

**CODE OF PRACTICE
FOR
RESIDENTIAL CARE HOMES
(ELDERLY PERSONS)**



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(Revised Edition)

TABLE OF CONTENTS

	<u>Page</u>
Chapter 1 Introduction	
General.....	1-1
Purpose of the Ordinance and the Regulation.....	1-3
Licence.....	1-3
Certificate of Registration.....	1-4
Chapter 2 Classification of Residential Care Homes for the Elderly	
Classification of Homes.....	2-1
Classification of Mixed Homes	2-2
Chapter 3 Licence	
Policy	3-1
Application for a Licence.....	3-1
Issue of Licence	3-3
Conditions for the Issue of Licence	3-3
Renewal of Licence.....	3-4
Display of Licence	3-4
Format of Licence	3-4
Application for New Licence by Licensed RCHEs	3-4
Expansion or Merger of RCHEs	3-5
Closure of RCHEs.....	3-6
Chapter 4 Building and Accommodation	
General.....	4-1
Statutory Plans, Land Lease Conditions, Deeds of Mutual Covenant and Tenancy Conditions	4-1
Restriction to the Premises of RCHE.....	4-2
Design	4-3
Basic Facilities	4-5
Accessibility.....	4-5
Means of Escape	4-5
Fire Resisting Construction.....	4-6
Heating, Lighting and Ventilation.....	4-6
Toilet Facilities.....	4-7
Water Supply and Ablutions	4-7
Repair.....	4-8
Renovation	4-8

	<u>Page</u>
Chapter 5 Fire Safety and Fire Precautions	
General.....	5-1
Location	5-1
Height.....	5-1
Fire Service Installations and Equipment	5-2
Additional Requirements	5-5
Fire Precautions	5-9
Chapter 6 Area of Floor Space	
Area of Floor Space	6-1
Number of Residents.....	6-1
Chapter 7 Furniture and Equipment	
General.....	7-1
Dormitory.....	7-1
Sitting/Dining Room.....	7-2
Toilet/Bathroom	7-3
Kitchen/Pantry	7-4
Laundry	7-4
Office	7-4
Medical Equipment and Supplies	7-5
Other Equipment.....	7-6
Chapter 8 Management	
Display of Name of RCHE	8-1
Procedures for Admission of Residents to RCHE	8-1
Charges and Handling of Residents’ Properties.....	8-2
Schedule of Daily Activities	8-2
Staff Employment Record/Staff Duty List/Duty Roster/Attendance Record/ Outdoor Duty Record	8-2
Record Keeping	8-3
Staff Meeting.....	8-7
Handling of Elder Abuse Cases in RCHE.....	8-7
Insurance	8-8
Handling of Personal Data	8-8
Closure of RCHE or Request for Removal of Residents.....	8-8

	<u>Page</u>
Chapter 9 Staffing of RCHE	
Employment of Staff	9-1
Definition	9-2
Staff on Overnight Duty	9-4
Conditions of Service	9-4
Staff Training	9-6
Relief Staff	9-7
Changes in Staff Employment	9-8
Importation of Workers	9-8
Chapter 10 Health Worker	
Application	10-1
Qualifications for Registration as a Health Worker	10-1
Registration	10-1
Registration Fee	10-2
Cancellation of Registration	10-2
Job Description of a Health Worker	10-3
Continuing Education	10-4
Chapter 11 Health and Care Services	
General	11-1
Health	11-1
Drug Storage and Management	11-3
Annual Medical Examination	11-6
Personal Care	11-7
Use of Restraints	11-7
Notes for Using Urinary Drainage Catheters	11-10
Notes for Using Feeding Tubes	11-11
Care for Demented Elderly Residents	11-12
Cold or Hot Weather	11-12
Pressure Ulcers	11-12
Other Specialised Nursing Procedures	11-13

	<u>Page</u>
Chapter 12 Infection Control	
General.....	12-1
Duties of an Infection Control Officer.....	12-1
Prevention of Infectious Diseases.....	12-2
Management of Cases of Infectious Diseases.....	12-3
Other Information.....	12-4
Chapter 13 Nutrition and Diet	
General.....	13-1
Design of Menu.....	13-1
Meals and Choice of Food.....	13-1
Preparation and Supply of Food.....	13-2
Meal Time.....	13-4
Special Attention on Supply of Food.....	13-4
Provision of Water.....	13-6
Monitoring of Nutritional Condition of Residents.....	13-6
Handling of Food and Other Things Brought in by Visitors.....	13-6
Other Information.....	13-6
Chapter 14 Cleanliness and Sanitation	
General.....	14-1
Staff.....	14-1
Residents.....	14-2
Cleaning Schedule.....	14-2
General Sanitation.....	14-3
Pest and Vector Control.....	14-4
Other Information.....	14-4
Chapter 15 Social Care	
General.....	15-1
Homely Atmosphere.....	15-1
Adapting to Life in an RCHE.....	15-1
Programmes and Activities.....	15-2

TABLE OF ANNEXES

- Annex 3.1** Residential Care Homes (Elderly Persons) Ordinance – Application for a Licence
- Annex 3.2** Staff Employment Record
- Annex 3.3** Guidance Notes on Submission of Floor Plans of Residential Care Homes for the Elderly
- Annex 3.4** Licence of Residential Care Home for the Elderly
- Annex 5.1** Checklist for Submissions of Fire Safety and Fire Precaution Measures
- Annex 8.1** Guidelines on Collection of Fees and Charges and Handling of Elderly Residents’ Properties in Residential Care Homes for the Elderly
- Annex 8.2** Staff Duty Roster
- Annex 8.3** Staff Attendance Record
- Annex 8.4** Staff Outdoor Duty Record
- Annex 8.5** Accident Report
- Annex 8.6** Significant Incident Report
- Annex 8.7** Death Record
- Annex 8.8** Record of Complaint
- Annex 8.9** Guidelines for Handling Elder Abuse Cases in Residential Care Homes for the Elderly
- Annex 8.10** Handling of Personal Data
- Annex 10.1** Application for Registration as a Health Worker
- Annex 11.1** Working Guidelines for Residential Care Homes for the Elderly – “Days-in-advance Drug Pre-packing System”
- Annex 11.2** Confirmation Letter – Request for Patent/Non-prescribed Drugs
- Annex 11.3** Consent Form for Self-storage and Self-administration of Drugs
- Annex 11.4** Checklist on Drug Safety in Residential Care Homes for the Elderly(RCHEs)
- Annex 11.5** Medical Examination Form for Residents in Residential Care Homes for the Elderly
- Annex 11.6** Working Guidelines for the Staff of Residential Care Homes for the

- Annex 11.6** Working Guidelines for the Staff of Residential Care Homes for the Elderly(RCHEs) – Bathing Skills
- Annex 11.7** Notes on Correct Use of Restraints
 - Appendix 11.7.1 Adverse Effects that may be Caused by the Use of Restraints
 - Appendix 11.7.2 Pre-application Assessment Record and Consent for Applying Restraints
 - Appendix 11.7.3 Recommendations of Possible Approaches other than Restraints
 - Appendix 11.7.4 Never Make the Following Mistakes When Applying Restraints
 - Appendix 11.7.5 Observation Record of Residents under Restraint
- Annex 11.8** Care for Demented Elderly Residents in Residential Care Homes for the Elderly: Dealing with Emotional and Behavioural Problems
- Annex 11.9** Hot Weather
- Annex 11.10** Cold Spell Precautions
- Annex 11.11** Working Guidelines for Residential Care Homes for the Elderly (RCHEs) – Guidelines for Feeding with Ryle’s Tubes (RT)
- Annex 11.12** Working Guidelines for Residential Care Homes for the Elderly (RCHEs) – Prevention and Care of Pressure Ulcers
- Annex 12.1** A List of Notifiable Infectious Diseases
- Annex 12.2** Suspected Outbreak of Infectious Disease in Residential Care Home for the Elderly – Notification Form
- Annex 13.1** Working Guidelines for the Staff of Residential Care Homes on Feeding Assistance to Frail Elderly Residents
- Annex 13.2** Working Guidelines for Staff – Handling of Food and Other Things Brought in by Visitors

CHAPTER 1

INTRODUCTION

1.1 General

- 1.1.1 The Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) came into full operation on 1 June 1996.
- 1.1.2 The Residential Care Homes (Elderly Persons) Regulation (Cap.459 sub. leg. A) is made under section 23 of the Residential Care Homes (Elderly Persons) Ordinance, stipulating the requirements for the operation, management and supervision of residential care homes for the elderly (RCHEs). Both the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Elderly Persons) Regulation regulate the operation of RCHEs in Hong Kong.
- 1.1.3 This Code of Practice is issued by the Director of Social Welfare (DSW) under section 22 of the Residential Care Homes (Elderly Persons) Ordinance, setting out principles, procedures, guidelines and standards for the operation, keeping, management or other control of RCHEs for compliance by operators.
- 1.1.4 The statutory provisions cited or mentioned in this Code of Practice are those in force before 28 February 2013. 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 at <http://www.legislation.gov.hk>.
- 1.1.5 Under section 2 of the Residential Care Homes (Elderly Persons) Ordinance, a residential care home for the elderly is defined as –
any premises at which more than 5 persons who have attained the age of 60 years are habitually received for the purposes of care while resident therein.
- 1.1.6 Under section 3 of the Residential Care Homes (Elderly Persons) Ordinance, the Ordinance shall not apply to –

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

1.1.7 The Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) are mutually exclusive ^{Note 1}. Based on this principle, the operator of any home which fits into the definitions of a residential care home under the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) 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 to DSW the first-mentioned licence which will be cancelled on the issue of a licence under the Residential Care Homes (Persons with Disabilities) Ordinance. Similarly, if a licence issued under the Residential Care Homes (Persons with Disabilities) Ordinance is for the time being in force in respect of the residential care home, and the operator intends to switch over to provide residential service for persons who have attained the age of 60 years, the operator must, after being advised by DSW that the application under the Residential Care Homes (Elderly Persons) Ordinance is successful, surrender to DSW the first-mentioned licence which will

^{Note 1} Under section 6A and section 8(4A) of the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance are mutually exclusive.

be cancelled on the issue of a licence under the Residential Care Homes (Elderly Persons) Ordinance.

- 1.1.8 Operators of RCHEs should study carefully this Code of Practice as well as the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Elderly Persons) Regulation. DSW may refuse to issue a licence to the applicant under section 8(3)(c)(iii) of the Residential Care Homes (Elderly Persons) Ordinance if it appears to DSW that the premises used for the RCHE do not comply with any requirements relating to design, structure, fire precautions, health, sanitation and safety set out in this Code of Practice. Any person who intends to operate an RCHE may contact the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department (SWD) (Telephone No.: 2961 7211 or 2834 7414) (Address: Room 2354, 23/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong) for advice or guidance.
- 1.1.9 Compliance with the requirements of this Code of Practice does not release the operator or any other person from the liabilities, obligations and requirements imposed under other legislations or the common law.

1.2 Purpose of the Ordinance and the Regulation

The requirements of the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Elderly Persons) Regulation provide for the control of residential homes established for the care of elderly persons through a licensing scheme administered by DSW. The purpose of the legislation aims at ensuring that residents in these homes receive services of acceptable standards that are of benefit to them physically, emotionally and socially.

1.3 Licence

- 1.3.1 All RCHEs are regulated by the Administration through a licencing scheme to ensure the provision of a high level of care services by RCHEs and the effective protection of the interests of their residents.

- 1.3.2 Under section 6 of the Residential Care Homes (Elderly Persons) Ordinance, any person who on any occasion operates, keeps, manages or otherwise has control of an RCHE must hold a licence that has been issued under section 8(2)(a) or renewed under section 9 of the Ordinance in respect of that RCHE and is for the time being in force.
- 1.3.3 Under section 8(3)(d) of the Residential Care Homes (Elderly Persons) 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 RCHE in respect of which a licence is for the time being in force;
 - (b) the name of a residential care home for persons with disabilities (RCHD) regulated by the Residential Care Homes (Persons with Disabilities) Ordinance;
 - (c) the name of an RCHE in respect of which the licence has been suspended, surrendered or cancelled; and
 - (d) the name of an RCHD in respect of which a licence has been suspended, surrendered or cancelled.
- 1.3.4 A licence, which is issued in respect of a specific RCHE contains information of the home being certified under the hand of DSW, shall be evidence of facts stated therein under Section 8(5) of the Residential Care Homes (Elderly Persons) Ordinance and, is thus non-transferable. In case there is any change(s) in home name, home address, home type, licensing capacity and/or licence holder, application for a new licence is required.

1.4 Certificate of Registration

The operator of a private RCHE is required to register the home with the Inland Revenue Department according to the Business Registration Ordinance, Cap. 310 and with the Registrar of Companies under the Companies Ordinance, Cap. 622 if the home is owned by a corporate body.

CHAPTER 2

CLASSIFICATION OF RESIDENTIAL CARE HOMES FOR THE ELDERLY

2.1 Classification of Homes

As defined under section 2 of the the Residential Care Homes (Elderly Persons) Ordinance, an RCHE means any premises at which more than 5 persons who have attained the age of 60 years are habitually received for the puposes of care while resident therein. According to the level of care and assistance required by the residents and the type prescribed for the purposes of section 3 of the Residential Care Homes (Elderly Persons) Regulation, an RCHE may be classified as:

- (a) a care-and-attention home

- i.e. an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are generally weak in health and are suffering from a functional disability to the extent that they require personal care and attention in the course of daily living activities but do not require a high degree of professional medical or nursing care.

- (b) an aged home

- i.e. an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are capable of observing personal hygiene but have a degree of difficulty in performing household duties related to cleaning, cooking, laundering, shopping and other domestic tasks.

- (c) a self-care hostel

- i.e. an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years and who are capable of observing personal hygiene and performing household duties

related to cleaning, cooking, laundering, shopping and other domestic tasks.

