

**CODE OF PRACTICE
FOR
RESIDENTIAL CARE HOMES
(NURSING HOMES)
FOR THE ELDERLY**

[Applicable to nursing homes licensed under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) on or after 2 January 2020]



January 2020

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CHAPTER 1

INTRODUCTION

1.1 Background

- 1.1.1 Residential Care Homes (Nursing Homes) for the Elderly (RCHE(NH)s) are established for providing residential care service and facilities for elderly persons in need. They should be given due respect and concern for a living with dignity and ageing with peace of mind.
- 1.1.2 The Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) commenced operation on 1 April 1995 and came into full implementation on 1 June 1996, for regulating the residential care service of RCHEs through a licensing scheme administered by the Director of Social Welfare (DSW) with a view to meeting an acceptable standard.
- 1.1.3 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 RCHEs.
- 1.1.4 This Code of Practice is issued by the 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.
- 1.1.5 As the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) is to be replaced by the Private Healthcare Facilities Ordinance (Cap. 633) gazetted on 30 November 2018, the regulatory regime for the nursing homes for the elderly originally registered under Cap. 165 shall be transferred to Cap. 459 and its subsidiary legislation. In this regard, the types of residential care home regulated under Cap. 459 is extended to cover nursing homes with effect from 2 January 2020. Nursing homes under licence must comply with the requirements stipulated in the Residential Care Homes (Elderly Persons) Ordinance and its subsidiary legislation, as well as the relevant Codes of Practice issued by the DSW (including this Code of Practice).

- 1.1.6 The standards, specifications and statutory provisions cited in this Code of Practice are those in force before 31 March 2019. Readers of this Code of Practice should check whether there are any subsequent amendments to these provisions. For reference to the relevant statutory provisions, please visit the “Hong Kong e-Legislation” (<https://www.elegislation.gov.hk>).
- 1.1.7 Under section 2 of the Residential Care Homes (Elderly Persons) Ordinance, a residential care home for the elderly means –
- 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.
- 1.1.8 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; or
 - (c) any residential care home or type or description of residential home excluded by the DSW by order published in the Gazette.
- 1.1.9 The Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) are mutually exclusive. Based on this principle, the operator of any home which fits into the definitions of a residential care home under the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Persons with Disabilities) Ordinance is required to hold only 1 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 operate a residential care home for Persons with Disabilities (RCHD), the operator shall, after being advised by the DSW that the application under the Residential Care Homes (Persons with Disabilities) Ordinance is approved, surrender to the DSW the first-mentioned licence which will be cancelled on the issue of a licence under the Residential Care Homes (Elderly Persons) 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 operate an RCHE, the operator shall, after being advised by the DSW that the application under the Residential Care Homes (Elderly Persons) Ordinance is approved, surrender to the DSW the first-mentioned licence which will be cancelled on the issue of a licence under the Residential Care Homes (Persons with Disabilities) Ordinance.

- 1.1.10 Operators of RCHE(NH)s should study this Code of Practice in detail, as well as the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Elderly Persons) Regulation. The DSW may refuse to issue a licence to the applicant under section 8(3)(c) of the Residential Care Homes (Elderly Persons) Ordinance if it appears that the premises used for the residential care home 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(NH) may contact the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department (SWD) (Telephone no.: 2834 7414 or 3184 0729) (Address: 6/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong) for advice or consultation.
- 1.1.11 Compliance with the requirements of this Code of Practice does not exempt the operator or any other person from the liabilities, obligations and requirements imposed under other ordinances or the common law.

1.2 Licence

- 1.2.1 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 shall hold a licence that has been issued under section 8(2)(a) or renewed under section 9 of the Residential Care Homes (Elderly Persons) Ordinance in respect of that RCHE and is for the time being in force.
- 1.2.2 Under section 8(3)(d) of the Residential Care Homes (Elderly Persons) Ordinance, the 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 certificate of exemption is for the time being in force;

- (b) the name of an RCHE in respect of which a licence is for the time being in force or the name of a residential care home for persons with disabilities regulated by the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613);
- (c) the name of an RCHE in respect of which a licence has been suspended, surrendered or cancelled; or
- (d) the name of a residential care home for persons with disabilities under the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) in respect of which a licence issued under that Ordinance has been suspended, surrendered or cancelled.

1.2.3 A licence issued in respect of a specific RCHE(NH) is verified by the signature of the DSW and contains information of the RCHE(NH) issued with a licence. Under section 8(5) of the Residential Care Homes (Elderly Persons) Ordinance, the licence is evidence of the facts stated in it. If there is any change(s) in the name, address, type of the RCHE(NH), maximum capacity as stated in the licence and/or holder of the licence, it is required to apply for a new licence.

1.3 Business Registration/Companies Registration

An operator of a private RCHE(NH) shall apply to the Inland Revenue Department for business registration in respect of the business under the Business Registration Ordinance (Cap. 310), and with the Registrar of Companies under the Companies Ordinance (Cap. 622) if the home is operated by a body corporate.

1.4 Insurance

Operators of RCHE(NH)s, who are employers, shall formulate employment contracts and take out a policy of employees' compensation insurance for all staff in accordance with the Employment Ordinance (Cap. 57) and the Employees' Compensation Ordinance (Cap. 282). Moreover, the operators of RCHE(NH)s are also advised to take out other related insurances for the RCHE(NH)s such as public liability insurance.

1.5 Closure of RCHE(NH)s

If an operator ceases operation of an RCHE(NH), LORCHE shall be informed, as well as the residents and their guardians¹/guarantors²/family members/relatives/contact persons, in writing at least 3 months prior to its closure of the RCHE(NH), together with a removal plan for the residents. The operator shall return the licence to LORCHE after the closure of the RCHE(NH). For management matters relating to the closure of an RCHE(NH), please refer to paragraph 8.12 of Chapter 8 in this Code of Practice.

¹ A “guardian” in this Code of Practice refers to a person appointed by the Court or the Guardianship Board for executing the conferred powers and responsibilities.

² A “guarantor” in this Code of Practice refers to a person who is or is not a relative of a resident and may not be conferred with statutory powers, voluntarily assists in handling the daily matters for the resident, such as making an application for admission to and discharge from an RCHE(NH), discussion of care plans or payment of home fees, etc.

CHAPTER 2

DEFINITION OF RCHE(NH)S

2.1 Definition of RCHE(NH)s

2.1.1 Under section 2 of 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 purposes of care while resident therein. As stipulated in section 3(aa) of the Residential Care Homes (Elderly Persons) Regulation,

Nursing home (護養院) is namely an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years, and who are suffering from a functional disability to the extent that they require personal care and attention in the course of daily living activities, and a high degree of professional nursing care, but do not require continuous medical supervision.

2.1.2 In determining the type of an RCHE(NH) making an application for the issue or renewal of a licence, the level of care and assistance required by the residents received or to be received by an RCHE(NH) will be considered by LORCHE based on health assessments of the residents at the time of their admission to an RCHE(NH) (please refer to paragraph 8.3.1 of Chapter 8 in this Code of Practice).

2.2 Mixed RCHEs with Nursing Home Places

2.2.1 RCHEs may concurrently receive residents requiring different levels of care in actual operation. For example, some care and attention homes may be established with nursing places.

2.2.2 The home will be classified as a “nursing home” when 30% or more residents out of the number of care and attention and nursing home places are in need of nursing home service, unless otherwise approved by the DSW. The above principle is to strengthen the protection of residents who require service of a higher care level.

CHAPTER 3

LICENCE

3.1 Policy

Any person who operates, keeps, manages or otherwise has control of an RCHE classified as a nursing home at any time shall hold a licence³ for the time being in force, which is issued or renewed under the Residential Care Homes (Elderly Persons) Ordinance in respect of that RCHE(NH).

3.2 Application for a Licence

Under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance, operators of RCHE(NH)s shall make an application for a licence by using a prescribed form (SWD 603NH) (Annex 3.1). The application form may be obtained from LORCHE or downloaded from the website of the SWD (<https://www.swd.gov.hk>). Submission of the application shall be accompanied by the information and plans as required by the DSW. Details are as follows –

- 3.2.1 An original of the duly completed application form shall be submitted by delivery or registered mail to LORCHE.
- 3.2.2 The applicant shall submit the following documents simultaneously –
 - (a) a photocopy of the Hong Kong Identity Card of the applicant(s) (applicable to applications made by individuals);
 - (b) a photocopy of the Certificate of Incorporation issued by the Registrar of Companies (applicable to applications made by body corporates);
 - (c) a certified copy of the Business Registration Application issued by the Commissioner of Inland Revenue (applicable to applications of private RCHE(NH)s);

³ Except for “scheduled nursing homes” listed in Schedule 10 to “Private Healthcare Facilities Ordinance” (Chapter 633) which have been exempted by the Director of Health under Part 9 – Division 3 of the Ordinance to operate the homes on the exempted premises without a licence and regulated by the Director continuously.

- (d) a photocopy of the Business Registration Certificate issued by the Commissioner of Inland Revenue (applicable to applications of private RCHE(NH)s);
 - (e) staff list of the RCHE(NH) (Annex 3.2);
 - (f) a photocopy of the duly stamped tenancy agreement in respect of the RCHE(NH) premises (applicable to rented RCHE(NH) premises);
 - (g) a photocopy of the deed of assignment in respect of the RCHE(NH) premises (applicable to self-owned RCHE(NH) premises);
 - (h) 4 sets of layout plans of the RCHE(NH) (6 sets for RCHE(NH)s situated at 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) a photocopy of the fire service installation and equipment plan and relevant documents (please refer to paragraphs 5.4 and 5.5 of Chapter 5 in this Code of Practice and the checklist at Annex 5.1).
- 3.2.3 Based on the principle of classifying a mixed RCHE as stated in paragraph 2.2 of Chapter 2 in this Code of Practice, LORCHE may require the applicant to submit the Medical Examination Form for Residents in Residential Care Homes for the Elderly (Nursing Home) (Annex 12.1) to ensure compliance of the RCHE(NH) with the licensing requirements on the type and number of staff employed according to the type of RCHE as stipulated in section 11(1A) of the Residential Care Homes (Elderly Persons) Regulation.
- 3.2.4 Operators should ensure that the use of the subject location/premises for operating RCHE(NH)s is always permitted under the Town Planning Ordinance, or if it requires an application to the Town Planning Board for planning permission in advance. For uses subject to planning permission from the Town Planning Board or a designated officer assigned by the Planning Department, the operators shall submit proof of the planning permission to LORCHE. Otherwise a licence may not be issued in respect of the RCHE(NH) (please refer to paragraph 4.2.2 of Chapter 4 in this Code of Practice).
- 3.2.5 Operators should ensure whether the operation of RCHE(NH)s at the subject location/premises is in compliance with the land lease conditions. For premises breaching the land lease conditions,

the applicant shall submit a waiver issued by the Lands Department as a proof of exemption from the relevant land lease conditions (please refer to paragraph 4.2.3 of Chapter 4 in this Code of Practice).

- 3.2.6 On receipt of the above required documents from the applicant and if all of the information is in order, LORCHE will normally take 8 weeks to complete processing a licence application and notify the applicant of the outcome.

3.3 Issue of Licence

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

- (a) by issuing to and in the name of the applicant a licence imposing such conditions, in relation to the operation, keeping, management or other control of the RCHE(NH), as the DSW thinks fit; or
- (b) by refusing to issue a licence to the applicant.

3.4 Conditions on the Issue of Licence

Under section 8(2)(a) of the Residential Care Homes (Elderly Persons) Ordinance, the DSW may specify the conditions as the DSW thinks fit in relation to the operation, keeping, management or other control of the residential care home on the issue of a licence.

3.5 Renewal of Licence

Under section 9(2) of the Residential Care Homes (Elderly Persons) Ordinance, a person holding a licence in respect of an RCHE(NH) shall apply to the DSW not more than 4 months and not less than 2 months prior to the expiration of the licence for renewal in the form specified at Annex 3.4. Licence holders may also submit their renewal applications electronically through the “Online Platform for Residential Care Homes for the Elderly and Persons with Disabilities” (“Online Platform”) (<https://lrhop.swd.gov.hk>).

3.6 Display of Licence

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

- 3.6.2 If an RCHE(NH) is issued with an electronic licence, the operator may display the licence or a copy of it using an electronic screen, in printed form or through some other means in a prominent place of the RCHE(NH) premises for public's inspection.

3.7 Format of Licence

A licence issued under section 8 or renewed under section 9 of the Residential Care Homes (Elderly Persons) Ordinance should be in the form specified at Annex 3.5.

3.8 Application for a New Licence for Licensed RCHE(NH)s

- 3.8.1 For an RCHE(NH) holding a valid licence, it is required to make an application for a new licence under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance by using the prescribed form (SWD 603NH) (Annex 3.1) if there is/are any change(s) of the following –
- (a) name of the RCHE(NH);
 - (b) address of the RCHE(NH) (for expansion or merger of RCHE(NH)s, please refer to paragraph 3.9 of this chapter);
 - (c) type of the RCHE (using another prescribed form (SWD 603) in respect of a new licence for RCHEs of the non-nursing-home type);
 - (d) licensed capacity; and/or
 - (e) licence holder/licensed corporation (please refer to paragraph 3.8.2 of this chapter).
- 3.8.2 If there is a change of licence holders/licensed corporations arising from the sale of business or replacement of partners, the existing operator shall inform LORCHE in writing of the relevant details not more than 4 months and not less than 2 months prior to the change(s) (including the effective date, information of the new operator, change of staff and/or premises, etc.). Meanwhile, the prospective operator shall apply for a new licence under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance by using a prescribed form (SWD 603NH) (Annex 3.1) not more than 4 months and not less than 2 months prior to the change(s).

- 3.8.3 If the operator of an RCHE(NH) is a “body corporate” and there is any change in the status of the directors, the operator shall inform LORCHE in writing (Annex 3.6) within 14 calendar days from the date of change.

3.9 Expansion or Merger of RCHE(NH)s

- 3.9.1 If there is any expansion or merger plan in respect of a licensed RCHE(NH), the operator should apply to LORCHE in writing to obtain an acceptance-in-principle for including the proposed expanded or merged portion in the licensed area of the RCHE(NH) prior to implementation of the plan, and an application for a new licence shall be submitted (please refer to paragraph 3.8.1(b) of this chapter).
- 3.9.2 The expansion or merger of RCHE(NH) premises shall comply with the following conditions. If necessary, applications for expansion or merger of individual homes will be considered by LORCHE under special circumstances –
- (a) the proposed expanded portion or RCHE(NH)s to be merged shall be situated on the same floor or practically upper or lower adjoining floors of the same premises on which the existing RCHE(NH)s are located. For proposed expanded or merged portion on adjoining floors, the condition of item (d) of this paragraph shall be fulfilled concurrently;
 - (b) for RCHE(NH) premises being New Territories Exempted Houses (NTEH) (commonly known as “small houses”), the proposed expanded portion or RCHE(NH)s to be merged shall be situated in the same or adjoining house. For proposed expanded or merged portion in adjoining houses, the condition of item (d) of this paragraph shall be fulfilled concurrently. The applicant shall also ensure that the proposed expanded or merged RCHE(NH) remains in compliance with the relevant land lease conditions after the expansion or merger (please refer to paragraph 3.2.5 of this chapter);
 - (c) for an application of expansion or merger of RCHE(NH)s involving substantial alteration to the floor area or layout of the RCHE(NH) premises, the entire new premises after expansion or merger shall comply with the latest requirements in respect of fire safety and building safety standards and requirements stipulated in the relevant ordinances or codes of practice such as those applicable to applications for a new licence in respect of newly established RCHE(NH)s; and

- (d) if the proposed expanded portion or RCHE(NH)s to be merged is/are situated on adjoining upper or lower floors or in adjoining blocks of NTEH (commonly known as “small houses”) and not on the same floor or the same block of the NTEH, the management, operation and staff deployment of the newly established RCHE(NH) will be directly affected. Hence, the RCHE(NH) concerned shall be able to meet the legislative requirement in respect of staff employment and attendance for the 12 months prior to the application. Effective measures or supporting device should also be provided to ensure effective communication and mutual support among the staff.

3.9.3 If the proposed expanded portion is not situated at a location as mentioned in paragraph 3.9.2 (a) or (b) of this chapter, the operator shall apply for another licence for the premises under section 8(1) of the Residential Care Homes (Elderly Persons) Ordinance by using a prescribed form (SWD 603NH) (Annex 3.1).

CHAPTER 4

BUILDING AND ACCOMMODATION

4.1 Introduction

- 4.1.1 RCHE(NH)s are subject to inspection by the Building Safety Inspectorate Team of the SWD and shall comply with the Buildings Ordinance (Cap. 123) and its subsidiary legislation as well as any codes of practice and guidelines issued by the Buildings Department on building safety, including the Practice Note for Authorised Persons, Registered Structural Engineers and Registered Geotechnical Engineers.
- 4.1.2 The physical design, size and layout of the RCHE(NH)s shall be appropriate for the safe and effective delivery of services. There shall be adequate spacing between beds to allow transfer of residents on stretchers. All equipment shall conform to current health and safety regulations and be stored and used properly to ensure that at the time of use they are in optimum condition. Besides, mechanism shall be in place to inspect all residential care buildings and physical facilities periodically. The periodic inspections shall be documented to allow the management to develop a plan to reduce evident risks and provide a safe and secure physical environment of care.

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 operating RCHE(NH)s comply with the requirements of 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 operators should check the Outline Zoning Plans or the Development Permission Area Plans devised by the Town Planning Board under the Town Planning Ordinance (Cap. 131) to confirm whether the use or development of an RCHE(NH) at the subject location/premises is always permitted under the Town Planning Ordinance or requires an application to the Town Planning Board or a designated officer assigned by the Planning Department for planning permission.

