or Outline Zoning Plan, it is required to apply for permission or waiver from relevant authorities for operating RCHDs at the subject premises. If the premises are not able to comply with the relevant requirements for operating RCHDs, enforcement action may be taken by relevant authorities that may affect the residents of the RCHD and hence the premises are not suitable to be used as an RCHD.

5.3 Restriction to the Premises of RCHD

5.3.1 No part of an RCHD shall be located in or under any building works carried out or any structures built without the approval and consent of the Building Authority, unless the building works or structures concerned are exempted for seeking approval from the Building

Authority under section 41 of the Buildings Ordinance (Cap. 123) or the Buildings Ordinance (Application to the New Territories) Ordinance (Cap. 121).

- 5.3.2 Section 2 of the Buildings Ordinance (Cap. 123) sets out the definition of buildings and building works. Any buildings erected or building works carried out without the approval and consent of the Building Authority are unauthorised building works, unless being exempted under section 41 of the Buildings Ordinance.
- 5.3.3 Unauthorised building works in or affecting the premises of RCHDs may constitute a risk to the safety of occupants and the public, and therefore must be removed.

5.4 Design

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

- 5.4.1 every passage and doorway must be wide enough to accommodate residents using walking aids or wheelchairs;
- 5.4.2 non-slip tiles must be fitted in every place, especially toilets, bathrooms and kitchen, where the safety of residents is in jeopardy by reason of a risk of slippage, and warning signs must be posted at appropriate locations; and
- 5.4.3 the ceiling (the ceiling structure or suspended false ceiling) of every room must, unless otherwise permitted by DSW, be situated at a height not less than 2.5 m measuring vertically from the floor or not less than 2.3 m measuring vertically from the floor to the underside of any beam;

In addition to the above requirements, the operator must also ensure that -

- 5.4.4 at least one call bell is installed in each dormitory for residents requiring high level of care;
- 5.4.5 all bathrooms, toilets and corridors are fitted with appropriate handrails if necessary;
- 5.4.6 the design of furniture and fitting-out works of the premises is hazard-free;

- 5.4.7 protective barriers are provided at all windows, balconies, verandahs, staircases, landings or where there is a difference in adjacent levels exceeding 600 mm, to minimise the risk of any person or object falling from height; the height of barrier should not be less than 1.1 m and so constructed as to inhibit the passage of articles with more than 100 mm through the smallest dimension;
- 5.4.8 according to the guidelines provided by DSW, if there is an internal open staircase connecting different levels within the premises, a fence or gate should be provided, where the situation allows, at the upper landing of the internal staircase that does not cause obstruction; the fence or gate should be kept closed under general circumstances which should not affect the means of escape in the premises in order to ensure safety of the residents (including wheelchair users). RCHDs are advised to consider the following measures or other improvements (if applicable) to enhance safety in the use of open staircases -
- (a) lay or fit non-slip mats or tiles at the upper landing of the staircase or place non-slip strips with contrast in colour at the edge of each step of the staircase
 - (b) extend the handrails on both sides of the staircase to the upper landing in order to support the physical body of users
 - (c) display tactile or visible warning at suitable locations to alert users
 - (d) avoid placing protruding object at the walls and landing on both sides of the staircase; and
- 5.4.9 all RCHDs are required to provide appropriate facilities for the residents with disabilities to the satisfaction of DSW as follows -
- (a) vertical lifting platform or lift for residents who are persons with ambulant disabilities ^{Note 3} wheelchair users occupying a floor other than the ground floor (if a lift is provided to the existing building, the design of that lift may be exempted from the requirements of the “Design Manual : Barrier Free Access 2008” and any subsequent revision)
 - (b) toilets / bathrooms / shower compartments for persons with ambulant disabilities / wheelchair users
 - (c) ramps (for change in levels)

Note 3 Persons with ambulant disabilities are persons with ambulant impairment who may require the aid of devices (such as prostheses, walking frames, sticks or crutches) for walking.

- (d) steps and staircases
- (e) handrails
- (f) corridors, lobbies and paths
- (g) doors
- (h) signs
- (i) public information or service counters (if any)
- (j) control switches
- (k) illumination
- (l) emergency call bells in accessible toilets
- (m) visual alarm for persons with hearing impairment
- (n) tactile guide path, Braille and tactile floor plan for persons with visual impairment
- (o) drinking fountains (if any)
- (p) accessible public telephones (if any)
- (q) assistive listening system (if any)
- (r) indication and notification for lifts (if any)
- (s) warning or guarding to escalators and passenger conveyors (if any)
- (t) remote signage systems (if any)
- (u) accessible route (accessible to public street or pedestrian way) (if any)
- (v) dropped kerbs (for rises and falls at pavements) (if any)

The above requirements for facilities are applicable to RCHDs receiving residents with the respective types of disabilities. The design of those facilities, if applicable, must comply with the requirements of the “Design Manual : Barrier Free Access 2008” and any subsequent revision, and the requirements in respect of the above

facilities as revised by DSW. If the provision of those facilities imposes unreasonable hardship on the applicant or any other persons, DSW shall make the final decision.

5.5 Basic Facilities

The basic facilities of an RCHD include dormitories, dining / sitting area, toilet / bathroom / shower, kitchen, laundry and office area. All circulation area including the corridor and sitting out area should not be used as dormitories. RCHDs should provide meals and laundry service for the residents. A kitchen with a suitable size should also be provided, the actual size of which will be determined by the number of residents under care and the volume of meals to be served. DSW may impose any of the above requirements on basic facilities for any RCHD on an individual basis.

5.6 Accessibility

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

5.7 Means of Escape

- 5.7.1 RCHD shall be provided with adequate escape exits and exit routes in accordance with the Code of Practice for the Provision of Means of Escape in case of Fire 1996 ^{Note 4} issued by the Building Authority and any subsequent revision.
- 5.7.2 The numbers of residents and staff that may be accommodated by an RCHD are factors that must be considered for assessment of the requirement for escape exits and exit routes. If the capacity exceeds limit of the entire building or any floor of a building arising from the operation of RCHD, that premises may be considered unsuitable for being used as an RCHD.
- 5.7.3 Adequate lighting must be provided for every exit route which is kept clear of obstructions. An evacuation route plan should be displayed inside the RCHD. Relevant requirements are stipulated in paragraph 6.5.9 of Chapter 6 in this Code of Practice.

Note 4 The Code of Practice for the Provision of Means of Escape in case of Fire 1996, the Code of Practice for Fire Resisting Construction 1996 and the Code of Practice for Means of Access for Firefighting and Rescue 2004 are to be replaced by the new Code of Practice for Fire Safety in Buildings 2011 with effect from 1 April 2012.

5.8 Fire Resisting Construction

- 5.8.1 The design and construction of RCHD shall comply with the Code of Practice for Fire Resisting Construction 1996 ^{Note 4} issued by the Building Authority and any subsequent revision.
- 5.8.2 RCHD shall be separated from other parts of the building by suitable fire resisting construction in accordance with the Code of Practice for Fire Resisting Construction 1996 and any subsequent revision.
- 5.8.3 The kitchen of RCHD shall be separated from other parts of the RCHD premises by walls with a fire resistance period of not less than 1 hour. The door of the kitchen shall have a fire resistance period of not less than half an hour, which should be capable of self-closing and kept closed at all times.
- 5.8.4 Areas of special hazards (for electrical or hazardous installations) in RCHD shall be enclosed by walls with a fire resistance period of not less than 2 hours, or 4 hours where adjoining staircase(s) as exit routes. Any door leading to such enclosure from the RCHD premises shall have a fire resistance period of not less than 1 hour, which should be capable of self-closing and kept closed at all times.
- 5.8.5 In case newly added or altered fire resisting constructions are involved in the premises of an RCHD, LORCHD may request the RCHD to submit documentary proof with supporting test / assessment reports prepared by professional persons to certify the required fire resistance period of fire resisting construction.

5.9 Heating, Lighting and Ventilation

- 5.9.1 According to section 25 of the Residential Care Homes (Persons with Disabilities) Regulation, RCHD must be adequately heated, lighted and ventilated to the satisfaction of DSW.
- 5.9.2 Every room used for habitation or for the purposes of an office or kitchen in RCHD shall be provided with adequate natural lighting and ventilation for compliance with sections 30, 31, 32 and 33 of the Building (Planning) Regulations, (Cap. 123 sub. leg. F). DSW may consider exemption if there is provision of adequate artificial lighting and mechanical ventilation in the kitchen or office to the satisfaction of DSW.
- 5.9.3 Every room containing a soil fitment or waste fitment in an RCHD shall be provided with a window in accordance with section 36 of the

Building (Planning) Regulations (Cap. 123 sub. leg. F). DSW may consider exemption if there is provision of adequate artificial lighting and mechanical ventilation to the satisfaction of DSW.

5.10 Toilet Facilities

5.10.1 According to section 26 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must be provided with toilet facilities and sanitary arrangements of a type approved by DSW.

5.10.2 A room used for toilet facilities must -

- (a) be provided with fittings appropriate to the use of the toilet facilities by the residents to the satisfaction DSW;
- (b) at all times be kept in a clean and sanitary condition; and
- (c) not be used for any other purpose.

5.11 Water Supply and Ablutions

According to section 27 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must be provided with -

5.11.1 an adequate and wholesome supply of water;

5.11.2 adequate washing and laundering facilities; and

5.11.3 adequate bathing facilities

to the satisfaction of DSW. Details of the facilities required are listed in Chapter 8 of this Code of Practice for reference.

5.12 Repair

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

CHAPTER 6

FIRE SAFETY AND PRECAUTIONS

6.1 General

Under section 32 of the Residential Care Homes (Persons with Disabilities) Regulation, RCHDs are subject to visit and inspection by any member of the Fire Services Department (FSD) at all reasonable times. RCHDs shall comply with any recommendation made by FSD and SWD regarding fire safety and precautionary measures.

6.2 Location

Under section 20 of the Residential Care Homes (Persons with Disabilities) Regulation, an RCHD must not be situated in any part of -

6.2.1 an industrial building; or

6.2.2 any premises the floor of which is immediately over the ceiling or immediately below the floor slab of any premises in which any trade that, in the opinion of DSW, may pose a risk to the life or safety of the residents is carried on.

6.3 Height

6.3.1 Under section 21 of the Residential Care Homes (Persons with Disabilities) Regulation, subject to paragraph 6.3.2 below, an RCHD including any part of it, must not be situated at a height more than 24 m above the street level, measuring vertically from the street level to the floor of the premises in which the RCHD is or is to be situated. If the RCHD is located in a building served by two streets / roads at different levels, the height of the RCHD is to be measured from the level of the lower street / road.

6.3.2 DSW may, by a notice in writing given to an operator of an RCHD, authorise that any part of the RCHD may be situated at a height more than 24 m above the street level as may be indicated in the notice.

6.4 Fire Service Installations

- 6.4.1 The fire service installations and equipment to be provided for RCHD must be based upon the latest version of the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment and circular letters issued by the Director of Fire Services (DFS) to relevant professionals from time to time. For existing fire service installations and equipment inside the building / premises, the requirements and specifications should be based on the prevailing version of the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment when the fire service installations and equipment were installed.
- 6.4.2 DSW may devise additional requirements and vary any of the requirements in consultation with DFS, having regard to the individual circumstances of any particular RCHD.
- 6.4.3 RCHDs occupying a floor area of less than 230 m² shall comply with the following requirements -
- (a) Fire detection system shall be provided for the RCHD. A smoke detection system shall be provided for the entire floor if any part of the floor is used for sleeping accommodation. Nevertheless, a heat detection system is acceptable in electrical / mechanical rooms and the kitchen. If the RCHD is covered by an automatic sprinkler system, heat or smoke detection system is not required in toilets, bathrooms and staircases. The alarm of the system shall be transmitted to the Fire Services Communication Centre by a direct telephone line.
 - (b) A manual fire alarm system shall be provided with one actuating point and one audio warning device located at or near the main entrance lobby and other sets at conspicuous location(s) near the exit(s) of each storey. In addition to audio warning devices, visual alarm signals shall be provided to form part of the fire alarm system. The alarm of the system shall be integrated with the fire detection system of the premises, except for the areas mentioned below -
 - (i) staircase(s) as exit routes;
 - (ii) smoke lobbies adjoining staircase(s) as exit routes; and
 - (iii) areas not accessible to residents or visitors, e.g. office, staff toilet, staff quarters, plant room, etc.

- (c) All fire service installations control panels shall be installed at the reception area or near the main entrance inside the RCHD or at a location approved by DFS.
- (d) Portable fire fighting equipment shall be provided at the following scale -
 - (i) one 4.5 kg CO₂ gas fire extinguisher shall be provided in each pantry / switch room;
 - (ii) one 4.5 kg CO₂ gas fire extinguisher and one 1.44 m² fire blanket shall be provided in each kitchen;
 - (iii) one 9-litre CO₂ / water fire extinguisher shall be provided at a location near the reception area or near the main entrance inside the RCHD; and
 - (iv) one 9-litre CO₂ / water fire extinguisher shall be provided at a location near each exit if hose reel system is not provided for the RCHD.
- (e) All exits shall be indicated by illuminated exit signs.
- (f) If an exit sign is not clearly visible from any location in the RCHD especially the corridors leading from each room to the exit routes of the RCHD, directional signs shall be provided at conspicuous locations to assist residents or occupiers to identify the exits in the event of an emergency.
- (g) Emergency lighting shall be provided in the entire RCHD. Self-contained luminaires emergency lighting systems satisfying the latest version of the Requirements for Self-contained Luminaires Emergency Lighting Systems [PPA/104(A)] are also acceptable.
- (h) If the mechanical ventilating system in the RCHD has an air handling capacity exceeding one cubic metre per second or serves more than one fire compartment, i.e. all air distribution ductwork systems are not contained within the same compartment, a ventilation / air-conditioning control system shall be provided.
- (i) Primary and secondary electrical supply shall be provided to all fire service installations.

- (j) All installation works for fire service installations and equipment shall be carried out by Registered Fire Service Installation Contractors of appropriate classes. Upon completion of the installation works of the above fire service installations and equipment, a copy of the Certificate of Fire Service Installations and Equipment (Form FS 251) shall be submitted to DFS and DSW as proof of compliance.

6.4.4 RCHDs occupying a floor area of or exceeding 230 m² shall comply with the following requirements -

- (a) Fire detection system shall be provided for the RCHD. A smoke detection system shall be provided for the entire floor if any part of the floor is used for sleeping accommodation. Nevertheless, a heat detection system is acceptable in electrical / mechanical rooms and the kitchen. If the entire RCHD is covered by an automatic sprinkler system, heat or smoke detection system is not required in toilets, bathrooms and staircases. The alarm of the system shall be transmitted to the Fire Services Communication Centre by a direct telephone line.
- (b) A hose reel system conforming to the specifications in the latest version of the Code of Practice for Minimum Fire Service Installations and Equipment shall be provided for the RCHD.
- (c) An automatic sprinkler system shall be installed for the entire RCHD.
- (d) A manual fire alarm system shall be provided with one actuating point and one audio warning device being located at or near the main entrance lobby and other sets at conspicuous location(s) near the exit(s) of each storey. These actuating points shall include facilities for starting the fire pump and initiating the audio warning device. In addition to audio warning devices, visual alarm signals shall be provided to form part of the fire alarm system. The alarm of the system shall be integrated with the fire detection system, except for the areas mentioned below -
 - (i) staircase(s) as exit routes;
 - (ii) smoke lobbies adjoining staircase(s) as exit routes; and
 - (iii) areas not accessible to residents or visitors, e.g. office, staff toilet, staff quarters, plant room, etc.

- (e) All fire service installations control panels shall be installed at the reception area or near the main entrance inside the RCHD or at a location approved by DFS.
- (f) Portable fire fighting equipment shall be provided at the following scale -
 - (i) one 4.5 kg CO₂ gas fire extinguisher shall be provided in each pantry / switch room;
 - (ii) one 4.5 kg CO₂ gas fire extinguisher and one 1.44 m² fire blanket shall be provided in each kitchen; and
 - (iii) one 9-litre CO₂ / water fire extinguisher shall be provided at a location near the reception area or near the main entrance inside the RCHD.
- (g) All exits shall be indicated by illuminated exit signs.
- (h) If an exit sign is not clearly visible from any location in the RCHD especially the corridors leading from each room to the exit routes of the RCHD, directional signs shall be provided at conspicuous locations to assist residents or occupiers to identify the exits in the event of an emergency.
- (i) Emergency lighting shall be provided in the entire RCHD. Self-contained luminaires emergency lighting systems satisfying the latest version of the Requirements for Self-contained Luminaires Emergency Lighting Systems [PPA/104(A)] are also acceptable.
- (j) If the mechanical ventilating system in the RCHD has an air handling capacity exceeding one cubic metre per second or serves more than one fire compartment, i.e. all air distribution ductwork systems are not contained within the same compartment, a ventilation / air-conditioning control system shall be provided.
- (k) Primary and secondary electrical supply shall be provided to all fire service installations.
- (l) All installation works for fire service installations and equipment shall be carried out by Registered Fire Service Installation Contractors of appropriate classes. Upon completion of the installation works of the above fire service installations and equipment, a copy of the Certificate of Fire

Service Installations and Equipment (Form FS 251) shall be submitted to DFS and DSW as proof of compliance.