2.2 Classification of Mixed Homes

- 2.2.1 RCHEs may concurrently receive residents requiring different levels of care services in actual operation. For example, some aged homes may be established with care-and-attention places. Moreover, some aged homes or care-and-attention homes also provide self-care hostel places.
- 2.2.2 In classifying a mixed RCHE, if a home receives elderly persons requiring self-care, aged home and/or care-and-attention service concurrently, that home will only be classified as either an aged home or a care-and-attention home, irrespective of the number of residents of self-care level. To take a home concurrently providing self-care, aged home and care-and-attention places as an example, the number of residents requiring self-care will be disregarded in classifying the home, and the home will be classified according to the number of residents requiring aged home or care-and-attention service, 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 elderly persons requiring aged home and care-and-attention service concurrently, that home should be classified as an aged home or a care-and-attention home based on the majority rule. For example, for a home providing service of aged home and care-and-attention concurrently, it will be classified as a care-and-attention home if more than half of the residents are in need of care-and-attention service. If the numbers of residents requiring service of care-and-attention and aged home are the same, that home will also be classified as a care-and-attention home.

CHAPTER 3

LICENCE

3.1 Policy

- 3.1.1 Any person who operates, keeps, manages or otherwise has control of an RCHE at any time must hold a licence for the time being in force, which is issued under section 8(2)(a) or renewed under section 9 of the Residential Care Home (Elderly Persons) Ordinance.
- 3.1.2 Any person who operates, keeps, manages or otherwise has control of an RCHE must hold a licence for the time being in force, except for any RCHD defined by the Residential Care Homes (Persons with Disabilities) Ordinance with a valid licence or certificate of exemption (CoE) issued under that Ordinance (please refer to paragraph 1.1.7 of Chapter 1).

3.2 Application for a Licence

Subject to compliance with the requirements of the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Regulation and this Code of Practice, operators of RCHEs may make an application to DSW for a licence. Under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance, operators of RCHEs shall apply for a licence in the form specified in Annex 3.1 (SWD 603). The form can be obtained from LORCHE or downloaded from the SWD's website (<http://www.swd.gov.hk>). Submission of the application should be accompanied by the information and plans required by DSW. The details are as follows :

- 3.2.1 The original copy of duly completed application form may be submitted by hand or by registered post to LORCHE;
- 3.2.2 The following documents should also be submitted:
- (a) photocopy of the Hong Kong Identity Card of the applicant (applicable to application made by an individual);

- (b) photocopy of Certificate of Incorporation issued by the Registrar of Companies (applicable to application made by a corporate body);
- (c) certified copy of Business Registration Application issued by the Commissioner of Inland Revenue (applicable to applications of private RCHEs);
- (d) photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable to applications of private RCHEs);
- (e) staff employment record of RCHE (Annex 3.2)

(To ensure that the licensing requirements are met by the RCHE according to its type and the type and number of staff required under section 11(1) of the Residential Care Homes (Elderly Persons) Regulation, LORCHE may require the applicant to submit the Medical Examination Form of the residents (Annex 11.5.)

- (f) photocopy of the tenancy agreement in respect of the RCHE premises (applicable to rented RCHE premises);
- (g) photocopy of the deed of assignment in respect of the RCHE premises (applicable to self-owned RCHE premises);
- (h) 4 sets of layout plans of the RCHE (6 sets for RCHEs situated in premises under or divested by the Housing Authority) (for requirements on layout plans, please refer to the Guidance Notes at Annex 3.3); and
- (i) photocopy of the fire service installations plan and relevant documents (please refer to paragraphs 5.4 and 5.5 of Chapter 5 and the checklist at Annex 5.1).

3.2.3 Operators should ensure that the operation of RCHE in the subject location/premises is always permitted under the Town Planning Ordinance or requires prior application for planning permission from the Town Planning Board. For uses subject to the planning permission from the Town Planning Board, the operators should submit proof of the planning permission to LORCHE, otherwise a

licence for the RCHE may not be issued (please refer to paragraph 4.2.2 of Chapter 4).

3.2.4 Operators should ensure that the operation of RCHE in the subject location/premises is in compliance with the land lease conditions. For premises violating the land lease conditions, the applicant should submit a waiver issued by the Lands Department as a proof of the land lease conditions having been waived (please refer to paragraph 4.2.3 of Chapter 4).

3.2.5 Upon receipt of the above required documents, and if all of them are in order, LORCHE will normally take 8 weeks to complete processing a licence application and issue the licence.

3.3 Issue of Licence

Under section 8(2)(a) of the Residential Care Homes (Elderly Persons) Ordinance, DSW shall, on receipt of an application, determine the application:

- (a) by issuing to, and in the name of, the applicant, a licence (subject to any conditions as deemed fit by DSW) for a period of 36 months or such lesser period as may be indicated in the licence; or
- (b) by refusing to issue a licence to the applicant.

3.4 Conditions for the Issue of Licence

Under section 8(2)(a) of the Residential Care Homes (Elderly Persons) Ordinance, DSW may impose conditions on the issue of a licence. The conditions for the issue of a licence may include:

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

3.5 Renewal of Licence

Under sections 9(1) and 9(2) of the Residential Care Homes (Elderly Persons) Ordinance, a person holding a licence in respect of an RCHE 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 in the form specified in Annex 3.1 (SWD603).

3.6 Display of Licence

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

3.7 Format of Licence

A licence issued under section 8 or renewed under section 9 of the Residential Care Homes (Elderly Persons) Ordinance is in the form specified in Annex 3.4.

3.8 Application for New Licence by Licensed RCHEs

3.8.1 RCHEs with a valid licence should apply for a new licence under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance in the form specified in Annex 3.1 (SWD603) in case of change of the following:

- (a) name of the RCHE;
- (b) address of the RCHE (for expansion or merger of RCHEs, please refer to paragraph 3.9);
- (c) type of the RCHE;
- (d) licensing capacity of the RCHE; and/or
- (e) licence holders/licensed corporations (please refer to paragraph 3.8.2)

3.8.2 For change of licence holders/licensed corporations due to sale of business or replacement of partner, existing operators should inform LORCHE in writing of the details not more than 4 months and not

less than 2 months before such changes (including the effective date, information of the new operators and change of staff and/or premises, etc.). Meanwhile, prospective operators should apply for a new licence under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance in the form specified in Annex 3.1 (SWD 603) not more than 4 months and not less than 2 months before such changes.

3.9 Expansion or Merger of RCHEs

3.9.1 If there is any expansion or merger plan of an RCHE issued with a licence, the operators should apply to LORCHE in writing and acceptance-in-principle must be obtained from LORCHE for including the proposed expanded or merged portion in the licensed area of the RCHE prior to the implementation of the plan, and an application for a new licence should be submitted (please refer to paragraph 3.8.1(b)).

3.9.2 The expansion or merger of RCHE premises should be in compliance with the following conditions. Under special circumstances, LORCHE will consider individual application for expansion or merger in the light of individual conditions.

(a) The proposed expanded portion or RCHEs to be merged should be on the same floor or the substantially adjoining floors (either above or below) of the same premises in which the existing RCHEs are located. For the proposed expanded portion or merged portion on adjoining floors, condition (d) should be fulfilled concurrently;

(b) For RCHE premises being New Territories Exempted Houses [including small houses], the proposed expanded portion or RCHEs to be merged should be located in the same or adjoining block. For proposed expanded portion or merged portion in adjoining blocks, condition (d) should be fulfilled concurrently. The applicant should also ensure that RCHEs with proposed expansion or merger will still be in compliance with the relevant land lease conditions after such expansion or merger (please refer to paragraph 3.2.4 in this Chapter);

- (c) For application of expansion or merger of RCHEs involving substantial modification on floor area or layout of the RCHE premises, the whole new premises after expansion or merger should be in compliance with the latest fire safety and building safety standards and requirements stipulated in the relevant statutory provisions or Code of Practice, which are also applicable to applications for a new licence of RCHE; and
- (d) If the proposed expanded portion or RCHEs to be merged is/are located on the adjoining floors (either above or below) or in the adjoining blocks of New Territories Exempted Houses [including small houses] instead of on the same floor or the same block of New Territories Exempted Houses [including small houses], it will have a direct impact on the management, operation and staffing of the new RCHEs. Hence, the staff employment and attendance of the above type of RCHEs for the 12 months prior to the application should be in compliance with the statutory requirements. Effective measures or supporting equipment should also be provided to ensure effective communication and mutual support among the staff.

3.9.3 If the proposed expanded portion is not located as specified in paragraph 3.9.2 (a) or (b), operators should apply for a separate licence for such premises under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance in the form specified in Annex 3.1 (SWD 603).

3.10 Closure of RCHEs

If the operator intends to cease operation of an RCHE, the operator should inform LORCHE in writing at least 30 days prior to closure of the RCHE, together with a removal plan for the residents. The operator should return the licence to LORCHE as soon as possible after closure of the RCHE. For management matters regarding closure of RCHEs, please refer to paragraph 8.11 of Chapter 8.

CHAPTER 4

BUILDING AND ACCOMMODATION

4.1 General

RCHEs 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.

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

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

4.2.2 With regard to the requirements of statutory plans, the operator must check the Outline Zoning Plans or the Development Permission Area Plans devised under the Town Planning Ordinance (Cap. 131) to confirm if the use or development of RCHE at the subject location/premises is always permitted or requires permission from the Town Planning Board. According to the Definition of Terms in statutory plans adopted by the Town Planning Board, RCHE is a Social Welfare Facility. If it is specified in the “Note” of the Outline Zoning Plans or the Development Permission Area Plans that Social Welfare Facility is the use requiring prior permission from the Town Planning Board, the operator must apply for planning permission from the Town Planning Board before proceeding with the use or development. The operator is also required to produce certification of such planning permission. Otherwise, LORCHE may not be able to issue a licence to the RCHE concerned. For enquiries concerning application for planning permission, the operator may contact the Planning Department.

- 4.2.3 With regard to the requirements of land lease conditions, operators should check the land lease of the lot where the premises [including New Territories Small Houses (commonly known as “Small Houses”)] are located to ensure that the operation of RCHE at the premises concerned is permitted. If the RCHE concerned is in breach of the land lease conditions, the operator can only operate an RCHE at the premises if a temporary waiver, normally takes six to nine months to process, is obtained from the Lands Department. Should the required temporary waiver cannot be produced, LORCHE may not be able to issue a licence to the RCHE concerned. If the premises are not able to comply with the relevant requirements for operating RCHEs, enforcement action may be taken by relevant authorities and hence the premises are not suitable to be used as an RCHE. The operator should seek professional advice if any doubt arises.
- 4.2.4 The operators must note that tenancy agreements and deeds of mutual covenant are legal binding documents and that they may be ordered by the court to terminate the operation of the RCHE in the subject premises in civil proceedings. This Code of Practice does not prejudice the power of other government departments to take enforcement or regulatory actions.

4.3 Restriction to the Premises of RCHE

- 4.3.1 No part of an RCHE shall be located in any premises where building works have been carried out or structures ^{Note 1} have been built without the approval and consent of the Building Authority. For RCHEs located in New Territories Exempted Houses, please refer to paragraph 4.2.3.
- 4.3.2 Unauthorised building works in or in relation to the premises of RCHEs may constitute a risk to the safety of the occupants and the public, and therefore must be removed or rectified. If the renovation or alteration works are within the scope of the Building (Minor Works) Regulation, they must be conducted according to the

^{Note 1} 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.

requirements or procedures stipulated under the above Regulation. For details, please refer to the Buildings Department's website: <http://www.bd.gov.hk>.

4.4 Design

Under section 21 of the Residential Care Homes (Elderly Persons) Regulation, every RCHE shall, to the satisfaction of DSW, be designed in the following manner to suit the particular needs of residents:

- 4.4.1 the clear width of every passage must not be less than 1 050 mm and that of every door and doorway not less than 800 mm, so as to accommodate everyone, especially wheelchair users, to enter any room in any place, including bedrooms and partitioned bed spaces, without assistance and unnecessary difficulty;
- 4.4.2 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
- 4.4.3 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.
- 4.4.4 In addition to the above requirements, the operator must also ensure that:
 - (a) one call bell is installed in each bedspace for the residents of care-and-attention homes. For non-care-and-attention homes, one call bell is installed in each bedspace for residents requiring high level of care;
 - (b) all bathrooms, toilets and corridors are fitted with appropriate handrails;
 - (c) the design of furniture and fitting-out works of the premises are hazard-free; and

- (d) 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.

4.4.5 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). RCHEs 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; and
- (d) avoid placing protruding object at the walls and landing on both sides of the staircase.

4.4.6 All RCHEs are required to provide appropriate facilities for the residents with disabilities to the satisfaction of DSW. 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 unjustifiable hardship on the applicant or any other persons, DSW shall make the final decision.

4.5 Basic Facilities

The basic facilities in an RCHE shall include dormitories, dining/sitting area, toilet/bathroom/shower, kitchen, laundry, office area and isolation facility/room. All circulation area including corridor and sitting out area should not be converted into dormitories. An RCHE should provide meals and laundry service for the residents. A kitchen of reasonable size should be set up and the size will depend on the number of residents under care and the number of meals to be served.

4.6 Accessibility

Section 23 of the Residential Care Homes (Elderly Persons) Regulation requires that every RCHE shall, to the satisfaction of DSW, be accessible by emergency services.

4.7 Means of Escape

- 4.7.1 RCHE shall be provided with adequate escape exits and exit routes in accordance with the Code of Practice for Fire Safety in Buildings 2011 issued by the Building Authority and any subsequent revision.
- 4.7.2 The numbers of residents and staff that may be accommodated by an RCHE are factors that must be considered for assessment of the requirement for escape exits and exit routes.
- 4.7.3 All fire-rated doors to protected lobbies, exits, kitchens and plant rooms should be capable of self-closing and be kept closed at all times. If a locking device is installed at a specified escape exit door, it should be of the type that is capable of being readily opened from the inside without the use of a key. The locking device can be electrically operated, but should be capable of automatic release upon actuation of an automatic heat or smoke detection system or the operation of an alarm system or a central manual override designed and installed to the satisfaction of the Director of Fire Services. Upon power failure, the electrical locking device should be released automatically. If an emergency push bar is installed at the escape exit door, it should not be encased with additional installations.