An RCHE is a “Social Welfare Facility” according to the Definition of Terms in statutory plans⁴ adopted by the Town Planning Board. If it is specified in the “Note” of the Outline Zoning Plans or the Development Permission Area Plans that the use of “Social Welfare Facility” requires prior planning permission from the Town Planning Board, the operator shall apply to the Town Planning Board for a planning permission in advance, and submit the relevant proof of planning permission to LORCHE. Otherwise, LORCHE may not be able to issue a licence to the RCHE(NH) concerned.

- 4.2.3 With regard to the requirements of land lease conditions, operators should check the land lease of the lot where the premises are situated (including NTEHs or commonly known as “small houses”) to ensure that the operation of RCHE(NH) at the premises concerned is permitted. If the RCHE(NH) concerned is in breach of the land lease conditions, the operator shall make an application to the Lands Department for a short-term waiver for operating an RCHE(NH) at the subject premises, for which the processing time normally takes 6 to 9 months. If the required short-term waiver cannot be produced, LORCHE may not be able to issue a licence to the RCHE(NH) concerned. If the premises are not able to comply with the requirements of the land lease conditions, enforcement action may be taken by the relevant authorities resulting in the premises not suitable to be used as an RCHE(NH).
- 4.2.4 The operators shall note that tenancy agreements and deeds of mutual covenant are legal binding documents. They may be ordered by the court to terminate the operation of the RCHE(NH) in the subject premises in civil proceedings.
- 4.2.5 This Code of Practice does not prejudice the power of other government departments to take law enforcement or regulatory actions.

4.3 Restriction to the Premises of RCHE(NH)s

- 4.3.1 No part of an RCHE(NH) shall be situated on any premises where building works have been carried out or structures⁵ have been built without the approval and consent from the Building Authority. For RCHE(NH)s situated at NTEHs, please refer to paragraph 4.2.3 of this chapter.

⁴ For details, please refer to website: <https://www.info.gov.hk/tpb/tc/forms/definition.html>.

⁵ Definitions of building and building works are set out under section 2 of the Buildings Ordinance (Cap. 123).

- 4.3.2 Unauthorised building works⁶ inside or related to the premises of RCHE(NH)s may constitute a risk to the safety of the occupants and the public, and therefore shall be removed or rectified. If the renovation or alteration works are within the scope of the Building (Minor Works) Regulation, they shall be carried out in accordance with the requirements and procedures stipulated under the above-mentioned Regulation. For details, please refer to the website of the Buildings Department (<https://www.bd.gov.hk>). For RCHE(NH)s situated at NTEHs, please refer to paragraph 4.2.3 of this chapter.

4.4 Design

Under section 21 of the Residential Care Homes (Elderly Persons) Regulation, every RCHE shall, to the satisfaction of the DSW, be designed to suit the particular needs of the residents as follows –

- 4.4.1 every passage and doorway shall be wide enough to accommodate residents using walking aids or wheelchairs. According to the above principle, the clear width of every passage and doorway shall not be less than 1 050 mm and 800 mm respectively, so as to facilitate residents using wheelchairs or walking aids to enter or pass through any rooms, including bedrooms and toilets/bathrooms, without assistance and unnecessary difficulty;
- 4.4.2 non-slip tiles shall be fitted in every place (especially the toilet/bathroom and kitchen) where the safety of residents is in jeopardy by reason of a risk of slippage; and
- 4.4.3 the ceiling (the ceiling slab or suspended false ceiling) of every room shall, unless otherwise permitted by the 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 operators shall also ensure that –
- (a) an electric call bell is installed at each bedspace for the residents of RCHE(NH)s;

⁶ Any building works without the approval and consent from the Building Authority are regarded as unauthorised building works unless they are exempted from the provisions of section 41 of the Buildings Ordinance (Cap. 123) or are minor works carried out according to simplified requirements.

- (b) appropriate handrails⁷ are fitted at all toilets/bathrooms and corridors;
- (c) the design of furniture and interior installations of the premises are hazard-free; and
- (d) at the outer edge of all balconies, verandahs, staircases, landings or projections, or where there is a difference in adjacent levels greater than 600 mm, protective barriers shall be provided to minimise the risk of persons or objects falling from height; the height of the protective barrier should not be less than 1.1 m and the lowermost 150 mm shall be built solid and constructed so as to inhibit the passage of articles not less than 100 mm.

4.4.5 If there is an internal open staircase connecting upper and lower 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 usual circumstances which should not affect the means of escape in the premises in order to ensure safety of the residents (including wheelchair users). RCHE(NH)s are advised to consider supplementing the following measures or other improvements (if applicable) to enhance safety in the use of open staircases –

- (a) lay non-slip mats or tiles on the upper landing of the staircase and place non-slip strips nosing in contrasting colour at each step of the staircase;
- (b) extend the handrails on both sides of the staircase to the upper landing to assist users in supporting the body;
- (c) provide tactile or visible marks at suitable locations to remind users to keep alert; and
- (d) avoid setting obstacles on the staircase landing or both sides of the walls.

4.4.6 All RCHE(NH)s shall provide appropriate facilities for residents with disabilities to the satisfaction of the DSW. The design of those facilities shall comply with the requirements of the Design Manual: Barrier Free Access 2008 and any subsequently revised versions issued by the Buildings Department, and the requirements in respect of the above facilities as revised by the DSW (if applicable). If the provision of those facilities imposes unreasonable hardship on

⁷ Please refer to the Design Manual: Barrier Free Access 2008 and any subsequent revision issued by the Buildings Department for the requirements of handrails standard.

the applicant or any other persons, the DSW shall make the final decision.

4.5 Basic Facilities

- 4.5.1 The basic facilities of an RCHE(NH) include bedroom, sitting/dining room, toilet/bathroom/shower room, kitchen, laundry, office and isolation facility/room. All passages including the corridor and outdoor rest area should not be used as bedrooms. The DSW may impose any of the above requirements on basic facilities for any RCHE(NH) based on individual circumstances.
- 4.5.2 A kitchen with a suitable size and adequate number of water closets, lavatory basins, baths or showers⁸ should be provided in an RCHE(NH) based on the number of residents. In addition, at least 1 accessible water closet shall be provided on each floor with bedroom(s) or sitting/dining room. If the number of residents is more than 50 on that floor, an additional accessible water closet shall be provided for every 50 residents (or less).

4.6 Accessibility

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

4.7 Means of Escape

- 4.7.1 RCHE(NH)s 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 the requirements as stipulated in any subsequently revised versions.
- 4.7.2 The number of residents and staff that may be accommodated by an RCHE(NH) are factors that shall be considered for assessment of the adequacy for escape exits and exit routes.
- 4.7.3 All fire-related doors to kitchens, plant rooms or shafts that are usually unoccupied and used to place machinery or plumbing equipment, and all protected doors to or along protected staircases should be capable of self-closing and kept closed at all times. If

⁸ Please refer to the Building (Standards of Sanitary Fitments, Plumbing, Drainage Works and Latrines) Regulations (Cap. 123 sub. leg. I).

a locking device is installed on a designated exit door, it shall be readily openable from the inside without the use of a key. The locking device may be electrically operated, but shall be released automatically upon actuation of a 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 (DFS). The electric locking device should be released automatically in case of a power failure. If an emergency push bar is installed on the exit door, it shall not be encased with additional installations.

- 4.7.4 Adequate lighting shall be provided for every exit route which is kept clear of obstructions. A fire/emergency evacuation route plan should be displayed inside the RCHE(NH) in accordance with the relevant requirements as stated in paragraph 5.5.7 of Chapter 5 in this Code of Practice.

4.8 Fire Resisting Construction

- 4.8.1 The design and construction of RCHE(NH)s shall comply with the Code of Practice for Fire Safety in Buildings 2011 issued by the Building Authority and the requirements as stipulated in any subsequently revised versions.
- 4.8.2 RCHE(NH)s shall be separated from other users of the building by suitable fire resisting construction in accordance with the Code of Practice for Fire Safety in Buildings 2011 issued by the Building Authority and the requirements as stipulated in any subsequently revised versions.
- 4.8.3 The kitchen of an RCHE(NH) shall be separated from other parts of the home premises with a barrier of 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(NH)s shall be enclosed by barriers with a fire resistance rating of not less than 120 minutes, or 240 minutes if the areas of special hazards adjoin protected exits directly. Any door leading to such areas of special hazards from the RCHE(NH) 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 If added or altered fire resisting constructions are involved in the premises of an RCHE(NH), LORCHE may require the RCHE(NH) to submit documentary proof with supporting test/assessment reports prepared by authorised persons/registered structural engineers to certify that the fire resistance function of such fire resisting construction is in order.

4.9 Heating, Lighting and Ventilation

- 4.9.1 Under section 24 of the Residential Care Homes (Elderly Persons) Regulation, every RCHE(NH)s shall, to the satisfaction of the DSW, be adequately heated, lighted and ventilated.
- 4.9.1a Operators of RCHE(NH)s should make reference to the ventilation requirements stipulated in “A Supplement on Ventilation – Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly & Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Persons with Disabilities” issued by the Department of Health (https://www.chp.gov.hk/files/pdf/a_supplement_on_ventilation.pdf) in maintaining good ventilation of the premises. Both natural and mechanical ventilation requirements should be met in terms of provision of sufficient fresh air supply and thermal comfort year-round.
- 4.9.1b All newly planned RCHE(NH)s shall comply with the entire ventilation requirements stipulated in this Chapter, including proper installation of mechanical ventilation systems, to ensure sufficient air exchange between the inside and outside of a space. Likewise, the ventilation requirements must be observed by existing RCHEs when carrying out the relevant improvement works.
- 4.9.2 Every room used for habitation or for the purposes of an office or kitchen in RCHE(NH)s shall be provided with adequate natural lighting and ventilation for compliance with sections 29, 30, 31, 32 and 33 of the Building (Planning) Regulations, (Cap. 123 sub. leg. F). The DSW may consider exemption if adequate artificial lighting and mechanical ventilation are provided in the kitchen or office to the satisfaction of the DSW.
- 4.9.3 Every room containing a soil fitment or waste fitment in an RCHE(NH) shall be provided with a window in accordance with section 36 of the Building (Planning) Regulations (Cap. 123 sub. leg. F). The DSW may consider exemption if adequate artificial

lighting and mechanical ventilation are provided to the satisfaction of the DSW.

4.9.3a When installing the mechanical ventilation system, RCHE(NH)s shall take note of the following principles:

- (a) sufficient supply of fresh air to meet the respiratory needs of the occupants;
- (b) even distribution of fresh air supply within the space to enhance the effect of dilution of contaminants;
- (c) clear flow direction of fresh air (including make-up air) and exhaust air throughout the premises/rooms, with pathway of air movement from clean to less clean areas, then to dirty or potentially contaminated areas, subsequently flowing out of the RCHE(NH)s;
- (d) air inlets and exhausts being at a distance apart to minimise the recirculation of exhausted air back into the premises; and
- (e) proper control of the indoor temperature and humidity.

4.9.3b RCHE(NH)s should adopt the following requirements on fresh air intake of mechanical ventilation system in compliance with the principles as stated at paragraph 4.9.3a:

(a) Supply Requirement

Premises	Requirement
1. Bedrooms/Activity Areas/Nursing Stations/Treatment Rooms/Dining Areas/Rooms	6 Air Changes Per Hour (ACH) or Min. 10L/s/person (fresh air), whichever the greater (Rooms with full or high partition shall be individually assessed.)
2. Isolation Rooms	6 ACH or Min. 60L/s/person, whichever the greater (inward airflow, exhausted to the outside)
3. Toilets/Bathrooms/Laundries	10 ACH (exhausted to the outside)
4. Kitchens	20 ACH (exhausted to the outside)

- (b) The fresh air intake, including openable windows, is placed where the air is free from contamination or odour. The

location of fresh air intake shall meet the following requirements:

- (i) it must not be located within 7.5m from other sources of contamination, such as exhaust outlets of the building or adjacent buildings, traffic, car parks, loading and unloading bays, refuse chutes/refuse rooms, evaporative cooling towers, emergency generators, plumbing vents, kitchens exhaust, and toilets;
- (ii) it must not be located below ground level;
- (iii) it must face away from potential pollution sources; and
- (iv) it must be protected from rain entrainment, and covered by a screen to prevent the entry of birds, rodents, and extraneous articles.

4.9.3c The mechanical ventilation system shall be properly kept and maintained for effective functioning as designed. The maintenance and alternation works shall be properly recorded for review.

4.9.4 The requirements on the provision of heaters, electric fans and/or air conditioners in bedrooms and toilets/bathrooms are stipulated in paragraphs 6.4 and 6.6 of Chapter 6 in this Code of Practice.

4.10 Toilet Facilities

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

4.10.2 Every room used for toilet facilities shall –

- (a) to the satisfaction of the DSW, be provided with fittings appropriate to the use of the toilet facilities by residents;
- (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, every RCHE(NH) shall, to the satisfaction of the DSW, be provided with –

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

Details of the facilities required are stated in Chapter 6 of this Code of Practice for reference.

4.12 Repair

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

4.13 Additions and Alterations

- 4.13.1 Building professionals should be consulted if there is a need for an RCHE(NH) to carry out addition or alteration works (A&A works)⁹, and the A&A works shall comply with the Residential Care Homes (Elderly Persons) Regulation, this Code of Practice and other relevant legislative requirements (such as the Minor Works Control System of the Buildings Department. For details, please visit the website of the Buildings Department at <https://www.bd.gov.hk>).
- 4.13.2 If there is a need for an RCHE(NH) to carry out internal renovation works involving changes to the exit doors/exit routes, layout, number/position of beds, basic facilities (e.g. kitchen, laundry, isolation facilities/room, water closet, lavatory basin), fire service installations and equipment, etc., the operator shall submit to LORCHE in writing details of the related plans and proposed revised layout plans, modification of fire service installation plans at least 30 days prior to commencement of the renovation works. Depending on the actual situation, LORCHE reserves the right for giving approval and requiring the RCHE(NH) to reinstate or make amendments in accordance with the approved plans for compliance with the relevant requirements.

⁹ Addition and alteration works include alterations to the means of escape inside a building, routes leading to and from the building and barrier free access, addition or removal of partition walls, installation of fixed structural frame for air-conditioners, etc.

- 4.13.3 The RCHE(NH) should take effective measures to maintain normal operation while works are being carried out, and all fire service installations shall be maintained in effective operation to ensure safety.

CHAPTER 5

FIRE SAFETY AND PRECAUTIONS

5.1 Introduction

Under section 31 of the Residential Care Homes (Elderly Persons) Regulation, any member of the Fire Services Department (FSD) may at all reasonable times enter and inspect an RCHE. Operators of RCHE(NH)s shall comply with any requirements stipulated by the SWD and the FSD in respect of fire safety and precautionary measures.

5.2 Location

5.2.1 Under section 19 of the Residential Care Homes (Elderly Persons) Regulation, no RCHE shall be situated in any part of –

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

5.2.2 With regard to the trades as mentioned under section 19(b)(iv) of the Residential Care Homes (Elderly Persons) Regulation, please refer to the prescribed use stipulated under section 49(1) of the Building (Planning) Regulation (Cap. 123 sub. leg. F), including that for the manufacture of any dangerous goods within the meaning of the Dangerous Goods Ordinance (Cap. 295); or for the storage of any such dangerous goods to which section 6 of that Ordinance applies; or as a motor repair shop; or as a vulcanizing shop; or for automobile or carriage painting; or as a paint shop where paint or varnish is manufactured or mixed; or for dry-cleaning.

- 5.2.3 RCHE(NH)s should not be situated on the basement floor under general circumstances. Nevertheless, the 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, no part of an RCHE shall be situated at a height more than 24 m above the ground floor, measuring vertically from the ground of the building to the floor of the premises in which the RCHE is to be situated.
- 5.3.2 The DSW may, by notice in writing served on an operator, authorise that any part of the RCHE(NH) may be situated at a height more than 24 m above the ground floor as may be indicated in the notice.
- 5.3.2a If an RCHE(NH) operator can prove that the RCHE possesses facilities for fire safety, evacuation and rescue, and appropriate evacuation, contingency and fire drill plans to the satisfaction of the DSW, the DSW may approve the ancillary facilities of the RCHE to which the residents normally do not have access (e.g. kitchen, laundry room, office, staff resting room) to be situated at a height more than 24 m above the ground.
- 5.3.2b If an RCHE(NH) operator considers that there is a need for any part of an RCHE(NH) used for dormitory purpose for residents to be situated at a height more than 24 m above the ground floor, the DSW may consider and authorise the relaxation of the concerned RCHE(NH)'s height restriction on the premise that the part of the RCHE(NH) complies with additional fire safety requirements. The additional fire safety requirements cover the two aspects of building fire safety design and management of RCHE(NH)s with a view to meeting the needs of rescue, evacuation and contingency management of RCHE(NH)s. Details of the requirements are set out at [Annex 5.0](#).
- 5.3.3 If an RCHE(NH) is located in a building served by 2 streets/roads at different levels, the height of the RCHE(NH) is to be measured from the level of the lower street/road.

5.4 Fire Service Installations and Equipment

- 5.4.1 The requirements and specifications of fire service installations and equipment to be provided for RCHE(NH)s shall be based upon the

latest version of the Code of Practice for Minimum Fire Service Installations and Equipment and the Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment, and circular letters issued by the DFS to relevant professionals from time to time. For existing fire service installations and equipment already installed in the building/premises, the requirements and specifications should be based on the prevailing version when the fire service installations and equipment were installed.