6.5 Additional Requirements

- 6.5.1 All linings for acoustic, thermal insulation or decorative purposes within protected means of escape in the RCHD shall be of Class 1 or 2 Rate of Surface Spread of Flame as per British Standard 476: Part 7 or its international equivalent, or be brought up to that standard by using an approved flame retardant product. The works shall be carried out by a Registered Fire Service Installation Contractor in Class 2. Upon completion of works, a copy of the Certificate of Fire Service Installations and Equipment (Form FS 251) shall be submitted to DFS and DSW as proof of compliance.
- 6.5.2 All linings for acoustic, thermal insulation or decorative purposes in ductings and concealed locations shall be of Class 1 or 2 Rate of Surface Spread of Flame as per British Standard 476: Part 7 or its international equivalent, or be brought up to that standard by using an approved flame retardant product. Upon completion of works, a copy of the Certificate of Fire Service Installations and Equipment (Form FS 251) shall be submitted to DFS and DSW as proof of compliance.
- 6.5.3 All ventilating systems that embody the use of ducting or trunking, passing through any wall, floor or ceiling from one compartment to another, shall comply with the “Fire Safety Requirements for Ventilating System for Premises (other than Scheduled Premises)”. Detailed as-fitted drawings of the ventilating system shall be submitted via SWD to the Ventilation Division of FSD for verification in inspection. If the result of inspection is found satisfactory, a letter of compliance will be issued by the Ventilation Division. The system shall subsequently be inspected by a Registered Specialist Contractor (Ventilation Works Category) at intervals not exceeding 12 months in accordance with the Building (Ventilating Systems) Regulations (Cap. 123 sub. leg. J) and a copy of the inspection certificate shall be forwarded to DSW as proof of compliance.
- 6.5.4 All installation and alteration works for fire service installations and equipment shall follow the certification procedures for fire service installations and equipment issued by DFS from time to time. As a general rule, if there is a need to alter or add any fire service installations and equipment in the premises, the applicant shall appoint a Registered Fire Service Installation Contractor of appropriate classes to carry out the works. The Registered Fire Service Installation Contractor shall submit a certificate FSI/314A, FSI/314B or FSI/314C

as appropriate, together with three copies of the FSI plans to DFS. Upon completion of works, the Registered Fire Service Installation Contractor shall inspect and certify the installations and submit a copy of the Certificate of Fire Service Installations and Equipment (Form FS 251) to DFS. In addition, another copy of the “Certificate of Fire Service Installations and Equipment” (Form FS 251) shall also be submitted by the RCHD operator to DSW as proof of compliance.

- 6.5.5 All fire service installations and equipment installed in the RCHD shall be maintained in efficient working order at all times and inspected by a Registered Fire Service Installation Contractor at least once every 12 months in accordance with the Fire Service (Installations and Equipment) Regulation (Cap. 95 sub. leg. B). Upon completion of works, a copy of the Certificate of Fire Service Installations and Equipment (Form FS 251) shall be submitted to DFS and DSW as proof of compliance.
- 6.5.6 All fixed electrical installations shall be installed by an electrical worker / contractor registered with the Director of Electrical and Mechanical Services. All existing electrical installations in RCHD shall be inspected, tested and certified on a Periodic Test Certificate (Form WR2) endorsed by the Director of Electrical and Mechanical Services at least once every 5 years. For any new electrical installations or alterations to existing installations, it shall be inspected, tested and certified on a Certificate of Completion (Form WR1) by a registered electrical worker / contractor to confirm that the electrical installations comply with the safety requirements of the Electricity Ordinance (Cap. 406). A copy of the Certificate shall be submitted to DSW as proof of compliance.
- 6.5.7 No storage of dangerous goods within the meaning of the Dangerous Goods Ordinance (Cap. 295) in excess of the exempted quantity is permitted without a licence or approval granted by DFS.
- 6.5.8 All fuel gas installation works in RCHD shall be undertaken by a gas contractor registered with the Director of Electrical and Mechanical Services in accordance with the Gas Safety Ordinance (Cap. 51). A copy of the Certificate of Compliance and the Certificate of Completion provided by the contractor for any new fuel gas installation or alteration to existing installations shall be submitted to DSW. If a piped-gas supply, Towngas or LPG central supply is already available in the building, it shall be used to supply all gas equipment. Only where a piped-gas supply is not available should consideration be given to use individual LPG cylinders stored in a purposely-designed chamber (in accordance with the latest edition of Gas Utilisation Code of Practice GU06 - LPG Installations for

Catering Purposes in Commercial Premises issued by the Gas Authority). All gas appliances installed in the RCHD shall be models equipped with flame failure device and only water heaters of the room-sealed type shall be installed. All gas equipment shall be inspected / maintained annually by a gas contractor registered with the Director of Electrical and Mechanical Services, to ensure a safe operation of the equipment. RCHD shall submit a copy of the documentary proof of continuous annual inspection / maintenance when applying for renewal of licence.

6.5.9 An emergency evacuation plan shall be drawn up and submitted to DSW. The plan with fire / emergency escape routes shall be displayed at conspicuous locations. RCHD shall conduct fire drills at least once every 6 months with proper records.

6.5.10 Polyurethane (PU) foam

- (a) All polyurethane (PU) foam filled mattresses and covering fabric used for fabrication of the mattresses shall conform to British Standard 7177 (for use in medium hazard premises / building); or comply with the Flammability Test Procedure for Mattresses for Use in High Risk Occupancies (Technical Bulletin Number 121) or Flammability Test Procedure for Mattresses for Use in Public Buildings (Technical Bulletin Number 129) issued by the Bureau of Home Furnishings and Thermal Insulation under the Department of Consumer Affairs of the State of California; or conform to another standard acceptable to DFS.
- (b) All PU foam filled upholstered furniture and covering fabric used for fabrication of the furniture shall conform to British Standard 7176 (for use in medium hazard premises / building); or comply with the Flammability Test Procedures for Seating Furniture for Use in Public Occupancies (Technical Bulletin Number 133) issued by the Bureau of Home Furnishings and Thermal Insulation under the Department of Consumer Affairs of the State of California; or conform to another standard acceptable to DFS.
- (c) All PU foam filled mattresses and upholstered furniture conforming to British Standard 7177 (for use in medium hazard premises / building) and British Standard 7176 (for use in medium hazard premises / building) respectively shall bear an appropriate label.

- (d) Invoices from manufacturers / suppliers and test certificates issued by testing laboratories shall be produced to DSW for verification in order to indicate that all the PU foam filled mattresses and upholstered furniture comply with the specified standards. Test certificates shall be issued by an accredited laboratory authorised to conduct tests according to the specified standard, and stamped with the company chop of the manufacturer / supplier for the purpose of verification.

6.6 Fire Precautions

- 6.6.1 All staff of RCHDs must be fully conversant with the potential fire hazard and the actions to be taken in case of fire, e.g. evacuation procedures and the use of fire fighting equipment, etc. Any staff member detecting a fire must -
 - (a) give an alarm to warn all other staff and residents;
 - (b) ensure that the fire is reported to FSD by dialing 999; and
 - (c) evacuate the residents in joint effort with other staff members, especially for residents requiring assistance and under restraint.
- 6.6.2 Patrol shall be conducted every night with proper record to ensure that -
 - (a) all cooking / heating appliances are switched off;
 - (b) all doors leading to common corridors are closed;
 - (c) there is no obstruction to the exit routes by any object; and
 - (d) any door along means of escape that is locked shall be openable in the direction of egress without the use of a key in an emergency.
- 6.6.3 No cooking in naked flame shall be permitted inside an RCHD other than in the kitchen.
- 6.6.4 The users' instructions provided by the manufacturers shall be followed when using fuel gas appliances, including gas ignition, so as to ensure safe operation.
- 6.6.5 It is necessary to contact the registered gas contractor for regular checking of fuel gas appliances according to paragraph 6.5.8 above and for seeking advice on matters relating to gas safety.

- 6.6.6 When an air heater is in use, it shall not be used for the purpose of drying clothes and combustible materials shall not be placed in its close proximity.
- 6.6.7 Smoking is not permitted in the indoor area of RCHD.
- 6.6.8 If gas leakage is suspected, the staff concerned should -
- (a) extinguish all naked flames;
 - (b) turn off gas switches and main valve;
 - (c) not operate electrical switches;
 - (d) open windows and doors wide; and
 - (e) 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 staff of gas supplier or the registered gas contractor.
- 6.6.9 If the gas continues to leak after the switches have been turned off or the smell of gas still persists, the staff must -
- immediately call emergency services by dialing 999 and the gas supplier using a telephone remote from the affected area; evacuate residents from the affected area to a safe location and await arrival of emergency services.

CHAPTER 7

AREA OF FLOOR SPACE

7.1 Area of Floor Space

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

7.2 Number of Residents

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

CHAPTER 8

FURNITURE AND EQUIPMENT

8.1 General

- 8.1.1 There should be furniture and equipment specially made for persons with disabilities in RCHD.
- 8.1.2 There should be provision of at least one first aid box on each floor of an RCHD, or in each separate unit of the home if it is located at different and non-adjointing unit(s) of the same floor. The first aid box should contain at least pressure bandages, triangular bandages, adhesive plasters, wound dressings, sterile cotton wool, sterile gauzes and disposable gloves, etc.
- 8.1.3 This chapter sets out the furniture and equipment recommended for use in RCHD. An RCHD should provide suitable furniture and equipment according to individual circumstances, to ensure provision of safe and proper care to the residents.
- 8.1.4 All furniture and equipment must be properly maintained, and should be regularly replaced or renewed.

8.2 Dormitory

Items	Minimum Quantity Recommended
1. Bed ^{Note 5}	1 no. for each resident
2. Bedside cupboard	1 no. for each resident
3. Wardrobe	1 no. for each resident
4. Heater	1 no. for each dormitory
5. Mattress	1 no. for each resident
6. Mattress cover	1 no. for each resident
7. Pillow	1-2 no(s). for each resident
8. Pillow case	2 nos. for each resident plus appropriate quantity for reserve
9. Bed cover	1 no. for each resident
10. Bed sheet	2 nos. for each resident
11. Blanket	1 no. for each resident plus appropriate number for reserve

Items	Minimum Quantity Recommended
12. Blanket cover	1 no. for each resident plus appropriate number for reserve
13. Quilt	1 no. for each resident plus appropriate number for reserve
14. Quilt cover	1 no. for each resident plus appropriate number for reserve
15. Mackintosh	depends on need
16. Litter bin with lid	1 no. for each dormitory
17. Clock	1 no. for each dormitory
18. Curtain	1 set for each window opening
19. Towel rack	optional
20. Electric fan and / or air conditioner	must be able to provide adequate ventilation
21. Call bell	1 no. for each dormitory for residents of high care level
22. Name plate	1 no. for each dormitory
23. Screen	depends on need
24. Drinking pot	optional
25. Insect trap light	depends on need

Note 5 : A bed with suitable size and type should be provided to fit the care needs / body size of individual residents. It is desirable that adjustable hospital beds are provided for the use of residents in need of high care level.

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. Television set and other audio-visual equipment	1 set
4. Newspaper, magazine and books	1 no. of daily newspaper everyday and 1 no. of weekly magazine every week
5. Clock and calendar	1 set
6. Notice board	1 no.
7. Chair ^{Note 6}	depends on the number of residents
8. Litter bin with lid	1 no.
9. Curtain	1 set for each window opening
10. Vacuum flask / tea urn / drinking fountain	1 no.
11. Telephone	1 set

Items	Minimum Quantity Recommended
12. Cupboard	optional
13. Green plant in pot	optional
14. Picture	optional
15. Recreational or physical training equipment	depends on the number of residents
16. Food trolley	optional
17. Serving tray	optional
18. Special feeding equipment such as adapted spoons, forks, bowls and cups, etc.	depends on the need of residents

Note 6 : Chair with back, arm rest and a wide / heavy base should be provided for residents who are under physical restraint or prone to falls.

8.4 Toilet / Bathroom ^{Note 7}

Items	Minimum Quantity Recommended
1. Litter bin with lid	1 no.
2. Commode chair ^{Note 8}	depends on the number of residents of high care level
3. Shower chair / bathtub seat	depends on the number of residents of high care level
4. Individual electric shaver	depends on need
5. Plastic bucket with lid	1 no.
6. Urinal with lid	depends on the number of residents of high care level
7. Bed pan	depends on the number of residents of high care level
8. Steriliser for bed pan and / or bed pan washer	depends on need
9. Heater ^{Note 9}	1 no.
10. Adult size western type flush toilet / water basin / faucet / bathtub	shall be provided at a ratio in accordance with the 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 every resident
12. Heater	depends on need
13. Exhaust fan	1 no. in each toilet or bathroom
14. Call bell	depends on the number of residents of high care level

Note 7 : Items such as mirrors should be provided if they are not included in the fitting-out works.

Note 8: Commode chair should be provided with mechanical device.

Note 9: If gas water heater is used, it shall be of a room-sealed type only.

8.5 Kitchen / Pantry ^{Note 10}

Items	Minimum Quantity Recommended
1. Cooking utensils	depends on need
2. Dining utensils	depends on the number of residents
3. Cutting board and knives	at least 2 sets for handling raw and cooked food separately
4. Refrigerator / freezer (with a thermometer)	1 no., the size of which depends on the number of residents
5. Meat mincer	depends on need
6. Food blender	depends on need
7. Rice cooker	1 no., the size of which depends on the number of residents
8. Microwave oven	depends on need
9. Hot water boiler	1 no., the size of which depends on the number of residents
10. Cleaning utensils	depends on need
11. Food container	depends on need
12. Plastic tray	depends on need
13. Plastic basket	depends on need
14. Litter bin with lid	1 no.
15. Notice board / white board	1 no.
16. Exhaust fan	1 no.
17. Containers with cover / cupboard with doors for storage of cooking equipment / utensils	depends on need

Note 10: The use of Towngas or electricity is preferred for cooking in kitchen. Kerosene is not allowed to be used in RCHDs for safety reasons. If liquefied petroleum gas or Towngas is used, the requirements as stated in paragraph 6.5.8 of Chapter 6 in this Code of Practice shall be observed.

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. Basket for clothing	2 nos.
6. Plastic bucket with lid	2 nos.
7. Laundry clips	optional
8. Storage racks	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	optional
5. First aid box with supply (shall comply with the requirements of Labour Department if the first aid box is provided for staff)	1 no.
6. Stationery	optional
7. Telephone	1 set
8. Notice board / white board	1 no.
9. Fax machine	1 set

8.8 Medical Equipment and Supplies ^{Note 11}

Items	Minimum Quantity Recommended
1. Dressing supplies (e.g. disposable dressing / sterile packs), disinfectants and dressings (e.g. sterile gauzes / cotton swabs)	appropriate quantity shall be provided in homes serving severely mentally handicapped and / or physically handicapped persons; while other homes shall provide these items on need basis

Items	Minimum Quantity Recommended
2. Disinfecting equipment (e.g. forceps, scissors, kidney dishes / dressing trays / dressing bowls)	depends on need
3. Sphygmomanometer	at least 1 no. for each home serving severely mentally handicapped and / or physically handicapped persons; while other homes shall provide this item on need basis
4. Stethoscope	at least 1 no. for each home serving severely mentally handicapped and / or physically handicapped persons; while other homes shall provide this item on need basis
5. Thermometers / ear thermometers (with disposable ear probe covers)	at least 2 sets for all homes; if ear thermometers are used, sufficient disposable ear probe covers shall be provided with a certain amount reserved for urgent use, depending on the number of residents
6. Diagnostic set (including ophthalmoscope and auriscope)	depends on need
7. Tongue depressor (disposable)	depends on need
8. Torch	depends on need
9. Feeding tubes including: *Nasogastric Tubes ^{Note 12} **Percutaneous Endoscopic Gastrostomy (PEG) Feeding Tubes ^{Note 12}	depends on need
10. Litmus paper (for testing gastric juice)	depends on need
11. Urinary bags / Urinary drainage catheters including: *Foley catheters ^{Note 12} **Suprapubic catheters ^{Note 12}	depends on need
12. Portable oxygen respirator	depends on need
13. Suction pump (aspirator)	at least 1 no. for each home serving severely mentally handicapped and / or physically handicapped persons; while other homes shall provide this item on need basis

Items	Minimum Quantity Recommended
14. Equipment for Cardio-Pulmonary Resuscitation (CPR) (e.g. face shield, pocket mask with filter or bag-valve-mask resuscitator)	depends on need
15. Equipment for storing, preparing and giving drugs	shall be provided in all homes, the quantity, style and size depend on the number of residents who need to take drugs, the quantity of drugs and physical setting of the home
16. Disposable gloves	all homes shall provide an appropriate quantity
17. Blood glucose meter and blood glucose testing stix	depends on need
18. Bandages (various types)	all homes shall provide an appropriate quantity
19. Scale	at least 1 no. for each home
20. Walking aids / wheelchairs / commode chairs	shall be provided in homes serving severely mentally handicapped and / or physically handicapped persons; the quantity depends on the number of residents in need; other homes shall provide these items on need basis
21. Ripple bed mattress	depends on need
22. Personal protective equipment (PPE) items including surgical masks, surgical / disposable latex gloves, disposable caps and gowns and goggles / face shields	shall be provided sufficiently depending on the number of staff, residents and visitors
23. Alcohol-based handrub	all homes shall provide an appropriate quantity

Note 11 : The home should provide related medical equipment and supplies according to the care needs and professional medical advice in respect of the residents.

Note 12 : The equipment marked with ‘*’ should be inserted or changed by a nurse only while the equipment marked with ‘***’ should be inserted or changed by a registered nurse with relevant healthcare training. For details, please refer to paragraphs 12.8 and 12.9 of Chapter 12 in this Code of Practice.

8.9 Other Equipment

Items	Minimum Quantity Recommended
1. Hair dryer	1 no.
2. Vacuum cleaner	1 no.
3. Storage facilities	adequate storage facilities should be provided to ensure that personal belongings of the residents and general stock of the home are kept properly
4. Cleaning equipment	appropriate quantity
5. Cleansing materials	appropriate quantity
6. Screen windows / doors / ventilation openings and insect electrocuting device (IED) ^{Note 13}	depends on need

Note 13 : The IED should be placed along the critical insect pathways (e.g. entrances, doorways or other bottlenecks and vestibules).