- 4.7.4 Adequate lighting must be provided for every exit route which is kept clear of obstructions. An emergency evacuation route plan should be displayed inside the RCHE, in accordance with relevant requirements in paragraph 5.5.7 in Chapter 5 of this Code of Practice.

4.8 Fire Resisting Construction

- 4.8.1 The design and construction of RCHE shall comply with the Code of Practice for Fire Safety in Buildings 2011 issued by the Building Authority and any subsequent revision.
- 4.8.2 RCHE shall be separated from other parts of the building by suitable fire resisting construction in accordance with the Code of Practice for Fire Safety in Buildings 2011 and any subsequent revision.
- 4.8.3 The kitchen of RCHE shall be separated from other parts of the RCHE premises by walls with a fire resistance rating of not less than 60 minutes. The door of the kitchen shall have a fire resistance rating of not less than 60 minutes, which should be capable of self-closing and kept closed at all times.
- 4.8.4 Areas of special hazards (the definition of special hazard is provided in Part A of the Code of Practice for Fire Safety in Buildings 2011) in RCHE shall be enclosed by barriers with a fire resistance rating of not less than 120 minutes, or 240 minutes where adjoining protected exits. Any door leading to such areas of special hazards from the RCHE premises shall have a fire resistance rating of not less than that for the barrier leading to areas of special hazards, which should be capable of self-closing and kept closed at all times.
- 4.8.5 In case newly added or altered fire resisting constructions are involved in the premises of an RCHE, LORCHE may request the RCHE to submit documentary proof with supporting test/assessment reports prepared by professional persons to certify the required fire resistance rating of such fire resisting construction.

4.9 Heating, Lighting and Ventilation

- 4.9.1 According to section 24 of the Residential Care Homes (Elderly Persons) Regulation, RCHE must be adequately heated, lighted and ventilated to the satisfaction of DSW.

- 4.9.2 Every room used for habitation or for the purposes of an office or kitchen in RCHE shall be provided with adequate natural lighting and ventilation for compliance with sections 30, 31, 32 and 33 of the Building (Planning) Regulations, (Cap. 123F). 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.
- 4.9.3 Every room containing a soil fitment or waste fitment in an RCHE shall be provided with a window in accordance with section 36 of the Building (Planning) Regulations (Cap. 123F). DSW may consider exemption if there is provision of adequate artificial lighting and mechanical ventilation to the satisfaction of DSW.
- 4.9.4 The provision of heater, electric fan and/or air conditioner in dormitory and toilet/bathroom are stipulated in paragraphs 7.2 and 7.4 in Chapter 7 of this Code of Practice.

4.10 Toilet Facilities

- 4.10.1 Under section 25 of the Residential Care Homes (Elderly Persons) Regulation, an RCHE must be provided with toilet facilities and sanitary arrangements of a type approved by DSW.
- 4.10.2 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.

4.11 Water Supply and Ablutions

Under section 26 of the Residential Care Homes (Elderly Persons) Regulation, an RCHE must be provided with:

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

- (c) adequate bathing facilities

to the satisfaction of DSW. Details of the facilities required are listed in Chapter 7 of this Code of Practice for reference.

4.12 Repair

According to section 27 of the Residential Care Homes (Elderly Persons) Regulation, an RCHE must be kept in a state of good repair to the satisfaction of DSW.

4.13 Renovation

4.13.1 If renovation works are necessary to be conducted by RCHE, they must be in compliance with the Residential Care Homes (Elderly Persons) Regulation, this Code of Practice and other legal requirements (such as the Minor Works Control System of the Buildings Department. For details, please visit the Buildings Department's website at <http://www.bd.gov.hk>).

4.13.2 In order to avoid the need for rectification works to be conducted by RCHE when non-compliance with licensing requirements are found after the renovation works, and to ensure that the safety and welfare of residents will not be affected during renovation, if an RCHE is required to conduct internal renovation works which involve changes in layout, number/position of beds, basic facilities (such as kitchen, laundry, isolation facilities/room, pedestal toilets, wash basins, shower heads, etc.), fire service installations and equipment, etc, the operator is required to submit a written notification to LORCHE 30 days before the commencement of such renovation works and provide LORCHE with relevant renovation information for reference, such as the modified floor plan of RCHE, modified plan for fire service installations, the duration required for works and initiatives to ensure the safety of residents and normal operation of RCHE during the works period.

4.13.3 All the fire service installations and equipment must be kept in efficient working order during the renovation works period.

CHAPTER 5

FIRE SAFETY AND FIRE PRECAUTIONS

5.1 General

Under section 31 of the Residential Care Homes (Elderly Persons) Regulation, RCHEs are subject to visit and inspection by any staff of the Fire Services Department (FSD) at all reasonable times. Operators should comply with any requirements stipulated by SWD and FSD regarding fire safety and fire precautionary measures.

5.2 Location

5.2.1 Under section 19 of the Residential Care Homes (Elderly Persons) Regulation, an RCHE must not be situated in any part of:

- (a) an industrial building; or
- (b) any premises the floor of which is immediately over the ceiling or below the floor slab of any:
 - (i) godown;
 - (ii) cinema;
 - (iii) theatre; or
 - (iv) premises wherein any trade (including those as specified in section 49 of the Building (Planning) Regulations, Cap.123F) which, in the opinion of DSW, may pose a risk to the life or safety of the residents is carried on.

5.2.2 An RCHE should not be situated in the basement floor under general circumstances. Nevertheless, DSW may consider special cases after consulting relevant departments.

5.3 Height

5.3.1 Under section 20 of the Residential Care Homes (Elderly Persons) Regulation, subject to paragraph 5.3.2 below, an RCHE 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 RCHE is or is to be situated. If the RCHE is located in a building served by two streets/roads at different levels, the height of the RCHE is to be measured from the level of the lower street/road.

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

5.4 Fire Service Installations and Equipment

- 5.4.1 The requirements and specifications on fire service installations and equipment to be provided for RCHE 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 as well as circular letters issued by the Director of Fire Services (DFS) to relevant professionals from time to time. For fire service installations and equipment already installed in the building/premises, the requirements and specifications should be based on the prevailing version of the above Codes of Practice when the fire service installations and equipment were installed.
- 5.4.2 DSW may impose additional requirements and vary any of the following requirements in consultation with DFS, having regard to the individual circumstances of any particular RCHE.
- 5.4.3 RCHEs occupying a floor area of less than 230 m² shall comply with the following requirements:
- (a) A fire detection system shall be provided for the RCHE. A smoke detection system shall be provided for the entire floor if any part of the floor is used for sleeping accommodation. Nevertheless, the smoke detection system can be replaced by a heat detection system in electrical/mechanical rooms and the kitchen, if situation warrants. If the RCHE is covered by an automatic sprinkler system, the provision of heat or smoke detector 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 in RCHE 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 floor. In addition to audio warning devices, visual alarm signals shall be provided to form part of the fire alarm system. The alarm of the system shall be integrated with fire detection system of the RCHE and its respective floor(s), except for the areas mentioned below:
 - (i) staircase(s) as exit routes;
 - (ii) smoke lobbies adjoining staircase(s) as exit routes; and
 - (iii) areas not accessible to residents or visitors, e.g. office, staff toilet, staff quarters, plant room, etc.
- (c) All fire service installations control panels shall be installed at the reception area or the main entrance of the RCHE or at a location approved by DFS.
- (d) Portable fire extinguishers 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 4.5 kg CO₂ gas/9-litre water fire extinguisher shall be provided at the reception area or the main entrance of the RCHE; and
 - (iv) one 4.5 kg CO₂ gas/9-litre water fire extinguisher shall be provided at a location near each exit if hose reel system is not provided for the RCHE.
- (e) All exits shall be indicated by illuminated exit signs.

- (f) If an exit sign is not clearly visible from any location in the RCHE especially the corridors leading from each room to the exit routes of the RCHE, suitable directional signs shall be provided at conspicuous locations to assist residents or occupants to identify the exits in the event of an emergency.
 - (g) Emergency lighting shall be provided in the entire RCHE. 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.
- 5.4.4 Apart from the requirements set out in paragraph 5.4.3 above, RCHEs occupying a floor area exceeding 230 m² shall comply with the following requirements:
- (a) An automatic sprinkler system shall be installed for the entire RCHE.
 - (b) A hose reel system shall be provided for the RCHE.
 - (c) All actuating points of the manual fire alarm system provided as required by paragraph 5.4.3 (b) shall include facilities for starting the fire pump and initiating the audio warning device.
- 5.4.5 Please refer to the checklist in Annex 5.1 for the submission of documents required under the above requirements.
- 5.4.6 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 (RFSIC) of appropriate classes to carry out the works. The RFSIC shall submit a certificate FSI/314A, FSI/314B or FSI/314C as appropriate, together with three copies of the fire service installations plans to DFS. Upon completion of the works, the RFSIC shall submit a copy of the Certificate of Fire Service Installations and Equipment (Form FS 251) to DFS. In addition, the operator shall also submit a copy of the Certificate to DSW as a proof of compliance. All fire service installations and equipment installed in the RCHE shall be maintained in efficient working order at all times and inspected by an RFSIC at least once

every 12 months in accordance with the Fire Service (Installations and Equipment) Regulation (Cap. 95B). Upon completion of the works, the contractor shall submit a copy of Form FS 251 to DFS. In addition, the operator shall also submit another such copy to DSW as proof of compliance.

5.5 Additional Requirements

- 5.5.1 Primary and stand-by power supply shall be provided to all fire service installations.
- 5.5.2 If the ventilating system in the RCHE has an air handling capacity exceeding one cubic metre per second or serves more than one fire compartment, i.e. all air distribution ductwork systems are not contained within the same compartment, a ventilation/air-conditioning control system shall be provided. The operator shall appoint an RFSIC of appropriate classes to carry out the works.
- 5.5.3 Operators shall submit detailed as-fitted drawings of the ventilating system via SWD to the Ventilation Division of FSD, and submit the Report of Completion on Ventilating System to the Ventilation Division upon completion of such works for arrangement of inspection. For ventilating system inspected and found to be in compliance with the requirements under the Building (Ventilating Systems) Regulations (Cap.123J) and Part XI of FSD Circular Letter No. 4/96, a Letter of Compliance (Ventilating System) will be issued by the Ventilating Division. Upon installation of ventilating system, it shall be maintained in safe and efficient working order at all times. For ventilating system with ducting or trunking passing through any wall, floor or ceiling from one compartment* of the building to another, the operators shall arrange a regular inspection by a Registered Specialist Contractor (Ventilation Works Category), who will issue an Annual Inspection Certificate, at intervals not exceeding 12 months, and submit a copy of the certificate to DSW. (*compartment: means a portion of a building which is separated from adjoining portions by walls and floors, that meets the standard of fire resistance required by the Buildings Department.)

- 5.5.4 All linings for acoustic, thermal insulation and decorative purposes within means of escape in RCHE 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 the works, the RFSIC shall submit a copy of Form FS 251 to DFS. The operator shall also submit a copy of the certificate to DSW as proof of compliance.
- 5.5.5 All linings for acoustic, thermal insulation and decorative purposes in ducting 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 the works, the RFSIC shall submit a copy of Form FS 251 to DFS. The operator shall also submit a copy of the certificate to DSW as proof of compliance.
- 5.5.6 No storage of dangerous goods within the meaning of the Dangerous Goods (General) Regulations (Cap. 295B) in excess of the exempted quantity is permitted without a licence or approval granted by DFS.
- 5.5.7 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. RCHE shall conduct fire drills at least once every six months with proper records at all times for inspection by FSD/SWD staff.
- 5.5.8 Polyurethane (PU) foam
- (a) All PU foam filled mattresses and covering material used for fabrication of mattresses shall conform to British Standard 7177 (for use in medium hazard premises/building); or “Standard for the Flammability (Open Flame) of Mattress Sets” – (Part 1633 of Title 16 of Code of Federal Regulations) as issued by the Consumer Product Safety Commission in the US; or conform to another standard acceptable to DFS.

- (b) All PU foam filled upholstered furniture and covering material used for fabrication of the furniture shall conform to British Standard 7176 (for use in medium hazard premises/building); or Flammability Test Procedures for Seating Furniture for Use in Public Occupancies (Technical Bulletin Number 133) as issued by the Bureau of Home Furnishings and Thermal Insulation under the Department of Consumer Affairs of the State of California; or conform to another standard acceptable to DFS.
- (c) Each PU foam filled mattress and upholstered furniture conforming to British Standard 7177 (for use in medium hazard premises/building) and British Standard 7176 (for use in medium hazard premises/building) respectively shall bear an appropriate label.
- (d) Invoices from manufacturers/suppliers and test certificates issued by testing laboratories indicating that all the PU foam filled mattresses and/or upholstered furniture have complied with the specified standards shall be produced to DSW for inspection. Test certificates shall have been issued by an accredited laboratory authorised to conduct tests according to the specified standards, and be authenticated by the company's stamp of manufacturers/suppliers.

5.5.9 All fixed electrical installations in RCHE shall comply with the following requirements:

- (a) According to the Electricity Ordinance (Cap. 406), any works of fixed electrical installations, including installation, inspection, testing and issue of certificates, shall be carried out by Registered Electrical Contractors (REC) and Registered Electrical Workers (REW). Upon completion of electrical work and before energising for use, REC and REW shall issue a Work Completion Certificate (Form WR1) to the owner of the fixed electrical installations in RCHE, and submit to DSW a copy of the certificate which certifies that the installations have complied with the requirements of the Electricity Ordinance (Cap. 406).

- (b) For fixed electrical installations in RCHE having an approved loading exceeding 100 amperes (single or three phase) at nominal low voltage, RCHE is required to arrange for inspection, testing and certification (Form WR2) of the installations by REC at least once every five years. The test certificate, to be submitted to DSW, shall be re-issued every five years.

