



Our Ref. : SWD/S/111/1 Pt.2
Tel. No. : 2832 4308
Fax No. : 2575 5632

28 March 2017

Chairperson / Organisation Head
Non-governmental Organisation
operating subvented welfare services

Dear Sir/Madam,

Reporting of Special Incidents

Recently there have been some abuse incidents which happened in subvented service units and aroused concern from the public. To facilitate the Department's immediate follow-up on the special incidents, I write to enlist your assistance to report to the Department the special incidents in respect of your subvented service unit(s) **within three calendar days** following the incidents. A pro forma Special Incident Report is at **Annex**. The special incidents include -

- (a) uncommon death / death caused by severe injury of the service user(s);
- (b) missing of service user(s) requiring police assistance;
- (c) established / suspected cases of abuse of service user(s) by staff¹ / other service user(s);
- (d) dispute requiring police assistance; and
- (e) other serious incidents affecting the daily operation of the service unit for at least 24 hours / drawing media concern.

For subvented service units licensed under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) or the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613), they should continue to follow the existing practice of reporting significant incidents / special incidents

¹ Including foster parents of Foster Homes and houseparents of Small Group Homes and their family members.



to the Licensing Office of Residential Care Homes for the Elderly or the Licensing Office of Residential Care Homes for Persons with Disabilities, as the case may be, with the prescribed forms currently in use and, in respect of the special incidents (a) to (e) above, send a copy to the Subventions Section.

Taking this opportunity, I wish to emphasise the importance of complying with the Service Quality Standards and relevant guidelines of the Department in protecting service users from abuse.

Should you have any enquiries, please contact me or Mrs Fanny Cheung on 2116 4295.

Yours faithfully,

(Ricky Yu)

for Director of Social Welfare

Special Incident Report

(To be submitted to the Subventions Branch and the relevant Service Branch of the Social Welfare Department within 3 calendar days following the Special Incident¹)

To : Subventions Branch (Fax : 2575 5632)
*Elderly Branch *(Fax : 2832 2936)
*Family and Child Welfare Branch *(Fax : 2833 5840)
*Rehabilitation and Medical Social Services Branch *(Fax : 2893 6983)
*Youth and Corrections Branch
*Corrections Section *(Fax : 2833 5861)
*Youth Section *(Fax : 2838 7021)

(* Delete as appropriate)

Information on the Reporting Unit

Name of NGO : _____
Name of service unit : _____
Address of service unit : _____
Name of responsible staff : _____
Contact telephone no. : _____

Information on the Special Incident

(a) Date of incident : _____
(b) Time of incident : _____
(c) Location of incident : _____
(d) Nature of incident : _____

- Uncommon death / death caused by severe injury of the service user(s)
- Missing of service user(s) requiring police assistance
- *Established / suspected cases of abuse of service user(s) by staff² / other service user(s) (* Delete as appropriate)

¹ Referring to the special incidents which happened in the service units and/or other places during service delivery.

² Including foster parents of Foster Homes and houseparents of Small Group Homes and their family members

Nature of abuse :

- Physical
- Sexual
- Psychological
- Neglect
- Others (*Please specify:* _____)

- Dispute requiring police assistance
- Other serious incidents affecting the daily operation of the service unit for at least 24 hours / drawing media concern

(e) Reported by media

- Yes
- No

(f) Details of the incident :

Information on the Service User(s) Concerned (if applicable)

(a) Name (1st) : _____ Sex _____ Age _____
Referring office : _____
Referring worker : _____
Telephone no. : _____

(b) Name (2nd if any) : _____ Sex _____ Age _____
Referring office : _____
Referring worker : _____
Telephone no. : _____

(c) Name (3rd if any) : _____ Sex _____ Age _____
Referring office : _____
Referring worker : _____
Telephone no. : _____

Information on the Staff² Concerned (if applicable)

- (a) Name (1st) : _____ Post _____
(b) Name (2nd if any) : _____ Post _____
(c) Name (3rd if any) : _____ Post _____

Follow-up Actions

- (a) Reported to police
 Yes (Date and time of Report : _____)
(Police Report Number : _____)
 No (Remarks : _____)
- (b) Informed family members / relatives / guardian / guarantor
 Yes (Date and time of Notification: _____)
(Relationship with the service user(s) : _____)
(Name of the informing staff: _____)
 No (Remarks, if any: _____)
- (c) Medical arrangement
 Yes (Please specify : _____)
 No
- (d) Multi-disciplinary case conference conducted / Care plan formulated for the service user(s) concerned
 Yes (Please specify, with date: _____)
 No (Remarks, if any: _____)
- (e) Need to respond to concerns / enquiries by outside parties (e.g. Concern Groups, District Council or Legislative Council, etc.)
 Yes (Please specify : _____)
 No
- (e) Details of immediate follow-up actions taken, including measures to protect other service users (if applicable)