8.10 Furniture and Equipment for Children

RCHDs receiving children shall provide suitable furniture and equipment for the residential and activity needs of the children, so as to cultivate a home-like environment, while dormitories and suitable facilities are designed for children to safeguard their safety, physical and mental development. Apart from the furniture and equipment listed above, the following items shall also be provided for children -

Items	Minimum Quantity Recommended
1. Desk (which fits the size of children)	depends on need
2. Desk lamp (which fits the size of children)	depends on need
3. Chair (which fits the size of children)	depends on need
4. Bookshelf	depends on need
5. Books	depends on need
6. Toys	appropriate quantity
7. Dormitory supplies designed for children	appropriate quantity
8. Furniture designed for children	appropriate quantity

CHAPTER 9

MANAGEMENT

9.1 Display of the Name of Residential Care Home for Persons with Disabilities

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

9.2 Procedures on Admission of Residents to a Residential Care Home

9.2.1 The rules and regulations of RCHD should be posted in the office inside the home and stated on the admission form.

9.2.2 Written consent and authorisation must be sought from the resident and the guardian / guarantor / family members / relatives with proper record in relation to each of the following matters, when arranging for admission or when it becomes necessary -

- (a) application of restraints;
- (b) possessions stored or held on behalf of every resident by the home, including pocket money, identity documents and medical follow-up card, etc.; and
- (c) personal data of the resident (please refer to paragraph 9.8 for details).

9.2.3 Every resident applying for admission to an RCHD should have a medical examination conducted by a registered medical practitioner before admission, so that the RCHD can formulate an individual care plan with regard to the health condition of the resident. A specimen of the Medical Examination Form is at Annex 6.

9.3 Fees and Charges

9.3.1 As an admission procedure, the home manager should clearly explain to the residents and the guardian / guarantor / family members / relatives the rules and regulations of the home, including the home fees and other

charges, and state clearly the fees that may be refunded to residents, payment procedures and arrangements. RCHDs are advised to request the residents and the guardian / guarantor / family members / relatives signing a consent form to show that they clearly understand the rules, regulations and each item of payable fees of the RCHD.

- 9.3.2 As a matter of good practice, RCHDs should inform the residents and the guardian / guarantor / family members / relatives in writing of any proposed increase in fees or charges for any service or goods (including monetary adjustment due to inflation or change of residents' health conditions) at least 30 days prior to the effective date.
- 9.3.3 RCHDs must state clearly in the charter for admission information relating to the amount of monthly home fees for the residents (i.e. the amount per month in HK dollars), other charges (i.e. the amount per month / per time / per item in HK dollars) and each item of charges in detail, and obtain a written confirmation from the residents / guardian / guarantor / family members / relatives. For any revision to take effect, there must also be a written confirmation signed between the RCHD and the residents / guardian / guarantor / family members / relatives. The charter for admission should also specify the notes for discharge (including discharge from RCHD, death, etc) and it should state clearly whether the fees can be refunded to the residents, refund procedures and arrangements.
- 9.3.4 To avoid dispute and misuse of accounts, operators and staff of RCHDs should not take the initiative to handle the personal financial matters of residents such as paying the home fees. It is even prohibited to use or withdraw money from the bank accounts of residents for paying home fees and other charges, unless the RCHD has established and executed the following monitoring mechanism -
- (a) If the resident has a good mental condition, who is clear and capable of managing personal financial matters, subject to his / her willingness, the resident may appoint the RCHD to withdraw bank savings to pay the home fees and other charges on his / her behalf, while the RCHD must keep a record of the appointment. The statement of appointment must be signed by the resident, staff concerned of the RCHD and the witness. The RCHD should formulate guidelines and operational procedures as appropriate, including keeping a complete and up-to-date record by a designated management / supervisory staff. The RCHD must also establish and strictly execute a proper monitoring mechanism; the accounts, bills and receipts, etc. are to be checked by the home operator regularly. These records and accounts shall be made available for inspection at

any time by the residents, family members, inspectors of LORCHD, the respective caseworker and SWD staff concerned.

- (b) If the guardian / guarantor / family members / relatives, who is responsible for handling the personal financial matters of the resident, are not able to pay the home fees in person for any reasons (the resident must have a good mental condition), they may sign an appointment for any person who are being trusted or the RCHD to do so. If RCHD is appointed by the residents, the RCHD concerned must execute the above-mentioned appointment procedure and monitoring mechanism. The appointment statement must be signed by the resident's guardian / guarantor / family members / relatives, staff of the RCHD concerned and the witness.
- (c) If the resident is certified by a registered medical practitioner as mentally unfit and is incapable of managing personal financial matters, operators and staff of the RCHD are strictly prohibited to withdraw any bank savings to pay the home fees and other charges on behalf of the resident. The RCHD should request the resident's guardian / guarantor / family members / relatives or the respective caseworker to arrange for an appointee to handle matters relating to the home fees and other charges.

9.4 Schedule of Daily Activities

RCHDs should formulate a routine programme schedule or time-table for the daily activities of residents, which is to be posted at conspicuous areas (e.g. common room or reception area for visitors or residents) of the RCHD.

9.5 Staff Duty List / Roster and Attendance Record

RCHDs should devise a comprehensive duty list for staff serving different posts in the RCHD, and draw up a staff duty roster for the staff to follow. RCHDs should also establish and maintain a staff attendance record to reflect the actual situation of the staff on duty at different times of a day.

9.6 Maintenance of Records

- 9.6.1 Under section 12 of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must maintain a record of every person employed in the RCHD with the following details -

- (a) name (Chinese and English where applicable), sex, date of birth / age, address, telephone number and Hong Kong Identity Card number;
- (b) supporting documents of relevant qualifications;
- (c) post held in the RCHD;
- (d) wages;
- (e) working hours and shift of duty ;
- (f) terms of appointment (full time or part time); and
- (g) date of appointment and resignation.

9.6.2 The home manager of an RCHD must establish and maintain a comprehensive and regularly updated record system that is subject to surveillance and inspection by LORCHD from time to time. According to section 17 of the Residential Care Homes (Persons with Disabilities) Regulation and as a matter of good practice, such records must include -

- (a) Record of Residents
 - (i) the name (Chinese and English where applicable), address and particulars of identity of every resident (e.g. sex, date of birth / age and Hong Kong Identity Card number);
 - (ii) the name, address and particulars of identity of at least one relative or contact person of every resident;
 - (iii) where or how the relative or contact person may be contacted in an emergency;
 - (iv) the date of admission and discharge of every resident;
 - (v) any action taken (including the use of force or mechanical restraint) to prevent or restrain a resident from self injury or injuring others, or damaging property, or creating a disturbance;
 - (vi) possessions stored or held on behalf of every resident by the RCHD (including pocket money, identity documents and medical follow-up card); and

(vii) records of collecting various fees from the residents, payments made by the RCHD on behalf of the residents and receipts etc.

(b) Health Record of Residents

RCHDs should maintain a health record for every resident, which is to be updated at all times (please refer to paragraph 12.2.1 of Chapter 12 in this Code of Practice for details).

(c) Record by Visiting Registered Medical Practitioner

Where scheduled visits by a registered medical practitioner are arranged by an RCHD for medical examination, consultation or follow-up treatment of residents at regular intervals, the visiting registered medical practitioner should make a proper record of the diagnosis of individual residents with the registered medical practitioner's name, signature and the date of visit (please refer to paragraph 12.2.2 of Chapter 12 in this Code of Practice for details).

(d) Log Book

Log book is to be used by staff on duty to record daily events in the RCHD including any irregularities observed for individual residents (including the residents' physical, emotional or health conditions), emergencies / important environmental problems affecting the operation of the RCHD and follow-up actions on any accident, etc. RCHD should always update relevant records to be signed properly by the staff concerned, which should be submitted to the home manager or staff concerned for monitoring, and maintained inside the RCHD for inspection purpose. Moreover, essential information should also be entered into the personal health record of the resident concerned to facilitate continuous care for the residents.

(e) Record on Application of Restraints

Staff of the RCHD should observe the general principles of least restraint in paragraph 12.6 and the procedures in applying restraints in paragraph 12.7 of Chapter 12 in this Code of Practice. Moreover, RCHD should maintain a separate record of the following information on the application of restraints to residents -

(i) name of the resident under restraint;

- (ii) reasons for application of restraint;
 - (iii) types of restraints applied;
 - (iv) written consent must be obtained from the resident, the guardian / guarantor / family members / relatives, the home manager and a registered medical practitioner when starting to use physical restraint or seclusion (written professional advice of a clinical psychologist is also required where necessary). It should be reviewed with written consent renewed every 6 months;
 - (v) written consent must be obtained from the resident, the guardian / guarantor / family members / relatives and the home manager together with the prescription by a registered medical practitioner when starting to use chemical restraint (written professional advice of a clinical psychologist is also required where necessary). It should be reviewed with written consent renewed every 6 months;
 - (vi) staff of the RCHD shall explain the circumstances to the resident and the guardian / guarantor / family members / relatives when starting to use restraint as well as each review with a record;
 - (vii) the duration of application and / or release for each application;
 - (viii) observation on the condition of the resident after application of restraints;
 - (ix) date and details of regular review on whether there is a need to continue with the application of restraints; and
 - (x) signature of the staff concerned.
- (f) Record of Accident

RCHD should take remedial action immediately after the occurrence of an accident, which should be recorded instantly. The information includes the date and time of the accident, details of the accident, name and condition of the resident(s) affected, the name of guardian / guarantor / family members / relatives / contact persons of the resident(s) who have been informed and the time of informing them, and the remedial

action taken in relation to that accident. The staff who handled the accident should sign on the record.

(g) Special Incident Report

RCHD must report to LORCHD within 3 days after a special incident has occurred, including uncommon death / death caused by severe injury of residents, missing of residents requiring police assistance, established / suspected case of abuse of residents by staff in the RCHD, dispute inside the RCHD requiring police assistance, major drug incident and other serious incidents affecting the daily operation of the RCHD, etc.

(h) Death / Discharge Record should include the following information -

- (i) name of the resident deceased / discharged;
- (ii) date and reasons of death / discharge; and
- (iii) place of death / transfer.

RCHD should enter essential information in the log book and the personal health record of the resident (please refer to paragraph 12.2.1(e) of Chapter 12 in this Code of Practice for details).

(i) Record of Complaint

RCHD should maintain a record of oral / written complaint lodged by a resident or any other person relating to the management or operation of the RCHD, or the views and information provided and any remedial or follow-up action taken in relation to that complaint.

(j) Record of Social Activities and Programmes

RCHD should maintain a proper record of social activities and programmes organised for the residents including -

- (i) objective, type, date, time and place of the activities;
- (ii) number and list of staff involved, number of participating residents, external participants and organisers involved in the activities;

(iii) photographs taken during the activity; and

(iv) responses / feedbacks of residents.

(k) Fire Drill Record

RCHD should conduct fire drills at least once every 6 months while keeping records including the time and date of the drills, number of participating staff and residents. Photographs taken during the drills are also regarded as supplementary record.

(l) Other Records

RCHD should keep the correspondences with government departments and / or other organisations in connection with the operation of the RCHD properly for reference and taking follow-up action. The RCHD should also maintain other records as specified by DSW, such as guidelines and circular letters issued by LORCHD.

9.6.3 RCHD should always update and maintain all the above-mentioned records properly inside the RCHD for inspection purpose.

9.7 Staff Meetings

The operator or home manager of RCHD should conduct staff meetings, briefing sessions, case conferences or seminars at regular intervals with relevant records. As a matter of good practice, the home operator and manager may consider involving residents and the guardian / guarantor / family members / relatives in home management meetings and case conferences.

9.8 Handling of Personal Data

9.8.1 According to the Personal Data (Privacy) Ordinance (Cap. 486), personal data shall only be used (including disclosure and transfer) for the purpose for which the data were to be used at the time of collecting the data; or a purpose directly related to that purpose, unless the prescribed consent of the data subject is obtained or the data are exempted under that Ordinance. In this connection, RCHDs shall only use (including disclosure and transfer) the personal data of a resident for purposes relating to or for which the data were collected. Where the purpose of releasing the personal data of a resident is different from that at the time of collecting the data, the prescribed consent of the resident shall be obtained before releasing the data.

9.8.2 The following shall be considered in determining whether the security measures adopted by RCHDs are able to provide appropriate protection -

- (a) the physical location where the data are stored (e.g. whether the data are stored in restricted areas where unauthorised persons are prohibited);
- (b) the security measures incorporated into the equipment in which the data are stored (e.g. the use of computer password);
- (c) the measures taken for ensuring the integrity, prudence and competence of persons having access to the data; and
- (d) the measures taken for ensuring a secure transmission of the data.

In this connection, RCHDs should formulate internal guidelines to regulate the access to and use of personal data of the residents by the staff, and to implement measures to protect the personal data of the residents.

9.8.3 In general circumstances, an open disclosure of the personal data of an individual resident without consent will infringe the person's privacy. In this regard, RCHDs should handle with care in displaying a routine programme schedule or timetable for daily activities of the residents. No personal data (e.g. Hong Kong Identity Card number, medical records) should be disclosed to the public or openly displayed together with the name of the residents to ensure that personal data of the residents are properly protected against unauthorised or accidental access, processing, erasure or other use.

CHAPTER 10

STAFFING OF RCHD

10.1 Employment of Staff

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

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

10.2 Definition

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

10.2.1 The Operator

- (a) An operator means a person holding a licence in respect of an RCHD or a certificate of exemption in respect of an existing home. According to the requirements of sections 11 to 15 of the Residential Care Homes (Persons with Disabilities) Regulation, the duties of an operator include -
 - (i) employment of staff;
 - (ii) maintenance of records of staff;
 - (iii) furnishing plans or diagrams of the premises;
 - (iv) furnishing details of fee ; and
 - (v) ensuring that an advertisement contains information to the effect that a licence or a certificate of exemption is for the time being in force in respect of the RCHD.
- (b) As a matter of good practice, an operator should inform the residents and / or the guardian / guarantor / family members / relatives in writing of any proposed increase in fees or charges for service or goods payable by the resident at least 30 days prior to the effective date. According to section 14 of the Residential Care Homes (Persons with Disabilities) Regulation, an operator must inform DSW in writing within 14 days after any change in the fees and charges payable by the residents.

10.2.2 The Home Manager

A home manager means any person responsible for the management of an RCHD. A home manager is responsible for -

- (a) the overall administration and staff matters of the RCHD;
- (b) planning, organising and implementing social activities programme and care arrangements;
- (c) maintaining an acceptable standard of safety, cleanliness, tidiness and sanitation of the RCHD;

- (d) maintaining contacts with social service units / medical institutions concerned, and referring residents to these units / institutions where necessary;
- (e) handling all emergencies;
- (f) submission of staff list as stipulated in section 16 of the Residential Care Homes (Persons with Disabilities) Regulation;
- (g) maintenance of up-to-date records as stipulated in section 17 of the Residential Care Homes (Persons with Disabilities) Regulation and Chapter 9 of this Code of Practice;
- (h) providing information concerning the RCHD required by DSW as stipulated in section 18 of the Residential Care Homes (Persons with Disabilities) Regulation; and
- (i) reporting information of scheduled infectious disease as stipulated in section 19 of the Residential Care Homes (Persons with Disabilities) Regulation.

10.2.3 The Nurse

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

10.2.4 The Health Worker

A health worker means any person whose name appears on the register maintained by DSW under section 5 of the Residential Care Homes (Persons with Disabilities) Regulation. Chapter 11 of this Code of Practice sets out information on health workers.

10.2.5 The Care Worker

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

10.2.6 The Ancillary Worker

An ancillary worker means any person, other than a care worker, health

worker or nurse, employed by an operator whose duties include those of a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk.

10.3 Staff on Overnight Duty

10.3.1 As an additional requirement for a high care level home, at least 2 designated persons must be on duty between 6 p.m. and 7 a.m.

10.3.2 As an additional requirement for a medium care level home with a capacity of more than 60 residents, at least 1 designated person must be on duty and 1 other designated person must be on site (whether or not on duty) between 6 p.m. and 7 a.m.;

As an additional requirement for a medium care level home with a capacity of not more than 60 residents, at least 1 designated person must be on site (whether or not on duty) and 1 other designated person must be on call (whether or not on site) between 6 p.m. and 7 a.m.

10.3.3 As an additional requirement for a low care level home, at least 1 designed person must be on site (whether or not on duty) and 1 other designed person must be on call (whether or not on site) between 6 p.m. and 7 a.m.

10.3.4 The above-mentioned designated person means a home manager, an ancillary worker, a care worker, a health worker or a nurse.

10.4 Conditions of Service

10.4.1 Medical Examination

All staff of RCHD must receive a pre-employment medical examination conducted by a registered medical practitioner to certify that they are able to meet the requirements and perform the duties of the job. The operator should consider making reasonable allowances for candidates who are persons with disabilities, so that they shall be able to carry out the inherent requirements of the job, unless such allowance may impose an unjustifiable hardship on the employer.

10.4.2 Salary

Staff salaries must comply with the requirements of the Minimum Wage Ordinance (Cap. 608) and be commensurate with the qualifications, job responsibilities and performance. The salary scale

should be reviewed regularly and if necessary, considered for adjustment having regard to the prevailing economic situation.

10.4.3 Hours of work

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

10.4.4 Sick Leave

- (a) A doctor's certificate should be produced for any sick leave exceeding 2 working days. Any staff meeting the criteria prescribed under Part VII (Sickness Allowance) of the Employment Ordinance (Cap. 57) is entitled to have sickness allowance.
- (b) Employers must keep records of all paid sickness days of employees in accordance with section 37 of the Employment Ordinance. Proper maintenance of sick leave records of staff is one of the important indicators of good occupational health and safety practice. It also allows early detection of infectious disease outbreak.

10.4.5 Maternity Leave

- (a) Pregnant employees covered by the Employment Ordinance are entitled to have maternity leave and maternity leave pay under Part III (Maternity Protection) of the Ordinance.
- (b) Employers must keep proper records of maternity leave taken by employees and maternity leave pay received by employees in accordance with section 15B of the Employment Ordinance.