5.5.10 All gas installations in RCHE shall comply with the following requirements:

- (a) According to the Gas Safety Ordinance (Cap. 51), all gas (town gas or liquefied petroleum gas (LPG)) installation works (including fabrication, disconnection, testing, maintenance, etc.) in RCHE shall be carried out by registered gas contractors.
- (b) A copy of the Certificate of Compliance/Certificate of Completion issued by registered gas contractors for any new gas installation work or alteration to existing installations shall be submitted to DSW as a proof of compliance with the gas safety requirements.
- (c) If a piped-gas installation (town gas or LPG central supply) is already available in the building, it shall be used to supply all gas equipment. Only where a central gas supply is not available should consideration be given to use individual LPG cylinders stored in a purposely-designed chamber in compliance with the Codes of Practice of LPG Installations for Catering Purposes in Commercial Premises and Requirements for Town Gas Installations for Catering Purposes in Restaurants and Food Preparation Establishments issued by the Gas Authority.
- (d) LPG/LPG cylinder (including empty cylinder) with an aggregate nominal water capacity of more than 130 litres is not permitted to be stored, unless prior approval of the Director of Electrical and Mechanical Services (DEMS) is obtained.

- (e) All gas cooking appliances installed in the RCHE shall be models equipped with flame failure device and only water heaters of the room-sealed type shall be installed. Newly purchased domestic gas appliances should bear a GU mark certifying that approval of the DEMS is granted for importing/manufacturing/selling such appliances.
- (f) Only low pressure flexible gas tubing approved by the DEMS with the EMSD APPROVAL mark shall be installed. Flexible gas tubing which is longer than 2 m shall not be used.
- (g) All gas installations shall be inspected/maintained annually for safe operation by a registered gas contractor. Documentary proof of continuing annual inspection/maintenance shall be submitted with any application for renewal of licence.

5.5.11 Please refer to the checklist in Annex 5.1 for the submission of documents required under the above requirements.

5.6 Fire Precautions

5.6.1 All staff of RCHE 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 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 dialling 999; and
- (c) evacuate the residents in joint effort with other staff, especially for residents requiring assistance and under restraint.

5.6.2 Patrols shall be conducted every night with proper record to ensure that:

- (a) all cooking/heating appliances are switched off;

- (b) all doors leading to common corridors are closed;
 - (c) there is no obstruction to fire service installations and equipment;
 - (d) there is no obstruction to exit routes by any object; and
 - (e) any door along means of escape that is locked shall be openable in the direction of egress without the use of a key in an emergency.
- 5.6.3 No cooking in naked flame shall be permitted inside an RCHE other than in the kitchen.
- 5.6.4 An air heater shall not be used for the pupose of drying clothes, and combustible materials shall not be placed in its close vicinity.
- 5.6.5 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.
- 5.6.6 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 the arrival of emergency services.

CHAPTER 6

AREA OF FLOOR SPACE

6.1 Area of Floor Space

As stipulated in Schedule 2 of the Residential Care Homes (Elderly Persons) Regulation, the minimum area of floor space required for each resident in an RCHE is as follows:

MINIMUM AREA OF FLOOR SPACE FOR EACH RESIDENT

<u>Type of residential care home</u>	<u>Minimum area per resident</u>
(a) Care-and-attention home	6.5 m ²
(b) Aged home	6.5 m ²
(c) Self-care hostel	6.5 m ²

6.2 Number of Residents

The appropriate number of residents in an RCHE 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 RCHE. In determining the area of floor space per resident, the area of staff dormitory, open space, podium, garden, flat roof, bay window, staircase, column, walls, staircase hall, lift, lift landing, any space occupied by machinery for any lift, air-conditioning system or any similar service provided for the building, and any other area in the RCHE which DSW considers unsuitable for the purposes of an RCHE shall be disregarded. Please refer to section 22 of the Residential Care Homes (Elderly Persons) Regulation.

CHAPTER 7

FURNITURE AND EQUIPMENT

7.1 General

- 7.1.1 There should be furniture and equipment specially made for elderly residents in each RCHE.
- 7.1.2 There should be provision of at least one first aid box on each floor of an RCHE, or in each separate unit of the RCHE if it is located at different and non-adjointing unit(s) of the same floor. The first aid box should contain at least basic first aid items such as bandages, triangular bandages, adhesive plasters, wound dressings, cotton wool, gauzes and disposable gloves, etc.
- 7.1.3 Each RCHE should procure suitable furniture and equipment according to individual circumstances to ensure provision of safe and proper care to the residents. Fee-charging arrangements on personal or consumable items of residents (such as mugs, toothbrushes, towels, combs, lotion, urinals with lids, blood test strips, feeding tubes, pH indicator for testing gastric juice, etc.) should be properly made according to the admission agreement signed between RCHE and the residents, as well as their guardians^{Note 1}/guarantors^{Note 2}/ family members/relatives.
- 7.1.4 All furniture and equipment must be properly maintained, and should be regularly replaced or renewed by RCHE.

7.2 Dormitory

	Items	Minimum Quantity
1.	Bed ^{Note 3}	1 for each resident
2.	Bedside cupboard	1 for each resident
3.	Wardrobe	1 for each resident
4.	Mattress	1 for each resident
5.	Mattress cover	1 for each resident
6.	Pillow	1-2 for each resident
7.	Pillow case	2 for each resident plus appropriate quantity for reserve

^{Note 1} A “guardian” refers to a person appointed by the Guardianship Board and thus with legal status accorded.

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

	Items	Minimum Quantity
8.	Bedsread/bed cover	1 for each resident
9.	Bed sheet	2 for each resident
10.	Blanket	1 for each resident plus appropriate quantity for reserve
11.	Blanket cover	1 for each resident plus appropriate quantity for reserve
12.	Quilt	1 for each resident plus appropriate quantity for reserve
13.	Quilt cover	1 for each resident plus appropriate quantity for reserve
14.	Curtain	1 set for each window opening
15.	Electric fan and/or air conditioner	Must be able to provide adequate ventilation
16.	Call bell	A call bell must be installed at the bedspace of each resident in care-and-attention homes. As for RCHEs other than care-and-attention homes, a call bell must be installed at the bedspace of each resident in need of intensive level of care.
17.	Name plate	1 for each resident
Items subject to needs		
18.	Heater	
19.	Litter bin with lid	
20.	Clock	
21.	Mackintosh	
22.	Others (vacuum flask/drinking pot, thermos bag, towel rack, screen, insect trap light, etc.)	

^{Note 3} 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 intensive level of care.

7.3 Sitting/Dining Room

	Items	Minimum Quantity
1.	Dining table and chair	Subject to the number of residents
2.	Sofa	1 set
3.	Television set and other audio-visual equipment	1 set
4.	Newspaper, magazine and book	1 daily newspaper per day and 1 weekly magazine per week
5.	Clock and calendar	1 set (preferably of larger size and clear enough for reading time and date)
6.	Notice board	1
7.	Chair (with back) ^{Note 4}	Subject to the needs of residents
8.	Litter bin with lid	1
9.	Curtain	1 set for each window opening

	Items	Minimum Quantity
10.	Vacuum flask/tea urn/drinking fountain	1
11.	Telephone	1
12.	Recreational or physical training equipment	Subject to the number of residents
Items subject to needs		
13.	Cupboard	
14.	Others (food trolley, serving tray, green plant in pot, picture, etc.)	

Note 4 Chairs with back, arm rest and a wide and heavy base should be provided for residents who are under physical restraint or prone to falls to ensure the safety of residents.

7.4 Toilet/Bathroom ^{Note 5}

	Items	Minimum Quantity
1.	Litter bin with lid	1
2.	Commode ^{Note 6}	Subject to the number of residents in need of intensive level of care
3.	Shower chair/bathtub seat	Subject to the number of residents in need of intensive level of care
4.	Plastic bucket with lid	1
5.	Urinal with lid	Subject to the number of residents in need of intensive level of care
6.	Bed pan	Subject to the number of residents in need of intensive level of care
7.	Heater ^{Note 7}	1
8.	Adult size western type flush toilet/water basin/faucet/bathtub ^{Note 8}	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)
9.	Individual towel, comb, mug and toothbrush	1 set for each resident
10.	Exhaust fan	1 in each toilet or bathroom
11.	Mirror	1
12.	Call bell	A call bell must be installed in each toilet cubicle and bathroom
13.	Hand-drying facility	1 in each toilet
Items subject to needs		
14.	Bed pan disinfectant and/or bed pan washer	
15.	Heater	
16.	Non-slip mat	

Note 5 Accessible water closet cubicles must be provided in accordance with the relevant requirements as set out in the "Design Manual: Barrier Free Access 2008" drawn up by the Buildings Department and any subsequently revised versions.

Note 6 Commode chairs should be provided with mechanical device.

Note 7 If gas water heater is used, it shall be of a room-sealed type only.

Note 8 Maintenance of the relevant facilities should be carried out regularly to keep them in good working conditions.

7.5 Kitchen/Pantry ^{Note 9}

	Items	Minimum Quantity
1.	Cutting board and knives	At least 2 sets for handling raw and cooked food separately
2.	Refrigerator/freezer (with a thermometer)	1 (the size of which is subject to the number of residents)
3.	Rice cooker	1 (the size of which is subject to the number of residents)
4.	Hot water boiler	1 (the size of which is subject to the number of residents)
5.	Litter bin with lid	1
6.	Notice board/white board	1
7.	Exhaust fan	1
Items subject to needs		
8.	Cooking utensils	
9.	Dining utensils	
10.	Meat mincer	
11.	Blender	
12.	Microwave oven	
13.	Cleaning utensils	
14.	Food container	
15.	Plastic tray	
16.	Plastic basket	
17.	Containers with cover/cupboard with doors for storage of cooking equipment/utensils	

^{Note 9} The use of Towngas or electricity is preferred for cooking in kitchen. Kerosene is not allowed to be used in RCHE for safety reasons. If liquefied petroleum gas or Towngas is used, the requirements as set out in paragraph 5.5.10 of Chapter 5 should be observed.

7.6 Laundry

	Items	Minimum Quantity
1.	Washing machine	1 (subject to the number of residents)
2.	Drying machine	1 (subject to the number of residents)
3.	Basket for clothings	2
4.	Plastic bucket with lid	2
Items subject to needs		
5.	Iron	
6.	Ironing board	
7.	Laundry clips	
8.	Storage racks	

7.7 Office

	Items	Minimum Quantity
1.	Office desk	1

	Items	Minimum Quantity
2.	Office chair	2
3.	Filing cabinet (with locks)	1
4.	First aid box with supply (requirements of the Labour Department must be complied with if the first aid box is provided for staff)	1
5.	Telephone	1
6.	Notice board/white board	1
7.	Fax machine	1
Items subject to needs		
8.	Key box	
9.	Stationery	

7.8 Medical Equipment and Supplies ^{Note 10}

	Items	Minimum Quantity
1.	Dressing supplies (e.g. disposable dressing/sterile packs), disinfectants and dressings (e.g. sterile gauzes/cotton swabs)	Must be provided in aged homes and care-and-attention homes
2.	Disinfecting equipment (e.g. forceps, kidney dishes/dressing trays/dressing bowls)	Must be provided in aged homes and care-and-attention homes
3.	Sphygmomanometer	At least 1 in each aged home and care-and-attention home
4.	Stethoscope	At least 1 in each aged home and care-and-attention home
5.	Thermometer/ear thermometer (with disposable ear probe covers)	At least 2 in each aged home and care-and-attention home. If an ear thermometer is used, RCHE should provide adequate disposable ear probe covers according to the number of residents and reserve a certain amount for urgent use.
6.	Tongue depressor (disposable)	Must be provided in aged homes and care-and-attention homes
7.	Facilities/equipment for storing, preparing and distributing drugs	Must be provided in all homes
8.	Disposable gloves	Must be provided in all homes
9.	Blood glucose meter and blood glucose test strips	Must be provided in all homes
10.	Bandages (various types)	All homes must provide an appropriate quantity
11.	Scale (preferably chair-type)	Must be provided in all homes

12.	Walking aids/wheelchairs/ commode chairs	Subject to the number of residents in need of high care level
13.	Personal protective equipment (PPE) items (including surgical masks, surgical disposable gloves, disposable caps and protective gowns, as well as goggles)	Should be provided sufficiently subject to the numbers and needs of staff and residents of RCHE. In addition, RCHE should also reserve a small amount for visitors' use.
14.	Alcohol-based handrub	Must be provided in all homes
Items subject to needs		
15.	Thermometer container	
16.	Diagnostic set (including ophthalmoscope and auriscope)	
17.	Torch	
18.	Feeding tubes including- *gastric catheter ^{Note 11} **Percutaneous Endoscopic Gastrostomy (PEG) Feeding Tubes ^{Note 11}	
19.	pH indicator (for testing gastric juice)	
20.	Urinary bags/Urinary drainage catheters including- *Foley catheters ^{Note 11} **Suprapubic catheters ^{Note 11}	
21.	Portable oxygen respirator	
22.	Suction pump (aspirator)	
23.	Equipment for Cardio-Pulmonary Resuscitation (CPR) (e.g. face shield, pocket mask with filter or bag-valve-mask resuscitator, etc.)	
24.	Ripple bad mattress	
25.	Lotion	

^{Note 10} RCHE should provide related medical equipment and supplies according to the care needs and professional medical advice in respect of the residents.

^{Note 11} The equipment marked with "*" should be operated by a nurse only while the equipment marked with "**" should be operated by a registered nurse with relevant healthcare training. Please refer to paragraphs 11.7 and 11.8 of Chapter 11 for details.

