Special Incident Report

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

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

To: Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department (Note 1)
(Fax no.: 3106 3058/2574 4176 and Email: lorcheenq@swd.gov.hk)
(Enquiry no.: 2834 7414/3184 0729)
[Attn: _____ (Name of inspector)]

Name of RCHE(NH) _____

Name of home manager _____ Contact no. _____

Date of incident _____

Type of Special Incident

(1) Unusual death/repeated injuries of a resident; or other incident resulting in death/serious injury or death of a resident

☐ incident happened in the RCHE(NH) and the resident concerned was sent to hospital for treatment/died after being taken to hospital
please specify: _____

☐ the resident committed/attempted suicide in the RCHE(NH) and was sent to hospital for treatment/ died after being taken to hospital

☐ other unusual death/incident, please specify: _____

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

(a) ☐ has not/☐ has reported the case to police
reporting date and reference no.: _____

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

(2) Missing of a resident requiring police assistance

☐ the resident left the RCHE(NH) unnoticed

☐ the resident was found missing during activities outside the RCHE(NH)
☐ during home leave ☐ going out on his/her own
☐ during activities organised by the RCHE(NH)

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

(a) ☐ resident was found on _____ (dd/mm/yyyy)
☐ resident is not yet found and has been missing for _____ days since the missing day

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

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

☐physical abuse ☐psychological abuse (Note 2) ☐neglect
☐financial abuse ☐abandonment ☐sexual abuse/indecent assault
☐others (please specify: _____)

(a) ☐ established case ☐ suspected case
(b) identity of abuser/suspected abuser/perpetrator
☐staff ☐resident ☐visitor
☐others (please specify: _____)
(c) ☐has/☐has not referred to social worker
please specify the referral date and respective service unit if referral is made:
_____
(d) ☐has/☐has not reported the case to police
reporting date and reference no.: _____

(4) Dispute in the RCHE(NH) requiring police assistance

☐between residents ☐between resident(s) and staff ☐between resident(s) and visitor(s)
☐between staff ☐between staff and visitor(s) ☐between visitors
☐others (please specify: _____)
date of reporting case to police and reference no.: _____

(5) Serious medical/drug incident (Medication Risk Management Report shall be submitted at the same time)

☐resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s)
☐resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose
☐resident(s) is/are admitted to hospital for examination or treatment after taking proprietary/non-prescription drug(s)
☐others (please specify: _____)

(6) Other special incidents affecting the operation of the RCHE(NH)/residents

☐suspension of power ☐building defects or structural problems ☐fire outbreak
☐suspension of water supply ☐flood/landslip/unknown gas leakage/other natural disasters
☐others (e.g. serious incidents involving staff), please specify: _____

(7) Others (e.g. serious data breach or incidents that may draw media attention）

☐please specify: _____

Information of the Resident and his/her Family Members/the Staff Concerned

Name of resident _____ Age/Sex _____ Room and/or bed no. _____

☐ the guardians/guarantors/family members/relatives/staff concerned/referring worker/other residents or persons involved contacted (Note 3) (One or more could be reported)

name(s) and relationship(s) _____

date and time _____

respective staff and post _____

☐ No guardians/guarantors/family members/relatives/staff concerned/referring worker/other residents or persons involved contacted

reason(s) _____

Signature of informant _____ Post _____

Name _____ Date _____

Note 1

Please inform the following service units of the Social Welfare Department (SWD) at the same time if the RCHE(NH) is subsidised by the SWD.

(1) Subventions Section (fax no.: 2575 5632 and email: suenq@swd.gov.hk)
(2) Elderly Branch (fax no.: 2832 2936 and email: ebenq@swd.gov.hk)

Note 2

Psychological abuse is the pattern of behaviour and/or attitudes towards victims of abuse that endangers or impairs their psychological health, including acts of insult, scolding, isolation, causing fear to them for a long duration, intrusion into their privacy and unnecessary restriction of their freedom of access and movement.

Note 3

The residents/family members/staff concerned or other parties involved should be informed of the "special incident" on the premise that personal privacy is addressed.

Special Incident Report (Supplementary Sheet)

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

Name of RCHE(NH) _____

Date of incident _____ Time of incident _____

Name of resident concerned _____ HKIC no. _____

Medical history of the resident concerned (if applicable) _____

Details/Occurrence of the Special Incident

_____

Follow-up Actions Taken by the RCHE(NH) [including but not limited to making relevant treatment arrangements, conducting multi-disciplinary case conferences, formulating care plans for the resident(s) concerned, adopting measures to protect other residents, responding to concerns/enquiries of outside parties (e.g. concern groups, District Councils, Legislative Council, etc.)] and/or Suggestions or Measures to Prevent the Recurrence of Similar Incidents

_____

Signature of informant _____ Post _____

Name _____ Date _____