10.4.6 Annual Leave

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

10.4.7 Termination of Service

Subject to the Employment Ordinance and relevant contract terms that are consistent with the Ordinance, either party to a contract of employment may terminate the contract by giving the other party

notice, orally or in writing, of the intention to do so, and by giving the other party due notice or payment in lieu of notice. Part II (Contracts of Employment) of the Ordinance sets out the relevant provisions on termination of a contract of employment.

10.4.8 Employees' Compensation Insurance

According to the Employees' Compensation Ordinance (Cap. 282), employers shall take out a policy of employees' compensation insurance for their employees (including full-time and part-time employees) to cover the employers' liabilities under the Employees' Compensation Ordinance and the common law.

10.4.9 Mandatory Provident Fund

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

10.4.10 Others

Personnel policy shall comply with the conditions and requirements stipulated in the Employment Ordinance.

10.5 First Aid and Other Training

10.5.1 All staff of RCHD shall have a basic knowledge of first aid and at least one staff member must have completed a course in first aid and is holding a valid first aid certificate. First aid courses run by the Hong Kong St. John Ambulance, Hong Kong Red Cross, Auxiliary Medical Service, Occupational Safety and Health Council, Maritime Services Training Institute of Vocational Training Council, Fire Services Department, Accident and Emergency Training Centre of Ruttonjee Hospital and Tang Shiu Kin Hospital are courses recognised by the Commissioner for Labour and accepted by DSW.

10.5.2 Registered nurses and enrolled nurses within the meaning of the Nurses Registration Ordinance (Cap. 164) are recognised for their first aid knowledge and skills. RCHDs with the employment of either a registered nurse or an enrolled nurse are exempted from the requirement of having at least one staff member holding a valid first

aid certificate.

- 10.5.3 The operator and home manager should encourage and facilitate continuous training of staff through on-site or external training including occupational safety, stress management, infection control, drug management, nursing care and common diseases among persons with disabilities. This may draw the attention of staff in respect of health and safety at work, in particular on proper manual handling technique and early identification of common health problems of persons with disabilities, keep them abreast of the latest development of the caring skills for persons with disabilities and enhance their awareness of drug safety management and effective infection control measures. Relevant records should also be maintained.

10.6 Relief Staff

Relief staff must be arranged whenever there is any staff member on casual, vacation or sick leave, so as to ensure that the RCHD complies with the minimum staffing requirements at any time as stipulated in the Schedule to the Residential Care Homes (Persons with Disabilities) Regulation. Relevant records should also be maintained.

10.7 Changes in Staff Employment

- 10.7.1 As stipulated in section 11(3) of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must inform DSW in writing within 14 days after any change in the employment of a home manager of an RCHD.
- 10.7.2 As stipulated in section 16(1) of the Residential Care Homes (Persons with Disabilities) Regulation, the home manager must submit to DSW a list of staff employed by the operator within 14 days if so required by DSW in writing.
- 10.7.3 As stipulated in section 16(2) of the Residential Care Homes (Persons with Disabilities) Regulation, the home manager must at least once every 3 months inform DSW in writing of any change in the list of staff employed. For the aforesaid changes in staff employment, the operator / home manager is required to submit the updated information to DSW by using the Staff Employment Record (Annex 2).

10.8 Importation of Workers

The operator should employ local workers as far as possible. If there is a need to employ imported workers through the Supplementary Labour Scheme, the operator and home manager should observe the terms and conditions of employing imported workers under the scheme, which are stipulated in the standard contract of employment. The operator may be liable for any contravention of the immigration and labour laws and regulations in relation to the employment of imported workers.

CHAPTER 11

HEALTH WORKER

11.1 Application

Any person who intends to apply for registration as a health worker shall use the form at Annex 7 (SWD 682) and submit an application to the Licensing Office of Residential Care Homes for Persons with Disabilities at Room 1508, 15/F, 248 Queen's Road East, Wan Chai, Hong Kong.

11.2 Qualification

11.2.1 Under section 4 of the Residential Care Homes (Persons with Disabilities) Regulation, a person who meets either of the following requirements is qualified to be registered as a health worker for the purposes of employment at an RCHD -

- (a) the person has completed a course of training approved by DSW in writing either generally or in any particular case;
- (b) by reason of the person's education, training, professional experience and skill in health work, DSW is satisfied that the person is a suitable person to be registered as a health worker.

11.2.2 For the purpose of paragraph 11.2.1(a) above, a list of training courses approved by DSW will be uploaded to the SWD website for reference (<http://www.swd.gov.hk>).

11.3 Registration

11.3.1 Under section 6(2) of the Residential Care Homes (Persons with Disabilities) Regulation, DSW may register a person as a health worker, and may impose any conditions in relation to the registration that DSW thinks fit.

11.3.2 Under section 6(3) of the Residential Care Homes (Persons with Disabilities) Regulation, DSW must not register an applicant as a health worker unless DSW is satisfied that the applicant is a person who is -

- (a) qualified;
- (b) competent; and
- (c) fit and proper to be registered as a health worker.

11.4 Registration Fee

Subject to paragraph 11.3 above, DSW may register an applicant as a health worker on payment of the fee prescribed in section 37 of the Residential Care Homes (Persons with Disabilities) Regulation.

11.5 Cancellation of Registration

11.5.1 Under section 8 of the Residential Care Homes (Persons with Disabilities) Regulation, DSW may cancel the registration of a person registered as a health worker if -

- (a) DSW is of the opinion that the registration was obtained by fraudulent means; or
- (b) DSW ceases to be satisfied of any matter in respect of which DSW is required to be satisfied under section 6(3) of the Residential Care Homes (Persons with Disabilities) Regulation (i.e. paragraph 11.3.2 above) (e.g. a person who has been convicted of a criminal offence or exhibited serious misbehaviour which sufficiently reflects that the person is incompetent to be a health worker).

11.5.2 Under section 5(4) of the Residential Care Homes (Persons with Disabilities) Regulation, DSW must remove from the register the name of a person -

- (a) who dies;
- (b) who requests in writing that the person's name be removed;
- (c) whose registration is cancelled as mentioned in paragraph 11.5.1 above; or
- (d) who is also registered as a health worker under the Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A) and whose name has been removed under section 5(4)(a) or (c) of that Regulation.

11.6 Job Description of a Health Worker

11.6.1 A health worker should be responsible for the overall health care of residents in RCHD, with the following duties -

- (a) to work closely with the visiting registered medical practitioners to provide information on the medical history of residents and follow up with the health plans;
- (b) to record the medical history, health condition, date and time of medical appointments, detailed information on hospitalisation of residents and to devise health plans for residents;
- (c) to conduct regular checking and to record changes in blood pressure, pulses, temperature, excretion and emotion of residents, for early identification of any illness, to arrange treatment for the residents by visiting registered medical practitioners, or to arrange the residents to receive treatment in clinics, accident and emergency departments or hospitals;
- (d) to provide basic first aid in times of accident or emergency;
- (e) to provide dressing for wounds and bedsores of residents, and to assist residents with tube-feeding and doing simple exercises;
- (f) to check the daily log book of care staff and handle the health problems of residents promptly;
- (g) to render care and supervision to residents on the safe use of drugs;
- (h) to supervise staff on the use of simple medical equipment and disinfection of instruments;
- (i) to assist in designing menu for residents including special diets;
- (j) to train care staff and educate them with the basic knowledge of health care; and
- (k) to provide health education and counselling to residents and the guardian / guarantor / family members / relatives and, subject to compliance with the provisions of the Personal Data (Privacy) Ordinance (Cap. 486), to inform the latter of the residents' health condition for arranging appropriate health care (please refer to paragraph 9.8 of Chapter 9).

11.6.2 A health worker may be designated as the Infection Control Officer by the home operator / home manager as appropriate. Please refer to Chapter 13 “Infection Control” in this Code of Practice for the duties of Infection Control Officer.

11.7 Continuing Education

On-the-job health workers should enhance work skills and service quality through continuing education. If health workers have been registered for a long period of time before employment or being re-employed, they should take relevant training courses prior to taking up the post for revision and updating of health care knowledge and skills.

CHAPTER 12

HEALTH AND CARE SERVICES

12.1 General

The purpose of providing health and care services to persons with disabilities is to maintain their health, prevent deterioration of physical functioning, assist them in carrying out daily living and self-care activities, and to fulfill the health and personal care needs of individual residents. The home manager must ensure that proper and adequate health and care services are provided for residents by qualified staff, while residents should be referred to appropriate medical professionals when necessary. The environment and services of RCHD should enhance and facilitate the residents to adopt a healthy living, to maintain mental wellness and self-care abilities so as to participate in meaningful interactions and social activities.

12.2 Health

12.2.1 RCHD shall maintain the health record of every resident properly, which should be updated at all times and kept accurately. The personal health records should indicate correctly the identity of individual residents including -

- (a) admission documents (e.g. record of assessment for residential services for persons with disabilities, medical examination form);
- (b) records of medical history (e.g. major illnesses, previous operation, vaccination);
- (c) assessment of the health condition of residents, including body weight, vital signs, activities of daily living, eating conditions, emotional, mental, social and behavioural conditions, smoking habit and exercise involved;
- (d) special care needs of the residents such as -
 - (i) special diets including the use of feeding tubes
 - (ii) key risk factors (e.g. allergies, swallowing difficulties, falls, depression, wandering)

- (iii) special nursing procedures (e.g. wound care, urinary drainage catheters, feeding tubes, peritoneal dialysis)
 - (iv) special drugs (e.g. subcutaneous / intramuscular injection)
 - (v) records of hospitalisation, medical consultation and follow-up treatment
 - (vi) assistive devices and adaptive equipment (e.g. seating devices, aids for enhancing activities of daily living and self-care activities, etc.)
 - (vii) proper positioning / posture (e.g. turning for bedridden residents at least once every 2 hours)
 - (viii) incontinence care
- (e) records of progress / changes in the residents' health condition, any accident or any illness suffered by the residents and any remedial actions taken in that respect, and records on the discharge or death of residents (please refer to paragraphs 9.6.2(f) and (h) of Chapter 9 in this Code of Practice); and
 - (f) RCHDs should adopt a set of proper working procedures to enable staff to identify the residents and to match them with the health records correctly in the process of medical consultation.

12.2.2 RCHDs are advised to arrange regular visits by a registered medical practitioner for residents with mobility difficulties for health inspection, medical consultation or follow-up treatment, and signing of written consent for residents requiring the use of restraint. Moreover, RCHDs should also assist in arranging visits by organisations providing health care services (e.g. community psychiatric nursing services of the Hospital Authority) or rehabilitation services.

12.2.3 To maintain the best physical fitness of the residents, RCHDs should provide physical activity exercise for all residents, especially for those with severe physical disabilities. RCHDs may design an exercise routine, provide an exercise area and equipment inside the RCHD so as to encourage the residents to do more exercise for a better health. RCHDs should ensure the safety of residents when doing exercise. The equipment should be checked regularly and maintained in good condition. For residents with special health or physical problems, advice should be sought from health care professionals such as registered medical practitioners or physiotherapists on the exercise.

- 12.2.4 Medical consultation or follow-up treatment should be conducted on a regular basis and when necessary. When a resident is sick or there is a change in health condition, the RCHD should inform the guardian / guarantor / family members / relatives and arrange for the resident to receive medical consultation as soon as possible. In case of emergency, the sick resident should be conveyed to the accident and emergency department nearby. RCHDs should also liaise with the guardian / guarantor / family members / relatives in respect of the individual care plan of the resident and to keep relevant records. Staff of RCHD should receive relevant training on a regular basis, to enable early identification of common health problems of persons with disabilities, for providing the best care while protecting staff and other residents.

12.3 Drug Storage and Management

12.3.1 Drug records

RCHD should maintain drug records for every resident, including the “Individual Drug Record” and “Individual Drug Administration Record”.

- (a) The “Individual Drug Record” shall indicate the prescriptions that are being used by the resident clearly and accurately. The recorded information should include the resident’s personal information (e.g. resident’s name and identity card number), history of drug allergy, information of the prescriptions being used (including name of the drugs, dosage form, dosage, frequency, time and route of administration; date of starting and ceasing to use the drugs, source of the drugs and points to note) and signature of the recording staff.
- (b) The “Individual Drug Administration Record” shall indicate the conditions on the daily use of drugs by residents clearly and accurately. The recorded information should include the resident’s personal information (e.g. name and date of birth of the resident), information of the prescriptions being used (including the date of prescription, source of the drugs, name of the drugs, dosage form, dosage, frequency, time and route of administration) and signature of the staff responsible for preparing and giving the drugs. RCHDs should record and verify the drug information according to the “Individual Drug Record” of the resident and drug labels.

- (c) For any change in the residents' drug information (e.g. change of prescription after attending medical follow-up), RCHDs should update the information in the resident's "Individual Drug Record" and the "Individual Drug Administration Record" immediately on the same day.

12.3.2 Drug Storage

In accordance with section 34 of the Residential Care Homes (Persons with Disabilities) Regulation, all drugs in an RCHD must be kept in a secure place to the satisfaction of DSW.

- (a) Drugs should be clearly labeled and kept in a safe and locked place (e.g. a locked drug cabinet). The key must be monitored and kept by a designated staff for drug administration .
- (b) The drugs of every resident (including PRN drugs that are used when necessary) should be stored in an individual box. The resident's name should be clearly marked on the box, and each box can only store drugs for one resident.
- (c) Oral drugs, and drugs for external use and injection must be kept separately.

12.3.3 Preparation of Drugs

Preparation of drugs includes "prepacking drugs" and "checking drugs".

- (a) If there are nurses or health workers in an RCHD, they should be responsible for preparing drugs. Staff must follow the prescriptions and advice of registered medical practitioners when preparing drugs, and is prohibited from making any diagnosis and dispensing any drugs to residents on their own opinion and / or allowing residents to stop using drugs without the instruction of a registered medical practitioner.
- (b) Staff must strictly comply with the "Three Checks and Five Rights" procedures when preparing drugs, and to counter check the "Individual Drug Administration Record" to ensure that the information (including the resident's name, name of the drugs, dosage form, dosage, frequency, time and route of administration) matches the information on the drug labels.
- (c) After preparing drugs for every resident, the staff must sign immediately in a blank space under the "prepack / check drugs"

box corresponding to the time of taking drugs in the “Individual Drug Administration Record”. Staff must not sign in advance and / or sign for others absolutely.

- (d) If the staff has not prepared drugs for individual residents, the reason must be clearly recorded.
- (e) The staff shall mark clearly the name of resident and the time of taking drugs on the container for preparation of drugs.

12.3.4 Giving Drugs

- (a) If there are nurses or health workers in an RCHD, they should be responsible for giving drugs to the residents. Staff should apply the “Five Rights” procedure again when giving drugs to residents, to ensure that the drugs match the information stated in the “Individual Drug Administration Record” without any error.
- (b) Staff must confirm the identity of the resident when giving drugs, and ensure that the name of the resident is the same as the information marked on the drugs container. RCHDs must also formulate an effective means of confirming the identity of residents with communication difficulties or cognitive disabilities (e.g. checking the resident’s information on the wristlet or other identity proof, or sticking a recent photo of the resident on the “Individual Drug Administration Record”) in order to ensure accuracy.
- (c) Staff must ensure that the resident has swallowed the drugs before leaving.
- (d) After giving drugs to every resident, the staff concerned must sign immediately in a blank space under the “giving drugs” box corresponding to the time of taking drugs in the “Individual Drug Administration Record”. Staff must not sign in advance and / or sign for others absolutely.
- (e) If the staff has not given drugs to individual residents, the reason must be clearly recorded.

12.3.5 Handling the use of Chinese Medicine, Over-the-Counter Drugs and Self-administered Drugs

(a) Chinese Medicine

The name of the registered Chinese medicine practitioner and the Chinese medicine prescription should be kept if resident is taking Chinese medicine prescribed by registered Chinese Medicine practitioner.

(b) Over-the-Counter Drugs

RCHDs should not recommend residents using over-the-counter drugs that are not prescribed by a registered medical practitioner. The RCHD or family members of the resident should persuade the resident against the use of over-the-counter drugs that are intended to be used and seek medical advice if necessary with relevant records.

(c) Self-administered Drugs

If there is a need for an RCHD to train the ability of individual residents for keeping and taking drugs by themselves, the RCHD must conduct an assessment of the resident to ensure that the resident has a good compliance in using drugs, and that the resident is able to fully understand and comply with the instructions of medical practitioners for taking drugs timely, and keep the drugs in a safe and locked place, such that residents nearby will not take the drugs of other residents by mistake due to mental disorder. Besides, written consent should be obtained from the resident and guardian / guarantor / family members / relatives for self-administration of drugs before allowing the resident to use self-administered drugs. The RCHD must continue to maintain and update the resident's "Individual Drug Record", to monitor and assess regularly on the ability of the resident to keep and take drugs by themselves.

12.3.6 Disposal of Expired and Surplus Drugs

RCHDs must comply with the requirements as stipulated in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Chemical Waste) (General) Regulation (Cap. 354 sub. leg. C) on the disposal of expired and surplus drugs.

12.3.7 Drug Management Guidelines and Staff Training

The home manager must ensure that all staff members who are responsible for drug management have received proper training. Such programme should be taken as part of the induction training and

regular training for staff where applicable. RCHDs should devise guidelines on drug management and implement a well-organised drug management system to reduce the risk of misuse of drugs by residents.

12.3.8 Other Information

The procedures of “Drug Storage and Management” should be made with reference to the guidelines, and any subsequent revision, issued by the Department of Health, Hospital Authority and / or LORCHD.

12.4 Annual Medical Examination

12.4.1 According to section 35 of the Residential Care Homes (Persons with Disabilities) Regulation, an operator of an RCHD must ensure that every resident of the RCHD who has attained the age of 60 years is medically examined at least once in every 12 months. The examination must be conducted by a registered medical practitioner, or, so far as circumstances permit, by a visiting medical officer or the resident’s family doctor for continuity of medical care. The registered medical practitioner concerned must report in writing to the operator on the health condition of the resident with a prescribed form specified in Annex 6 or any other form as endorsed by DSW.