7.9 Other Equipment

	Items	Minimum Quantity
1.	Hair dryer	1
2.	Geriatric chair	Quantity subject to needs
Items subject to needs		
3.	Vacuum cleaner	
4.	Individual electric shaver	
5.	Screen windows/ doors/ ventilation openings and insect electrocuting device (IED) ^{Note 12}	
6.	Storage facilities (adequate storage facilities should be provided to ensure that personal belongings of residents and general items of RCHE can be properly stored)	
7.	Wandering alarm facilities	
8.	Others (cleaning equipment, cleansing materials, etc.)	

^{Note 12} The IED should be placed along the critical insect pathways (e.g. entrances, doorways or other bottlenecks and vestibules).

CHAPTER 8

MANAGEMENT

8.1 Display of Name of RCHE

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

8.2 Procedures for Admission of Residents to RCHE

8.2.1 The rules of an RCHE should be clearly set out in the admission agreement and posted at conspicuous areas of the RCHE. As an admission procedure, RCHE should clearly explain to the residents and the guardian^{Note 1}/guarantor^{Note 2}/family members/relatives the rules of the RCHE.

8.2.2 Rules of charges, home fees and the precise amount of all chargeable items (including services and goods) should be stated clearly in the admission agreement. As an admission procedure, RCHE should clearly explain to the residents and the guardian^{Note 1}/guarantor^{Note 2}/family members /relatives the rules of charges, admission fees and the precise amount of various items of charges (including services and goods), and handle other fee-charging matters properly (please refer to paragraph 8.3 for details).

8.2.3 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 restraint on residents (please refer to paragraph 11.6 of Chapter 11 for details);
- (b) possessions or property stored or held on behalf of each resident by RCHE, including identity documents, bank passbook/ATM card, name chop, pocket money, medical

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

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

follow-up card and medical waiver, etc. (please refer to paragraph 8.6.2 (a) (vii) for details); and

- (c) personal data of the resident handled by RCHE (please refer to paragraph 8.10 for details).

8.2.4 Each applicant applying for admission to an RCHE should have a medical examination conducted by a registered medical practitioner, or standardised care need assessment for elderly services by means of a valid Minimum Data Set-Home Care Assessment (MDS-HC). Sample of medical examination form is set out in Annex 11.5. Health records of each resident should be maintained and regularly updated (please refer to paragraph 11.2.1 of Chapter 11 for details).

8.3 Charges and Handling of Residents' Properties

RCHE must strictly comply with this Code of Practice and "Guidelines on Collection of Fees and Charges and Handling of Elderly Residents' Properties" (Annex 8.1) in respect of fees and charges and handling of residents' properties.

8.4 Schedule of Daily Activities

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

8.5 Staff Employment Record/Staff Duty List/Duty Roster/ Attendance Record/Outdoor Duty Record

RCHE should properly record the following for staff:

- (a) completing the Staff Employment Record (Annex 3.2)^{Note 3} for the staff employed;
- (b) preparing a detailed duty list for different posts of staff;
- (c) setting a staff duty roster for the staff to comply with (please refer to Annex 8.2 for a sample of Staff Duty Roster). Please refer to paragraph 9.6 of Chapter 9 for arrangement of relief staff; and

^{Note 3} RCHE should submit its Staff Employment Record to LORCHE at least once every 3 months to inform LORCHE in writing the latest situation/changes of staff employment of the RCHE. For any changes of the employment of home manager, the operator should inform LORCHE in writing within 14 days of such changes.

- (d) establishing and keeping an attendance record and an outdoor duty record for all staff (including relief staff) to reflect the actual situation of staff-on-duty at different time of a day (please refer to Annex 8.3 and Annex 8.4 for samples of Staff Attendance Record and Outdoor Duty Record).

8.6 Record Keeping

8.6.1 Under section 12 of the Residential Care Homes (Elderly Persons) Regulation, the operator of RCHE should maintain a record of every person employed in the RCHE with the following details:

- (a) name (Chinese and English), date of birth/age, address, telephone number and Hong Kong Identity Card number;
- (b) supporting documents of relevant qualifications;
- (c) post held in the RCHE;
- (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.

8.6.2 The home manager of an RCHE must establish and maintain a comprehensive and regularly updated record system and keep the records properly in the RCHE for inspection by LORCHE at any time. Such records, under section 16 of the Residential Care Homes (Elderly Persons) Regulation and as a matter of good practice, are required to include:

- (a) Record of Residents
 - (i) the name (Chinese and English), particulars of identity (including sex, date of birth/age and Hong Kong Identity Card number), address and telephone number (if applicable) of each resident;
 - (ii) the name, particulars of identity, address and telephone number of at least one relative or contact person of each resident and his/her relationship with the resident;

- (iii) where or how the relative or contact person may be contacted in an emergency;
- (iv) the date of admission and discharge of each resident;
- (v) any action taken by RCHE (including the use of force or restraint) to prevent or restrain a resident from self injury or injuring others, damaging property or creating a disturbance (please refer to paragraph 8.6.2 (e));
- (vi) the admission agreement of each resident;
- (vii) possessions or property stored or held on behalf of each resident by the RCHE (including identity documents, bank passbook/ATM card, name chop, pocket money, medical follow-up card and medical waiver) (please refer to paragraph 8.2.3 (b)); and
- (viii) records of collecting fees from and handling of possessions of each resident (please refer to paragraph 8.3).

(b) Health Record of Residents

Please refer to paragraph 11.2.1 of Chapter 11 for details.

(c) Record by Visiting Registered Medical Practitioner

Scheduled visits by a registered medical practitioner for medical consultation or follow-up treatment should be made at regular intervals under section 34 of the Residential Care Homes (Elderly Persons) Regulation. 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 para.11.2.2 of Chapter 11 for details).

(d) Log Book

Log book is to be used by staff on duty to record daily events in the RCHE including any irregularities observed for individual residents (including the residents' physical, emotional or health conditions), emergencies/important environmental problems affecting the operation of the RCHE and follow-up actions on any accident, etc. RCHE should always update relevant records to be signed properly by the staff concerned, which

should be submitted regularly to the home manager or staff concerned for monitoring, and maintained inside the RCHE for inspection purpose. Moreover, essential information should also be recorded into the personal health record of the resident concerned to facilitate continuous care for the resident (please refer to paragraph 11.2.1 of Chapter 11 for details).

(e) Record of Application of Restraint

RCHE should maintain a separate record of the application of restraint (please refer to paragraph 11.6 of Chapter 11 for details):

- (i) name of the resident under restraint;
- (ii) reasons for application of restraint;
- (iii) types of restraints;
- (iv) prior written consent must be obtained from the resident, the guardian ^{Note 1}/guarantor ^{Note 2}/family members/relatives, the operator/home manager and a registered medical practitioner before starting to use restraint. It should be reviewed with written consent renewed every 6 months;
- (v) staff of the RCHE should explain the circumstances and the record made to the resident and the guardian ^{Note 1}/guarantor ^{Note 2}/family members/relatives before using restraint as well as before each review;
- (vi) duration of application and/or release for each application;
- (vii) observation on the condition of the resident after application of restraints;
- (viii) date and details of regular review on whether there is a need to continue with the application of restraints; and
- (ix) signature of the staff concerned.

(f) Record of Accident

RCHE should take remedial action immediately after the occurrence of an accident, which should be recorded and

maintained as soon as possible (please refer to Annex 8.5 for a sample of Accident Report). The information includes the date and time of the accident, details of the accident, name and condition of resident(s) affected, name of the guardian ^{Note 1}/guarantor ^{Note 2}/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) Significant Incident Report

RCHE must submit a Significant Incident Report (Annex 8.6) to LORCHE within 3 days after a significant incident has occurred [including uncommon death/incident resulting in serious injury or death of residents, missing of residents requiring police assistance, established/suspected case of abuse of residents by staff in the RCHE, dispute inside the RCHE requiring police assistance, serious medical incident (e.g. medication incident) and other major incidents (e.g. fire) affecting the daily operation of the RCHE for at least 24 hours, etc.]

(h) Death Record should include:

- (i) name of resident;
- (ii) date and reasons of death; and
- (iii) place of death.

RCHE should record information of resident's death in the log book and the personal health record of the resident as well as the Death Record (Annex 8.7) (please also refer to paragraph 11.2.1 (e) of Chapter 11 for details).

(i) Record of Complaint

Under section 16 (i) of the Residential Care Homes (Elderly Persons) Regulation, RCHE should maintain a record of complaint (including verbal/written complaint) lodged by residents or any other person relating to the management or operation of the RCHE; and any remedial or follow-up action taken in relation to the complaint. Please refer to Annex 8.8 for a sample of Record of Complaint.

(j) Record of Social Activities and Programmes

RCHE should maintain a proper record of social activities and programmes organised for residents including:

- (i) objective, type, date, time and place of the activity;
- (ii) number and list of staff involved, number of participating residents, external participants and organisers involved in the activities;
- (iii) responses/feedbacks of residents; and
- (iv) photographs taken during the activities.

(k) Fire Drill Record

RCHE should conduct fire drills at least once every 6 months and keep records of the time and date of the drills, and the numbers of participating staff and elderly residents. Photographs taken during the drills are also regarded as supplementary record (please refer to paragraph 5.5.7 of Chapter 5).

(l) Other Records

RCHE should keep the correspondence with government departments and/or other organisations in connection with the operation of the RCHE properly for reference and follow-up action. The RCHE should also keep other records as specified by DSW or his/her representative, such as guidelines and circular letters issued by LORCHE.

8.7 Staff Meeting

The operator or home manager of RCHE should conduct staff meetings, briefing sessions, case conferences or seminars at regular intervals, with relevant records kept. As a matter of good practice, the operator and home manager may consider involving residents and the guardian^{Note 1}/guarantor^{Note 2}/family members/relatives in RCHE management meetings and case conferences.

8.8 Handling of Elder Abuse Cases in RCHE

RCHE should be responsible for protecting the elderly from abuse. For guidelines on handling suspected elder abuse/elder abuse cases in RCHE, please refer to [Annex 8.9](#).

8.9 Insurance

8.9.1 Under the Employees' Compensation Ordinance (Cap. 282), as employers, all operators of RCHEs shall take out a policy of employees' compensation insurance to cover the employers' liabilities under the Employees' Compensation Ordinance and the common law. Otherwise, no employees (including full-time and part-time employees) should be employed to engage in any work (please refer to paragraph 9.4.8 of Chapter 9).

8.9.2 The operator of an RCHE is also advised to take out other insurances for the RCHE, such as public liability insurance.

8.10 Handling of Personal Data

All RCHEs are required to comply with the requirements under the Personal Data (Privacy) Ordinance (Cap. 486) in handling the personal data of staff, residents and other persons concerned. Please refer to [Annex 8.10](#) for relevant guidelines.

8.11 Closure of RCHE or Request for Removal of Residents

8.11.1 If the operator intends to cease operation of an RCHE, the operator should inform LORCHE in writing of the intention to do so, together with a removal plan for the residents, at least 30 days prior to the closure of the RCHE.

8.11.2 The operator should inform the residents and the guardian^{Note 1}/guarantor^{Note 2}/family members/relatives/contact persons in writing at least 30 days prior to the closure of the RCHE.

8.11.3 The operator should return the licence to LORCHE as soon as possible after the closure of the RCHE (please refer to paragraph 3.10 of Chapter 3).

8.11.4 Under section 35 of the Residential Care Homes (Elderly Persons) Regulation, an operator may, by notice in writing served on any resident and on the guardian^{Note 1}/guarantor^{Note 2}/family members/relatives/contact persons of such resident, discharge that resident and require him to quit the residential care home before the expiry of such period being not less than 30 days as shall be indicated in the notice.

CHAPTER 9

STAFFING OF RCHE

9.1 Employment of Staff

The minimum staffing requirements of each type of RCHE are set out in Schedule 1 to the Residential Care Homes (Elderly Persons) Regulation. Details are as follows:

Item	Type of Staff	Type of RCHE		
		Care-and-attention Home	Aged Home	Self-care Hostel
1.	Home manager	1 home manager	1 home manager	1 home manager
2.	Ancillary worker	1 ancillary worker for every 40 residents or part thereof, between 7 a.m. and 6 p.m.	1 ancillary worker for every 40 residents or part thereof, between 7 a.m. and 6 p.m.	1 ancillary worker for every 60 residents or part thereof, between 7 a.m. and 6 p.m.
3.	Care worker	(i) 1 care worker for every 20 residents or part thereof, between 7 a.m. and 3 p.m.; (ii) 1 care worker for every 40 residents or part thereof, between 3 p.m. and 10 p.m.; (iii) 1 care worker for every 60 residents or part thereof, between 10 p.m. and 7 a.m.	No care worker required	No care worker required
4.	Health worker	Unless a nurse is present, 1 health worker for every 30 residents or part thereof, between 7 a.m. and 6 p.m.	Unless a nurse is present, 1 health worker for every 60 residents or part thereof	No health worker required
5.	Nurse	Unless a health worker is present, 1 nurse for every 60 residents or part thereof, between 7 a.m. and 6 p.m.	Unless a health worker is present, 1 nurse	No nurse required

Note : As an additional requirement for a care and attention home or an aged home, any 2 persons being a home manager, an ancillary worker, a care worker, a health worker or a nurse shall be on duty between 6 p.m. and 7 a.m.

9.2 Definition

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

9.2.1 The Operator

An operator means a person to whom a licence has been issued under section 8 of the Residential Care Homes (Elderly Persons) Ordinance. Under sections 11 to 14 of the Residential Care Homes (Elderly Persons) Regulation, the duties of an operator include:

- (a) employment of staff;
- (b) maintenance of records of staff (please refer to paragraph 8.6.1 of Chapter 8);
- (c) furnishing of plans or diagrams of the premises (please refer to paragraph 3.2.2 of Chapter 3); and
- (d) furnishing of details of fee (please refer to paragraph 8.3 of Chapter 8).