- 5.4.2 The DSW may impose additional requirements and vary any of the following requirements in consultation with the DFS, having regard to the individual circumstances of any particular RCHE(NH).
- 5.4.3 An RCHE(NH) occupying a gross floor area of less than 230 m² shall comply with the following requirements –
- (a) A fire detection system shall be provided for the RCHE(NH). 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 may be replaced by a heat detection system in electrical/mechanical rooms and the kitchen, depending on the situation. If the entire RCHE(NH) is installed with an automatic sprinkler system, it may not be necessary to provide any additional heat or smoke detectors at locations such as toilets/bathrooms and staircases. The alarm of the detection system shall be transmitted to the Fire Services Communication Centre by a direct telephone line provided by a recognised telecommunications service operator.
 - (b) The RCHE(NH) shall be installed with a manual fire alarm system in compliance with the Code of Practice for Minimum Fire Service Installations and Equipment with an actuating point and an audio warning device located at or near the main entrance lobby, reception/nurse station (if any) 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 the fire detection system of the RCHE(NH) 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 dormitory, plant room, etc.
 - (c) All fire service installations control panels shall be installed at the reception area or the main entrance of the RCHE(NH) or at a location approved by the DFS.
 - (d) Portable fire extinguishers shall be provided at the following scale –
 - (i) a 4.5 kg CO₂ type extinguisher shall be provided in each pantry/switch room;
 - (ii) a 4.5 kg CO₂ type extinguisher and a 1.44 m² fire blanket shall be provided in each kitchen;
 - (iii) a 4.5 kg CO₂ type/9-litre water type extinguisher shall be provided at the reception area or the main entrance of the RCHE(NH); and
 - (iv) a 4.5 kg CO₂ type/9-litre water type extinguisher shall be provided at a location near each exit if hose reel system is not provided for the RCHE(NH).
 - (e) All escape exits shall be indicated by illuminated exit signs.
 - (f) If an exit sign is not clearly visible from any location in the RCHE(NH) especially corridors leading from each room to the exit routes of the RCHE(NH), suitable directional signs shall be provided at conspicuous locations to assist residents or occupants to identify the escape exits in the event of a fire/emergency.
 - (g) Emergency lighting shall be provided in the entire area of the RCHE(NH). Self-contained luminaries emergency lighting systems satisfying the latest version of the Requirements for Self-contained Luminaries Emergency Lighting Systems [PPA/104(A)] may be used.
- 5.4.4 In addition to the requirements set out in paragraph 5.4.3 above, an RCHE(NH) occupying a gross floor area exceeding 230 m² shall also comply with the following requirements –
- (a) an automatic sprinkler system shall be installed for the entire area of the RCHE(NH);

- (b) a hose reel system shall be provided for the RCHE(NH); and
 - (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/visual warning device.
- 5.4.5 Please refer to the Checklist of Documents for Fire Safety and Precautionary Measures (Annex 5.1) for submission of the required documents with regard to each of the above requirements.
- 5.4.6 If there is a need to alter or add any fire service installations and equipment on the premises, the applicant shall appoint a Registered Fire Service Installation Contractor (RFSIC) of appropriate classes to carry out the works. The contractor concerned shall submit a certificate FSI/314A, FSI/314B or FSI/314C (as appropriate), together with 3 sets of the fire service installation plans to the DFS. On completion of the works, the contractor concerned shall submit a copy of the Certificate of Fire Service Installation and Equipment (FS 251) to the DFS. In addition, the operator shall also submit a copy of the certificate to the DSW as a proof of compliance. All fire service installations and equipment installed in the RCHE(NH)s 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. 95 sub. leg. B). On completion of the works, the contractor shall submit a copy of FS 251 to the DFS. In addition, the operator shall also submit another copy of the certificate to the DSW as a 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(NH) 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 The operator shall submit detailed as-fitted drawings of the ventilating system via the SWD to the Ventilation Division of the FSD, and submit a Report of Completion on Ventilating System to the Ventilation Division on 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. 123 sub. leg. J) and Part XI of the FSD Circular Letter No. 4/96, a Letter of Compliance (Ventilating System) will be issued by the Ventilating Division. After the installation of a ventilating system, it shall be maintained in safe and efficient working order at all times. For a ventilating system with ducts or trunks passing through any wall, floor or ceiling from one compartment¹⁰ of the building to another, the operator 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 the DSW.

- 5.5.4 All linings for acoustic, thermal insulation and decorative purposes within the means of escape in an RCHE(NH) shall comply with 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. On completion of the works, the RFSIC shall submit a copy of FS 251 to the DFS. The operator shall also submit a copy of the certificate to the DSW as a proof of compliance.
- 5.5.5 All linings for acoustic, thermal insulation and decorative purposes in ducting and concealed locations shall comply with 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. On completion of the works, the RFSIC shall submit a copy of FS 251 to the DFS. The operator shall also submit a copy of the certificate to the DSW as a proof of compliance.
- 5.5.6 No storage of dangerous goods within the meaning of the Dangerous Goods (General) Regulations (Cap. 295 sub. leg. B) in excess of the exempted quantity is permitted without a licence or approval granted by the DFS.
- 5.5.7 The operator of an RCHE(NH) shall draw up an emergency evacuation plan and submit the plan to the DSW. The plan with fire/emergency escape routes shall be displayed at conspicuous locations. RCHE(NH)s shall conduct fire drills at least once every 6 months with proper records at all times for inspection by the staff of the FSD/SWD.

¹⁰ A 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.

5.5.8 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 the 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 the 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) The operator of an RCHE(NH) shall produce to the DSW for inspection 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. Test certificates shall be issued by an accredited laboratory authorised to conduct tests according to the specified standards, and authenticated by the company’s stamp of the manufacturers/suppliers.

5.5.9 Fixed Electrical Installations

- (a) Any works of fixed electrical installations in an RCHE(NH), including installation, inspection, testing and issue of certificates, shall be carried out by Registered Electrical Contractors (RECs) and Registered Electrical Workers (REWs). On completion of the electrical works and prior to connection for use, the RECs and REWs shall issue a Work Completion Certificate (Form WR1) to the owner of the fixed electrical installations in the RCHE(NH), and submit to the DSW a copy of the certificate to confirm that the installations have complied with the requirements of the Electricity Ordinance (Cap. 406).

- (b) For fixed electrical installations in an RCHE(NH) at nominal low voltage, the RCHE(NH) shall arrange for inspection, testing and certification (Form WR2) of the installations by an REC at least once every 5 years. The certificate shall be re-issued every 5 years and submitted to the DSW.

5.5.10 Gas Installation

- (a) All gas installation works, including town gas and liquefied petroleum gas (LPG), (including fabrication, disconnection, testing, maintenance, etc.) in an RCHE shall be carried out by registered gas contractors in accordance with the Gas Safety Ordinance (Cap. 51).
- (b) For any new or altered gas installation works, a copy of the Certificate of Compliance/Certificate of Completion for Gas Installation (Annex 5.2) issued by registered gas contractors shall be submitted to the 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 installed 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 standalone LPG cylinders stored in a purposely-designed chamber in compliance with the latest Codes of Practice by Gas Standards Office 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 an RCHE(NH) should be equipped with a flame failure device, and only water heaters of the room-sealed type should be installed. Newly purchased domestic gas appliances should bear a “GU” mark signifying that approval is given by the DEMS for importing/manufacturing/selling such appliances.
- (f) Only low pressure flexible gas tubing approved by the Electrical and Mechanical Services Department with the EMSD APPROVAL mark shall be installed, and flexible gas tubing which is longer than 2 metres should not be used.

- (g) All gas installations shall be inspected/maintained by a registered gas contractor annually to ensure safe operation. Documentary proof of continuing annual inspection/maintenance shall be submitted with an application for renewal of a licence.

5.5.11 Please refer to the Checklist of Documents for Fire Safety and Precautionary Measures (Annex 5.1) for submission of the required documents with regard to each of the above requirements.

5.6 Fire Precautions

5.6.1 In order to ensure safety at all times, RCHE(NH)s shall pay attention to the following –

- (a) all means of escape shall not be obstructed; and
- (b) all exit doors shall be openable readily from the inside without the use of a key.

For any operator failing to comply with any of the above preventive measures, the FSD may initiate prosecution under sections 14 and 15 of the Fire Services (Fire Hazard Abatement) Regulation (Cap. 95 sub. leg. F) without giving any warning in advance.

5.6.2 All staff of RCHE(NH)s shall be fully conversant with the potential fire hazard and the actions to be taken in case of a fire, e.g. evacuation procedures, the use of fire-fighting equipment, etc. Any staff detecting a fire shall –

- (a) give an alarm to warn all other staff and residents;
- (b) ensure that the fire is reported to the FSD by dialing the 999 hotline; and
- (c) evacuate the residents (especially for those requiring assistance and under restraint) in joint effort with other staff members.

5.6.3 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.
- 5.6.4 No cooking in naked flame shall be permitted inside the RCHE(NH) other than in the kitchen.
- 5.6.5 Air heaters shall not be used for the purpose of drying clothes, and combustible materials shall not be placed in its close vicinity.
- 5.6.6 If gas leakage is suspected, the staff concerned should –
- (a) extinguish all naked flames;
 - (b) turn off gas switches and the main valve;
 - (c) not operate electrical switches;
 - (d) open doors and windows; and
 - (e) immediately call the gas supplier's emergency number using a telephone remote from the affected area. The gas supply shall not be turned on again until it has been checked by the staff of gas supplier or the registered gas contractor.
- 5.6.7 If the gas continues to leak after the switches have been turned off or the smell of gas still persists, the staff shall 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 rescue of emergency services.

CHAPTER 6

FURNITURE AND EQUIPMENT

6.1 Introduction

- 6.1.1 Every RCHE(NH) should be provided with furniture and equipment designed generally for elders and suitable furniture and equipment based on the needs of individual residents, to ensure the provision of safe and proper care to the residents.
- 6.1.2 All furniture and equipment in RCHE(NH)s shall always be kept functioning well, and should be timely replaced or renovated.
- 6.1.3 In order to ensure the safety of residents, RCHE(NH)s should arrange relevant staff training and formulate operation guidelines for staff to refer to and comply with before using electrical furniture and equipment (e.g. lifter/hoist). RCHE(NH)s should regularly inspect and repair the equipment and keep maintenance records.
- 6.1.4 With regard to the provision of personal daily necessities and consumables to the residents (e.g. mugs, toothbrushes, towels, combs, lotion, diapers, blood glucose test strips, feeding tubes, pH test strips for testing gastric juice), RCHE(NH)s should make arrangements as appropriate in accordance with the admission agreement and the related consent forms signed with the residents and/or their guardians/guarantors/family members/relatives.

6.2 Security Facility

- 6.2.1 In order to ensure the safety of residents, RCHE(NH)s should provide suitable security and anti-wandering facilities, e.g. installation of closed-circuit television (CCTV) systems, digital door locks, sensory alarms, etc., so as to step up supervision of the operation of RCHE(NH)s.
- 6.2.2 The installation of CCTV systems in RCHE(NH)s should comply with the Guidance on CCTV Surveillance and Use of Drones issued by the Privacy Commissioner for Personal Data, to determine the scope and extent of the surveillance and consider installing the CCTV systems at locations such as public areas, interview rooms, entrance and exits so as to protect personal privacy.

6.3 Equipment and Devices

- 6.3.1 RCHE(NH)s shall install and service the equipment according to the manufacturer's recommendation. Equipment should not be modified unless the advice of the manufacturer or professional advice has been sought and no risk has been identified. Such advice should be documented. All equipment shall conform to the prevailing health and safety regulations. A preventive maintenance and replacement programme should be put in place.
- 6.3.2 All equipment shall be stored properly and rotated in use where appropriate to ensure that at the time of use they are in optimum condition.
- 6.3.3 Written procedures are drawn up for use and for maintenance of different types of equipment.
- 6.3.4 Equipment, device and apparatus intended for single use should not be reused.
- 6.3.5 Staff should have completed training in the safe and proper use of the equipment, device and apparatus for nursing and caring of residents.

6.4 Bedroom

Items	Quantity
1. Bed ¹¹	1 for each resident
2. Mattress	1 for each resident
3. Bed sheet	2 for each resident
4. Pillow	1 to 2 for each resident
5. Pillow case	2 for each resident plus an appropriate quantity in reserve
6. Blanket and quilt, with cover	1 of each item for each resident plus an appropriate quantity in reserve
7. Electric call bell ¹²	1 for each bedspace
8. Name plate	1 for each bedspace
9. Bedside cupboard (with lock)	1 for each resident
10. Wardrobe/clothes closet	1 for each resident
11. Curtain	1 set for each window opening

¹¹ A bed with suitable size and type should be provided to fit the needs and body size of individual residents (e.g. to provide residents in need with adjustable hospital/nursing beds or beds installed with bed rails of suitable height).

¹² Electric call bells shall be installed/placed at locations where residents can reach.

Items	Quantity
12. Electric fan and/or air-conditioner	capable of providing adequate ventilation
13. Heater/heating equipment	capable of keeping sufficient warmth
14. Bedside lamp	depending on needs
15. Litter bin with lid	depending on needs
16. Others (vacuum flask/drinking pot, towel rack, etc.)	depending on needs

6.5 Sitting/Dining Room

Items	Quantity
1. Dining table and chair	depending on the number of residents
2. Chair ¹³	depending on the number of residents in need
3. Sofa	1 set
4. Television and other audio-visual equipment	1 set
5. Clock and calendar ¹⁴	1 set
6. Notice board	1
7. Litter bin with lid	1
8. Facility for warm/cool drinking water	1
9. Broadcasting system	depending on needs
10. Recreational and rehabilitation equipment	depending on needs and number of residents
11. Items for leisure such as newspaper, magazines and books	depending on needs of residents

6.6 Toilet/Bathroom¹⁵

Items	Quantity
1. Adult flush toilet/lavatory basin/faucet/bathtub ¹⁶	depending on the number of residents

¹³ Chairs with back, arm rest and a base with appropriate width and weight should be provided for frail residents in need to ensure their safety.

¹⁴ Clock and calendar with larger font size are preferred for easy identification of time and date.

¹⁵ Accessible water closet cubicles shall comply 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.

¹⁶ Refer to the requirements set out in the Building (Standards of Sanitary Fittings, Plumbing, Drainage Works and Latrines) Regulations (Cap. 123 sub. leg. I).

2. Commode chair/bed pan/urinal with lid	depending on the number of residents
3. Shower chair/bathtub seat	depending on the number of residents
4. Electric call bell ¹⁷	1 in each toilet cubicle and bathroom
5. Water heater ¹⁸	at least 1
6. Exhaust fan	at least 1 in each toilet or bathroom
7. Hand-drying facility	1 in each toilet
8. Heater/heating equipment	1 in each bathroom
9. Curtain/facility for protecting privacy	depending on actual layout
10. Mirror	at least 1
11. Litter bin with lid	at least 1

6.7 Kitchen/Pantry

Items	Quantity
1. Stove ¹⁹	at least 1 set (depending on the number of residents)
2. Cooking utensils	at least 1 set (depending on the number of residents)
3. Rice cooker	at least 1 set (depending on the number of residents)
4. Refrigerator/freezer (with a thermometer)	at least 1 set (depending on the number of residents)
5. Electric water boiler/hot water boiler	at least 1 set (depending on the number of residents)
6. Meat mincer/blender	at least 1 set (depending on the number of residents)
7. Cutting board and knives ²⁰	at least 2 sets for handling raw and cooked food separately
8. Food container and dining utensils	depending on the number of residents
9. Litter bin with lid	1
10. Notice board/white board	1
11. Exhaust fan	1
12. Cupboard	1 set
13. Food trolley	1
14. Serving tray	depending on the number of residents

¹⁷ Electric call bells shall be installed/placed at locations where residents can reach. For the locations of call bells, please refer to the Design Manual: Barrier Free Access 2008 and the requirements of any subsequently revised versions.

¹⁸ If gas water heater is used, it shall be a room-sealed type only.

¹⁹ RCHE(NH)s should only use town gas or electricity for cooking, and shall not use kerosene or other fuel for safety reasons.

²⁰ Sharp objects shall be properly kept at a place that is not accessible by residents.

Items	Quantity
15. Cleaning utensils	depending on the number of residents

6.8 Laundry²¹

Items	Quantity
1. Washing machine	at least 1 (depending on the number of residents)
2. Drying machine	at least 1 (depending on the number of residents)
3. Iron	at least 1
4. Ironing board	at least 1
5. Basket for clothing	at least 2 (for separating clean and dirty clothes and depending on the number of residents)
6. Hangers/laundry clips	depending on the number of residents
7. Storage racks	depending on the number of residents

6.9 Office

Items	Quantity
1. Office desk	at least 1
2. Office chair	at least 2
3. Stationery	depending on actual needs
4. Filing cabinet with locks	at least 1
5. Telephone	at least 1
6. Computer and printer	at least 1
7. Fax machine/copy machine	at least 1
8. Notice board/white board	at least 1
9. First aid box ²²	at least 1

²¹ For occupational safety and health, laundry staff shall be provided with appropriate personal protective equipment and receive appropriate training on handling of linen/clothing items, chemical detergents and operation of laundry machines. The laundry and related machines, ventilation system of the laundry, etc. shall be regularly serviced and maintained for effective operations with proper documentation in place.

²² For the first aid box provided for staff, it shall comply with the requirements of the Labour Department. For details, please refer to Schedule 2 to the Occupational Safety and Health Regulation (Cap. 509 sub. leg. A).