12.4.2 For residents who are below 60 years of age, RCHDs are advised to arrange medical examination at regular intervals or when necessary, depending on the health conditions of individual residents so as to facilitate review of individual care plans by the RCHD according to their health conditions.

12.5 Personal Care

12.5.1 RCHDs must design a personal care schedule, and supervise, guide or assist residents in carrying out personal care activities such as oral care, bathing, shampooing, shaving, grooming, changing clothes, changing diapers, cutting hair, manicuring and changing bed sheets and pillow cases at appropriate time.

12.5.2 RCHDs must protect the privacy and dignity of the residents. Sufficient personal space and facilities for protecting privacy (e.g. screens or curtains) should be provided for the residents when rendering personal care services or nursing procedures (e.g. bathing, changing clothes and diapers, toileting, using commode chair, dressing).

- 12.5.3 Special care cards should be placed near the bedside of the residents or other suitable locations. The cards should indicate the special care needs of residents in particular for special diet and precautions against potential health hazards (e.g. swallowing difficulties).
- 12.5.4 When providing personal care to the residents, staff of RCHD is advised to observe relevant guidelines issued by the Department of Health from time to time in order to prevent and control the spread of infectious diseases in RCHD.

12.6 General Principles of Least Restraint

12.6.1 Types of Restraint

- (a) Physical restraint refers to the use of purposely-made device to limit a resident's movement so as to minimise harm to self and / or other residents. Commonly used physical restraints may include cloth vests, soft ties, wrist restraints, soft cloth mittens or safety belts with or without buckles, etc.
- (b) Seclusion refers to an involuntary confinement of a resident in a room / an area where the resident cannot choose to leave under general circumstances.
- (c) Chemical restraint refers to the use of medications for the purpose of restraint. The use of chemical restraint is prohibited in the absence of advice from a registered medical practitioner.

12.6.2 The right to live in dignity and to have freedom of movement should always be taken into consideration when using restraints. RCHD should avoid the use of restraints as far as possible and should never take it for the purpose of punishment, or as a substitute for caring residents or for the convenience of staff.

12.6.3 The use of restraints should only be considered when all other alternative attempts are ineffective or in case of emergency. The use of restraints should be the last resort instead of the first option. Moreover, restraints should only be used under exceptional circumstances when the well-being of the resident and / or other residents is jeopardised. The use of restraints should not be regarded as a usual practice.

12.6.4 RCHD may consider it necessary to use restraints to limit residents' movement for the following reasons –

- (a) to prevent residents from injuring themselves or others;
 - (b) to prevent residents from falling; and / or
 - (c) to prevent residents from removing medical equipment, urinary bags, urinary drainage catheters, feeding tubes, diapers or clothes.
- 12.6.5 If physical restraint or seclusion is used, the dignity and privacy of the residents should be respected with close attention of the safety and comfort of the residents concerned; restraints should be kept to the minimal with the duration reduced as far as possible and must not be used longer than necessary; and the procedures as stated in paragraph 12.7 below must be followed.
- 12.6.6 Chemical restraint must be used under close monitoring of the resident concerned as instructed by the respective registered medical practitioner in order to ensure safety of the resident; it is required to follow up with the registered medical practitioner concerned on the condition of the resident after using chemical restraint, and review whether it is necessary for the resident to continue with the chemical restraint; and to follow the procedures as stated in paragraph 12.7 below.
- 12.6.7 If the use of restraints is considered necessary by the RCHD, relevant guidelines must be formulated as appropriate. The home manager must ensure that all the staff members participating in the use of restraints have received proper training in particular for making decision on when to use restraints, impact of restraint on the dignity of residents, techniques of using restraints and after-care procedures, etc. The proper use of restraints should be included as part of the induction training and regular training for staff where applicable.

12.7 Procedures to be Observed in Applying Restraints

12.7.1 Assessment

Nurses / health workers / healthcare professionals should conduct a thorough assessment of the individual needs and conditions of the residents, and the contributing factors that place the residents at risk leading to the application of restraints; and record the reasons for using the intended restraints, alternative attempts, type of restraint to be used and the time of application. The assessment may include one or more of the following items -

- (a) emotional condition (e.g. racket, clamour, confusion and disorientation);
- (b) persistent disturbing behaviours (e.g. removing medical equipment);
- (c) functional capacity and activities of daily living (e.g. being prone to falls frequently); and / or
- (d) potential harm to self and others (e.g. self-injuring behaviours and violence against others).

12.7.2 Alternatives

Methods other than the use of restraints should be adopted as far as practicable. The use of restraints should only be considered when other alternatives are confirmed as ineffective. Written professional advice of a clinical psychologist must also be sought where necessary. The following alternatives may be considered -

- (a) staff of RCHD and the resident's guardian / guarantor / family members / relatives should give more attention to the resident at times of unstable emotions who may injure self or others;
- (b) the RCHD should adopt methods such as behavioural therapy at times when the resident has self-injuring or aggressive acts (e.g. biting hands or kicking others);
- (c) to provide leisure and diversionary activities (e.g. exercise groups and assisted walking activities);
- (d) to remove triggers that may agitate the resident leading to the need for restraint (e.g. to arrange and provide assistance in routine toileting for residents with unsteady gaits to reduce the chance of falling when they go to the toilet on their own); and
- (e) recommended measures to be adopted for providing a safe environment, including -
 - (i) remove sharp edged furniture;
 - (ii) provide signage for guiding the residents to bedroom;
 - (iii) assist residents with suitable footwear and appropriate use of walking aids;

- (iv) provide good lighting;
- (v) install a bed / chair checking system;
- (vi) ensure a correct seating / positioning for residents on wheelchair; and
- (vii) apply brakes to all movable objects (e.g. beds, wheelchairs and commode chairs).

12.7.3 Intervention Plan

(a) Application of physical restraint or seclusion -

- (i) explain to the resident, the guardian / guarantor / family members / relatives and registered medical practitioner in detail about the reasons, alternative attempts and outcome, the positive results and possible adverse effects, the purpose and procedures of applying physical restraint or seclusion;
- (ii) determine the type of physical restraint intended to be used, which should be the least restrictive for the resident as far as possible (e.g. seat belt of a wheelchair); and
- (iii) consent must be obtained from the resident, the guardian / guarantor / family members / relatives, the home manager and a registered medical practitioner (written professional advice of a clinical psychologist must also be sought where necessary) before application of physical restraints or seclusion.

(b) Application of chemical restraint -

- (i) explain to the resident, the guardian / guarantor / family members / relatives and the registered medical practitioner in detail about the alternatives attempts and the outcome;
- (ii) the nurse or health worker of the RCHD must explain clearly the mental, emotional, behavioural and health condition of the resident concerned when consulting a registered medical practitioner;
- (iii) suggest the registered medical practitioner concerned to discuss with the resident and guardian / guarantor /

family members / relatives on the short term and long term effects of application of chemical restraint including the side effects of drugs; and

- (iv) consent must be obtained from the resident, the guardian / guarantor / family members / relatives and the home manager, with the prescription of a registered medical practitioner (written professional advice of a clinical psychologist must also be sought where necessary) before application of chemical restraint.

12.7.4 Points to Note When Applying Restraints -

(a) Application of physical restraint

- (i) The use of bandage, nylon rope and cotton strip, etc. is strictly prohibited for the purpose of physical restraints.
- (ii) The RCHD should consult a registered healthcare practitioner and / or medical professionals on the type and design of the physical restraint to be used (written professional advice of a clinical psychologist must also be sought where necessary), to ensure that the application of physical restraint will not cause discomfort, abrasions or physical injury to the resident.
- (iii) The type, size and material of physical restraints must be suitable with a good condition so as to ensure the least possible discomfort and danger to the resident; various sizes of cloth vest should be available so as to suit the individual need of residents. It is necessary to provide a soft padding when applying restraint to the wrists for protection of the skin and avoiding abrasions.
- (iv) Physical restraint should be applied and secured properly to ensure safety and comfort with allowance for change of position. Physical restraint should be fixed and tied at the lateral sides of the bed frame, wheelchair or chair with armrest and a wide / heavy base. The knot of restraint should be fixed at areas beyond reach of the residents as far as possible to prevent the residents loosening the restraint. Fixing physical restraint on a movable bed frame is strictly prohibited to avoid causing injuries to the resident when moving the bed frame.

- (v) Physical restraint must be applied in such a manner that it can be removed instantly in case of emergency (e.g. fire outbreak). It is prohibited to use physical restraint with locking device or fixed at two or more different objects (e.g. not to fix a chair and a bed simultaneously) in order not to hinder escape of the resident.

- (vi) It is required to closely monitor the condition of the resident during the period of using physical restraint, and to place the resident within a visible range of the staff as far as practicable. At the same time, physical restraint should be released for examination and allowing the resident for relaxation and body movement, checking and recording the blood circulation, skin condition, respiratory condition and degree of restraint of the resident at least once every 2 hours (or at shorter intervals depending on the resident's condition). It should also be reviewed on whether there is a need to continue with the use of physical restraint depending on the resident's prevailing mental, emotional, behavioural and health conditions. Moreover, staff must give special attention to the following conditions -
 - (1) whether there is any deterioration of the residents' level of consciousness;
 - (2) emotional and psychological reactions of the resident (e.g. resistance or low mood, or unusual emotional state);
 - (3) whether there is any dislocation or loosening of the physical restraint;
 - (4) toileting and personal hygiene of the resident;
 - (5) whether there is an adequate intake of water and nutrition for the resident;

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

- (vii) The RCHD should adopt appropriate preventive measures against any assault to the residents under restraints.
 - (viii) The RCHD should prepare records on the use of physical restraint according to paragraph 9.6.2(e) of Chapter 9 in this Code of Practice.
- (b) Application of seclusion -
- (i) The home manager must ensure that the room / area for seclusion is able to provide a safe environment for the resident, including cushioned walls and floor, sufficient space for body movement, good ventilation and adequate lighting, and free from any equipment and object that may injure the resident. Besides, the RCHD must provide equipment for observing the residents in the room / area (e.g. a view panel on the door) to facilitate close monitoring by staff of RCHD for safety of the residents.
 - (ii) The door of the room / area for seclusion must be readily opened without the use of keys in the direction of egress to allow immediate escape of the resident in case of emergency.
 - (iii) All personal belongings of the resident that may cause injury must be removed before applying seclusion.
 - (iv) The RCHD must observe closely on the resident's condition during the period of seclusion. The RCHD should observe, examine and record the conditions of the resident under seclusion at least once every 15 minutes (or at shorter intervals depending on the resident's condition). It should also be reviewed on whether there is a need to continue with the use of seclusion depending on the resident's prevailing mental, emotional, behavioural and health conditions. Moreover, staff must give special attention to the following conditions -
 - (1) whether there is any deterioration of the residents' level of consciousness;
 - (2) emotional and psychological reactions of the resident (e.g. resistance or low mood, or unusual emotional state);

- (3) toileting and personal hygiene of the resident;
and
- (4) whether there is an adequate intake of water and nutrition for the resident.

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

- (v) The RCHD should adopt appropriate preventive measures against any assault to the residents under restraint.
 - (vi) The RCHD should prepare records on the application of seclusion according to paragraph 9.6.2(e) of Chapter 9 in this Code of Practice.
- (c) Application of chemical restraint -
- (i) The procedures and rules on “Drug Storage and Management” must be observed in applying chemical restraint as stated in paragraph 12.3 above. Nurses, health workers or any staff responsible for drug management must follow the prescriptions and advice of registered medical practitioners and strictly implement the “Three Checks and Five Rights” procedures when applying chemical restraint.
 - (ii) Special attention must be given to the resident’s mental, emotional, behavioural and health conditions as instructed by the registered medical practitioner concerned after the application of chemical restraint. The conditions of the resident should be recorded and signed by the staff concerned. In case of doubt, the registered medical practitioner concerned should be consulted, or the resident should be arranged for medical consultation as soon as possible.
 - (iii) It is required to follow up with the registered medical practitioner concerned on the condition of the resident

after application of chemical restraint and review whether it is necessary to continue with the use of chemical restraint for the resident.

- (iv) Information on the application of chemical restraint to residents must be recorded in the “Individual Drug Record” and “Individual Drug Administration Record” of the resident (please refer to paragraph 12.3.1 above). Moreover, the RCHD must also prepare records on the application of chemical restraint according to paragraph 9.6.2(e) of Chapter 9 in this Code of Practice.

12.7.5 Continuous Assessment and Close Monitoring

- (a) The RCHD shall conduct a review regularly or when there is any change in the resident’s condition, on whether there is a need to continue with the use of restraint, to change the type of restraint and / or to change the time of use. The use of restraint should be stopped immediately when the resident no longer manifests dangerous behaviours or other alternative measures are effective.
- (b) The RCHD must set up a monitoring system for nurses / health workers / the home manager to monitor the use of restraint so as to ensure that the staff concerned follows the correct procedures of using restraint.
- (c) For continuous monitoring of staff on compliance with the proper procedure of using restraint, the nurse / health worker / home manager shall randomly check the condition of every resident under restraint and the observation record at least once a day, and sign on the record after checking.

12.8 Notes for Using Urinary Drainage Catheters

- 12.8.1 Urinary drainage catheters should only be used for treatment purpose or based on the health conditions of the resident as necessary, and not for the convenience of staff. The use of urinary drainage catheters must be approved by a registered medical practitioner.
- 12.8.2 The insertion or change of Foley catheter should be done by a nurse.
- 12.8.3 When the stoma of the resident is well formed and in a stable condition as certified by a registered medical practitioner, the insertion or change of suprapubic catheter may be done by a registered nurse with relevant

healthcare training.

- 12.8.4 All types of urinary drainage catheters should be changed regularly.
- 12.8.5 Urinary drainage catheters should be placed in a position that allows free flow of urine.
- 12.8.6 The staff concerned should regularly observe any irregularity (e.g. reduced urine output, or the presence of blood or sediments in urine). The staff concerned should monitor and keep record of the resident's intake and output of fluid and seek medical opinion if necessary.
- 12.8.7 The use of urinary drainage catheters should be reviewed regularly by a nurse or health worker. Medical advice should be sought from registered medical practitioners and their instructions must be followed to determine whether it should be used for the resident continuously.
- 12.8.8 For residents requiring clean catheterisation intermittently, the frequency of catheterisation should be determined based on the instruction of registered medical practitioners which can only be changed after review by registered medical practitioners or nurses.

12.9 Notes for Using Feeding Tubes

- 12.9.1 Feeding tubes (e.g. nasogastric tube and Percutaneous Endoscopic Gastrostomy feeding tubes) should only be used for treatment purpose or based on the health conditions of the resident as necessary. The use of feeding tubes must be approved by a registered medical practitioner.
- 12.9.2 The insertion or change of nasogastric tubes should be done by a nurse.
- 12.9.3 When the stoma of the resident is well formed and in a stable condition as certified by a registered medical practitioner, the insertion or change of Percutaneous Endoscopic Gastrostomy feeding tubes may be done by a registered nurse with relevant healthcare training.
- 12.9.4 All types of feeding tubes should be changed regularly.
- 12.9.5 It is necessary to ensure that the feeding tube is positioned correctly before each feeding. Feeding by pressure is not allowed. Residents should be placed in a semi-recumbent position during feeding who shall remain in such a position for about 30 minutes after feeding and before lying down. Moreover, oral and nasal care should also be observed, in particular for oral hygiene. Oral care should be provided

for residents at least 3 times daily.

- 12.9.6 The type of milk, quantity, intervals and frequency of feeding should be scheduled according to the recommendations of registered medical practitioners / dietitians. In general, feeding should be scheduled at an interval of 3 to 4 hours during day time.
- 12.9.7 For residents on tube feeding, the staff concerned should monitor and keep record of the intake or output of fluid and take note of any fluid imbalance. Presence of irregular gastric contents and other signs of intolerance should also be observed. Medical opinion should be sought immediately if necessary.
- 12.9.8 Feeding utensils (e.g. feeding funnels, feeding tubes) should be properly disinfected and changed after use.
- 12.9.9 The use of feeding tubes should be reviewed regularly by a nurse or health worker. Medical opinion should be sought from registered medical practitioners and their instructions must be followed to determine whether feeding tubes should be used for the resident continuously.

12.10 Other Special Nursing Procedures

In performing special nursing procedures, RCHDs are advised to make reference to the healthcare guidelines, and any subsequent revision, issued by the Department of Health, Hospital Authority and / or LORCHD.

CHAPTER 13

INFECTION CONTROL

13.1 General

RCHDs provide residential care services to residents with varying levels of impairment. Effective infection control is essential to a residential setting due to close contacts among residents, staff and visitors. For a coordinated and efficient response in implementing infection control measures, operator of an RCHD should designate either a nurse or a health worker as an Infection Control Officer (ICO) (the home manager or a suitable staff member who has received relevant training on infection control should be appointed as the ICO for low care level home). The ICO is a key person who is responsible for handling matters in relation to infection control and prevention of the spread of infectious diseases in RCHD.