9.2.2 The Home Manager

A home manager means any person responsible for the management of an RCHE. A home manager is responsible for:

- (a) the overall administration and staff matters of the RCHE;
- (b) planning, organising and implementing social activities programme and care arrangements;
- (c) maintaining an acceptable standard of safety, cleanliness, tidiness and sanitation of the RCHE;
- (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 15 of the Residential Care Homes (Elderly Persons) Regulation;
- (g) maintenance of up-to-date records regarding management of RCHEs and condition of residents as stipulated in section 16 of the Residential Care Homes (Elderly Persons) Regulation and Chapter 8 of this Code of Practice;
- (h) providing information concerning the RCHE required by DSW as stipulated in section 17 of the Residential Care Homes (Elderly Persons) Regulation; and
- (i) reporting information of scheduled infectious disease as stipulated in section 18 of the Residential Care Homes (Elderly Persons) Regulation.

9.2.3 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.

9.2.4 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 (Elderly Persons) Regulation. Chapter 10 of this Code of Practice sets out information on health workers.

9.2.5 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.

9.2.6 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.

9.3 Staff on Overnight Duty

At least 2 staff, being a home manager, an ancillary worker, a care worker, a health worker or a nurse, shall be on duty between 6 p.m. and 7 a.m. for a care-and-attention home or for an aged home as required under Schedule 1 to the Residential Care Homes (Elderly Persons) Regulation.

9.4 Conditions of Service

9.4.1 Medical Examination

All staff of an RCHE 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.

9.4.2 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.

9.4.3 Hours of Work

There should be a minimum of 2 shifts of workers in attendance for

all types of RCHEs. As to the number of working hours, it should be stated in the employment contract signed between the employer and the employee.

9.4.4 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.

9.4.5 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.

9.4.6 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.

9.4.7 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 of the Ordinance sets out the relevant provisions on termination of a contract of employment.

9.4.8 Employees' Compensation Insurance

Under the Employees' Compensation Ordinance (Cap. 282), as employers, all operators of RCHEs shall take out a policy of employees' compensation insurance to cover the employers' liabilities under the Employees' Compensation Ordinance and the common law. Otherwise, no employees (including full-time and part-time employees) shall be employed to engage in any work (please refer to paragraph 8.9 of Chapter 8).

9.4.9 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 RCHEs 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.

9.4.10 Others

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

9.5 Staff Training

9.5.1 All staff of an RCHE 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.

9.5.2 According to the Occupational Safety and Health Regulation (Cap. 509A), a person trained in first aid shall be a person:

- (a) who holds a certificate of competency in first aid issued by the St. John's Ambulance Association, the Auxiliary Medical Services or the Hong Kong Red Cross;
- (b) who is a registered nurse within the meaning of the Nurses Registration Ordinance (Cap. 164);
- (c) who has completed a training course in first aid and who holds a certificate to that effect issued by an organisation approved by the Commissioner for Labour.

For enquiries concerning first aid training courses, please contact the Labour Department at 2852 4041.

9.5.3 Registered nurses and enrolled nurses within the meaning of the Nurses Registration Ordinance (Cap. 164) are recognised for their first aid knowledge and skills. RCHEs 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.

9.5.4 The operator and home manager should encourage and facilitate continuous training of staff through internal or external training. The training topics may include occupational safety, stress management, infection control, drug management, nursing care, etc., so as to keep their staff abreast of the latest development of the caring skill for the elderly and attend to safety and health at work, in particular, the proper manual handling technique, enhancing their awareness of drug safety management and effective infection control measures.

9.6 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 RCHE complies with

the minimum staffing requirements at any time as stipulated in the Schedule 1 to the Residential Care Homes (Elderly Persons) Regulation. Relevant employment records should also be maintained.

9.7 Changes in Staff Employment

9.7.1 As stipulated in section 11(3) of the Residential Care Homes (Elderly Persons) Regulation, an operator of an RCHE must inform DSW in writing within 14 days after any change in the employment of a home manager of an RCHE.

9.7.2 As stipulated in section 15(1) of the Residential Care Homes (Elderly Persons) Regulation, a home manager shall submit to DSW a list of staff employed by an operator within 14 days if so required by DSW in writing.

9.7.3 As stipulated in section 15(2) of the Residential Care Homes (Elderly Persons) Regulation, a home manager shall at least once every 3 months inform DSW in writing of any change in the list of staff employed by an operator. 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 3.2).

9.8 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 10

HEALTH WORKER

10.1 Application

Any person who intends to apply for registration as a health worker under the Residential Care Homes (Elderly Persons) Regulation should use the form at Annex 10.1 and submit an application to LORCHE at Room 2354, 23/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

10.2 Qualifications for Registration as a Health Worker

10.2.1 Under section 4 of the Residential Care Homes (Elderly Persons) Regulation, a person who meets either one of the following requirements shall be qualified to be registered as a health worker for the purposes of employment at an RCHE –

- (a) a person who has completed a course of training approved by DSW in writing either generally or in any particular case; or
- (b) a person who by reason of his/her education, training, professional experience and skill in health work satisfies DSW that he/she is a suitable person to be registered as a health worker.

10.2.2 For the purpose of paragraph 10.2.1(a) above, a list of training courses approved by DSW has been uploaded to the SWD website (<http://www.swd.gov.hk>).

10.3 Registration

10.3.1 Under section 6(2) of the Residential Care Homes (Elderly Persons) Regulation, DSW may, in his/her discretion, register a person as a health worker, and may impose such conditions in relation to that registration as DSW thinks fit.

10.3.2 Under section 6(3) of the Residential Care Homes (Elderly Persons) Regulation, DSW shall 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.

10.4 Registration Fee

Subject to paragraph 10.3 above, DSW may register an applicant as a health worker on payment of the fee prescribed in section 38 of the Residential Care Homes (Elderly Persons) Regulation.

10.5 Cancellation of Registration

10.5.1 Under section 8 of the Residential Care Homes (Elderly Persons) 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 (Elderly Persons) Regulation (i.e. paragraph 10.3.2 above) (e.g. a person who has been convicted of a criminal offence or exhibited serious misbehaviour which sufficiently reflects that the person is not competent to be a health worker).

10.5.2 Under section 5(4) of the Residential Care Homes (Elderly Persons) Regulation, DSW shall remove from the register the name of a person –

- (a) who dies;
 - (b) who requests in writing that the person's name be removed;
- or

- (c) whose registration is cancelled under section 8 of the Residential Care Homes (Elderly Persons) Regulation (i.e. paragraph 10.5.1 above).

10.5.3 DWS may cancel the registration of a person registered as a health worker under the Residential Care Homes (Elderly Persons) Regulation if the person is also registered as a health worker under the Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613 sub. leg.) and the person's name has been removed under section 5(4)(a) or (c) of that Regulation.

10.6 Job Description of a Health Worker

10.6.1 A health worker should be responsible for the overall health care of residents in RCHE, with the following duties –

- (a) to work closely with the visiting healthcare professionals and 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 and detailed information on hospitalisation of residents, and devise health plans for them;
- (c) to conduct regular checking and record health condition of residents (e.g. changes in blood pressure, pulses, body temperature, excretion and emotion), for early identification of any illness, and arrange treatment for the residents by Community Geriatric Assessment Team of the Hospital Authority or visiting registered medical practitioners, or 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 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 their guardian^{Note 1}/guarantor^{Note 2}/family members/relatives and, subject to compliance with the provisions of the Personal Data (Privacy) Ordinance (Cap. 486), inform the latter of the residents' health condition for arranging appropriate health care.

10.6.2 A health worker may be designated as the Infection Control Officer by the home operator/home manager as appropriate. Please refer to Chapter 12 "Infection Control" for the duties of Infection Control Officer.

10.7 Continuing Education

Serving health workers should enhance 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.

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

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

CHAPTER 11

HEALTH AND CARE SERVICES

11.1 General

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

11.2 Health

11.2.1 RCHEs shall maintain a health record for every resident properly and update the information regularly. The personal health records should indicate accurately and correctly the identity of the residents including -

- (a) admission documents (e.g. Minimum Data Set - Home Care Assessment Form, Medical Examination Form);
- (b) records of medical history (e.g. major illnesses, previous operation, vaccination, etc.)
- (c) assessment of the health conditions 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 residents including -
 - special diet needs including the use of feeding tubes
 - key risk factors (e.g. allergies, swallowing difficulties, falls, depression, wandering, etc.)
 - specialised nursing procedures (e.g. wound care, urinary drainage catheters, feeding tubes, peritoneal dialysis, stoma care, etc.)

- records of hospitalisation, medical consultation and follow-up treatment
 - assistive devices and adaptive equipment (if appropriate) (e.g. seating devices, aids for enhancing activities of daily living and self-care activities, etc.)
 - proper positioning/posture (e.g. turning the body of bedridden residents at least once every 2 hours)
 - incontinence care, etc.
- (e) records of progress/changes in the residents' health conditions, any accident or any illness suffered by the residents and any remedial actions taken for the residents' accidents or illnesses, as well as the death of the residents (please also refer to paragraphs 8.6.2(f) to (h) of Chapter 8);
- (f) relevant records of discussion between the RCHE and the residents' guardians ^{Note 1}/guarantors ^{Note 2}/family members/relatives for the residents' individual care plans and follow-up arrangements subject to changes of the residents' health conditions;
- (g) personal drug records of the residents; and
- (h) records of the use of restraints on the residents.
- 11.2.2 RCHEs should arrange regular visits of a registered medical practitioner to the home for health checking, medical consultation or follow-up treatment for the residents at regular intervals which is advised to be one to two times in every two weeks or when necessary. In addition, RCHEs should also provide assistance to the visiting health care practitioners (e.g. the Community Geriatric Assessment Team (CGAT) of the Hospital Authority and the Visiting Health Team (VHT) of the Department of Health). RCHEs should put in place a set of proper working procedures for staff in identifying and matching the personal identity and health records of the residents accurately in the process of medical consultation.
- 11.2.3 RCHEs are advised to design a daily exercise routine and provide an exercise area and equipment inside the homes so as to encourage the residents to do more exercise for a better health. RCHEs should ensure sports safety of the residents. 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

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

practitioners, nurses or physiotherapists, etc., on the exercise concerned.

- 11.2.4 Medical consultation or follow-up treatment must be conducted on a regular basis and when necessary. When a resident is sick/there is a change in his/her health condition, the RCHE should inform his/her guardian ^{Note 1}/guarantor ^{Note 2}/family members/relatives and arrange for the resident to receive medical consultation as soon as possible.
- 11.2.5 RCHEs must have contingency arrangements in place at all times for medical emergencies or accidents in which the residents are involved [e.g. formulating working guidelines for staff on the division of responsibilities in handling unforeseen incidents (including the nature of emergency, ways of handling the matters immediately, a list of emergency contact numbers, division of responsibilities among staff of various ranks, when and which staff to contact families of the residents and requirements of documentary records, etc.) and consultation/reporting channels, enhancing the knowledge and skills of the staff in handling emergencies through training, including ways of effective communication with relevant health professionals or organisations] so that elderly residents can receive proper care and treatment in case of emergency.

11.3 Drug Storage and Management

- 11.3.1 RCHEs must, with due care, adhere to the proper procedures in handling drugs, including the storage, preparing, checking and distributing of drugs, as well as drug records. For details of the major procedures and guidelines on drug management, please refer to the Operational Manual on Drug Management in RCHEs (the Manual) jointly compiled by SWD, the Department of Health and the Hospital Authority and the subsequent revisions.
- 11.3.2 RCHEs must carry out proper drug management with due care and follow the medical advice of registered medical practitioners to administer drugs correctly and safely to the residents for medication so that proper drug treatment and care can be provided to the residents.
- 11.3.3 Drugs must be properly provided to residents by qualified staff in RCHEs. All staff in RCHEs shall follow the prescription and advice of registered medical practitioners and must not dispense drugs to residents based on their own opinion and/or decision.
- 11.3.4 Drug Records
- (a) RCHEs must prepare drug records for every resident including “Individual Drug Summary” and “Medication Administration

Record”. Please refer to paragraphs 2.3.1 and 2.3.2 of the Manual for the templates.

- (b) For any change in drugs for the residents (e.g. change of prescription including oral and topical drugs after attending medical follow-up/being discharged), RCHEs should update the information in the “Individual Drug Summary” and the “Medication Administration Record” of the residents immediately on the same day.

11.3.5 Drug Storage

- (a) Under section 33 of the Residential Care Homes (Elderly Persons) Regulation, all medicine and drugs shall, to the satisfaction of DSW, be kept in a secure place. Therefore, drugs should be clearly labelled and kept in a safe and locked place. The key must be monitored and kept by designated staff for drug management.
- (b) Drugs should be stored in original drug bottles or packets while the original aluminium foil packing should be kept in good condition and must not be unpacked in advance. Drugs should not be cut in advance. Avoid storing drugs, even of the same type, in the same drug packet with previously unused drugs.
- (c) For details of the guidelines on drug storage, please refer to paragraph 2.4 of the Manual.

11.3.6 Preparation of Drugs

- (a) RCHE staff qualified to prepare drugs includes nurses, health workers, dispensers, pharmacists and medical practitioners.
- (b) Preparation of drugs includes “preparing drugs” and “checking drugs”. Staff must strictly comply with the “three checks and five rights” procedures when preparing drugs, and counter check the “Medication Administration Record” to ensure that it matches the information on the drug labels. Unless the “Days-in-advance Drug Pre-packing System” is adopted, drugs can only be dispensed and prepared up to 24 hours in advance.
- (c) For details of guidelines on preparation of drugs, please refer to paragraph 2.5 of the Manual.
- (d) When prescriptions of the residents are changed by medical practitioners, RCHEs must immediately prepare the drugs upon receipt of the new medication for the residents.

11.3.7 Distribution and Feeding of Drugs

- (a) Staff qualified in handling drugs should be given the responsibility of distribution of drugs in RCHEs. Staff should apply the “five rights” procedure again when distributing drugs to the residents and ensure that the drugs match the information stated in the “Medication Administration Record” without any error.
- (b) For details of guidelines on distribution of drugs, please refer to paragraph 2.6 of the Manual.
- (c) For details of guidelines on feeding of drugs, please refer to paragraph 2.7 of the Manual.