6.10 Nursing Equipment

Items	Quantity
1. Electronic thermometer/ear thermometer (with disposable ear probe covers)	at least 2
2. Diagnostic set (including stethoscope, torch, disposable tongue depressor, ophthalmoscope and auriscope)	at least 1 set
3. Electronic blood pressure monitor	at least 1
4. First aid box ²³	at least 1 on each floor
5. Alcohol-based handrub	sufficient quantities shall be provided for residents, staff and visitors
6. Personal protective equipment (PPE) items (including masks, disposable gloves, protective gowns, protective caps and goggles/face shields)	sufficient quantities shall be provided for residents and staff
7. Equipment for storing, preparing and giving drugs	depending on the number of residents and needs
8. Pharmaceutical refrigerator/refrigerator (with lock and thermometer) for storing drugs only	at least 1
9. Disinfection equipment (e.g. forceps, kidney dishes/dressing trays/dressing bowls)	depending on needs
10. Dressing supplies (e.g. disposable sterile dressing sets/sterile packs), disinfectants and dressings (e.g. sterile gauzes/cotton swabs)	depending on needs
11. Wheelchair scale/chair-type scale	1
12. Blood glucose meter and blood glucose test strips	depending on needs
13. pH test strips (for testing gastric juice)	depending on needs
14. Feeding tubes ²⁴	depending on needs

²³ At least 1 first aid box shall be provided on each floor of an RCHE(NH), or in each separate unit of the RCHE(NH) if it is situated at non-adjointing unit(s) of the same floor. The first aid box should contain basic first aid items such as sterile unmedicated dressings, adhesive wound dressings, triangular bandages of unbleached calico, adhesive plaster, absorbent cotton wool, pressure bandage, safety pins and disposable gloves.

²⁴ Please refer to paragraph 11.7.2 of Chapter 11 in this Code of Practice for the use of feeding tubes.

Items	Quantity
15. Urinary bags/urinary catheters ²⁵	depending on needs
16. Portable oxygen concentrators/portable oxygen cylinders (with oxygen tubing and oxygen mask/nasal cannula)	depending on needs
17. Suction apparatus (with suction catheters)	depending on needs
18. Equipment for Cardio-Pulmonary Resuscitation (e.g. Bag-Valve-Mask Resuscitator, suction and oxygen apparatus, Automated External Defibrillator, etc.)	depending on needs

6.11 Isolation Room

Items	Quantity
1. PPE items (including masks, disposable gloves, protective gowns, protective caps and goggles/face shields)	sufficient quantities shall be provided for staff and visitors
2. Electric call bell	1 for each isolation room
3. Water basin	1 for each isolation room
4. Hand-drying facility	1 for each isolation room
5. Litter bin with lid	1 for each isolation room

6.12 Facilities for Storage and Supply of Medical Gas (if applicable)

- 6.12.1 RCHE(NH)s should ensure the safe use of medical gases by taking reference from prevailing guidelines issued by local authorities.
- 6.12.2 Checks on the Medical Gas Pipeline System (MGPS) and pharmaceutical testing (e.g. identity and quality tests) of the gases emerging from Terminal Units (TUs) of MGPS must be conducted by an Approved Person under the Dangerous Goods (General) Regulations and registered pharmacist with appropriate training respectively when the system is first installed or after it has been repaired, altered, overhauled or extended by RCHE(NH)s. Written approval from the Fire Services Department should be obtained before the system is put into operation.

²⁵ Please refer to paragraph 11.7.1 of Chapter 11 in this Code of Practice for the use of urinary catheters.

- 6.12.3 RCHE(NH)s shall maintain a record of the checks that have been carried out prior to use of a new or repaired system.
- 6.12.4 Written policies and procedures shall be in place for RCHE(NH)s to record the procurement, receipt, delivery, handling, transport and storage of full and empty medical gas cylinders and the details of person in charge of this procedure.
- 6.12.5 The storage of compressed gas cylinders and any liquefied gases by RCHE(NH)s must comply with the provisions of the Dangerous Goods Ordinance (Cap. 295) and its Regulations.
- 6.12.6 If at any stage, from receipt to use, RCHE(NH)s find that a compressed gas cylinder is not in a satisfactory condition or without a correct or legible label or an intact seal, it must be rejected and placed in a designated segregated area prior to return to supplier.
- 6.12.7 RCHE(NH)s shall appoint a person to assume overall management of medical gases. The relevant personnel shall be trained for safe handling of medical gases.

6.13 Mortuary (if applicable)

- 6.13.1 RCHE(NH)s shall have written policies and procedures in place for proper identification and safe transfer of a deceased resident to the mortuary and subsequent handover of dead body to the deceased's guardian/family member/relative and undertaker.
- 6.13.2 RCHE(NH)s shall regularly inspect and maintain the mortuary and its plant, and monitor and record the temperature of the cold chamber(s) at regular intervals.
- 6.13.3 The responsible staff shall be provided with appropriate personal protective equipment and receive appropriate training on safe handling of dead bodies.

6.14 Other Equipment

	Items	Quantity
1.	Walking aids/wheelchairs	depending on needs
2.	Lifter/hoist	depending on needs
3.	Fall prevention facilities (e.g. bed rail, bed monitoring system)	depending on needs
4.	Mobile folding partitions	at least 1

	Items	Quantity
5.	Hair dryer	at least 1
6.	Vacuum cleaner	at least 1
7.	Cleaning and disinfection equipment/materials (e.g. household bleach)	appropriate quantities (plus at least 1 set of measuring cup and bucket for diluting disinfectant)
8.	Storing facilities	appropriate quantity
9.	Books/magazines/pictures/green plant in pot	appropriate quantity

CHAPTER 7

ORGANISATION

7.1 Introduction

- 7.1.1 The organisation of an RCHE(NH) is crucial to the smooth administration of its services. The operator shall take an active role in monitoring the performance of the RCHE(NH) in addition to decision-making, and sets up an effective management system to ensure a smooth operation of the RCHE(NH) in providing residential care service to the residents.
- 7.1.2 The RCHE(NH) shall have an organisational structure which includes all categories of staff. The structure shall delineate the channels of communication, lines of authority and responsibility. It shall also set out the rules, policies and procedures relating to the quality of nursing care for, and the safety of, residents and the operation of the RCHE(NH).

7.2 Board of Directors

- 7.2.1 The operator of the RCHE(NH) is wholly responsible for the operation of the RCHE(NH) and shall form a Board of Directors to oversee its management.
- 7.2.2 The Board of Directors is responsible for:
- (a) the development and application of the statement of philosophy and objectives, making sure that all major decision-makers within the RCHE(NH) operate accordingly;
 - (b) the overall co-ordination and evaluation of activities within the RCHE(NH);
 - (c) the development of policies to facilitate operation of the RCHE(NH);
 - (d) overseeing the financial management of the RCHE(NH); and
 - (e) ensuring the RCHE(NH)'s adherence to the Laws of Hong Kong.
- 7.2.3 Meetings shall be held, at least quarterly interval, by the Board to review the performance of the RCHE(NH).

- 7.2.4 Members of the Board shall pay visits to the RCHE(NH) at intervals not less than 6 months to monitor the performance of the home manager and the management of the RCHE(NH). Such visits shall be documented.

7.3 Appointment of Home Manager

- 7.3.1 The operator shall appoint a home manager to be responsible for the management of the RCHE(NH).
- 7.3.2 The operator shall appoint a person to deputise the home manager in the latter's absence from duties. The deputy shall have appropriate qualifications and experience to manage the operation of the RCHE(NH).
- 7.3.3 When there is a change of the home manager, the operator shall, before the expiry of 14 days after the change takes effect, notify the DSW in writing the change and the qualifications, training and experience of the home manager appointed, or to be appointed.

CHAPTER 8

MANAGEMENT

8.1 Introduction

RCHE(NH)s should establish an effective management system to ensure a smooth operation in providing residential care service to the residents.

8.2 Display of the Name of RCHE(NH)

An RCHE(NH) should display prominently, at or near its entrance, a board or other forms of signage in conspicuous letters the name of the RCHE(NH) as shown on the licence.

8.3 Procedures for Admission of Residents to an RCHE(NH)

8.3.1 Every resident shall have a medical examination conducted by a registered medical practitioner prior to admission to an RCHE(NH), using the “Medical Examination Form for Residents in Residential Care Homes for the Elderly” (Annex 12.1) or any other forms approved by the DSW (including a valid Minimum Data Set-Home Care Assessment (MDS-HC) under the Standardised Care Need Assessment for Elderly Services). For urgent or special cases that medical examinations cannot be conducted prior to admission, medical examinations shall still be conducted within 3 calendar days after admission to an RCHE(NH).

8.3.2 The rules of admission to and discharge from an RCHE(NH) should be posted in the office of an RCHE(NH) and stated on the admission form.

8.3.3 The following shall be clearly stated on the admission agreement signed by an RCHE(NH) with the residents and/or the guardians/guarantors/family members/relatives –

- (a) rules of the RCHE(NH);
- (b) roles and responsibilities of both parties;
- (c) payment arrangement and the precise amounts of all chargeable items (including services and goods). Please refer to

the “Guidelines on Fees and Charges in Residential Care Homes (Nursing Homes) for the Elderly” for details ([Annex 8.1](#)); and

(d) other service terms.

8.3.4 An RCHE(NH) should clearly explain the related rules and regulations, chargeable items and refund arrangement of the home to the residents and/or the guardians/guarantors/family members/relatives when handling the procedures of admission. The admission agreement should be signed by both parties for confirmation, with a copy given to the residents and/or the guardians/guarantors/family members/relatives for retention.

8.3.5 Written consent and authorisation shall be obtained from the residents and/or the guardians/guarantors/family members/relatives with proper record in relation to each of the following matters, when arranging for admission or when it becomes necessary –

- (a) possessions or property stored or held on behalf of each resident by the home, including identity document(s), travel document(s), bank passbook(s), automated teller machine (ATM) card(s), name stamp(s), pocket money, medical follow-up card(s), Certificate(s) for Waiver of Medical Charges, Senior Citizen Card(s), Octopus card(s), etc. (please refer to paragraph 8.4 of this chapter);
- (b) use of physical restraint (please refer to paragraph 12.6 of Chapter 12 in this Code of Practice);
- (c) special arrangement on the use of drugs (please refer to paragraphs 13.7 and 13.8 of Chapter 13 in this Code of Practice); and
- (d) handling personal data of residents (please refer to paragraph 8.10 of this chapter).

8.4 Handling Charges and Possessions

8.4.1 As an admission procedure, an RCHE(NH) should clearly explain to the residents and their guardians/guarantors/family members/relatives the rules and regulations of the RCHE(NH), including the home fees and other charges, and state clearly the fees that may be refunded to residents, payment procedures and arrangements. Agreements shall be signed by the RCHE(NH) and the residents and/or the guardians/guarantors/family members/relatives to state that they understand the rules, regulations and all necessary charges.

- 8.4.2 An RCHE(NH) should inform the affected residents and/or guardians/guarantors/family members/relatives in writing of any proposed increase in fees or charges for any service or goods (including monetary adjustment due to inflation or change of residents' health condition) at least 30 days prior to the effective date.
- 8.4.3 An RCHE(NH) shall clearly specify in the admission agreement relating to the amount of monthly home fees for each resident (i.e. the amount per month in HK dollar), other charges (i.e. the amount per month/per time/per item in HK dollar) and each item of charges in detail, and obtain a written confirmation from the residents and/or guardians/guarantors/family members/relatives. Any revision shall be effective only after being signed and confirmed by the RCHE(NH) and the residents and/or guardians/guarantors/family members/relatives. Notes for discharge (including discharge from the RCHE(NH)s, death, etc.) should be stated in the admission agreement and clearly listed the refundable and non-refundable fees, refund procedures and arrangements. Please refer to the "Guidelines on Fees and Charges in Residential Care Homes (Nursing Homes) for the Elderly" ([Annex 8.1](#)) for details.
- 8.4.4 To avoid dispute and misuse of money in residents' bank accounts, operators and staff of RCHE(NH)s should not take the initiative to handle the personal financial matters of residents such as paying home fees. It is even prohibited to use or withdraw money from the bank accounts of residents for paying home fees and other charges, unless the RCHE(NH) has established and executed the following monitoring mechanism –
- (a) If the resident is of a good mental state, clear about his/her own financial conditions and capable of managing personal financial matters, subject to his/her willingness, the resident may appoint the RCHE(NH) to withdraw bank savings to pay the home fees and other charges on his/her behalf, while the RCHE(NH) shall keep a clear record of the authorisation. The letter of authorisation shall be signed by the resident, staff concerned of the RCHE(NH) and a witness. The RCHE(NH) should formulate guidelines and operational procedures as appropriate, including keeping a complete and up-to-date record by a designated management/supervisory staff member. The RCHE(NH) shall also establish and strictly execute a proper monitoring mechanism; the accounts, bills, receipts, etc. are to be checked by the home operator regularly. These records and accounts shall be made available for inspection at any time by the resident, family members, inspectors of LORCHE, the caseworker and staff of the SWD concerned.

- (b) If the guardians/guarantors/family members/relatives, who are responsible for handling the personal financial matters of the resident, are not able to pay the home fees in person for any reasons, they may sign a letter of authorisation to appoint any person who is trusted or the RCHE(NH) to handle the matters on their behalf. If the RCHE(NH) is entrusted by a resident (the resident shall be of a good mental state), the RCHE(NH) is obliged to execute the above-mentioned appointment procedure and monitoring mechanism. The letter of authorisation shall be jointly signed by the resident's guardians/guarantors/family members/relatives, staff of the RCHE(NH) concerned and a witness.
- (c) If the resident is certified by a registered medical practitioner as incapable of managing personal financial matters, operators and staff of the RCHE(NH) are strictly prohibited to withdraw any bank savings to pay the home fees and other charges on behalf of the resident. The RCHE(NH) should request the resident's guardians/guarantors/family members/relatives or the caseworker to arrange for an appointee to handle matters relating to home fees and other charges.

8.4.5 The RCHE(NH) should clearly count and keep proper record of the residents' possessions put under its custody when arranging for admission. Please refer to the "Guidelines on Handling of Resident's Possessions in Residential Care Homes (Nursing Homes) for the Elderly" ([Annex 8.2](#)) for details.

8.5 Schedule of Daily Activities

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

8.6 Staff Record

An RCHE(NH) shall maintain the following records related to staff employment and attendance, and timely update the relevant information, for inspection by LORCHE at any time –

- (a) staff list ([Annex 3.2](#));
- (b) duty list for different posts;

- (c) staff monthly duty roster; and
- (d) an attendance record and an outdoor duty record for all staff (including relief staff/hire-of-service contract staff) to reflect the actual situation of staff-on-duty in different time periods of a day. The RCHE(NH) shall establish a management mechanism and/or update the electronic record system (where applicable), and the home manager shall verify the staff attendance record.

8.7 RCHE(NH) Operation Record

8.7.1 Under section 12 of the Residential Care Homes (Elderly Persons) Regulation, an operator of an RCHE(NH) shall maintain a record of every person employed (including full-time, part-time, relief staff and hire-of-service contract staff) in the RCHE(NH) with the following details –

- (a) name (Chinese and English), particulars of identity (including gender, date of birth/age and Hong Kong Identity Card number), address and telephone number;
- (b) supporting documents of qualifications;
- (c) post held in the RCHE(NH);
- (d) working hours and shift of duty;
- (e) terms of employment (full-time or part-time); and
- (f) date of employment and resignation.

8.7.2 The home manager of an RCHE(NH) shall establish and maintain a comprehensive and regularly updated record system, and keep the records properly in the RCHE(NH) for inspection by LORCHE at any time. Such records shall include –

- (a) Record of Residents
 - (i) the name (Chinese and English), particulars of identity (including gender, date of birth/age and Hong Kong Identity Card number), address and telephone number (where applicable) of every resident;

- (ii) the name, particulars of identity, address and telephone number of at least 1 relative or contact person of every resident and his/her relationship with the resident;
- (iii) where or how the relative or contact person may be contacted in an emergency; and
- (iv) the date of admission and discharge of every resident.

(b) Accident Record

RCHE(NH)s shall take remedial action immediately after the occurrence of an accident, which should be recorded instantly. Information includes the date and time of the accident, details of the accident, name and condition of resident(s) concerned, the name of the guardians/guarantors/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.

(c) Death and Discharge Record

RCHE(NH)s shall keep a death and discharge record of residents²⁶. The related information includes –

- (i) name and particulars of identity of the resident;
- (ii) date and place of death/discharge; and
- (iii) cause(s) of death/discharge.

(d) Personal Health and Nursing Record

An RCHE(NH) shall maintain a “Personal Health and Nursing Record” for every resident. Please refer to paragraph 12.5 of Chapter 12 in this Code of Practice.

(e) Record on the Use of Restraint

An RCHE(NH) shall properly keep the assessment, written consent form and observation record for every resident under restraint. The related information should include –

- (i) name of the resident under restraint;

²⁶ For any case involving unusual death or coroner’s inquest, an RCHE(NH) shall keep the relevant case records until completion of the coroner’s inquest.

- (ii) reasons for the use of restraint;
- (iii) type of restraint used;
- (iv) duration for the use of restraint;
- (v) written consent signed by the resident and/or guardians/guarantors/family members/relatives, the operator/home manager/staff of the RCHE(NH) and a medical practitioner;
- (vi) observation on the condition of the resident after the use of restraint;
- (vii) duration for the use of restraint and/or release for each application; and
- (viii) dates and details of regular reviews.

(f) Admission Agreement and Record of Possessions

The admission agreement together with the subsequently revised agreement signed by the residents and/or the guardians/guarantors/family members/relatives, and the record of possessions or property stored or held on behalf of each resident by the RCHE(NH) (e.g. identity document(s), travel document(s), bank passbook(s), ATM card(s), name stamp(s), pocket money, medical follow-up card(s), Certificate(s) for Waiver of Medical Charges, Senior Citizen Card(s), Octopus card(s), etc.) (please refer to paragraph 8.4 of this chapter).

(g) Complaint Record

An RCHE(NH) shall properly follow up and keep records of complaints. Under section 16(i) of the Residential Care Homes (Elderly Persons) Regulation, an RCHE shall maintain a record of any complaint made by a resident or any other person relating to the management or operation of the residential care home and any remedial action taken in that behalf.