13.2 Duties of an Infection Control Officer

The designated ICO is responsible for handling the following matters -

- 13.2.1 to coordinate and oversee all matters relating to infection control and prevention of infectious diseases in RCHD;
- 13.2.2 to disseminate updated information and guidelines on infection control to all staff and residents in RCHD, and help new staff members acquainted with the relevant information;
- 13.2.3 to assist the home manager in arranging infection control training for staff;
- 13.2.4 to assist the home manager in overseeing that the infection control guidelines are being observed and implemented properly by staff and residents, including maintaining personal, environmental and food hygiene;
- 13.2.5 to oversee the disinfection work inside RCHD, to ensure that all medical equipment and other instruments are properly disinfected after use, and soiled linens and other wastes are properly handled and disposed of;

- 13.2.6 to assist the home manager in providing necessary personal protective equipment (PPE) for staff, to advise and supervise the staff on the use and disposal of PPE according to proper procedures;
- 13.2.7 to observe whether there are signs of infectious diseases (e.g. unusual clustering of fever, upper respiratory tract infection symptoms or gastrointestinal symptoms) in residents and staff; assist the home manager to report cases or suspected cases of infectious diseases to LORCHD and the Centre for Health Protection (CHP) of the Department of Health; provide information to CHP as necessary to facilitate their investigation; and collaborate with CHP to adopt effective infection control measures to contain the spread of infectious diseases; and
- 13.2.8 to assist the home manager in assessing the risk of infectious disease outbreak in the RCHD, and to review regularly and devise strategies to prevent infectious disease outbreak in consultation with the home manager, medical professionals (e.g. visiting registered medical practitioners) and the Department of Health.

13.3 Prevention of Infectious Diseases

- 13.3.1 Good personal, food and environmental hygiene should be observed and maintained at all times.
- 13.3.2 Staff of RCHD should adopt standard precautions and transmission-based precautions properly, including -
- (a) proper and frequent hand hygiene is the prerequisite for prevention of infectious diseases, and hence appropriate hand hygiene facilities should be provided by RCHD;
 - (b) staff should adopt standard precautionary measures to regard all blood, body fluids, secretions and excretions (except sweat) (e.g. stool and urine, saliva, sputum, vomitus or secretions from wounds), non-intact skin (e.g. wounds) and mucous membranes as potentially infectious and adopt appropriate and relevant protective measures in different situations;
 - (c) to minimise the risk of being infected or causing cross-infection, the staff should use appropriate PPE when carrying out nursing or personal care procedures. Staff should also adopt specific preventive measures for prevention of diseases with different modes of transmission (e.g. droplet precautions in the case of influenza and contact precautions in the case of scabies); and

- (d) staff should be aware of the latest recommended precautionary level for control of infectious disease as promulgated by the Government, and to adopt appropriate preventive measures according to the alert level.
- 13.3.3 Residents may be relatively prone to complications if they suffer from influenza. Therefore, RCHDs should encourage residents to receive influenza vaccination annually unless vaccination is contra-indicated. The operators of RCHDs, being responsible employers, should endeavour to arrange for staff to receive influenza vaccination. In addition, RCHDs should also encourage residents to receive other vaccinations provided by the Department of Health under the Residential Care Home Vaccination Programme.
- 13.3.4 Staff should take appropriate precautionary measures in the disposal of contaminated articles. Staff of RCHD should disinfect and / or dispose of contaminated articles separately as necessary. Moreover, when handling, collecting and disposing of clinical wastes such as used or contaminated syringes and sharps, the staff must comply with the requirements as stipulated in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354 sub. leg. O).

13.4 Management of Cases with Infectious Diseases

- 13.4.1 Under section 19 of the Residential Care Homes (Persons with Disabilities) Regulation, if a home manager of an RCHD reasonably suspects or knows of a case of a scheduled infectious disease amongst the residents or staff of the residential care home or reasonably suspects or knows that a resident or staff member has been in contact with a case of scheduled infectious disease, the home manager must immediately report to DSW. A list of scheduled infectious diseases as set out in the First Schedule to the Prevention and Control of Disease Ordinance (Cap. 599) (as at 10 June 2011) is at Annex 8 for reference. It is necessary to note for any subsequent revision made by the Department of Health.
- 13.4.2 Besides the aforesaid notifiable diseases, in the event of an outbreak or suspected outbreak of an infectious disease (e.g. influenza, scabies) amongst staff or residents, which by nature of communal living in a residential care home warrants special attention of CHP, the home manager / ICO should promptly report the case to CHP and LORCHD for timely advice by relevant authorities. The notification form for reporting suspected outbreak of infectious disease in RCHD is attached at Annex 9.

13.4.3 An RCHD shall be provided with isolation facilities. In the event of any resident suffering from any infectious disease, the home manager / ICO should arrange for the sick resident to stay in a designated area or room with good ventilation, equipment for proper disposal of personal and clinical waste, PPE and basic hand hygiene facilities. The home manager / ICO should also arrange for the sick resident to receive medical attention promptly and adopt precautionary measures. For example, there should be arrangement for the resident to put on surgical mask if the resident is suspected to be infected with droplet-transmitted disease, to ensure that the health of other residents will not be jeopardized.

13.4.4 Record of infectious diseases should be maintained by RCHDs including -

- (a) date and time of the onset of disease of infected residents and staff;
- (b) number and name of infected residents and staff;
- (c) name of hospital / clinic / registered medical practitioner and the date of receiving medical treatment;
- (d) date of notifying CHP / LORCHD; and
- (e) follow-up action taken by the RCHD.

Relevant information should also be recorded in the log book and the individual health record of the resident.

13.4.5 As a good practice, the home manager / ICO should keep a visitors' attendance record for tracing by the Department of Health in case of need. The home manager / ICO should also inform / alert visitors and / or relatives of the residents about the outbreak of infectious disease if necessary.

13.5 Other Information

To prevent the spread of infectious diseases in RCHDs, please refer to the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Persons with Disabilities issued by the Department of Health. In case of need for more guidance on the prevention and control of infectious diseases in RCHDs, guidelines, information leaflets and pamphlets can be obtained from the Department of Health or other relevant government departments.

CHAPTER 14

NUTRITION AND DIET

14.1 General

RCHDs should provide an appropriate and nutritionally well-balanced diet to maintain the physical health of persons with disabilities. Sufficient and nutritional diet is very important to maintain life and to prevent illness. The nature and amount of food should be provided according to the individual needs of persons with disabilities. The cooking and delivery process should also be hygienic.

14.2 Design of Menu

All RCHDs are required to design a menu in advance covering a period of 2 to 4 weeks. The menu should be varied from time to time and available at all times for inspection. The menu should be designed having regard to the personal preference and medical needs of residents. The menu should be used as a general guide in preparing food for every meal, although it may be subject to variations according to the seasonal supply of food.

14.3 Meals and Choice of Food

Every meal provided by RCHDs should meet the nutritional and caloric requirements to meet the needs of individual residents (e.g. special diet due to health problems or religious belief). In addition, RCHDs should provide for the residents with an adequate amount of food having regard to conditions especially the colour, taste, texture and temperature of the food. The following points deserve special attention in the choice of food for the residents -

- 14.3.1 a balanced diet should be provided for the residents everyday according to the principles of the “Food Guide Pyramid”, such as taking grains as the staple food, with more vegetables and fruits, moderate amount of meat, eggs, beans, dairy products and food that is rich in calcium, while reducing the use of salts, oil, sugar and fat;
- 14.3.2 provide a variety in each food group;
- 14.3.3 use easy-to-chew ingredients;

- 14.3.4 avoid providing bony fish and meat;
- 14.3.5 use lean meat and trim fat before cooking;
- 14.3.6 avoid providing high-fat food;
- 14.3.7 avoid frequent supply of high-cholesterol food;
- 14.3.8 use low-oil cooking methods;
- 14.3.9 provide dishes with fiber-rich ingredients (e.g. fruits, vegetables and dried beans);
- 14.3.10 provide food with less salt and less sugary ingredients and condiments;
- 14.3.11 provide food of appropriate consistencies and texture, which may be varied according to the residents' preference and tolerance;
- 14.3.12 enhance the appeal of the dishes by serving bright-coloured food or combining colourful food with light-coloured ones;
- 14.3.13 serve food according to cultural, ethnic and religious customs;
- 14.3.14 serve fresh food for the season; and
- 14.3.15 provide sufficient fluids for the residents to maintain good hydration and to keep healthy.

14.4 Preparation and Supply of Food

The process of food preparation involves proper storage, thawing of frozen food, use of recipes for a mixture of various ingredients and the cooking of food. Proper preparation also includes timely cooking of food since the freshness of food may affect the nutritional value, taste, texture and appearance of food. In preparing food, the nutrients should be preserved with attention on food hygiene, while food should be served at a suitable temperature. The following points should therefore be observed -

- 14.4.1 wash hand before preparing food, and any wounds on hands should be covered with waterproof dressing to prevent food contamination;
- 14.4.2 do not touch cooked food with bare hands;
- 14.4.3 raw food (e.g. carrots, lettuces, tomatoes or fruits) must be thoroughly rinsed in clean tap water. Meat, poultry and seafood should also be

- rinsed in clean cold water;
- 14.4.4 vegetables and meat should be washed before cutting;
 - 14.4.5 vegetables should be cooked in a small amount of water and should not be overcooked for too long; and not to be cooked with baking soda, and should be cooked near the meal time;
 - 14.4.6 ground or minced food should be provided for residents on a need basis, for easy chewing and digestion. Ground meat, poultry and seafood should be cooked thoroughly;
 - 14.4.7 frozen meat and fish should be thawed completely before cooking; cooked food taken out from the refrigerator must be reheated thoroughly before consumption;
 - 14.4.8 copper utensils should not be used as they may cause chemical changes to the nutrients;
 - 14.4.9 to prevent food poisoning, food must be stored and prepared carefully and hygienically at any time. To eliminate possible pesticide residues, vegetables should be washed and cooked thoroughly before consumption. Moreover, all kinds of food, whether raw or cooked, should be properly covered, stored and put under refrigeration. Refrigerators and freezers should be properly maintained to ensure that the temperature of refrigerators is kept at or below 4°C and freezers at or below -18°C at any time, and to avoid storing too much food so as to allow proper circulation of cold air. Defrosted food should not be refrozen; and
 - 14.4.10 to avoid cross-contamination, separate knives, cutting boards and utensils should be used for handling raw and cooked food. They should be properly cleaned after every use.

14.5 Meal Time

- 14.5.1 RCHDs should provide at least 3 meals (breakfast, lunch and dinner) everyday unless the residents need to attend work / attend training programmes or activities out of the RCHD during daytime. The timing of every meal should be spaced at appropriate intervals and served properly (e.g. hot food to be served hot and cold food to be served cold).
- 14.5.2 The home manager and staff concerned should conduct assessment of the resident's feeding ability and dietary needs on admission to the

RCHD with regular review. Staff must give close attention to the feeding conditions of all residents, especially for residents with swallowing difficulties, and render proper care in feeding.

14.5.3 For residents with severe disabilities, a health worker or a nurse must be present every time when a meal is served.

14.5.4 The following good practices may be adopted by RCHDs at meal time -

- (a) serve meals in a place with adequate lighting and ventilation, so that residents may enjoy the meals safely and comfortably in relaxed and pleasant surroundings;
- (b) provide assistance and prompting as appropriate when residents are having a meal, to encourage adequate nutritional intake;
- (c) provide a balanced variety of snacks for residents on a need basis, especially for frail or underweight residents with poor appetite;
- (d) give sufficient meal time for the residents so that they may have meals without feeling hurried;
- (e) provide assistive eating utensils for residents with muscle and joint weakness on upper limbs as far as possible, to help them maintain an independent feeding ability; and
- (f) assess the food preference of residents regularly.

14.6 Special Attention on Supply of Food

14.6.1 To prevent choking -

- (a) consult healthcare professionals for recommendation on the appropriate food texture and consistency for residents with chewing or swallowing difficulties;
- (b) prepare texture modified food (e.g. minced food, pureed food), to enable residents with chewing or swallowing difficulties to maintain an adequate food and nutrient intake. Besides, thickeners should be used according to advice by speech therapists;
- (c) avoid giving food that is too sticky (e.g. glutinous rice flour dumplings, cakes) and hard in texture (e.g. peanuts, walnuts) to

residents with chewing or swallowing difficulties; and

- (d) for residents who need assistance in feeding, it must be conducted at a suitable pace; when serving a new type of food, especially solid and / or sticky food, the food should be delivered in small quantity at a time to avoid choking and to facilitate swallowing.

14.6.2 To prevent constipation -

- (a) sufficient amount of fluid including water, soup, juice and high-fiber food (e.g. vegetables, fruits) should be provided to residents; and
- (b) laxative may be used under the direction of a registered medical practitioner or a nurse.

14.6.3 To provide special diet for residents with special needs -

It is necessary to follow the principles of diet control as recommended by healthcare professionals for residents with obesity, diabetes mellitus, hypertension or other chronic illnesses.

14.7 Provision of Water

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

14.8 Monitoring of Nutritional Condition of Residents

- 14.8.1 Regular weighing of the residents is recommended to monitor their weight condition. Residents with extended period of unintentional weight loss or weight gain should be arranged for seeking medical advice.
- 14.8.2 Observation and record of food and fluid intake is recommended for residents with difficulties in expression or mental deficiencies.
- 14.8.3 Residents with a choosy and / or low intake of food should be encouraged to develop a habit of balanced diet.

14.9 Other Information

Where necessary, more guidelines, information leaflets and pamphlets may be obtained from Department of Health, Hospital Authority, Food and Environmental Hygiene Department and other relevant government departments.

CHAPTER 15

CLEANLINESS AND SANITATION

15.1 General

RCHDs should always maintain a high standard of cleanliness and sanitation. This helps to prevent illness and provide a safe and comfortable living environment for the residents.

15.2 Staff

Personal hygiene should be maintained by all staff of RCHDs, especially for those who handle food and render daily personal care to the residents. The following points must be observed -

- 15.2.1 any staff member who is sick should seek medical advice and refrain from work until recovery if so advised by a registered medical practitioner;
- 15.2.2 any staff member suffering from a bleeding and discharging wound, diarrhoea, vomiting or infectious disease should receive medical treatment and must stop handling food and rendering personal / healthcare services to the residents. If the staff concerned is required to perform other ancillary duties, personal protective equipment should be worn (e.g. surgical mask, disposable latex gloves);
- 15.2.3 clothes should always be kept clean;
- 15.2.4 finger nails should be kept clean and manicured frequently;
- 15.2.5 wearing unnecessary accessories (e.g. wristlet, bracelet) should be avoided when taking care of the residents;
- 15.2.6 hair should be kept clean and tidily combed. Long hair should be properly tied up when preparing food or providing personal care to the residents; and
- 15.2.7 hands should be washed thoroughly with liquid soap or disinfected with alcohol-based handrub under the following conditions -
 - (a) after using the toilet;

- (b) before preparing food and feeding;
- (c) before and after providing nursing and personal care to every resident;
- (d) the time between taking care of different residents; and
- (e) after handling of vomitus, faeces and diapers.

15.2.8 no smoking is allowed for staff in the indoor area of RCHDs.

15.3 Residents

The following points should be observed -

- 15.3.1 the personal hygiene of residents should be maintained;
- 15.3.2 the clothes of residents should be kept clean;
- 15.3.3 individual toiletry items should be used by every resident;
- 15.3.4 residents should be allowed for storage of personal belongings which should be kept tidily at a certain level;
- 15.3.5 provision of sufficient storage facilities for residents; and
- 15.3.6 no smoking is allowed for residents in the indoor area of RCHDs.

15.4 Cleaning Schedule

A thorough cleaning schedule should be set up. Immediate cleaning or disinfection should also be conducted whenever necessary, e.g. when items are soiled or contaminated. The following are some of the main points to be observed -

- 15.4.1 all floors must be cleaned daily and disinfected as necessary with 1 in 99 diluted household bleach. Special attention should be given to the bathroom, toilet and kitchen floors. Walls, doors, windows, ceilings, hand railings and other structures should also be kept clean and dry at all times;
- 15.4.2 the kitchen, cooking utensils and food containers should be promptly and properly washed and cleaned (disinfected as appropriate) every time after food preparation. Cleaned utensils and containers should

be stored in a clean container with cover or a cupboard with door. All utensils and containers should be safe, maintained in good repair and free from cracks;

- 15.4.3 refrigerators / freezers should be cleaned regularly and defrosted regularly as necessary;
- 15.4.4 bed sheets and pillow cases must be washed and changed at least weekly, and should be changed and disinfected immediately where the situation warrants;
- 15.4.5 all facilities, furniture, ventilator fans and equipment such as filters of air conditioners should be cleaned regularly;
- 15.4.6 all garbage receptacles must be cleaned regularly and covered at all times; and
- 15.4.7 proper cleaning and disinfection of medical facilities and equipment should be performed regularly by nurses or health workers.

15.5 General Sanitation

- 15.5.1 Sewage and drainage systems must be properly installed, regularly inspected and maintained in good conditions at all times.
- 15.5.2 The RCHD premises including the staff or residents' areas, toilet and bathroom should be properly ventilated.
- 15.5.3 Measures should be taken for proper pest control.

15.6 Pest and Vector Control

- 15.6.1 The environment should be kept clean at all times.
- 15.6.2 Garbage bins should be covered with lids at all times. Garbage bags should be properly sealed before disposal.
- 15.6.3 Food remnants should be properly cleared up and disposed of to prevent insect and rodent infestation.
- 15.6.4 Stagnant water in saucers of flower pots and vases should be cleared / emptied.

15.6.5 Clean-up actions should be arranged as soon as possible where there are signs of pest or rodent infestation. In case of need, RCHDs should contact pest control companies or the Food and Environmental Hygiene Department (Hotline 2868 0000) for advice and assistance.

15.7 Other Information

Where necessary, more guidelines, information leaflets and pamphlets can be obtained from Department of Health, Hospital Authority, Food and Environmental Hygiene Department and other government departments concerned.

CHAPTER 16

SOCIAL CARE

16.1 General

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

16.2 Homely Atmosphere

- 16.2.1 The home manager of RCHD should try to reduce the sense of being institutionalised such that the residents may feel like being in home. Residents should be given opportunities to participate in the RCHD's daily living activities (e.g. dusting, cleaning, shopping or cooking) if the situation allows, to which RCHD must have relevant guidelines and provide adequate guidance and support to ensure safety of the residents.
- 16.2.2 RCHDs receiving children should make reference to Chapter 8 (Furniture and Equipment) of this Code of Practice to provide furniture and equipment that must be catered for the residential and activity needs of children with a view to creating a home-like environment. In addition, the home manager must also ensure sufficient staff and appropriate facilities at any time in order to safeguard the safety and interests of children with disabilities.
- 16.2.3 The importance of interpersonal relationship and mutual trust should be promoted to the residents. The provision of proper social care for the residents is affected by the home design, staff attitude and the arrangements of programmes / activities.