11.3.8 Adoption of the “Days-in-advance Drug Pre-packing System (the System)”

- (a) The System adopted in RCHEs refers to the method of storing the residents’ drugs in well-sealed device or blister packs in which packages with, for example, paperboard, polythene or aluminium foil as underlayer are needed so that drugs can be safely and properly sealed. RCHEs must formulate and carry out appropriate safety measures before adopting the System to avoid or minimise potential risks as far as possible.
- (b) For guidelines on the adoption of the System, please refer to Annex 11.1.

11.3.9 Handling of Chinese Medicine, Non-prescribed Drugs, Refusal to Take Drugs and Self-administration of Drugs

- (a) RCHEs must refer to paragraph 5.5 of the Manual on how to handle residents who administer Chinese medicine, patent drugs or non-prescribed drugs and keep records in the “Confirmation Letter - Request for Patent/Non-prescribed Drugs” at Annex 11.2.
- (b) RCHEs must refer to paragraph 5.3 of the Manual on how to handle residents who refuse to take drugs.
- (c) If residents administer drugs on their own, RCHEs must secure the written consent of the residents and their family members (please refer to the “Consent Form for Self-storage and Self-administration of Drugs” at Annex 11.3), make appropriate assessments and arrangements, conduct re-assessments and renew/terminate the consent on a regular basis (which should not be less than half yearly) and keep records accordingly.

11.3.10 Handling of Medication Incidents

- (a) RCHEs must make detailed records and report to LORCHE any medication incidents in which affected residents need to be admitted to hospital for medical examinations or treatments.
- (b) For guidelines on handling medication incidents in RCHEs, please refer to paragraphs 3.2 and 5.4 of the Manual.

11.3.11 Quality Assurance Mechanism

- (a) RCHEs should establish a quality assurance mechanism which includes conducting regular drug reviews and records and risk management of drugs. RCHEs should also conduct drug safety audits regularly by using the “Checklist on Drug Safety in RCHEs” as set out in Annex 11.4.
- (b) Please refer to Chapter 3 of the Manual for detailed guidelines.

11.3.12 Disposal of Expired and Surplus Drugs

- (a) Disposal of expired and surplus drugs should be done in accordance with the Waste Disposal Ordinance (Cap. 354) and its subsidiary legislation, the Waste Disposal (Chemical Waste) (General) Regulation.
- (b) RCHEs may also refer to paragraph 5.6 of the Manual.

11.3.13 Other information

RCHEs should implement a comprehensive drug management system so as to reduce the risk of wrong medication of the residents. The relevant procedures should be made with reference to the guidelines on drug management, and any subsequent revision/modification, issued by the Department of Health, the Hospital Authority and/or LORCHE.

11.4 Annual Medical Examination

Under section 34 of the Residential Care Homes (Elderly Persons) Regulation, an operator of an RCHE shall ensure that each resident is medically examined at least once in every 12 months. The examination shall 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 the provision of continuous medical care. The medical practitioner concerned shall report in writing to the operator on the health of each resident with the “Medical

Examination Form for RCHE Residents” ([Annex 11.5](#)) or any other form as endorsed by DSW.

11.5 Personal Care

- 11.5.1 RCHEs must design a personal care schedule for the residents so that personal care services such as bathing, hair washing, hair cutting, shaving, nail cutting, and changing clothes, diapers, bed sheets and pillow cases, etc. can be provided to them within reasonable time intervals. For guidelines on bathing the residents, please refer to [Annex 11.6](#).
- 11.5.2 Dignity and privacy of the residents must be respected. Sufficient personal space and facilities for protecting privacy (e.g. screens or curtains) must be provided to the residents when rendering personal care services or nursing procedures (e.g. bathing, changing clothes and diapers, toileting (using commode chair), dressing wounds, etc.).
- 11.5.3 Oral care plans should be designed for residents to meet their oral care needs and self-care abilities. Supervision, guidance or assistance should also be rendered to the residents for timely oral care.
- 11.5.4 Signage indicating special care should be placed near the bedside of the residents. The cards should indicate the special care needs of the residents in particular for special diet (e.g. swallowing difficulties) and precautions against potential health hazards.
- 11.5.5 When providing personal care to the residents, staff of RCHEs 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 RCHEs.

11.6 Use of Restraints

- 11.6.1 Definition
 - (a) Restraints refer to purposely-made devices to limit a resident’s movement so as to minimise harm to self and/or other residents;
 - (b) Commonly used restraints may include safety belts with or without buckles, safety vests, soft ties, restrictive gloves or wrist restraints, soft cloth mittens, etc.;
 - (c) Chemical restraints refer to the use of medications for the purpose of restraint.
- 11.6.2 General Principles

- (a) RCHEs must avoid the use of restraints as far as possible and should fully consider the possible adverse effects to the residents due to the use of restraints;
- (b) The use of restraints should only be considered when all other alternative attempts have been exhausted. The use of restraints should be the last resort;
- (c) The dignity and privacy of the residents must always be taken into consideration when using restraints;
- (d) The use of chemical restraints is prohibited in the absence of advice from a registered medical practitioner;
- (e) The use of restraints must be kept to a minimum with a minimum duration;
- (f) Close attention of the safety and comfort of the residents must be paid during the use of restraints and their right to have freedom of movement must be taken into consideration;
- (g) Restraints shall only be used in RCHEs with prior written consent obtained from a registered medical practitioner, the resident and/or his/her guardian ^{Note 1}/guarantor ^{Note 2}/ family members/relatives;
- (h) Please refer to paragraph A of Annex 11.7 for detailed guidelines.

11.6.3 Procedures to be Observed

- (a) Nurses or health workers should assess the conditions of the residents and consider the contributing factors that place the residents at risk leading to the application of restraints (including emotional conditions, persistent disturbing behaviour, functional capacity and activities of daily living, potential harm to self and others, etc.);
- (b) Methods other than the use of restraints (e.g. removing triggers that may agitate the residents, providing a safe environment, paying more attention to the residents at times of unstable emotions, providing leisure and diversionary activities, promoting sports activities, etc.) must be adopted as far as practicable;
- (c) If the use of restraints is needed, explain to the resident, his/her guardian/guarantor/family members/relatives and registered medical practitioner and discuss with them the intervention plan (including the effects, alternative attempts made and their outcome, the type of least restraints to be used, obtaining consent, etc.);

- (d) Please refer to paragraph B of Annex 11.7 for detailed guidelines.

11.6.4 Safe Use of Restraints

- (a) It is prohibited to use a restraint with locking devices or fix it at two or more different objects;
- (b) A restraint must be applied in such a manner that it can be speedily removed in case of fire outbreak and other emergencies;
- (c) The type, size and material of restraints must be suitable with a good condition so as to suit the individual need of the residents;
- (d) A registered medical practitioner should be consulted on the type and design of the restraint to be used, and the restraint must be carefully used;
- (e) A restraint should be applied and secured properly to ensure the safety and comfort of the user with allowance for change of position;
- (f) The knot of the restraint must be fixed at places beyond the reach of the residents as far as possible to reduce the chance of loosening the restraints by the residents;
- (g) Round-the-clock use of restraints must be avoided as far as possible and the restraints should be removed at appropriate times to allow relaxation and body movement of the users;
- (h) Close attention must be given to the residents concerned during the use of restraints. Measures must be taken to prevent blocking of blood circulation and respiratory difficulty of the users due to displacement of the restraints;
- (i) Please refer to paragraph C of Annex 11.7 for detailed guidelines.

11.6.5 Observation

- (a) The blood circulation, skin condition, respiratory condition and degree of restraint of the resident under restraint must be observed, checked and recorded at least once every two hours;
- (b) The responsible staff must keep records and sign immediately after observing and examining the condition of every resident under restraint;

- (c) Please refer to paragraph D of Annex 11.7 for detailed guidelines.

11.6.6 Protection against Assault to Residents under Restraint

- (a) Appropriate preventive measures against any assault to residents under restraint must be adopted according to the actual situation of the RCHE;
- (b) Please refer to paragraph E of Annex 11.7 for detailed guidelines.

11.6.7 Continuous Assessment and Close Monitoring

- (a) RCHEs must, at least half-yearly or in response to changes in the residents' conditions, re-assess if there is a need to continue with the use of restraints, changing of the type of restraints and/or changing of the time of use;
- (b) A monitoring system must be set up to ensure that the staff concerned follows the correct procedures of using restraints;
- (c) Please refer to paragraph F of Annex 11.7 for detailed guidelines.

11.6.8 Records

- (a) Records should be prepared on the use of restraints (including assessment, observation and checking) according to the requirements set out in paragraph 8.6.2(e) of Chapter 8.

11.7 Notes for Using Urinary Drainage Catheters

- (a) Urinary drainage catheters should only be used for treatment purpose or based on the health condition 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;
- (b) The insertion and change of urinary drainage catheters (long-term built-in catheters) must be done by a nurse for the resident;
- (c) When the stoma of the resident is well formed and in a stable condition as certified by a medical practitioner, the insertion and change of suprapubic catheters may be done by a registered nurse with relevant healthcare training for the resident;
- (d) All types of urinary drainage catheters must be changed regularly;

- (e) Urinary drainage catheters should be placed in a position that allows free flow of urine and urinary bags should be placed in a position lower than the bladder at all times;
- (f) The responsible staff should regularly observe if any irregularity occurs (e.g. no or reduced urine output, or the presence of blood or sediments in urine). The staff should monitor and keep records of the resident's intake and output of fluid if necessary and seek medical opinion as soon as possible when irregularity occurs;
- (g) For residents requiring short-term intermittent catheterisation, the frequency of catheterisation must be determined based on the instruction of registered medical practitioners. The use of catheters should be reviewed regularly by a nurse or health worker. Medical advice and instructions should be sought from registered medical practitioners to determine whether it should be used for the resident continuously.

11.8 Notes for Using Feeding Tubes

- (a) Feeding tubes (e.g. nasogastric tube and Percutaneous Endoscopic Gastrostomy feeding tubes) should only be used for treatment purpose or based on the health condition of the resident as necessary. The use of feeding tubes must be approved by a registered medical practitioner;
- (b) The insertion and change of nasogastric tubes must be done by a nurse;
- (c) When the stoma of the resident is well formed and in a stable condition as certified by a medical practitioner, the insertion and change of Percutaneous Endoscopic Gastrostomy feeding tubes may be done by a registered nurse with relevant healthcare training for the resident;
- (d) After each use, feeding funnels and tubing (connection tubes) must be flushed with water individually and air dried before being put into covered containers. Feeding funnels must be disinfected daily. Feeding bags and tubing (connection tubes) should be changed daily;
- (e) All types of feeding tubes must be changed regularly;
- (f) pH indicator should be used to test the pH value of gastric extract so as to ensure that the feeding tube is positioned correctly before each feeding. Feeding by pressure is not allowed. 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;

- (g) The type of milk, quantity, intervals and frequency of feeding must be arranged for the residents according to the recommendations of registered medical practitioners/dietitians;
- (h) For residents on tube feeding, the responsible staff should monitor and keep record of the intake of liquid or fluid and the output of urine, and take note of any fluid imbalance. Presence of irregular gastric contents and other signs of allergy should also be observed. Medical opinion should be sought immediately if necessary;
- (i) The use of feeding tubes (e.g. swallowing and eating ability of the residents) 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.
- (j) For guidelines on feeding with Ryle's Tubes, please refer to Annex 11.11.

11.9 Care for Demented Elderly Residents

- (a) The skills and knowledge of the staff and facilities inside RCHEs for the provision of care for demented elderly residents should be enhanced and installation of facilities that prevent wandering of demented elderly residents should be taken into consideration.
- (b) Please refer to Annex 11.8 for detailed guidelines.

11.10 Cold or Hot Weather

- (a) Measures should be taken by RCHEs in extremely cold or hot weather to enhance the care for the residents.
- (b) Please refer to Annexes 11.9 and 11.10 for detailed guidelines.

11.11 Pressure Ulcers

- (a) RCHEs should provide appropriate personal and nursing care to prevent pressure ulcers and seek advice from health care professionals when pressure ulcers are detected.

- (b) Please refer to Annex 11.12 for detailed guidelines.

11.12 Other Specialised Nursing Procedures

In performing specialised nursing procedures, RCHEs are advised to make reference to the healthcare guidelines and any subsequent revision/modification, issued by the Department of Health, the Hospital Authority and/or LORCHE.

CHAPTER 12

INFECTION CONTROL

12.1 General

RCHEs provide residential care services to the elderly with varying levels of impairment. Effective infection control is essential to a residential setting due to close contacts among residents, staff and visitors. RCHEs should implement control of infectious diseases in accordance with the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly (as at September 2007 or subsequent updated version). For a coordinated and efficient response in implementing infection control measures, operator of an RCHE should designate either a nurse or a health worker as an Infection Control Officer (ICO) (the home manager who has received relevant training on infection control should be appointed as ICO for self-care hostels). The ICO is the key person who is responsible for handling matters in relation to infection control and prevention of the spread of infectious diseases in RCHE. The home manager or operator of RCHE should arrange regular infection control training for staff concerned as far as possible and provide them with support as appropriate to facilitate effective prevention of infectious diseases in RCHE.

12.2 Duties of an Infection Control Officer

The designated ICO is responsible for handling the following matters:

- 12.2.1 to coordinate and oversee all matters related to infection control and prevention of infectious diseases in RCHE;
- 12.2.2 to disseminate updated information and guidelines on infection control to all staff and residents in RCHE, and help new staff members get acquainted with the relevant information;
- 12.2.3 to assist the home manager in arranging infection control training for staff;
- 12.2.4 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;

- 12.2.5 to oversee the disinfection work inside RCHE, to ensure that all medical equipment and other instruments are properly disinfected after use, and soiled linens and other clinical wastes are properly handled and disposed of;
- 12.2.6 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;
- 12.2.7 to observe whether there are signs of infectious diseases (e.g. unusual clustering of fever, upper respiratory tract infection or gastrointestinal symptoms) in residents and staff; assist the home manager to report cases or suspected cases of infectious diseases to LORCHE 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
- 12.2.8 to assist the home manager in assessing the risk of infectious disease outbreak in the RCHE, and to review regularly and devise strategies to prevent infectious disease outbreaks in consultation with the home manager, medical staff of the Hospital Authority/Department of Health or visiting medical practitioners.