(h) Record of Visiting Medical Practitioner

An RCHE(NH) shall properly maintain a record of visits conducted by medical practitioners for providing medical consultation or follow-up treatment, including the date(s) of

visit(s), names of residents receiving treatment, the diagnosis, treatment plan and recommendations of the residents concerned, etc. (please refer to paragraph 12.2.3 of Chapter 12 in this Code of Practice).

(i) Log Book

A log book shall be used by the staff on duty to record daily events in an RCHE(NH) including any irregularities observed on individual residents, emergencies/important environmental problems affecting the operation of the RCHE(NH), follow-up actions on any accident, etc. An RCHE(NH) should always update the relevant records to be signed properly by the staff concerned, which should be submitted regularly to the home manager or designated staff for monitoring purpose. The log book should be maintained inside the RCHE(NH) for inspection.

(j) Special Incident Report

In the event of a special incident [including unusual death/incident resulting in serious injury or death of residents, missing of residents requiring police assistance, established/suspected abuse or privacy infringement of residents by staff/residents or other people in an RCHE(NH), dispute in the RCHE(NH) requiring police assistance, serious medical/drug incident, fire outbreak, other major incidents affecting the daily operation of an RCHE(NH) (e.g. suspension of power/water supply, building defects or structural problems, etc.)], the RCHE(NH) shall inform LORCHE and submit a Special Incident Report (Annex 8.3) to LORCHE within 3 calendar days (including public holiday) after a special incident has occurred. Apart from the above-mentioned situations, an RCHE(NH) shall timely submit a Special Incident Report to LORCHE depending on the nature and seriousness of the isolated incidents.

(k) Record of Social Activities and Programmes

An RCHE(NH) should maintain a proper record of social activities and programmes organised for residents, including –

- (i) dates, times and places of the activities;
- (ii) objectives and types of the activities;
- (iii) number and list of residents attended and staff involved, other participants and organisers/co-organisers;

- (iv) responses and feedback of residents and/or relatives; and
- (v) photographs taken during the activities.

(l) Fire Drill Record

An RCHE(NH) shall maintain a record of each fire drill including information such as time and date, numbers of participating staff and residents, etc. (please refer to paragraph 5.5.7 of Chapter 5 in this Code of Practice).

(la) “List of Residents with Special Care Needs” and Follow-up Records

An RCHE(NH) shall maintain a “list of residents with special care needs” [i.e. those totally lacking in self-care ability and being unable to express their own needs effectively (e.g. residents with intellectual disabilities or suffering from cognitive impairment, stroke, etc. who are bedridden), or those who require special care for individual reasons (such as being in quarantine or under medical advice)], and the home manager’s records of random checks and observation concerning the care of these residents (please refer to paragraph 12.2.4 of Chapter 12 in this Code of Practice).

(m) Other Records

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

8.8 Staff Meetings

To maintain an effective communication, the operator or home manager of an RCHE(NH) should regularly conduct staff meetings, briefing sessions, case conferences or seminars, with relevant records kept. As a good practice, the operator and home manager may consider inviting residents and/or guardians/guarantors/family members/relatives to attend home management meetings and case conferences.

8.9 Prevention of Elder Abuse

- 8.9.1 An RCHE(NH) should be responsible for protecting elderly persons from any kind of abuse, including physical abuse, psychological abuse, neglect, financial abuse, abandonment and sexual abuse.
- 8.9.2 In the event of a suspected abuse incident, the RCHE(NH) shall handle the case in accordance with the “Procedural Guidelines for Handling Elder Abuse Cases” (the latest revised version) issued by the SWD, with a consideration to ensure the immediate safety of the elderly person as a matter of priority. The RCHE(NH) should, as soon as possible, arrange or make a referral to a social worker for follow-up so as to conduct professional assessment, investigation and follow-up actions, to formulate appropriate welfare plans and arrange necessary services for the resident. For the relevant guidelines for handling abuse cases in RCHE(NH)s, please refer to Chapter 9 - “Procedures for Handling Institutional Abuse of Elders” in the “Procedural Guidelines for Handling Elder Abuse Cases” (the latest revised version).
- 8.9.3 The RCHE(NH) shall submit a “Special Incident Report” ([Annex 8.3](#)) to LORCHE within 3 calendar days (including public holiday) if there is a suspected elder abuse incident occurred in an RCHE(NH).
- 8.9.4 An RCHE(NH) should properly maintain records and documents of elder abuse cases (including special incident reports, log books, “Personal Health and Nursing Record” of residents, correspondence with government departments and/or other organisations, etc.) for inspection and investigation.
- 8.9.5 To ensure that residents are free from elder abuse, an RCHE(NH) should formulate effective measures and provide clear work guidelines and arrange training for staff, in order to enhance their knowledge for identifying, preventing and handling elder abuse incidents.
- 8.9.6 For early identification of elder abuse cases and provision of appropriate services to abused residents, RCHE(NH)s should post a notice about reporting/channels of making complaints at conspicuous places in the RCHE(NH)s for the staff, residents, their family members or other people to know the means of reporting suspected elder abuse incidents.

8.10 Handling Personal Data

- 8.10.1 In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), personal data shall only be used (including disclosure and transfer) for the purpose for which the data were collected at the time of collecting

the data; or a purpose directly related to that purpose, unless the prescribed consent of the data subject is obtained or the data are exempted under that Ordinance. Therefore, RCHE(NH)s shall only use (including disclosure and transfer) the personal data of a resident for purposes relating to or for which the data were collected. Where the purpose of releasing personal data of a resident is different from that at the time of collecting the data, the prescribed consent of the resident shall be obtained before releasing the data.

- 8.10.2 With regard to the use of personal data (including disclosure and transfer) mentioned in above paragraph 8.10.1, an RCHE(NH) should clearly explain to the residents and/or their guardians/guarantors/family members/relatives, when collecting such data of the residents, that the RCHE(NH) shall comply with section 18 of the Residential Care Homes (Elderly Persons) Ordinance and section 17 of the Residential Care Homes (Elderly Persons) Regulation, to produce or provide any information relating to the operation, management or any other activity in respect of the RCHE(NH) as required by the DSW or a specified person.
- 8.10.3 The following matters shall be considered in determining whether the security measures of an RCHE(NH) are able to provide appropriate protection –
- (a) location where such data are stored;
 - (b) security measures attached to a facility in which such data are stored (e.g. the use of a computer password);
 - (c) measures taken for ensuring the integrity, prudence and competence of the persons having access to such data; and
 - (d) measures taken for ensuring a secure transmission of such data.

Hence, an RCHE(NH) should formulate internal guidelines to control the staff in accessing and using personal data of residents, and to take measures to protect the personal data of residents.

- 8.10.4 Under normal circumstances, an open disclosure of the personal data of a subject without seeking his/her consent infringes the person's privacy. In this regard, an RCHE(NH) should be careful in displaying the daily programme schedule or timetable for routine activities of residents. No personal data (e.g. identity card numbers, medical records) should be disclosed to the public or openly displayed together with the names of residents to ensure that personal data of residents are properly

protected against unauthorised or accidental access, processing, erasure or other uses.

8.11 Other Relevant Legislative Requirements

Licensing of an RCHE(NH) does not imply an exemption from other legal obligations. Operators and home managers of RCHE(NH)s should take note and comply with other relevant ordinances and statutory requirements, such as issues related to the RCHE(NH) premises, employees, personal data, insurance, etc.

8.12 Closure of RCHE(NH) or Discharge of Residents

- 8.12.1 If an operator intends to cease operation of an RCHE(NH), LORCHE shall be informed in writing together with a removal plan for the residents, at least 3 months prior to its closure.
- 8.12.2 The operator shall give a notice in writing to the residents and guardians/guarantors/family members/relatives/contact persons at least 3 months prior to the closure of the RCHE(NH).
- 8.12.3 The operator shall surrender the licence to LORCHE after the closure of the RCHE(NH) (please refer to paragraph 1.5 of Chapter 1 in this Code of Practice).
- 8.12.4 Under section 35 of the Residential Care Homes (Elderly Persons) Regulation, an operator of an RCHE may, by a notice in writing given to any resident of the residential care home and to a relative or contact person of the resident, discharge the resident and require the resident to quit the residential care home, before the expiry of such period, being not less than 30 days, indicated in the notice.

CHAPTER 9

STAFFING OF RCHE(NH)S

9.1 Introduction

The skills, competence and attitude of the care providers are key factors in determining the quality of care that residents will receive. It is the responsibility of the operator to ensure that the staff or personnel who provide care and services in the RCHE(NH) are appropriately skilled, qualified and competent to do so.

9.2 Employment of Staff

In accordance with section 11 (1A) of the Residential Care Homes (Elderly Persons) Regulation, the operator of a nursing home must employ:

- (a) a person as a home manager (who may also be the nurse-in-charge);
- (b) a person (who is a registered nurse) as a nurse-in-charge; and
- (c) a number of persons as care staff ²⁷ in the following way-
 - (i) at least 1 registered nurse being on duty in the nursing home at any time;
 - (ii) at least 1 member of the care staff for every 3 (or less than 3) beds in the nursing home;
 - (iii) at least 1 nurse among every 3 (or less than 3) members of care staff in the nursing home.

²⁷ Care staff include care workers, health workers and nurses, but do not include any home manager or nurse-in-charge.

9.3 Definition

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

9.3.1 Operator

An operator means a person to whom a licence has been issued under section 8 of the Residential Care Homes (Elderly Persons) Ordinance. In accordance with 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 8.7.1 of Chapter 8 in this Code of Practice);
- (c) furnishing of plans or diagrams of the subject premises (please refer to paragraph 3.2.2 of Chapter 3 in this Code of Practice); and
- (d) furnishing of details of fees (please refer to paragraph 8.4 of Chapter 8 in this Code of Practice).

9.3.2 Home Manager

A home manager means any person responsible for the management of an RCHE(NH). His/her duties include –

- (a) the overall administration and staff matters of the RCHE(NH);
- (b) planning, organising and implementing social activities programme and care arrangements;
- (c) maintaining safety, cleanliness, tidiness and sanitation of the RCHE(NH);
- (d) maintaining contacts with social service units/medical institutions concerned, and referring residents to these units/institutions where necessary;
- (e) handling all emergencies;
- (ea) conducting random checks and observing the care of “residents with special care needs”, and keeping the records (please refer to paragraph 12.2.4 of Chapter 12 in this Code of Practice);

- (f) submission of staff lists as required under section 15 of the Residential Care Homes (Elderly Persons) Regulation;
- (g) maintenance of up-to-date records regarding management of the RCHE(NH) and condition of residents as required under section 16 of the Residential Care Homes (Elderly Persons) Regulation and Chapter 8 of this Code of Practice;
- (h) providing information concerning the RCHE(NH) as required by the DSW under section 17 of the Residential Care Homes (Elderly Persons) Regulation; and
- (i) reporting information concerning scheduled infectious diseases as required under section 18 of the Residential Care Homes (Elderly Persons) Regulation.

9.3.3 Nurse-in-charge

Nurse-in-charge, in relation to an RCHE(NH), means any person who is a registered nurse and is responsible for supervising the care of the residents in the RCHE(NH). In the absence of the nurse-in-charge, another registered nurse is authorized to act for him/her.

9.3.4 Registered Nurse

A registered nurse means any person whose name appears on the register of nurses maintained under section 5 of the Nurses Registration Ordinance (Cap. 164).

9.3.5 Enrolled Nurse

An enrolled nurse means any person whose name appears on the roll of enrolled nurses maintained under section 11 of the Nurses Registration Ordinance (Cap. 164).

9.3.6 Care Staff

Care staff include care workers, health workers and nurses but do not include any home manager or nurse-in-charge.

9.3.7 Health Worker

A health worker means any person whose name appears on the register of health workers maintained by the DSW under section 5 of the

Residential Care Homes (Elderly Persons) Regulation. Chapter 10 of this Code of Practice contains more information about health workers.

9.3.8 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.

9.3.9 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.

9.4 Service Conditions

9.4.1 Medical Examination

All staff of an RCHE(NH) shall have a medical examination by a registered medical practitioner prior to their employment, to certify that the staff concerned are able to meet the requirements and perform duties of the job. An operator should consider reasonably accommodating candidates who are persons with disabilities so that they may carry out the inherent requirements of the job, unless this may impose an unreasonable hardship on the employer.

9.4.2 Hours of Work

There should be a minimum of 2 shifts of staff in attendance for RCHE(NH). As for the number of working hours, it should be stated in the employment contract signed between the employer and the employee.

9.4.3 Other Relevant Legislative Requirements

Concerning the arrangement on employment of staff, RCHE(NH)s shall comply with other relevant legislative requirements. Please refer to Annex 9.1 for details.

9.5 Staff Training

- 9.5.1 All staff of an RCHE(NH) should possess basic knowledge of first aid and at least 1 staff member shall have completed a course in first aid and is holding a valid first aid certificate. Under the Occupational Safety and Health Regulation (Cap. 509 sub. leg. A), a person trained in first aid shall be a person 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, or 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.
- 9.5.2 Registered nurses and enrolled nurses within the meaning of the Nurses Registration Ordinance are recognised for their first aid knowledge and skills. RCHE(NH)s with the employment of either a registered nurse or an enrolled nurse are exempted from the requirement of having at least 1 staff member holding a valid first aid certificate.
- 9.5.3 The operator and home manager should arrange continuous on-the-job training and supervision to staff, including occupational safety, stress management, infection control, drug management, nursing care, etc., so as to keep their staff abreast of the latest development of the nursing care skills for elderly persons and attend to safety and health at work, in particular, proper manual handling technique, enhancing their awareness of drug safety management and effective infection control measures, with the relevant records maintained.

9.6 Relief Staff/Hire-of-service Contract Staff

RCHE(NH)s shall comply with the minimum staffing requirements at any time as stipulated in section 11(1A) of the Residential Care Homes (Elderly Persons) Regulation. Attendance of appropriate relief staff shall be arranged whenever there is any staff on casual leave, vacation leave, sick leave, maternity leave or paternity leave, etc. in order to comply with legislative requirement and maintain operation of the RCHE(NH)s. For RCHE(NH)s employing hire-of-service contract staff, all relevant employment records/service contracts shall be kept (please refer to paragraph 8.6 of Chapter 8 in this Code of Practice).

9.7 Changes in Staff Employment

- 9.7.1 In accordance with section 11(4) of the Residential Care Homes (Elderly Persons) Regulation, an operator of a nursing home must inform the DSW, in writing within 14 days, of any change in the

employment of a home manager or a nurse-in-charge under subsection (1A).

- 9.7.2 In accordance with section 15(1) of the Residential Care Homes (Elderly Persons) Regulation, a home manager shall, if so required by the DSW in writing, submit to the DSW a list of staff employed by an operator of the RCHE, within 14 days of being so required.
- 9.7.3 In accordance with section 15(2) of the Residential Care Homes (Elderly Persons) Regulation, a home manager shall at least once every 3 months inform the DSW in writing of any change in the list of staff employed. An operator/home manager shall submit the “staff list” (Annex 3.2) as at the last day of the preceding month and the “staff duty roster” of the month to the DSW on or before the 5th day of January, April, July and October every year as follows –

Date of Staff List Referred to	Month of Staff Duty Roster Referred to	Submission Date
31 December	January	on or before 5 January
31 March	April	on or before 5 April
30 June	July	on or before 5 July
30 September	October	on or before 5 October

9.8 Testing Requirement for Staff of RCHE(NH)s

- 9.8.1 The Secretary for Health may issue a Compulsory Testing Notice under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599 sub. leg. J) (“the Regulation”) in relation to any person (including full-time, part-time and relief staff) who is employed by and on duty at the premises of an RCHE(NH), or provides services to residents of the RCHE through a hire of service contract with the RCHE(NH)s. The RCHE(NH)s operator and home manager shall observe and comply with the requirements of the Notice, and take follow-up actions as appropriate.
- 9.8.2 The RCHE(NH)s operator shall keep proper record of staff’s testing information, and make them readily available for inspection by relevant staff of the Social Welfare Department.

CHAPTER 10

HEALTH WORKER

10.1 Duties of a Health Worker

A health worker is responsible for providing comprehensive health care to residents in an RCHE, with the following duties –

- (a) to conduct regular health checking and record health condition of residents (e.g. blood pressure, pulses, body temperature, blood oxygen level, excretion, emotional change, etc.), for early identification of any illness and arrange treatment for the residents (please refer to paragraph 12.2.4 of Chapter 12 in this Code of Practice);
- (b) to properly maintain and timely update residents' health record, including medical history, health condition, treatment plan, use of drugs, medical appointments, hospitalisation, etc.;
- (c) to work closely with the visiting medical practitioners and other healthcare professionals to provide information on the medical history of residents and follow up with the health care plans;
- (d) to maintain communication with residents' guardians/guarantors/family members/relatives and report the health condition of residents to them when necessary;
- (e) to assist residents in using drugs safely according to the prescriptions of medical practitioners;
- (f) to design menu as needed and assist residents in the use of tube-feeding;
- (g) to assist residents in doing simple exercises;
- (h) to provide dressing for wounds or pressure injuries (pressure sores) of residents;
- (i) to provide basic first aid to residents in times of accident or emergency; and
- (j) to guide care workers with advice on basic knowledge of health and nursing care, provision of daily personal care service, use of simple medical equipment and disinfection of instruments, update of log book, etc.

10.2 Qualifications for Registration as Health Workers

10.2.1 Under section 4 of the Residential Care Homes (Elderly Persons) Regulation, a person who –

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

shall be qualified to be registered as a health worker for the purposes of employment at an RCHE.

10.2.2 For the lists of training courses approved by the DSW serving the purpose of paragraph 10.2.1(a) above, please refer to the website of the SWD (<https://www.swd.gov.hk>).