16.3 Adjustment to Living in a Residential Care Home

- 16.3.1 After arranging admission of persons with disabilities, staff of RCHD should provide assistance to the residents in order to help them adjust to the residential care home environment and understand areas of attention in group living. Staff of RCHD should demonstrate an understanding if the residents appear to be anxious or distressed, assist them in building a trustful relationship with the staff and other residents, and provide them with a caring and encouraging environment in order to develop their potentials.
- 16.3.2 RCHD should encourage involvement of the residents' guardian / guarantor / family members / relatives during the adjustment period and in formulating individual care and service plans. Moreover, the home manager of RCHD should encourage the guardian / guarantor / family members / relatives to visit the residents regularly (especially for children) so as to provide them with appropriate emotional support and help them adapt to group living in a residential care home as early as possible.
- 16.3.3 A concrete and structured living pattern is very important to the rehabilitation of persons with disabilities. RCHD should set up a schedule of work and rest for residents according to their needs so that they may develop a regular living pattern and good sleeping habit. RCHD should also arrange goal-oriented training for the residents simultaneously in order to help them develop their potentials.

16.4 Social Life

- 16.4.1 Good interpersonal relationship is conducive to physical and mental wellness. RCHD should encourage residents to live in harmony with each other, provide guidance and arrange appropriate leisure activities for them if necessary so as to assist them in developing a positive social life in the RCHD.
- 16.4.2 In addition, RCHD should also encourage residents to maintain contact with family members and friends. Interaction with families / friends through home leave or visits may enhance the residents' social life outside the RCHD.
- 16.4.3 RCHDs should provide guidance to residents for helping them attend to their personal hygiene and sexual needs properly. The home manager must also draw up protocols for staff to understand the proper ways to provide appropriate guidance and care to the residents for managing their relationship with the opposite sex.

16.5 Programmes and Activities

- 16.5.1 Apart from arranging treatment or daily activities, RCHD should organise mass programmes or individual leisure activities for residents. In organising these activities, consideration should be given to the resident's age, developmental needs, individual interest and capabilities.
- 16.5.2 RCHDs should organise individual / group activities and games in various ways with different content to foster the development of children under the age of 15 and young people from the age of 15 to 18 at different stages. In conducting the above activities, the home manager must assign a sufficient number of staff and provide appropriate facilities to ensure the safety and interests of disabled children. At the same time, the guardian / guarantor / family members / relatives may be also encouraged to take part or assist in conducting the activities.
- 16.5.3 Persons with disabilities may be enabled to develop daily living skills, social and communication skills through a variety of activities, hence forestalling problem behaviours and meeting their social and recreational needs.
- 16.5.4 Activities provided in an RCHD may include daily living skills training, interest groups, birthday parties and festival celebrations. The information of activities should be clearly displayed on notice boards and properly recorded as stated in paragraph 9.6.2 of Chapter 9 in this Code of Practice.
- 16.5.5 Exercise not only strengthens physical health but also enables the development of an active life attitude through the training of mind. Appropriate exercise may facilitate the residents' physical and psychological development. RCHDs should arrange appropriate exercise for residents depending on their various extents of physical conditions and ability, so that they may develop a habit of doing exercise.
- 16.5.6 RCHDs may make use of community resources to meet the needs of the residents for social reintegration (e.g. visiting and using community recreational facilities or outdoor activities). RCHDs should arrange for a designated staff to provide assistance and make referral to social service units for those residents in need, for arrangement of day training or other community support services.

16.6 Contact with the Community

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

**RESIDENTIAL CARE HOMES (PERSONS WITH DISABILITIES)
ORDINANCE**

APPLICATION FOR A CERTIFICATE OF EXEMPTION / LICENCE *

Please read the note on page 7 and page 8 before submission of this application form.

The applicant / representative of the applicant must complete sections I, II, III or IV, V(A) or V(B) and VI of this form in English or Chinese. The completed application form together with the required documents and plans may be sent to the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) by registered mail or in person. If there is any change(s) to the information contained therein, the applicant is required to inform LORCHD in writing as soon as possible. The enquiry telephone number of LORCHD: 2891 6379.

Section I *Please tick in the appropriate box*

Application is hereby made for a Certificate of Exemption under Part 4 section 11(1) of the Residential Care Homes (Persons with Disabilities) Ordinance.

Application is hereby made for renewal of Certificate of Exemption under Part 4 section 12 of the Residential Care Homes (Persons with Disabilities) Ordinance.

Existing Certificate of Exemption Number: _____

Application is hereby made for a Licence under Part 3 section 7(1) of the Residential Care Homes (Persons with Disabilities) Ordinance.

Application is hereby made for renewal of Licence under Part 3 section 8 of the Residential Care Homes (Persons with Disabilities) Ordinance.

Existing Licence Number: _____

Section II *Particulars of the residential care home for persons with disabilities (RCHD) in respect of which application for a Certificate of Exemption / Licence* is made*

(1) Name of the RCHD (English):

(2) Name of the RCHD (Chinese):

- (3) Address of RCHD (please provide detailed address according to the Business Registration Certificate, Business Registration Application and Demand Note for Rates):

Flat / Room	Floor	Block	Name of Building
Number and Name of Street / Estate and / or Number of lot			District

Hong Kong / Kowloon / New Territories *

(4) Telephone number: _____

(5) Fax number: _____

(6) Email address (if applicable): _____

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

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

(9) Nature of Operation of the RCHD (please tick as appropriate):

- Subvented
- Self-financing and non-profit-making
- Private
- Others (please specify): _____

(10) Type of the RCHD (please refer to Chapter 2 of the Code of Practice for Residential Care Homes (Persons with Disabilities) for classification of RCHDs; and tick as appropriate):

- high care level home
- medium care level home
- low care level home

(11) The premises of the RCHD is (please tick as appropriate and provide documentary proof as stated in Note (C)(6) below):

- self-owned property
- rented premises
- rented government land
- partly self-owned and partly rented

- self-owned unit(s): _____

- rented unit(s): _____

(12) Capacity and occupancy of the RCHD:

	<u>No. of Beds</u>	<u>Existing No. of Residents</u>
high care level places	_____	_____
medium care level places	_____	_____
low care level places	_____	_____
Total:	<u>_____</u>	<u>_____</u>

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

_____ square meters

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

- a proposed service / business
- an existing service / business

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

Date Month Year

(16) Monthly fee charged per resident:

Minimum: \$ _____

Maximum: \$ _____

Section III *Ownership of RCHD Business [please complete this section if the RCHD is a private establishment registered with the Inland Revenue Department under the Business Registration Ordinance (Cap. 310)]*

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

- Sole proprietorship
- Partnership
- Corporate body

(2) Name of Operator(s) of the RCHD:

Please complete the following for sole proprietorship or partnership:

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

Hong Kong Identity Card Number: _____

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

Hong Kong Identity Card Number: _____

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

Hong Kong Identity Card Number: _____

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

Hong Kong Identity Card Number: _____

(please use additional sheets if necessary)

Please complete the following if the operator is a corporate body:

(i) Name of the Company (English):

(ii) Name of the Company (Chinese):

Section IV *Particulars of Non-governmental Organisation (please complete this section if the RCHD is a subvented or self-financing non-profit-making establishment)*

(1) Name of the Organisation (English):

(2) Name of the Organisation (Chinese):

Section V(A) *Please complete the following if the applicant is an individual [see Note (A)]*

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

Mr / Mrs / Miss / Ms* _____
(Surname first, then other names)

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

(3) Hong Kong Identity Card Number: _____

(4) Residential address:

Flat / Room Floor Block Name of Building

Number and Name of Street / Estate District

Hong Kong / Kowloon / New Territories *

(5) Correspondence address (if different from (4) above):

Flat / Room Floor Block Name of Building

Number and Name of Street / Estate District

Hong Kong / Kowloon / New Territories *

(6) Telephone number: _____ (Residence) _____ (Office)

(7) Position held by the applicant in the RCHD (if applicable):

(8) I select the above residential address / correspondence address * as the address to be shown on the Certificate of Exemption / Licence.

Section V(B) *Please complete the following if the applicant is a corporate body / non-governmental organization **

(1) Name of the Company / Non-governmental Organisation* (English):

(2) Name of the Company / Non-governmental Organisation* (Chinese):

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

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

(5) Registered address of the Company / Non-governmental Organisation*:

Flat / Room	Floor	Block	Name of Building
-------------	-------	-------	------------------

Number and Name of Street / Estate	District
------------------------------------	----------

Hong Kong / Kowloon / New Territories*

(6) Telephone Number: _____

(7) Name of the Representative of the Company / Non-governmental Organisation *:

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

(8) Position held in the Company / Non-governmental Organisation*:

Section VI *Declaration of the applicant / representative of the applicant*

I declare that:

- (1) the information reported in this application form is true and correct to the best of my knowledge and belief; and
- (2) the operation, keeping, management or other control of the RCHD referred to in Section II above is under the continuous supervision of the applicant.

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

Company / Organisation chop* (if applicable): _____

* Delete as appropriate

Note: (A) Individual(s) means natural person(s).

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

(C) The applicant / representative of the applicant is required to forward the following documents to the Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of Social Welfare Department at -

Room 1508, 15/F
248 Queen's Road East
Wan Chai
Hong Kong

- (1) this application form
- (2) photocopy of the Hong Kong Identity Card of the applicant (applicable to application made by an individual)
- (3) certified copy of the Business Registration Application and photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable to a private RCHD)
- (4) photocopy of the Certificate of Incorporation issued by the Registrar of Companies (applicable to application made by a corporate body)

- (5) 4 sets of layout plans of the RCHD premises for new applications or if there are any changes in the layout plan of the RCHD (6 sets are required for RCHDs situated in premises under or divested by the Housing Authority); the layout plans should be prepared in metric and to scale (not less than 1:100 and comply with the specifications in the Guidance Notes on Submission of Floor Plans of Residential Care Home for Persons with Disabilities)
- (6) documents to verify the authenticity of the address of the proposed RCHD, e.g. the deed of assignment (for self-owned premises), tenancy agreement (for rented premises) or utility bills such as water or electricity bills
- (7) waiver or documentary proof issued by relevant authorities if the RCHD premises do not comply with the land lease conditions and the Outline Zoning Plan
- (8) staff employment record, with a full list of staff employed / to be employed with the following information -
 - (a) name of staff in both English and Chinese
 - (b) Hong Kong Identity Card Number
 - (c) sex and age
 - (d) post held at the RCHD
 - (e) working hours
 - (f) date of commencement of current employment

WARNING

Under section 22(6)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person commits an offence if the person in or in connection with any application, makes any statement or gives any information, whether in oral or written form, which is false in any material particular and which the person knows or reasonably ought to know is false in the material particular. The provision of such false information may also prejudice this application and the existing Certificate of Exemption / Licence.

Staff Employment Record of Residential Care Home for Persons with Disabilities
殘疾人士院舍職員僱用紀錄

Annex 2

Home Name
院舍名稱： _____

Home Address
院舍地址： _____

Telephone
電話： _____

Date of Reporting
申報日期： _____
dd/mm/yyyy 日/月/年

Home Nature 院舍性質： Subvented 資助 Self-financing 自負盈虧

Private 私營

Name and Signature (Operator/Home Manager)
申報人姓名及簽署 (營辦人/主管)： _____

Enrollment : _____
(入住人數)

Capacity : _____ Agency Chop : _____
(宿位數目) (機構蓋印)

第一部分

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

第二部分 Supplementary Information (補充資料)

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

Remarks / 註解 :

- Remark 1 / 註一 : HM: 主管 RN: 註冊護士 Remark 2 / 註二 : May choose more than one item if applicable
 Post Held / 職位 EN: 登記護士 HW: 保健員 Qualifications / 學歷 如適用可以同時填報多於一項
 CW: 護理員 OT: 職業治療師 (1) Educational Level (2) Special Training (3) Other Training
 PT: 物理治療師 DT: 營養師 教育程度 特別訓練 其他訓練
 SW: 社會工作者 AW: 助理員* A1: 從未受教育 B1: 註冊護士 C: 急救證書
 A2: 小學 B2: 登記護士
 A3: 初中 B3: 註冊保健員證書
 A4: 高中 B4: 起居照顧員證書
 A5: 專上教育: 高中以上學位 或非學位課程 B5: 物理治療證書
 B6: 職業治療證書
 B7: 社工學系畢業 (包括: 文憑和學位)
- * AW may include a cook, domestic servant, driver, gardener, watchman, welfare worker or clerk
 助理員可包括廚子、家務傭工、司機、園丁、看守員、福利工作員或文員。

Remark 3 / 註三 : The total weekly working hours of every staff (excluding relief staff) should be reported by the Home for checking compliance with the licensing requirement.
 院舍必須申報每名員工每週的總工作時數 (替假員工除外), 以便查核院舍僱用的人手是否符合發牌要求。

- Notes : (1) Please make extra copies if necessary and each page should be signed with an agency chop.
注意事項 如有需要, 請自行影印及必須在每頁簽署及附上機構蓋印。
 (2) An operator must inform the Director of Social Welfare in writing within 14 days after any change in the employment of a home manager has occurred.
 凡僱用主管的情況有任何改變, 營辦人須在改變發生後 14 日內, 以書面告知社會福利署署長。
 (3) A home manager must at least once every 3 months inform the Director of Social Welfare in writing of any change in the list of staff employed by the operator.
 主管須每 3 個月最少 1 次將僱用員工的任何改變, 以書面告知社會福利署署長。

WARNING

Under section 22(6)(a) of the Residential Care Homes (Persons with Disabilities) Ordinance, a person commits an offence if the person gives any information which is false in any material particular and which the person knows or reasonably ought to know is false in the material particular. The supply of such false information may also prejudice the application for certificate of exemption/licence.

警告

根據《殘疾人士院舍條例》第 22(6)(a)條, 任何人提交任何在要項上屬虛假的資料, 而該人是知道或理應知道該資料在該要項上屬虛假的, 即屬犯罪。提供該等虛假資料亦會影響該豁免證明書/牌照申請。

**Guidance Notes on Submission of Floor Plans for a
Residential Care Home for Persons with Disabilities (RCHD)**

(1)	4 sets of floor plans of the RCHD should be submitted (6 sets for RCHDs situated in premises under or divested by the Housing Authority). Each plan should be duly signed by the applicant (for applications made by individuals) or stamped with the company / organisation chop (for applications made by a corporate body).
(2)	Name of the RCHD (in Chinese and English), address (in Chinese and English) and the date of submission should be clearly written on each plan.
(3)	Each plan should be drawn to the scale of 1:100 or 1:50. For part plan, 1:20 is also acceptable.
(4)	The area of the RCHD for the purpose of application for a certificate of exemption / licence should be demarcated in red on the plan.
(5)	The abutting streets / lanes, adjoining common area including lift lobbies, escape staircases, protected lobbies, common corridors and the use of various parts or areas of the RCHD premises should be specified. Detailed measurements in metric of all rooms, corridors, passages, etc. should be shown.
(6)	Calculation of the area of all rooms, passages, corridors, etc. should be correctly shown on separate plans.
(7)	The total net floor area of the proposed premises should be indicated [please refer to paragraph 7.2 of Chapter 7 in the Code of Practice for Residential Care Homes (Persons with Disabilities)].
(8)	The position of all columns, load bearing walls, fire resisting walls (new and existing), fire-rated doors (new and existing), exit signs, windows, parapets (height and materials to be specified), partitions, arrangement of beds, number of beds, sanitary fitments, gates, extract fans, air-conditioning units, gas stoves, electric / gas water heaters, false ceiling, artificial lighting and mechanical ventilating systems, raised floors (if applicable) and all other fixture and fittings should be clearly shown and annotated.
(9)	Number and location of gas stoves, type of gas in use and location of LPG chamber (if applicable) should be indicated.
(10)	The headroom under ceilings (the structural or the suspended false ceilings) and beams of all parts of the RCHD premises, measuring vertically from floor should be shown.

(11)	Walls should be indicated by double lines.
(12)	The configuration and layout of the RCHD premises shown in the plans should tally with the actual site situation.
(13)	The operator is required to submit revised plans to the Licensing Office of Residential Care Homes for Persons with Disabilities for information and comment whenever there is any change of the layout or re-arrangement of the beds in the RCHD. Changes should be coloured in the revised layout plans to indicate its difference from the approved plan.
(14)	The applicant should appoint a professional to draw the plans if necessary (e.g. complicated drawings requiring professional knowledge).