12.3 Prevention of Infectious Diseases

- 12.3.1 Good personal, food and environmental hygiene should be maintained at all times.
- 12.3.2 Staff of RCHE should adopt standard precautions and transmission-based precautions of infectious diseases 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 RCHE (e.g. installing an appropriate number of wash hand basins, providing liquid soap, hand-drying facilities and alcohol-based handrub, etc.);
 - (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, 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; contact precautions in the case of scabies);

- (d) RCHE should properly plan the room or area for sanitary appliances to provide space for cleaning and disinfecting sanitary articles and appliances as appropriate, and properly store disinfectants and sanitary articles to prevent transmission of pathogens; and
- (e) 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.

12.3.3 Residents may be relatively prone to complications if they suffer from influenza. Therefore, RCHE should encourage residents to receive influenza vaccination and other vaccinations provided by the Department of Health under the Residential Care Home Vaccination Programme annually unless vaccination is contra-indicated. The operators of RCHE, being responsible employers, should endeavour to arrange for staff to receive influenza vaccination.

12.3.4 Staff should take appropriate precautionary measures in the disposal of contaminated articles. Staff 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).

12.4 Management of Cases of Infectious Diseases

12.4.1 Under Section 18 of the Residential Care Homes (Elderly Persons) Regulation, if a home manager suspects or knows of a case of infectious disease amongst the residents or staff of the residential care home or suspects or knows that any such person has been in contact with a case of infectious disease, he/she shall immediately so 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 6 December 2012) is at Annex 12.1 for reference. RCHE should note for any subsequent revision made by the Department of Health.

- 12.4.2 Besides the aforesaid notifiable diseases, in the event of an outbreak or suspected outbreak of an infectious disease (e.g. influenza, scabies) among staff or residents, which by the nature of communal living in an RCHE warrants special attention of CHP, the home manager/ICO should promptly report the case to CHP and LORCHE for advice by relevant authorities. The notification form for reporting suspected outbreak of infectious disease in RCHE is attached at Annex 12.2.
- 12.4.3 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, adequate space for equipment for proper disposal of personal and clinical wastes, and basic hand hygiene and hand-drying facilities as well as electric call bell. The home manager/ICO should also promptly arrange for the sick resident to receive medical attention 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.
- 12.4.4 Record of infectious diseases should be maintained by RCHE 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/LORCHE/Hospital Authority; and
 - (e) follow-up action taken by the RCHE.

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

- 12.4.5 As a matter of 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.

12.5 Other Information

In case of need for more guidelines, information leaflets and pamphlets on the prevention and control of infectious diseases in RCHE, they can be obtained from the Department of Health or other relevant government departments or by visiting the websites concerned.

CHAPTER 13

NUTRITION AND DIET

13.1 General

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

13.2 Design of Menu

All RCHEs 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.

13.3 Meals and Choice of Food

Every meal provided by RCHEs should be nutritionally balanced and meet the needs of individual residents (e.g. special diet due to health problems or religious belief). In addition, RCHEs should provide the residents with an adequate amount of food, having due regard to such conditions as colour, taste, texture and temperature of the food. The following points deserve special attention in the choice of food for the residents:

- 13.3.1 Only licensed food suppliers should be used;
- 13.3.2 a balanced diet should be provided for the residents everyday according to the principles of the “Food Guide Pyramid”, which means taking grains as the staple food, with more vegetables and fruits, suitable amount of meat, fish, eggs or alternatives and dairy products or alternatives, while reducing the use of oil, salt and sugar;
- 13.3.3 provide a variety in each food group;

- 13.3.4 use easy-to-chew ingredients (e.g. finely chopped and tenderly cooked vegetable and meat, etc.);
- 13.3.5 avoid providing bony fish and meat;
- 13.3.6 use lean meat (e.g. pork fillet, chicken fillet, etc.) and trim skin and fat before cooking;
- 13.3.7 avoid providing food with high saturated fat (such as pork bone, Chinese preserved sausage, chicken skin, food with coconut milk);
- 13.3.8 avoid frequent use of high-cholesterol food (such as pig liver, pig tripe, etc.);
- 13.3.9 use low-fat cooking methods (such as steaming, boiling, simmering, stewing, etc.);
- 13.3.10 provide dishes with fibre-rich and whole-grain ingredients;
- 13.3.11 frequent use of natural condiments (such as ginger, spring onion, parsley, ginger, pepper, etc.) and less salt;
- 13.3.12 provide food of appropriate consistencies and texture, which may be varied according to the residents' preference and tolerance;
- 13.3.13 enhance the appeal of the dishes by serving bright-coloured food or combining colourful food with light-coloured ones;
- 13.3.14 serve food according to cultural, ethnic and religious customs;
- 13.3.15 serve fresh seasonal food; and
- 13.3.16 provide sufficient fluids for the residents to maintain good hydration and to keep healthy.

13.4 Preparation and Supply of Food

The process of food preparation involves proper storage, thawing of frozen food, correct mixture of various ingredients and cooking of food. Food should be served at a suitable temperature. 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. The following points should therefore be observed:

- 13.4.1 wash hand before preparing food, and any wounds on hands should be covered with waterproof dressing to prevent food contamination;
- 13.4.2 do not touch cooked food with bare hands;
- 13.4.3 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;
- 13.4.4 vegetables and meat should be washed before cutting;
- 13.4.5 vegetables should be cooked in water and should not be cooked for too long; not to be cooked with baking soda, and should be cooked near the meal time;
- 13.4.6 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;
- 13.4.7 copper utensils should not be used as they may cause chemical changes to the nutrients;
- 13.4.8 frozen meat and fish should be thawed completely before cooking; cooked food taken out from the refrigerator must be reheated thoroughly before serving;
- 13.4.9 to prevent food poisoning, food must be stored and prepared carefully and hygienically at any time. 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 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
- 13.4.10 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.

13.5 Meal Time

- 13.5.1 RCHEs should provide at least 3 meals (breakfast, lunch and dinner) everyday. 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 for food hygiene).
- 13.5.2 The home manager and staff concerned should conduct assessment of the resident's feeding ability and dietary needs on admission to the RCHE 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 and supervision in feeding.
- 13.5.3 The following good practices may be adopted by RCHEs 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.

13.6 Special Attention on Supply of Food

13.6.1 To prevent choking:

- (a) consult healthcare professionals for recommendation on the appropriate food texture and consistency for residents with chewing or swallowing difficulties;
- (b) food must be fed at a reasonable pace for residents who cannot eat by themselves. Annex 13.1 provides working guidelines on feeding assistance to frail residents;
- (c) 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;
- (d) thickeners should be used only in accordance with the advice of healthcare professionals;
- (e) avoid giving food that is too sticky (e.g. glutinous rice, glutinous rice dumplings, Chinese New Year cake), too crumbly (e.g. egg rolls, shortbread) and hard in texture (e.g. peanuts, walnuts);
- (f) residents should sit up straight with their heads slightly bent downward when eating; and
- (g) avoid allowing residents to lie down immediately after meals and should wait at least 20 to 30 minutes.

13.6.2 To prevent constipation:

- (a) sufficient amount of fluid including water, soup, juice and high-fibre 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.

13.6.3 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.

13.7 Provision of Water

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

13.8 Monitoring of Nutritional Condition of Residents

13.8.1 Regular weighing of the residents is recommended to monitor their body weight. If residents are found to have a weight loss of more than 5% within a month or more than 10% within 6 months, they may be suffering from malnutrition and should be arranged for seeking advice from the doctor;

13.8.2 observation and recording of food and fluid intake is recommended for residents with difficulties in expression or mental deficiencies;

13.8.3 residents with a choosy and/or low intake of food should be encouraged to develop a habit of eating a balanced diet; and

13.8.4 if residents' dietary problems are found to be persistent or aggravating, advice from healthcare professionals should be sought as soon as possible for appropriate follow-up action.

13.9 Handling of Food and Other Things Brought in by Visitors

RCHEs should pay attention to and exercise care in handling food and objects brought in by visitors to ensure safety and health of their residents. For details, please see [Annex 13.2](#).

13.10 Other Information

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

CHAPTER 14

CLEANLINESS AND SANITATION

14.1 General

RCHEs 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.

14.2 Staff

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

- 14.2.1 any staff member who is sick should seek medical advice and refrain from work until recovery if so advised by a registered medical practitioner;
- 14.2.2 any staff member suffering from a bleeding and discharging wound, diarrhoea, vomiting or infectious disease should receive 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 used (e.g. surgical mask, disposable latex gloves);
- 14.2.3 clothes should always be kept clean;
- 14.2.4 finger nails should be kept clean and manicured frequently;
- 14.2.5 wearing unnecessary accessories (e.g. wristlet, bracelet) should be avoided when taking care of the elderly residents;
- 14.2.6 hair should be kept clean and tidily combed. Long hair should be properly tied up when preparing food or providing personal care to residents; and

14.2.7 hands should always 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 each resident;
- (d) the time between taking care of different residents; and
- (e) after handling of vomitus, faeces and diapers.

14.2.8 no smoking is allowed for staff in the indoor area of RCHEs.

14.3 Residents

The following points should be observed:

14.3.1 the personal hygiene of residents should be maintained;

14.3.2 the clothes of residents should be kept clean;

14.3.3 individual toiletry items should be used by each resident;

14.3.4 residents should be allowed for storage of personal belongings which should be kept clean and tidily at a certain level;

14.3.5 provision of storage facilities for residents; and

14.3.6 no smoking is allowed for residents in the indoor area of RCHEs.

14.4 Cleaning Schedule

RCHE should draw up a detailed cleaning schedule. Immediate cleaning or disinfection should also be conducted whenever necessary (e.g.

when items are soiled or contaminated). The following are some important points to note:

- 14.4.1 all floors should 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;
- 14.4.2 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 and maintained in good repair. Containers damaged or with cracks should be replaced;
- 14.4.3 refrigerators/freezers should be cleaned regularly and defrosted regularly as necessary;
- 14.4.4 bed sheets and pillow cases must be washed and changed at least once weekly, and should be changed and disinfected immediately where the situation warrants;
- 14.4.5 all facilities, furniture, ventilator fans and equipment such as filters of air conditioners should be cleaned regularly;
- 14.4.6 all garbage receptacles must be cleaned regularly and covered at all times; and
- 14.4.7 proper cleaning and disinfection of medical facilities and equipment of RCHE should be performed regularly by nurses or health workers.

14.5 General Sanitation

- 14.5.1 Sewage and drainage systems must be properly installed, regularly inspected and maintained in good conditions at all times.

14.5.2 The RCHE premises including staff and residents' areas, toilet and bathroom should be properly ventilated.

14.5.3 Proper measures should be taken for pest control.

14.6 Pest and Vector Control

14.6.1 The environment should be kept clean at all times.

14.6.2 Garbage bins should be covered with lids at all times. Garbage bags should be properly sealed before disposal.

14.6.3 Food remnants should be properly cleared up and disposed of to prevent insect and rodent infestation.

14.6.4 Stagnant water in saucers of flower pots and vases should be cleared/emptied.

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

14.7 Other information

In case of need, guidelines, information leaflets and pamphlets can be obtained from the Department of Health, Hospital Authority, Food and Environmental Hygiene Department and other relevant government departments or by visiting the websites concerned.`

CHAPTER 15

SOCIAL CARE

15.1 General

RCHEs should encourage residents to develop a healthy life style in all aspects and facilitate their maintenance of physical, mental and psychological health. RCHEs must take care of the residents' residual cognitive power, deliver a sense of security and self-assurance, respect their autonomy and fulfill their quest for love and care. The above objectives can be achieved by various measures set out in the following paragraphs.

15.2 Homely Atmosphere

15.2.1 RCHEs should cultivate a homely atmosphere as far as possible such that the residents may feel like being at home.

15.2.2 RCHE should promote interpersonal relationship and help to build mutual trust among the residents while attention should be paid in protecting their personal privacy.

15.2.3 The design of RCHE, staff attitude and the arrangements of programmes/activities should aim at providing proper social care for the residents.

15.3 Adapting to Life in an RCHE

15.3.1 After admission of the residents, RCHE should provide assistance to them as soon as possible to help them adapt to the RCHE environment and understand areas of attention in group living. Staff of RCHE 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 environment for leading an enjoyable life.

- 15.3.2 RCHEs should encourage the residents' guardian^{Note 1}/guarantor^{Note 2}/family members/relatives to provide assistance during the adjustment period of the residents, encourage their involvement in formulating individual care plan of the residents and visiting the residents regularly so as to provide them with appropriate emotional support and help them adapt to group living in RCHEs.
- 15.3.3 RCHEs should draw up a daily living schedule for residents according to their needs as appropriate so that they may develop a regular living pattern and good living habits.

15.4 Programmes and Activities

- 15.4.1 RCHEs should organise mass programmes or individual leisure activities for residents to promote their mental and psychological well-being. Provision of such activities is part of the efforts to provide social care for residents. In organising these activities, consideration should be given to the residents' individual interests and capabilities.
- 15.4.2 RCHEs should organise social and recreational activities as well as meaningful social interaction among residents for the enhancement of individual mental and psychological well-being. Such activities may include interest groups (e.g. Cantonese opera singing class, handicraft class, book/newspaper reading class and tailor-made exercise/games etc.), birthday parties and festive celebrations.
- 15.4.3 RCHEs may make use of community resources (e.g. volunteers and community recreational facilities tailor-made for the elderly) to meet the needs of the residents and help them integrate into the surrounding community.
- 15.4.4 The information of activities should be clearly displayed on notice boards and properly recorded in accordance with the requirements stated in paragraph 8.6.2(j) of Chapter 8.

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

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