10.3 Registration

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

10.3.2 Under section 6(3) of the Residential Care Homes (Elderly Persons) Regulation, the DSW shall not register an applicant as a health worker unless he 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 Application

Any person who intends to apply for registration as a health worker shall make an application using a prescribed form ([Annex 10.1](#)) and enclosing the required supporting documents.

10.5 Registration Fee

Subject to compliance with paragraphs 10.3 and 10.4 above, the DSW may register an applicant as a health worker on payment of the fee prescribed under section 38 of the Residential Care Homes (Elderly Persons) Regulation.

10.6 Cancellation of Registration

10.6.1 In accordance with section 8 of the Residential Care Homes (Elderly Persons) Regulation, the DSW may cancel the registration of a person registered as a health worker if –

- (a) the DSW is of the opinion that the registration was obtained by fraudulent means; or
- (b) the DSW ceases to be satisfied of any matter in respect of which the he 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 a fit and proper person to be a registered health worker).

10.6.2 In accordance with section 5(4) of the Residential Care Homes (Elderly Persons) Regulation, the DSW shall remove from the register the name of a person under the following circumstances –

- (a) who dies;
- (b) who requests in writing that the his name be removed; or
- (c) whose registration is cancelled under section 8 of the Residential Care Homes (Elderly Persons) Regulation (i.e. paragraph 10.6.1 above).

10.6.3 If the person is also registered as a health worker under the Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613 sub. leg. A) and whose name has been removed under section 5(4)(a) or (c) of the Regulation, the DSW may also cancel the health worker registration of that person under the Residential Care Homes (Elderly Persons) Regulation.

10.7 Continuous Learning

In-service health workers should enhance service quality through continuous learning. If a health worker has been registered for a long period of time before taking up employment or being re-employed as a health worker, he/she should take relevant training courses prior to taking up employment for revision and updating of nursing care knowledge and skills.

CHAPTER 11

CARE OF RESIDENTS

11.1 Introduction

RCHE(NH)s shall pay special attention to residents with certain clinical conditions. They shall also identify the type of conditions that warrants special attention; and plan and monitor the services accordingly.

11.2 Care of Residents in General

- 11.2.1 Each RCHE(NH) shall have a medical practitioner-in-charge of the care of each resident. Health inspection or medical consultation or follow-up treatment of each resident is undertaken by the medical practitioner at least once every two weeks and when necessary.
- 11.2.2 The medical practitioner-in-charge is responsible for coordinating medical and care services to be provided to the residents.
- 11.2.3 In an RCHE(NH) not providing 24-hour resident medical practitioner coverage, the residents and their family members must be informed of the arrangement of medical services of the RCHE(NH) before admission.
- 11.2.4 A registered nurse who has been trained in the practice of elderly care shall be available at all times as the duty nurse in-charge to supervise nursing care services.
- 11.2.5 There is adequate support from physiotherapist and/or occupational therapist when needed, as determined by the medical practitioner-in-charge according to individual residents' conditions.
- 11.2.6 Residents and their family members shall be informed about the outcome of care services, including unanticipated outcomes.
- 11.2.7 RCHE(NH)s shall formulate guidelines for –
- (a) feeding of residents (especially for those with swallowing difficulty);
 - (b) restriction of movement and/or use of restraints on residents;
 - (c) skin care, oral and dental hygiene of residents;
 - (d) early detection of abnormal behavior or condition of

- residents;
- (e) care of bedridden residents;
- (f) care of demented residents;
- (g) care of incontinent residents;
- (h) insertion and care of indwelling catheter; and
- (i) use of Chinese medicine.

11.3 Care of Critically Ill Residents

- 11.3.1 RCHE(NH)s shall have at least one medical or nursing staff member who has received training in resuscitation on duty at all times and is readily available to provide resuscitation for residents in need.
- 11.3.2 The staff who need to provide resuscitation should receive updated training on a regular basis, with resuscitation drills carried out regularly. RCHE(NH)s should conduct audit on their skills to assess the competence of staff concerned.
- 11.3.3 RCHE(NH)s shall provide oxygen supply, suction equipment and emergency trolleys with Automated External Defibrillators, where necessary.
- 11.3.4 Resuscitation equipment should be made easily accessible and the staff is aware of its location.
- 11.3.5 RCHE(NH)s shall check and restock resuscitation equipment to ensure that all equipment remains in good working order at all times. Checks shall be documented with the staff's signature therein.
- 11.3.6 RCHE(NH)s shall have written policies and procedures prepared in relation to resuscitation of residents.

11.4 Care of Residents in Need of Palliative Care

- 11.4.1 The multi-professional team shall possess relevant professional knowledge to provide the services.
- 11.4.2 All team members have been trained for the assessment of palliative care needs across the dimensions of physical, psychological, social, religious and cultural needs.
- 11.4.3 All team members have received training with grasp of the latest techniques in communication skills and the breaking of bad news.

- 11.4.4 RCHE(NH)s shall have resuscitation policies in place and such information available for residents and their carers. There shall be healthcare professionals with thorough understanding of the resuscitation policy and its application on duty in the home at all times to make resuscitation decision.

11.5 Care of Residents with Mental Problems or Violent Behaviour

- 11.5.1 RCHE(NH)s should formulate policies and procedures to –
- (a) assess the resident’s inclination to violence and self-harm;
 - (b) assess the quality, safety, appropriateness and security of service facilities to prevent the resident from harming himself/herself or other persons;
 - (c) provide staff with training to take care and manage such resident;
 - (d) communicate the resident’s condition to staff who are taking care of the resident;
 - (e) take care and manage the disturbed residents;
 - (f) set out the principles on the use of restraints (please refer to paragraph 12.6 of Chapter 12 in this Code of Practice), rapid sedation and emergency medication for restriction of the mobility of the resident; and
 - (g) report incidents or cases related to self-harm.
- 11.5.2 The medical practitioner-in-charge should carry out an examination on the mental condition of the resident suspected to have suicidal tendency and take appropriate action. Staff need to monitor the condition of the resident and increase vigilance where appropriate.

11.6 Care for Elders with Dementia

- 11.6.1 RCHE(NH)s should consult healthcare professionals and relevant professional practitioners for advice and take appropriate measures in providing care to residents with dementia as required.
- 11.6.2 To ensure safety of the residents, RCHE(NH)s should provide appropriate facilities to prevent residents with wandering behaviour from leaving the RCHE(NH) unnoticed.
- 11.6.3 RCHE(NH)s should arrange for staff to receive training for strengthening their skills in taking care of residents with dementia.

11.7 Special Nursing Care Procedures

The home manager shall ensure that special nursing care procedures for residents are performed by qualified staff and comply with the nursing care/healthcare guidelines, and any subsequently revised version, issued by the Department of Health (DH), the Hospital Authority (HA) and/or LORCHE.

11.7.1 Use of Urinary Catheters

- (a) RCHE(NH)s shall follow the instructions of medical practitioners to assist residents in using urinary catheters (including indwelling urethral catheters, suprapubic catheters and intermittent catheters) based on the needs of individual residents.
- (b) The insertion or change of indwelling urethral catheters shall be carried out by a registered nurse or an enrolled nurse.
- (c) The insertion or change of suprapubic catheters may be carried out by a registered nurse with relevant training, when the stoma is well formed and in a stable condition as confirmed by a medical practitioner.
- (d) For residents using intermittent catheters, the frequency of catheterisation should be determined based on medical advice. RCHE(NH)s should review the use of catheters regularly and seek advice and instructions from medical practitioners.
- (e) The following items should be noted when assisting residents in using urinary catheters –
 - (i) assist residents in changing any kinds of catheters regularly according to the instructions of healthcare professionals;
 - (ii) catheters should be placed in a position that allows free flow of urine. To prevent backflow of urine causing infection, staff should make sure that the urinary bag is placed in a position lower than the bladder when transferring the residents;
 - (iii) keep urinary bags clean at all times, and monitor and keep records of the residents' intake and output of fluid on a need basis; and

- (iv) observe if any abnormality occurs (e.g. presence of sediments and blood in urine, reduced urine output, etc.) and seek opinion from healthcare professionals if necessary.

11.7.2 Use of Feeding Tubes

- (a) RCHE(NH)s shall follow the instructions of medical practitioners to assist residents in using feeding tubes (including nasogastric tubes and percutaneous endoscopic gastrostomy feeding tubes) based on the needs of individual residents.
- (b) The insertion or change of nasogastric tubes shall be carried out by registered nurses or enrolled nurses.
- (c) The insertion or change of percutaneous endoscopic gastrostomy feeding tubes may be carried out by registered nurses with relevant training, when the stoma is well formed and in a stable condition as confirmed by medical practitioners.
- (d) RCHE(NH)s should assist residents in changing feeding tubes regularly according to the instructions of healthcare professionals and take note of the following points –
 - (i) arrange the type of milk, quantity, intervals and frequency of feeding according to the advice of medical practitioners or dietitians;
 - (ii) every resident should have his/her own feeding tools (e.g. feeding funnels/bags, feeding connecting tubes, feeding syringes, etc.);
 - (iii) after each use, feeding funnels and feeding connecting tubes should be flushed with water individually and air dried before being put into covered containers;
 - (iv) feeding funnels shall be disinfected daily, and feeding bags and feeding connecting tubes should be replaced daily;
 - (v) oral and nasal hygiene should be observed, and oral care should be provided for residents at least 3 times daily;
 - (vi) use pH test strips to test the pH value of gastric aspirate so as to ensure that the feeding tube is positioned

correctly before each feeding, and maintain the relevant record;

- (vii) do not feed by pressure, and the resident should be placed in a semi-sitting position when feeding and remained in the position for around 30 minutes after feeding and before lying down; and
 - (viii) monitor and keep record of the intake of fluid and the output of urine, and note any abnormal condition of gastric contents. Medical opinions should be sought if necessary.
- (e) RCHE(NH)s should review the use of feeding tubes regularly and note the residents' capability in swallowing, and seek the opinion and instructions from medical professionals timely.

CHAPTER 12

HEALTH AND CARE SERVICES

12.1 Introduction

In providing residential care service for elderly persons, an RCHE(NH) should deliver health and care services to individual residents based on their health condition and self-care ability as required.

12.2 Health Service

12.2.1 Under section 34 of Residential Care Homes (Elderly Persons) Regulation, the 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, who shall report in writing to the operator on the health of each resident. RCHE(NH)s should use the “Medical Examination Form for Residents in Residential Care Homes for the Elderly (Nursing Homes)” ([Annex 12.1](#)) or any other forms as endorsed by the DSW to record and maintain the residents’ health condition for inspection by inspectors of LORCHE.

12.2.2 Every resident shall have a medical examination conducted by a registered medical practitioner prior to admission to an RCHE(NH), using the “Medical Examination Form for Residents in Residential Care Homes for the Elderly (Nursing Homes)” ([Annex 12.1](#)) or any other forms as endorsed by the DSW (including a valid Minimum Data Set-Home Care Assessment (MDS-HC) under the Standardised Care Need Assessment for Elderly Services). For urgent or special cases that medical examinations cannot be conducted prior to admission, medical examinations shall still be conducted within 3 calendar days after admission to an RCHE(NH).

12.2.3 An RCHE(NH) shall arrange regular visits (at least once every 2 weeks) by a registered medical practitioner to residents for health checking, medical consultation or follow-up treatment. In addition, an RCHE(NH) should provide assistance to visiting healthcare professionals and other professional practitioners in delivering services to the RCHE(NH) [including (if applicable) the Community Geriatric Assessment Team (CGAT) and the Community Psychogeriatric Team (CPT) of HA, the Visiting Health

Team (VHT) and Outreaching Dental Care (ODC) of DH, the Visiting Medical Practitioner Service for Residential Care Homes, the Multi-disciplinary Outreaching Teams for Elderly Service provided by the SWD, etc.] in the provision of the required health service, dental checking or health education activities for residents.

- 12.2.4 Apart from regular medical examinations or follow-up appointments, an RCHE(NH) shall arrange appropriate personnel (such as nurses or health workers) to conduct a health check (including measuring body temperature, blood pressure, pulse and/or blood oxygen level) for “residents with special care needs” [i.e. those totally lacking in self-care ability and being unable to express their own needs effectively (e.g. residents with intellectual disabilities or suffering from cognitive impairment, stroke, etc. who are bedridden), or those who require special care for individual reasons (such as being in quarantine or under medical advice)] at least every 2 calendar days; and the home manager of an RCHE(NH) shall conduct random checks and observe the care of the above-said residents, and keep relevant records. For other residents, the RCHE(NH) shall also follow up their health condition at least every 7 calendar days. When the resident is sick, injured or there is a change in his/her health condition, a health assessment should be made immediately with a view to arranging consultation or seeking medical/nursing opinion. The resident’s guardians/guarantors/family members/relatives should also be informed of the condition with a record in his/her “Personal Health and Nursing Record”. Meanwhile, the RCHE(NH) shall also keep and update the “list of residents with special care needs” from time to time (please refer to paragraph 8.7.2(1a) of Chapter 8 in this Code of Practice).
- 12.2.5 An RCHE(NH) should have contingency arrangements in place at all times for emergencies or accidents, including the formulation of work guidelines for handling unforeseen incidents, (e.g. kinds of the emergencies, ways of immediate handling, lists of emergency contact numbers, division of work among staff, when and which staff to contact families of the residents, documentary records, etc.) and training and supervision of the competencies of staff in handling emergencies so that residents may receive proper care in case of emergencies.
- 12.2.6 RCHE(NH)s should seek advice from healthcare professionals and professional practitioners in encouraging residents to participate in rehabilitation exercises and arranging suitable rehabilitation services for residents.

- 12.2.7 An RCHE(NH) should put in place proper work procedures for the staff concerned in identifying and matching the personal identity and health records of the residents accurately in the process of medical consultation.

12.3 Individual Care Plan

- 12.3.1 An RCHE(NH) should consult healthcare professionals and professional practitioners for advice and maintain effective communication with residents' guardians/guarantors/family members/relatives, so as to formulate specific and appropriate individual care plans (ICPs) depending on the needs of residents, with a view to providing and arranging necessary care services.
- 12.3.2 An RCHE(NH) should formulate the ICPs of residents jointly with the residents and their guardians/guarantors/family members/relatives within 1 month after admission to the RCHE(NH) and conduct the first review in 6 months after the dates of formulating the first ICPs. The RCHE(NH) should also review the ICPs at least annually or regularly and maintain the relevant record.
- 12.3.3 The content of the ICP should include the following –
- (a) medical history;
 - (b) mental state;
 - (c) mobility assessment;
 - (d) self-care ability assessment;
 - (e) assessment of risk factors and preventive measures (e.g. swallowing difficulty, falls, wandering, cognitive impairment, depression, behavioural problems, allergies, etc.);
 - (f) assessment of nursing care needs and nursing care plan (e.g. wounds, urinary catheters, feeding tubes, peritoneal dialysis, stoma care, etc.);
 - (g) personal habits and daily activities (e.g. social, emotional, behavioural conditions, etc.); and
 - (h) rehabilitation need and plan.

12.4 Personal Care

- 12.4.1 An RCHE(NH) should devise a personal care schedule and provide personal care services to residents such as bathing, hair washing, hair cutting, shaving, nail cutting, dental and oral care, changing clothes and diapers, etc. timely and whenever required, so as to keep body clean, feel comfortable and keep skin dry.
- 12.4.2 An RCHE(NH) should assist bedridden residents in changing their positions regularly, and assist in keeping their skin and clothes clean and dry to avoid skin in contact with sweat or excreta for a long time leading to breakage, infection or pressure injuries (pressure sores).
- 12.4.3 Appropriate facilities (e.g. partitions, curtains, etc.) shall be provided by RCHE(NH)s, and proper steps shall be taken when rendering personal care services or nursing procedures, for protecting the dignity and privacy of residents.
- 12.4.4 An RCHE(NH) should take appropriate measures, including placing signs near the bedsides of residents and/or other suitable locations for identifying the special nursing care needs or risk factors of residents (e.g. allergies, falls, swallowing difficulty, etc.) to ensure their safety.
- 12.4.5 In order to render appropriate personal care services to residents, RCHE(NH) operators should arrange for staff to receive training related to personal care and nursing care skills (e.g. lifting/transfer, feeding, bathing, etc.) and draw reference from the relevant guidelines and healthcare professionals' advice.

12.5 Personal Health and Nursing Record

- 12.5.1 An RCHE(NH) shall properly maintain and update the "Personal Health and Nursing Record" of each resident, including –
- (a) notes of all medical practitioners, nurses, allied health professionals and care workers, who have attended the resident in the RCHE(NH), for example, admission notes, consultation notes and progress notes;
 - (b) medical examination forms;
 - (c) medical history (e.g. history of major illnesses, previous operations, vaccination, special care needs, accidents, etc.);

- (d) records of admission to and discharge from hospitals;
 - (e) records of medical consultation and follow-up treatment;
 - (f) health condition assessments (e.g. body weights, vital signs, activities of daily living, intake and output condition, dental and oral, emotional, mental, social and behavioural condition, smoking or alcoholism, exercises, etc.);
 - (g) special nursing care needs and nursing records (e.g. incontinence care, use of feeding tubes/urinary catheters, prevention of pressure injuries (pressure sores), peritoneal dialysis care, stoma or wound care, etc.);
 - (h) prescription order form;
 - (i) observation charts and fluid balance charts; and
 - (j) drug charts and history of allergy.
- 12.5.2 Notes of healthcare professionals should be properly signed with their name and post marked.
- 12.5.3 All entries in the resident records shall be dated. The time shall be entered where appropriate. Each entry shall be signed by the service provider and the signature shall be recognisable or traceable. A specimen of signature shall be kept. Alternatively, the signature shall be accompanied by the name of the signatory. Incorrect entry or error made shall be crossed out and corrected where appropriate with the date and signature of the correcting officer.
- 12.5.4 Where the resident record is in an electronic format, there shall be a mechanism to provide an audit trail on any amendments made on the record.
- 12.5.5 The management should regularly audit the content and completeness of resident records.