RESIDENTIAL CARE HOMES (PERSONS WITH DISABILITIES) ORDINANCE

殘疾人士院舍條例
(Chapter 613, Laws of Hong Kong)
(香港法例第613章)

LORCHD Number
殘疾人士院舍牌照事務處檔號 _____
Certificate Number
證明書編號 _____

Certificate of Exemption of Residential Care Home for Persons with Disabilities
殘疾人士院舍豁免證明書

1. This certificate of exemption is issued under Part 4, Section _____, of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of the undermentioned residential care home —
茲證明下述院舍已根據《殘疾人士院舍條例》第4部第_____條獲發豁免證明書—
2. Particulars of residential care home —
院舍資料—
 - (a) Name (in English) _____ Name (in Chinese) _____
名稱 (英文) _____ 名稱 (中文) _____
 - (b) (i) Address of home _____
院舍地址 _____
 - (ii) Premises where home may be operated _____
可開設院舍的處所 _____
as more particularly shown and described on Plan Number _____ deposited with and approved by me.
其詳情見於圖則第_____號，該圖則現存本人處，並經本人批准。
 - (c) Maximum number of persons that the residential care home is capable of accommodating _____
院舍可收納的最多人數 _____
3. Particulars of person/company to whom/which this certificate of exemption is issued in respect of the above residential care home —
獲發上述院舍豁免證明書人士/公司的資料—
 - (a) Name/Company (in English) _____ Name/Company (in Chinese) _____
姓名/公司名稱 (英文) _____ 姓名/公司名稱 (中文) _____
 - (b) Address _____
地址 _____
4. The person/company named in paragraph 3 above is authorized to operate, keep, manage or otherwise have control of a residential care home for persons with disabilities of the following type : _____
第3段所述的人士/公司已獲批准營辦、料理、管理或以其他方式控制一所屬_____種類的殘疾人士院舍。
5. This certificate of exemption is valid for _____ months effective from the date of issue to cover the period from _____ to _____ inclusive.
本豁免證明書由簽發日期起生效，有效期為_____個月，由_____至_____止，首尾兩天計算在內。
6. This certificate of exemption is issued subject to the following conditions —
本豁免證明書附有下列條件—

7. This certificate of exemption may be revoked in exercise of the powers vested in me under Section 11(4) of the Residential Care Homes (Persons with Disabilities) Ordinance in the event of a breach of or a failure to perform any of the conditions set out in paragraph 6 above.
若有關院舍違反或未能履行以上第6段所列的任何條件，本人可行使《殘疾人士院舍條例》第11(4)條賦予本人的權力，撤銷本豁免證明書。

Date 日期

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

WARNING
警告

The issue of a certificate of exemption in respect of a residential care home does not release the operator or any other person from compliance with any requirement of the Buildings Ordinance (Cap.123) or any other Ordinance relating to the premises, nor does it in any way affect or modify any agreement or covenant relating to any premises in which the residential care home is operated.

院舍獲發給豁免證明書，並不表示其營辦人或任何其他人士無須遵守《建築物條例》(第123章)或任何其他與該處所有關的條例的規定，亦不會對與開設該院舍的處所有關的任何合約或租約條款有任何影響或修改。

RESIDENTIAL CARE HOMES (PERSONS WITH DISABILITIES) ORDINANCE

殘疾人士院舍條例
(Chapter 613, Laws of Hong Kong)
(香港法例第613章)

LORCHD Number
殘疾人士院舍牌照事務處檔號 _____
Licence Number
牌照編號 _____

Licence of Residential Care Home for Persons with Disabilities
殘疾人士院舍牌照

1. This licence is issued under Part 3, Section _____, of the Residential Care Homes (Persons with Disabilities) Ordinance in respect of the undermentioned residential care home –
茲證明下述院舍已根據《殘疾人士院舍條例》第3部第_____條獲發牌照 –
 2. Particulars of residential care home –
院舍資料 –
 - (a) Name (in English) _____ Name (in Chinese) _____
名稱 (英文) _____ 名稱 (中文) _____
 - (b) (i) Address of home _____
院舍地址 _____
 - (ii) Premises where home may be operated _____
可開設院舍的處所 _____

as more particularly shown and described on Plan Number _____ deposited with and approved by me.
其詳情見於圖則第_____號，該圖則現存本人處，並經本人批准。

 - (c) Maximum number of persons that the residential care home is capable of accommodating _____
院舍可收納的最多人數 _____
3. Particulars of person/company to whom/which this licence is issued in respect of the above residential care home –
獲發上述院舍牌照人士/公司的資料 –
 - (a) Name/Company (in English) _____ Name/Company (in Chinese) _____
姓名/公司名稱 (英文) _____ 姓名/公司名稱 (中文) _____
 - (b) Address _____
地址 _____
4. The person/company named in paragraph 3 above is authorized to operate, keep, manage or otherwise have control of a residential care home for persons with disabilities of the following type : _____ .
第3段所述的人士/公司已獲批准營辦、料理、管理或以其他方式控制一所屬_____種類的殘疾人士院舍。
5. This licence is valid for _____ months effective from the date of issue to cover the period from _____ to _____ inclusive.
本牌照由簽發日期起生效，有效期為_____個月，由 _____ 至 _____ 止，首尾兩天計算在內。
6. This licence is issued subject to the following conditions –
本牌照附有下列條件 –

7. This licence may be cancelled or suspended in exercise of the powers vested in me under Section 9 of the Residential Care Homes (Persons with Disabilities) Ordinance in the event of a breach of or a failure to perform any of the conditions set out in paragraph 6 above.
若有關院舍違反或未能履行以上第6段所列的任何條件，本人可行使《殘疾人士院舍條例》第9條賦予本人的權力，撤銷或暫時吊銷本牌照。

Date 日期

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

WARNING
警告

The issue of a licence in respect of a residential care home does not release the operator or any other person from compliance with any requirement of the Buildings Ordinance (Cap.123) or any other Ordinance relating to the premises, nor does it in any way affect or modify any agreement or covenant relating to any premises in which the residential care home is operated.

院舍獲發給牌照，並不表示其營辦人或任何其他人士無須遵守《建築物條例》(第123章)或任何其他與該處所有關的條例的規定，亦不會對與開設該院舍的處所有關的任何合約或租約條款有任何影響或修改。

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

Part I: Particulars of Resident
(第一部分：住客資料)

Name 姓名

(English 英文) : _____ (Chinese 中文) : _____

Sex 性別 : _____ Age 年齡 / D.O.B 出生日期 : _____

HKIC No. 香港身分證號碼 : _____

Part II: Types of Disability / Medical History
(第二部分：殘疾類別 / 病歷)

Types of Disability 殘疾類別

Mentally Handicapped 弱智 Mild 輕度 Moderate 中度 Severe 嚴重 Profound 極度嚴重

Physically Handicapped 肢體傷殘 Please specify 請說明 : _____

Mentally Ill 精神病 Please specify 請說明 : _____

(Diagnosis & last hospitalization 診斷及最近入住醫院紀錄) : _____

Medical History 病歷

	No 否	Yes 是	If yes, please elaborate 若是，請說明：
Other Major Illness 其他主要疾病	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous Operations 曾接受手術	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication(s) Currently in Use 現正使用藥物	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergy to Food or Drugs 對食物或藥物過敏	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy 腦癇症	<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 / 容易哽塞*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent Auditory / Visual* Deterioration 近期聽覺 / 視覺*退化	<input type="checkbox"/>	<input type="checkbox"/>	_____

Need for Special Diet 特別膳食需要

Symptoms of Infectious Diseases, e.g. diarrhoea, rash, frequent cough, past chest infection, etc. 傳染病徵狀，例如：腹瀉，皮疹，經常咳嗽，肺部曾受感染等

Record of Travelling (within past 6 months) 外遊紀錄(過去 6 個月)

Part III: Physical Examination (第三部分：身體檢查)

	Satisfactory 滿意	Fair 普通	Poor 差
General Condition 一般情況	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systolic BP 收縮壓 _____ mmHg			
Diastolic BP 舒張壓 _____ mmHg			
Pulse 脈搏 _____ /min			
BW 體重 _____ /kg			

	Normal 正常	Abnormal 不正常	If abnormal, please elaborate 如屬不正常，請說明：
Cardiovascular System 循環系統	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory System 呼吸系統	<input type="checkbox"/>	<input type="checkbox"/>	_____
Central Nervous System 中樞神經系統	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculo-skeletal 肌骨	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen/Urogenital System 腹/泌尿及生殖系統	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymphatic System 淋巴系統	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid 甲狀腺	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye/Ear, Nose and Throat 眼/耳鼻喉	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Condition, e.g. scabies, jaundice 皮膚狀況，例如：疥瘡，黃疸	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot 足部	<input type="checkbox"/>	<input type="checkbox"/>	_____
Possible Signs of Infectious Diseases 傳染病徵兆	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental Condition 牙齒狀況	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others 其他	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part IV: Functional Assessment
(第四部分：身體機能的評估)

- | | | | | |
|--|---|--|---|---|
| <p>Vision
 視力
 (with/without*
 visual corrective
 devices
 有/沒有*配戴
 視力矯正器)</p> | <p><input type="checkbox"/> Normal
 正常</p> | <p><input type="checkbox"/> Unable to read
 newspaper print
 不能閱讀報紙字體</p> | <p><input type="checkbox"/> Unable to watch
 TV
 不能觀看到電視</p> | <p><input type="checkbox"/> See lights only
 只能見光影</p> |
| <p>Hearing
 聽覺
 (with/without*
 hearing aids
 有/沒有*配戴
 助聽器)</p> | <p><input type="checkbox"/> Normal
 正常</p> | <p><input type="checkbox"/> Difficult to
 communicate with
 normal voice
 在普通聲量下難以
 溝通</p> | <p><input type="checkbox"/> Difficult to
 communicate with
 loud voice
 在大聲量下難以溝
 通</p> | <p><input type="checkbox"/> Cannot
 communicate
 with loud voice
 在大聲量下完
 全不能溝通</p> |
| <p>Speech
 語言能力</p> | <p><input type="checkbox"/> Able to
 express
 能正常表達</p> | <p><input type="checkbox"/> Need time to
 express
 需慢慢表達</p> | <p><input type="checkbox"/> Need clues to
 communicate
 需用其他方式表達</p> | |
| <p>Mental state
 精神狀況</p> | <p><input type="checkbox"/> Normal/
 alert/stable
 正常/敏銳
 /穩定</p> | <p><input type="checkbox"/> Mildly disturbed
 輕度受困擾</p> | <p><input type="checkbox"/> Moderately
 disturbed
 中度受困擾</p> | <p><input type="checkbox"/> Seriously
 disturbed
 嚴重受困擾</p> |
| <p>Mobility
 活動能力</p> | <p><input type="checkbox"/> Independent
 行動自如</p> | <p><input type="checkbox"/> Self-ambulatory
 with walking aid or
 wheelchair
 可自行用助行器或
 輪椅移動</p> | <p><input type="checkbox"/> Always need
 assistance from
 other people
 經常需別人攙扶</p> | <p><input type="checkbox"/> Bedridden
 長期卧床</p> |
| <p>Continence
 禁制能力</p> | <p><input type="checkbox"/> Normal
 正常</p> | <p><input type="checkbox"/> Occasional faecal
 or urinary
 incontinence
 大/小便偶爾失禁</p> | <p><input type="checkbox"/> Frequent faecal or
 urinary
 incontinence
 大/小便經常失禁</p> | <p><input type="checkbox"/> Uncontrolled
 double
 incontinence
 大小便完全失
 禁</p> |
| <p>A.D.L.
 日常生活活動</p> | <p><input type="checkbox"/> Independent 不需幫助
 (No supervision or assistance needed in all daily activities, including bathing, dressing, toileting, transfer, urinary and faecal continence and feeding.)
 (在洗澡、穿衣、如廁、位置轉移、大小便禁制及進食方面均無需指導或幫助)</p> <p><input type="checkbox"/> Occasional assistance 偶爾需要幫助
 (Need assistance in bathing and supervision in other activities.)
 (在洗澡時需協助及在其他活動上需指導)</p> <p><input type="checkbox"/> Frequent assistance 經常需要幫助
 (Need supervision or assistance in bathing and no more than 4 other activities.)
 (在洗澡及其他不超過四項日常活動需要指導或協助)</p> <p><input type="checkbox"/> Totally dependent 完全需要幫助</p> | | | |

Part V: Others (e.g. aggressive behavior, self-injurious behavior, etc.)

第五部分：其他（例如：攻擊行為、自我傷害行為等）

Part VI: Doctor's Recommendations

第六部分：醫生建議

1. The applicant is fit for admission to the following type of residential care homes for persons with disabilities. 申請人適合入住以下類別的殘疾人士院舍：

Low care level home 低度照顧院舍

(An establishment providing residential care for persons with disabilities who are capable of basic self-care and require only minimal assistance in daily living activities. 即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，而在日常起居方面只需低度協助。)

Medium care level home 中度照顧院舍

(An establishment providing residential care for persons with disabilities who are capable of basic self-care but have a degree of difficulty in daily living activities. 即提供住宿照顧予殘疾人士的機構，而該等殘疾人士具備基本的自我照顧能力，但在日常起居方面有一定程度的困難。)

High care level home 高度照顧院舍

(An establishment providing residential care for persons with disabilities who are generally weak in health and lack basic self-care skill to the extent that they require personal care, attention and assistance in the course of daily living activities but do not require a high degree of professional medical or nursing care. 即提供住宿照顧予殘疾人士的機構，而該等殘疾人士一般健康欠佳並缺乏基本的自我照顧技巧，程度達到他們在日常起居方面需要專人照顧、護理及協助，但不需要高度的專業醫療或護理。)

Others 其他：

2. The applicant should be referred to the following specialist for follow up examination:

申請人須轉介往以下專科接受進一步的檢驗：

Doctor's signature

醫生簽署：

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：

* please delete as appropriate 請刪去不適用

RESIDENTIAL CARE HOMES (PERSONS WITH DISABILITIES) REGULATION

Application for Registration as a Health Worker of Residential Care Home for Persons with Disabilities

please affix a recent photo of the applicant here

Health Worker Registration Enquiry Tel. No.: 2891 6379

Attention: According to section 5(1) of the Residential Care Homes (Persons with Disabilities) Regulation, the Director of Social Welfare must establish and maintain the Register of Health Workers and cause to be kept in the register particulars of the names and addresses of all persons registered as health workers for inspection by the public free of charge. Any persons included in this Register are persons registered as health workers according to section 4 of the Regulation for the purposes of employment at a residential care home for persons with disabilities. It is stated on the front page of the Register of Health Workers that the Register is not used for any business marketing purpose. Any person who collects your personal data as included in this Register for direct marketing purposes without your consent may contravene Principle 3 in Schedule 1 of the Personal Data (Privacy) Ordinance. You may lodge a complaint to the Office of the Privacy Commissioner for Personal Data, Hong Kong.

Application form should be sent to:
Licensing Office of Residential Care Homes for Persons with Disabilities,
Social Welfare Department,
Room 1508, 15/F,
248 Queen's Road East,
Wan Chai, Hong Kong

Applicant's correspondence address :

Daytime Contact Phone No.: _____

1. I submit the following personal particulars and apply for registration as a health worker under section 6(1) of the Residential Care Homes (Persons with Disabilities) Regulation.

2. Particulars:

(a) Name (Mr / Mrs / Miss / Ms)*

(English) _____
(in block letters)

(Chinese) _____

(b) Sex Male Female

*Delete as appropriate

- (c) HKIC No. _____
- (d) Date of Birth _____
- (e) Residential Address _____
- (f) Correspondence Address _____
 [if different from (e)] _____
- (g) Telephone No. (Residence) _____
 Telephone No. (Mobile) _____
- (h) Contact Means Email Mail _____
- (i) Email Address _____
- (j) Education in detail (to fill in qualifications at secondary school level and above only)

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

- (k) Relevant training course on care for persons with disabilities attended (please list details, including the date of attendance and any certificate obtained with attachment of documentary proof of completion of the course)

Course Details	Date of Attendance	Date of Completion	Certificate Obtained

(l) Details of working experience in RCHDs

Name of RCHD	Position Held	Date of Employment (month / year)	Date of Leaving the Post (month / year)

3. **I have attached the following documents to this application -**

- (a) a copy of Hong Kong Identity Card
- (b) a full face recent photo with my name written on the back
(must be the same as the photo affixed to page 1 for preparing the certificate)
- (c) copies of certificate and / or testimonial of educational attainment and completion of Health Worker Training Course

4. I have / have not* registered as a health worker under the Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A), and understand that the Director of Social Welfare shall remove my name from the register of Health Workers if my name has been removed under section 5(4)(a) or (c) of the Residential Care Homes (Elderly Persons) Regulation. I hereby give my consent to the Licensing Office of Residential Care Homes for Persons with Disabilities for verifying the information with the Licensing Office of Residential Care Homes for the Elderly in respect of my application for registration as a health worker.

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

Signature of applicant : _____

Date : _____

*Delete as appropriate

A List of Notifiable Scheduled Infectious Diseases (as at 10 June 2011)

The following list of Notifiable Scheduled Infectious Diseases is set out in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599). Please check with the Centre for Health Protection of Department of Health (website <http://ceno.chp.gov.hk/disease.jsp>) for any subsequent amendments to these provisions.

1. Acute poliomyelitis
2. Amoebic dysentery
3. Anthrax
4. Bacillary dysentery
5. Botulism
6. Chickenpox
7. Chikungunya fever
8. Cholera
9. Community-associated methicillin-resistant *Staphylococcus aureus* infection
10. Creutzfeldt-Jakob disease
11. Dengue fever
12. Diphtheria
13. Enterovirus 71 infection
14. Food poisoning
15. *Haemophilus influenzae* type b infection (invasive)
16. Hantavirus infection
17. Influenza A (H2), Influenza A (H5), Influenza A (H7), InfluenzaA (H9)
18. Japanese encephalitis
19. Legionnaires' disease
20. Leprosy
21. Leptospirosis
22. Listeriosis
23. Malaria
24. Measles
25. Meningococcal infection (invasive)
26. Mumps
27. Paratyphoid fever
28. Plague
29. Psittacosis
30. Q fever
31. Rabies
32. Relapsing fever
33. Rubella and congenital rubella syndrome
34. Scarlet fever
35. Severe Acute Respiratory Syndrome
36. Shiga toxin-producing *Escherichia coli* infection
37. Smallpox
38. *Streptococcus suis* infection
39. Tetanus
40. Tuberculosis

41. Typhoid fever
42. Typhus and other rickettsial diseases
43. Viral haemorrhagic fever
44. Viral hepatitis
45. West Nile Virus Infection
46. Whooping cough
47. Yellow fever

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

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

Name of RCHD: _____ (Code no: _____)

Address of RCHD: _____

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

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

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

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

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

Suspected infectious disease: _____

 Reported to CENO, CHP, on _____ (date) by telephone at 2477 2772Reported by Name: _____ Telephone No.: _____
Signature: _____ Fax on: _____ (date)