12.6 Avoid Using Restraint

- 12.6.1 Restraint refers to a means of limiting a resident's movement so as to minimise harm to himself/herself and/or other residents, including the use of purposely-made devices such as safety vests, wrist restraints, gloves or safety belts, etc.

12.6.2 An RCHE(NH) may consider it necessary to use restraint to limit residents' movement for the following reasons –

- (a) to prevent residents from injuring themselves or others;
- (b) to prevent residents from falling; and/or
- (c) to prevent residents from removing medical equipment, urinary bags, urinary catheters, feeding tubes, diapers or clothes.

12.6.3 General Principles

- (a) An RCHE(NH) should adopt measures with least restraint. The use of restraint should only be considered when all other alternative attempts are ineffective or in case of emergency and when the well-being of the resident and/or other residents is jeopardised.
- (b) Minimum restraint should be applied and the time for applying restraint should be minimised. The use of restraint should not be regarded as a usual practice and absolutely not to be taken as a form of punishment, or as a substitute for caring residents or for the convenience of staff. The use of restraint should be the last resort.
- (c) Dignity and privacy of the residents shall be respected if restraint is applied, with appropriate measures against any assaults to the residents under restraint.
- (d) Guidelines on the use of restraint should be formulated for staff's reference and compliance. The home manager should arrange for all the staff participating in the use of restraint to receive proper training in particular for the impact of restraint on the dignity, privacy and safety of residents, techniques of using restraints, after-care procedures, etc. The proper use of restraint should be included as a part of the induction training and regular training for staff where applicable.

12.6.4 Assessment

Nurses/health workers/allied health professionals should conduct assessments of the needs and risk factors of individual residents, the contributing factors that place the residents/other residents in

peril rendering necessity for restraint, alternative attempts made, proposed types of restraint to be used and the time of application. The assessment includes the following items –

- (a) self-injury and harassment (e.g. confusion, disorientation, etc.);
- (b) functional capacity and activities of daily living (e.g. fall risks, inability to maintain correct posture, etc.); and/or
- (c) harm on one's health (e.g. removing feeding tube, urinary catheter, etc.).

12.6.5 Alternatives

Methods other than the use of restraint should be adopted as far as practicable, including the following –

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

- (iv) provide good lighting;
- (v) install bed monitoring systems;
- (vi) ensure correct posture/positions for residents on wheelchair; and
- (vii) apply brakes to all movable objects (e.g. beds, wheelchairs and commode chairs).

12.6.6 Intervention Plan and Written Consent

Before application of restraint –

- (a) explain to the residents and/or guardians/guarantors/family members/relatives and medical practitioners in detail about the reasons for applying restraint, discuss the intervention plans (including alternative attempts and outcome), the purposes and procedures of applying restraint and the possible adverse effects;
- (b) the type, size and material of the physical restraint intended to be used should suit the individual need of residents; and a wrist restraint with soft padding is suggested; or consulting healthcare professionals for advice when necessary, so as to ensure that the application of physical restraint will not cause discomfort or injury;
- (c) the type and duration of the restraint intended to be applied should be determined by the principle of least restraint; and
- (d) written consent shall be obtained from registered medical practitioners, residents and/or guardians/guarantors/family members/relatives (Annex 12.2) prior to the application of restraints, which shall be reviewed at least once every 6 months or when there is any change in the residents' condition. The re-assessment should include the need for continual restraint, change of the types of physical restraints and/or rescheduling the time for applying restraint.

12.6.7 Application of Restraint

Points to note when applying restraint –

- (a) the safety and comfort of residents shall be frequently attended to, and their rights to have freedom of movement shall be taken into consideration in order to apply least restraint with a minimum duration.
- (b) RCHE(NH)s should consult healthcare professionals on the types and designs of the physical restraints to be used, to ensure that the application of physical restraints will not cause discomfort, abrasions or physical injury to the residents.
- (c) The types, sizes and materials of physical restraints shall be suitable with a good condition so as to ensure the least possible discomfort and danger to the residents; various sizes of safety vests should be available so as to suit the individual needs of residents. It is necessary to provide soft padding when applying restraint to the wrists for protection of the skin and avoiding abrasions.
- (d) Physical restraints should be applied properly to ensure safety and comfort of residents with allowance for change of their positions. Physical restraints should be fixed and tied at the lateral sides of the bed frame, wheelchair or chair with armrest and a wide/secure base. The knots of restraint should be fixed at areas beyond reach of the residents as far as possible to prevent the residents from loosening the restraints. Fixing physical restraints on movable objects (e.g. movable bed rails) is strictly prohibited to avoid causing injuries to the residents when moving the objects.
- (e) A physical restraint shall be applied in such a manner that it can be removed instantly in case of emergency. It is prohibited to fix the physical restraint at two or more different objects (e.g. fixing at a chair and a bed simultaneously).

12.6.8 Observation

Observation shall be conducted during the period of applying physical restraint(s) as follows –

- (a) It is required to closely monitor the condition of the resident during the period of using physical restraint(s). At the same time, the physical restraint(s) shall be released for examination and allowing the resident for relaxation and body movement, checking and recording the blood circulation, skin condition, respiratory condition and degree

of restraint of the resident at least once every 2 hours. The following conditions should be observed in particular –

- (i) resident's level of consciousness;
 - (ii) emotions of the resident (e.g. resistance or low mood, or unusual emotional state);
 - (iii) whether there is any dislocation or loosening of the physical restraint; and
 - (iv) need of water and nutrition, and toileting of the resident.
- (b) The staff concerned shall keep a record and sign immediately after observing and examining the condition of every resident under restraint. If there is any abnormality of the resident, the staff should report to the home manager, nurse or health worker immediately for further checking and assessment. The resident should be arranged to seek medical advice timely if necessary.

12.6.9 Continuous Assessment and Close Monitoring

- (a) An RCHE(NH) should, in response to changes in the residents' conditions, re-assess if there is a need to continue with the use of restraint, change the types of physical restraints and/or change the time of use. When the residents no longer display dangerous behaviours, or when other non-restrictive alternatives can achieve the same effect, the use of restraint should be ceased immediately.
- (b) An RCHE(NH) should establish a monitoring mechanism for the home manager/nurses/health workers to oversee the application of restraint in the home to ensure that the staff concerned have observed proper procedures in applying restraint.
- (c) The home manager/nurses/health workers shall conduct checks randomly at least once a day on the condition of every resident under restraint and the observation record so as to monitor continuously staff's compliance with proper procedures in applying restraint. The observation record should be countersigned by the home manager/nurse/health worker concerned after checking; and

- (d) RCHE(NH)s should prepare the records on the use of restraint according to the requirements stipulated in paragraph 8.7.2(e) of Chapter 8 in this Code of Practice.

12.7 Escort/Escorting Services for Medical Consultation

12.7.1 RCHE(NH)s should discuss the arrangement of escorting or accompanying residents to outdoor activities or to hospitals/clinics for treatment with the residents and/or their guardians/guarantors/family members/relatives/contact persons, and encourage family members to take part in the escort or accompanying in order to show concern, from which they may also get the most updated health condition of residents directly from the healthcare professionals.

12.7.2 If there is a need for an RCHE(NH) to arrange escorts for or accompany residents to hospitals/clinics for treatment, the RCHE(NH) should formulate and implement relevant work guidelines, and take note of the following points –

- (a) maintain contact with the residents' guardians/guarantors/family members/relatives/contact persons in order to ensure the arrangement of escort/accompanying for medical consultation and follow up with the needs of the residents;
- (b) arrange for appropriate persons and transportations to escort or accompany the residents to the hospitals/clinics for treatment on time;
- (c) remind relevant residents and staff members to take appropriate infection control measures while escorting/accompanying residents for medical consultation;
- (d) while waiting in hospitals or clinics, the persons responsible for escorting or accompanying residents for medical consultation should provide assistance and care which the residents need, and seek assistance according to the actual circumstances in order to safeguard the safety of the residents; and
- (e) provide training regarding escorting or accompanying residents for medical consultation for staff, where necessary.

- 12.7.3 If there are accidents or conditions of residents wandering away while escorting or accompanying residents out of doors, the staff concerned shall immediately report to the home manager and take follow-up actions. The RCHE(NH) shall as well inform the residents' guardians/guarantors/family members/relatives/contact persons. Where necessary, the residents should be sent to the hospital or report to the police for assistance immediately.

CHAPTER 13

DRUG MANAGEMENT

13.1 General Requirements

- 13.1.1 An RCHE(NH) shall adhere to the proper procedures in the drug management and assisting residents in using drugs (including oral, topical and injectable drugs), including the storage and preparation of drugs, giving drugs and maintenance of drug records. For details, please refer to the “Guide on Drug Management in Residential Care Homes” (“the Guide”) jointly published by the SWD, the DH and the HA.
- 13.1.2 RCHE(NH)s should make reference to the Guide in drawing up work guidelines on drug management (including the procedures of handling drug incidents) for the compliance of their staff. The home managers shall ensure that all designated staff members who are responsible for handling drugs have received proper training. If applicable, the above-mentioned training should form a part of the induction training and regular training for staff.
- 13.1.3 RCHE(NH)s shall appoint a registered nurse to take overall charge of the drug administration and management for the residents’ drugs. If an RCHE(NH) provides dispensing service, a registered medical practitioner or a registered pharmacist shall be appointed to supervise and take overall charge of the dispensing service.
- 13.1.4 RCHE(NH)s shall strictly follow the prescriptions and the related instructions of medical practitioners to assist residents in using drugs. Any person shall not arbitrarily cease or change the dosages or routes of using drugs without authorisation. Medical advice should be sought if there is doubt.
- 13.1.5 RCHE(NH)s shall ensure that drugs are used on residents prescribed of the drugs and shall not arbitrarily re-distribute the drugs of individual residents or use the drugs on other residents. If an automated drug packaging system is used, the RCHE(NH) shall comply with the guidelines and requirements of the Guide.
- 13.1.6 If an electronic drug management system is used, the RCHE(NH) shall comply with the principles stipulated in paragraph 3.3 of Chapter 3 in the Guide, including work procedures, operation

- guidelines, monitoring mechanisms, protecting personal data, contingencies and requirements of an electronic signature.
- 13.1.7 RCHE(NH)s shall have written procedures for the procurement, recording, handling, safe keeping, safe administration, disposal and recall of drugs. All medications used shall be registered drugs in Hong Kong.
- 13.1.8 The handling and supply of drugs shall be in accordance with the requirements of prevailing legislations.
- 13.1.9 RCHE(NH)s shall establish a system to monitor the accuracy of dispensing (if applicable) and administration of drugs. Dispensing (if applicable) and administration records shall be kept and made available for inspection. Drug incidents or near miss incidents shall be documented and reported to the responsible medical practitioner, registered nurse in-charge or pharmacist through a process and within a time frame defined by the management while the LORCHE shall also be notified (please refer to paragraph 13.9 of this chapter).
- 13.1.10 In accordance with the Pharmacy and Poisons Ordinance (Cap. 138) and its Regulations, poisons procured shall be regularly checked and documented by a registered pharmacist or medical practitioner.

13.2 Drug Storage

In accordance with section 33 of the Residential Care Homes (Elderly Persons) Regulation, all medicine and drugs shall, to the satisfaction of the DSW, be kept in a secure place. RCHE(NH)s shall adhere to the following requirements for drug storage –

- 13.2.1 all drugs (including oral, topical and injectable drugs) shall be clearly labelled with expiry dates and stored in a secure place (e.g. locked drug cabinet or room) under the monitoring and in the safe custody of designated staff members for drug management. Written procedures shall be in place for the handover of keys at changes of shifts and for safekeeping of spare keys;
- 13.2.2 the drugs of every resident (including drugs that are used when necessary) shall be stored individually in a compartment bearing the resident's name, and each compartment shall only store the drugs of a resident;

- 13.2.3 store oral, topical and injectable drugs separately;
- 13.2.4 store drugs appropriately according to the directions on drug labels (e.g. temperature, away from direct light, etc.) to preserve the efficacy of drugs;
- 13.2.5 dangerous drugs shall be stored in a lockable cupboard and checked at least once a month with record by a registered nurse appointed for the purpose;
- 13.2.6 drugs should be stored in accordance with manufacturers' recommendations. Suitable equipment, which is kept and maintained in good working order, shall be available for storage of drugs requiring special storage conditions (e.g. drugs requiring cold chain storage);
- 13.2.7 RCHE(NH)s shall establish a system to check expiry dates of drugs and disinfectants, regardless of whether these are kept in the store room or refrigerator, put on standby or for emergency use;
- 13.2.8 where there is a cold chain requirement for maintaining the efficacy of drugs, RCHE(NH)s shall establish a system to monitor and record the temperature of the transport and storage facilities. For example, written policies and procedures shall be in place for RCHE(NH)s to store and handle vaccines by taking reference from the "Module on Immunisation" under the "Hong Kong Reference Framework for Preventive Care for Children in Primary Care Settings" promulgated by the Primary Care Office of the DH; and
- 13.2.9 RCHE(NH)s shall have written policies and procedures covering the management of cold chain breach and the control of access to drug storage.

13.3 Dispensing of Drugs

- 13.3.1 Drugs shall be dispensed in accordance with a prescription given by a registered medical practitioner and under the supervision of a registered pharmacist or a registered medical practitioner.
- 13.3.2 Drugs dispensed for use by residents outside RCHE(NH)s should be clearly labelled with the name of the drug, directions and precautions for use as well as complying with prevailing legislations.

- 13.3.3 Working surfaces where drugs are dispensed or prepared shall be clean, smooth, washable and impervious to dirt and moisture.

13.4 Preparing Drugs

- 13.4.1 Where RCHE(NH)s have to prepare drugs for residents, they should arrange for staff with relevant training (nurses or health workers) to be responsible for it and to carry out the procedures of “**3 Checks and 5 Rights**” strictly to ensure that the drugs tally with the “Medication Administration Records (MARs)” and the information on the drug labels, including –

[**First check**] when taking the drugs out of the drug cabinet;

[**Second check**] before taking out the drugs from the drug packets/bottles;

[**Third check**] before putting the drugs back into the drug cabinet; and

[**Five Rights**] include name of the resident, name and dosage form of the drug, dosage of the drug, frequency and time of using the drug and route of using the drug.

- 13.4.2 The staff responsible for preparing drugs shall record and sign on the MAR immediately after preparing drugs for each resident. Signing in advance and/or on behalf of others is prohibited to ensure accuracy of the record.

- 13.4.3 Unless a designated drug preparation system ²⁸ is used, RCHE(NH)s can only prepare drugs for a maximum period of 24 hours in advance.

- 13.4.4 If there is any change in the drug prescription of a resident, the RCHE(NH) should update the drug records immediately and prepare drugs according to the latest prescription.

13.5 Giving Drugs

- 13.5.1 An RCHE(NH) should arrange a registered nurse or an enrolled nurse to administer drugs to residents. The drugs should be clearly labelled for administration.

²⁸ A designated drug preparation system refers to a multi-day drug preparation system, drug preparation service provided by community pharmacies and an automated drug packaging system. Please refer to paragraph 2.4.6 of Chapter 2 of the Guide for details.

- 13.5.2 The staff responsible for giving drugs should carry out the “Five Rights” procedures again when giving drugs.
- 13.5.3 Drugs packed in unit dose containers shall be administered immediately after the drugs have been removed from the containers.
- 13.5.4 The staff giving drugs shall ensure that the resident has swallowed the drugs before leaving.
- 13.5.5 The staff giving drugs should record and sign on the MAR immediately after giving drugs for each resident. Signing in advance and/or on behalf of others is prohibited to ensure accuracy of the record. Reasons for not using drugs shall be clearly recorded for individual residents who fails to take drugs.
- 13.5.6 RCHE(NH)s should take proper measure for identifying residents with communication problems or cognitive impairment (e.g. names of residents, bed numbers, photos, etc.) to ensure accuracy in giving drugs.
- 13.5.7 RCHE(NH)s should ensure that the drug for resuscitation is easily accessible to staff. The packaging should facilitate the process of resuscitation.

13.6 Record of Drugs

- 13.6.1 An RCHE(NH) shall maintain an up-to-date record of drugs for every resident, including the “Individual Drug Record” (IDR) and MAR to ensure accuracy of the information.
- 13.6.2 Information of currently and previously used drugs shall be shown clearly and accurately on the IDR, with each entry signed by the staff administering the drugs. The IDR shall contain personal information of residents, drug allergy history, drug information (including names of the drugs, dosage forms of the drugs, dosages of the drugs, frequency/times and routes of administration, dates of commencing and ceasing use of the drugs, sources of the drugs, date of prescription) and precautions) and signature of the staff responsible for record at each time.
- 13.6.3 Residents’ daily used drugs shall be clearly and accurately shown on the MARs, containing personal information of residents, drug allergy history and information of currently used drugs (including dates of prescriptions, sources of drugs, names of the drugs, dosage

forms of the drugs, dosages of the drugs, frequency of administration, times of administration and routes of administration) and signature of the staff responsible for preparing and giving drugs (or administering drugs) at each time.

13.6.4 Whenever there is any change in the drug prescription of a resident (e.g. change of the prescription by a medical practitioner after medical follow-up or discharge from the hospital), the RCHE(NH) should update the IDR and MAR on the same day.

13.6.5 A register is maintained on the particulars of the patients receiving pharmaceutical products that are derived from human sources. Examples are plasma and its derivatives.

13.7 Use of Chinese Medicines

If Chinese medicines are used by a resident, the RCHE(NH) shall follow the instructions of a registered Chinese medicine practitioner or a listed Chinese medicine practitioner, and properly keep the relevant information such as the name of the Chinese medicine practitioner, prescription, etc., and record the medicine information and medicine administration condition on the resident's IDR and MAR.

13.8 Use of Proprietary/Non-prescription Drugs and Self-administration of Drugs

13.8.1 An RCHE(NH) should not suggest or encourage residents to use drugs obtained or purchased from sources other than a prescription by a registered medical practitioner (including Chinese and Western medicines or proprietary drugs). If a resident insists on using non-prescription drugs, the staff of the RCHE(NH) should give advice or consult healthcare professionals if necessary. The RCHE(NH) should make a record on the "Confirmation of Request for Giving Proprietary/Non-Prescription Drugs" ([Annex 13.1](#)), and mark on the "Personal Health and Nursing Record" of the resident and keep the "Directions for the Use of Drugs" for healthcare professionals' reference when necessary.

13.8.2 If residents administer drugs on their own, RCHE(NH)s should conduct assessments on them so as to ensure their drug compliance including the abilities to fully understand and to follow the medical advice to take drugs on time. RCHE(NH)s should also make sure that the residents can keep the self-administered drugs in secure and locked places and nearby residents will not take the drugs

mistakenly. Prior written consent of the residents and their guardians/guarantors/family members/relatives shall be obtained by using the “Consent Form for Self-storage and Self-administration of Drugs” ([Annex 13.2](#)). RCHE(NH)s shall re-assess and renew/terminate the consent forms for at least once in every 6 months, and keep records.

13.9 Drug Incidents

If a serious drug incident [referring to the occurrence of any abnormality related to the administration of drugs (e.g. residents failing to follow the prescriptions in using drugs, using others’ drugs mistakenly, using wrong dosages of drugs, using expired drugs, etc.)] happens in an RCHE(NH) resulting in hospitalisation of the affected resident(s), the RCHE(NH) shall submit a Special Incident Report of the RCHE(NH) ([Annex 8.3](#)) and a Medication Risk Management Report to the LORCHE within 3 calendar days (including public holidays). For details, please refer to paragraph 3.4 of Chapter 3 in the Guide.

13.10 Drugs for Home Leave

RCHE(NH)s shall strictly follow the prescriptions and related instructions of medical practitioners to assist residents in preparing sufficient drugs for home leave and keep the relevant records.

13.11 Expired and Surplus Drugs

13.11.1 When drugs are no longer required by the named resident, RCHE(NH)s should properly handle and dispose of the drugs.

13.11.2 RCHE(NH)s should handle expired and surplus drugs, which are regarded as chemical wastes, in accordance with the requirements stipulated in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Chemical Waste) Regulation (Cap 354 sub. leg. C). For details, please refer to paragraph 4.4 of Chapter 4 in the Guide.

CHAPTER 14

PHYSIOTHERAPY/OCCUPATIONAL THERAPY SERVICE

14.1 Staffing

14.1.1 RCHE(NH)s shall assign a physiotherapist/an occupational therapist to take overall charge of the physiotherapy/occupational therapy service respectively.

14.1.2 The physiotherapist/occupational therapist shall provide supervision on assistants and other supportive personnel.

14.2 Facilities and Equipment

14.2.1 RCHE(NH)s shall have sufficient equipment and supplies appropriate to the needs and the services offered.

14.2.2 RCHE(NH)s shall provide adequate space for storing equipment and supplies.

14.2.3 All equipment shall be maintained at regular intervals.

14.2.4 Where residents are not directly and personally supervised at all times, RCHE(NH)s shall provide electric call bells for them to call for assistance of staff. Call bells shall be frequently checked to ensure their normal functions. All residents receiving care shall be instructed on how to use the call bells.

14.3 Other Requirements

14.3.1 RCHE(NH)s shall have written policies and procedures on the handling of equipment and instructions for residents.

14.3.2 Where the care and services involve the manipulation of aids/equipment by residents themselves, RCHE(NH)s shall brief residents on the proper handling of the equipment and the associated risks.

- 14.3.3 RCHE(NH)s shall relay the precautions or contraindications to residents before specific types of care modality are contemplated.
- 14.3.4 RCHE(NH)s shall document the treatment and advice given in the “Personal Health and Nursing Records” of residents.

CHAPTER 15

INFECTION CONTROL

15.1 Introduction

Residents, staff and visitors may be exposed to pathogens during daily activities and care processes, RCHE(NH)s therefore should implement effective infection control measures to safeguard the health of residents, staff and the public.

15.2 Infection Control Officer

The home manager of an RCHE(NH) shall appoint a designated nurse who has received relevant training on infection control as an Infection Control Officer (ICO). Duties of an ICO are as follows:

- 15.2.1 to advise on the contracting-out process for services which have implications for infection control, for example, laundry, housekeeping, waste disposal, catering, sterile supplies and maintenance of ventilation system;
- 15.2.2 to formulate written measures related to infection control and prevention of infectious diseases, co-ordinate and carry out them in the RCHE(NH), and review and devise strategies regularly to prevent the outbreak of infectious diseases, covering the following items:
 - (i) decontamination and reprocessing of re-usable devices;
 - (ii) injection safety and management of needle-prick injury;
 - (iii) management of spills or accidents with infectious substances;
and
 - (iv) operation of catering services;
- 15.2.3 to identify signs of infectious diseases and assess the risk of outbreak, arrange treatments for infected residents, consult healthcare professionals and implement appropriate measures to prevent the outbreak of infectious diseases;
- 15.2.4 to report cases (including confirmed and suspected cases) to LORCHE, the Centre for Health Protection (CHP) of the DH and carry out preventive measures and follow-up actions according to the relevant departments' advice;

- 15.2.5 to assist the home manager of the RCHE(NH) in providing necessary PPE for staff, to advise and supervise the staff on the use and disposal of PPE according to proper procedures;
- 15.2.6 to oversee the cleaning and disinfection work inside an RCHE(NH), to ensure that all used or infected instruments are properly cleaned and disinfected, and soiled linens and other wastes are properly handled and disposed of;
- 15.2.7 to disseminate updated information and guidelines on infection control to all staff and residents in the RCHE(NH), and help new staff members get acquainted with the relevant guidelines;
- 15.2.8 to assist the home manager of the RCHE(NH) in arranging infection control training for staff;
- 15.2.9 to assist the home manager of the RCHE(NH) in overseeing that the infection control guidelines, including those on maintaining personal, environmental and food hygiene, are being observed and implemented properly by staff and residents.
- 15.2.10 The RCHE(NH) shall establish a mechanism to integrate infection control practices with the home's overall programme for quality improvement and resident safety; and
- 15.2.11 The designated nurse should keep abreast of the situation of infectious diseases in the community and implement appropriate infection control measures.

15.3 Report of Infectious Diseases

- 15.3.1 Under section 18 of the Residential Care Homes (Elderly Persons) Regulation, if a home manager suspects or knows of a case of scheduled infectious disease amongst the residents or staff of a residential care home or suspects or knows that any such person has been in contact with a case of scheduled infectious disease, he/she shall immediately so report to the DSW.
- 15.3.2 Scheduled infectious diseases refer to those under Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599). Please refer to [Annex 15.1](#) for details.
- 15.3.3 Apart from the aforesaid scheduled infectious diseases that are statutorily notifiable, the home manager/ICO should also report to

LORCHE and the CHP by using the “Notification Form for Suspected Infectious Disease Outbreak in RCHE” ([Annex 15.2](#)) as soon as possible for early advice and assistance if several home staff members or residents develop similar symptoms of an infectious disease in clusters or are suspected to have contracted an infectious disease (e.g. influenza, scabies, etc.) within a short period of time.

- 15.3.4 Under the circumstances specified by the Director of Social Welfare, the home manager/ICO should report the required information (including “zero” infection case) to LORCHE and the CHP by the prescribed reporting means and time for early follow-up.

15.4 Isolation Measures

- 15.4.1 RCHE(NH)s shall be provided with proper isolation facilities, and a designated isolation room²⁹ shall be provided for every 50 beds. Isolation rooms should be equipped with basic bedroom furniture, electric call bells, hand hygiene facilities, good ventilation, enough space for donning and doffing PPE and equipment for proper discarding of contaminated articles. In addition, the RCHE(NH) should ensure that the designated isolation room(s) is always ready to be used as an infection control measure.
- 15.4.2 RCHE(NH)s which existed prior to the effective date of this Code of Practice shall formulate effective isolation measures for arranging isolation for residents in need. If an RCHE(NH) makes changes to the layout of the premises or alter the partition of rooms in the future, they shall also comply with the requirement as mentioned in paragraph 15.4.1 above to provide the designated isolation room(s).

15.5 Prevention of Infectious Diseases

An RCHE(NH) should implement appropriate measures of infection control with reference to the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Elderly Persons (latest revised version) issued by the CHP, and take note of the following key points –

- 15.5.1 staff and residents of RCHE(NH)s should maintain good personal and environmental hygiene at all times.

²⁹ All RCHE(NH)s shall provide at least 1 designated isolation room. If there are more than 50 beds, an additional isolation room/facility shall be provided for every extra 50 beds (or less). For RCHE(NH)s providing 200 beds or above, 4 isolation rooms/facilities (including at least 1 designated isolation room) shall be provided.

15.5.2 RCHE(NH)s should carry out standard precautions and transmission-based precautions of infectious diseases properly, including–

- (a) providing hand hygiene facilities (including installing wash basins, providing liquid soap, hand-drying facilities and alcohol-based handrub) at appropriate locations to facilitate staff, residents and visitors to perform hand hygiene;
- (b) implementing standard precautionary measures in handling potentially infectious materials (e.g. blood, body fluids, secretions, excreta, wounds, secretions of mucous membranes, etc.) and carrying out appropriate and relevant protective measures in different situations;
- (c) using appropriate PPE (e.g. surgical masks, disposable gloves, protective gowns, protective caps, goggles/face shields, etc.) when carrying out nursing or personal care procedures;
- (d) providing suitable space for cleaning and disinfecting sanitary articles and appliances as appropriate, and properly store disinfectants and sanitary articles to prevent transmission of pathogens;
- (e) maintaining good indoor ventilation and keeping the environment clean at all times; and
- (f) complying with the relevant requirements stipulated in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354 sub. leg. O) when handling, collecting and disposing of clinical wastes.

15.5.3 RCHE(NH)s should encourage and assist in the arrangement of vaccination for residents and staff, e.g. the seasonal influenza vaccination provided by the Government, and participate in other vaccination programmes to prevent and minimise the risk of outbreak of infectious diseases in RCHE(NH)s.

15.5.4 Receiving COVID-19 Vaccination
To safeguard the health of residents, RCHE(NH) operators and home managers shall –

- (a) ensure that all newly admitted residents should have received at least the first dose of a COVID-19 vaccine or obtained a COVID-19 Vaccination Medical Exemption Certificate issued by a doctor to prove that they are unsuitable for vaccination due to health reasons;

- (b) ensure the completion of COVID-19 vaccination³⁰ by newly admitted residents who have received only the first dose of a COVID-19 vaccine within the specified periods from the day of receiving that dose, in order for them to remain eligible for residing in the RCHE(NH)s; and
- (c) keep information concerning COVID-19 vaccination in the medical records of residents [e.g. “Medical Examination Form for Residents in Residential Care Homes (Nursing Homes) for the Elderly” (Annex 12.1) and “Personal Health and Nursing Record”], and retain the records/information of COVID-19 vaccination properly for inspection by LORCHE inspectors.

15.6 Record of Infectious Diseases

15.6.1 Apart from the log book and residents’ “Personal Health and Nursing Records”, an RCHE(NH) should properly maintain a record of infectious diseases, including–

- (a) dates and times of the onset of disease of infected residents and staff;
- (b) numbers and names of infected residents and staff;
- (c) names of hospitals/clinics/registered medical practitioners and the dates of receiving medical treatment of the infected persons;
- (d) dates of notifying the CHP/LORCHE/HA; and
- (e) follow-up action taken by the RCHE(NH).

15.6.2 The home manager/ICO of an RCHE(NH) should adopt a good practice to keep a visitors’ attendance record to facilitate the CHP to trace the source of infection based on such information in case of need. The home manager/ICO of the RCHE(NH) should also inform/alert visitors and/or relatives of the residents about the outbreak of infectious diseases, and adjust the visitation arrangement, where necessary.

³⁰ Residents are required to receive suitable doses of vaccine in accordance with the latest COVID-19 vaccination arrangement for adult residents of RCHE/RCHD by the CHP and the latest announcement by the Government.

CHAPTER 16

NUTRITION AND DIET

16.1 Introduction

RCHE(NH)s should provide suitable and nutritionally well-balanced diet based on the needs of residents, and maintain hygiene in the process of supplying food in order to ensure food safety.

16.2 Menu

RCHE(NH)s shall design a menu in advance covering a period of 2 to 4 weeks and display it at prominent locations. RCHE(NH)s should provide food for residents according to the menu and make changes depending on the seasons. Special diet (e.g. vegetarian food, low-fat, low-sugar, low-salt, minced food, pureed food, etc.) should also be provided having regard to the residents' personal special needs, including those arising from health condition, religious belief, other risk factors (e.g. swallowing difficulty, cognitive ability, etc.). Special diet menu should be provided for staff in preparing food and arranging meals for residents.

16.3 Dietary Needs

16.3.1 RCHE(NH)s should get to know the eating habits and preferences of residents, and conduct assessments of the residents' feeding abilities and dietary needs on admission to the RCHE(NH)s, and review them regularly. RCHE(NH)s should seek advice from healthcare professionals in designing menu and providing appropriate meals to residents with chewing/swallowing difficulties, and regularly review the residents' swallowing/eating condition.

16.3.2 RCHE(NH)s should arrange for regular weighing of residents and keep relevant records. If a resident has a weight loss of more than 5% within a month or more than 10% within 6 months suggesting likely signs of malnutrition, the RCHE(NH) should seek advice from healthcare professionals and arrange medical treatment for the resident.

- 16.3.3 RCHE(NH)s should, subject to individual residents' special needs, keep records of their food and fluid intake so as to monitor their dietary needs.

16.4 Meal Supply

RCHE(NH)s shall arrange or provide at least 3 meals (breakfast, lunch and dinner) every day. The timing of every meal should be spaced at appropriate intervals with provision of drinks and snacks in between depending on the need of individual residents. RCHE(NH)s should supply appropriate meals based on the dietary needs of residents, and provide special diets on the advice of professional staff or dietitians, and monitor the quality of food regularly. Reference can be made to the following principles:

16.4.1 Balanced Diet

- (a) a balanced diet should be provided for the residents everyday according to the principles of the "Healthy Eating Food Pyramid" guide, which means taking grains as the major dietary source, with more vegetables and fruits, suitable amount of meat, fish, eggs or alternatives and dairy products or alternatives;
- (b) provide dishes with fibre-rich and whole-grain ingredients; and
- (c) provide sufficient liquid food for the residents to maintain good hydration and to keep healthy.

16.4.2 Easy-to-chew

- (a) provide food of appropriate consistencies, texture and size;
- (b) finely chopped and tenderly cooked vegetable and meat; and
- (c) avoid providing bony fish and meat.

16.4.3 Low-fat

- (a) use lean meat (e.g. pork fillet, chicken fillet, etc.) and trim skin and fat before cooking;
- (b) avoid providing food with high saturated fat (e.g. pork bone, Chinese preserved sausage, chicken skin, food with coconut milk, etc.);

- (c) avoid frequent use of high-cholesterol food (e.g. pork back ribs, pork jowl, etc.); and
- (d) use low-fat cooking methods (e.g. steaming, boiling, simmering, stewing, etc.).

16.4.4 Natural Ingredients

- (a) serve fresh seasonal food; and
- (b) use of natural condiments (such as ginger, spring onion, parsley, garlic, pepper, etc.) and less salt or sugar.

16.4.5 Habits and Preferences

- (a) adjust the consistencies and texture of food according to residents' preferences and abilities;
- (b) enhance the appeal of the dishes by serving bright-coloured food or combining different colours of food; and
- (c) serve food according to residents' preferences, cultural, ethnic and religious customs, and eating habits.

16.5 Food Safety

RCHE(NH)s should ensure food safety in the process of food preparation, including proper storage of food, handling of frozen food, cooking and serving of food, attention on hygiene, and take note of the following key points –

16.5.1 Storage of Food

- (a) all kinds of food should be properly stored and covered; and
- (b) raw food and cooked food should be stored separately.

16.5.2 Handling of Frozen Food

- (a) check the temperature of refrigerator constantly to ensure that it is kept below 4°C;
- (b) temperature of freezer should be kept below -18°C at all times;
- (c) frozen meat and fish should be thawed completely before cooking;

- (d) cooked food taken out from the refrigerator shall be reheated thoroughly;
- (e) defrosted food should not be refrozen;
- (f) avoid storing too much food in refrigerators or freezers; and
- (g) never thaw the food under room temperature.

16.5.3 Cooking of Food

- (a) wash hands thoroughly before cooking;
- (b) wash the vegetables, meat, poultry, seafood, etc. thoroughly before cooking;
- (c) cook only when near the meal times;
- (d) all kinds of food, especially meat, poultry, egg and seafood should be cooked thoroughly; and
- (e) reheat cooked food thoroughly.

16.5.4 Cookware

- (a) keep the cookware clean at all times; and
- (b) separate knives, cutting boards and utensils should be used for handling raw and cooked foods.

16.5.5 Food Supply

- (a) use of unlicensed food suppliers is prohibited;
- (b) observe the expiry date on the package when handling and providing food; and
- (c) avoid giving food that is too sticky (e.g. glutinous rice, glutinous rice dumplings, Chinese New Year cake, etc.), too crumbly (e.g. egg rolls, shortbread, etc.) or hard in texture (e.g. peanuts, walnuts, etc.).

16.5.6 Staff Requirements

- (a) all staff who handle food should receive regular training on food hygiene;
- (b) all staff who handle food should be supervised by professional staff such as dietitians or registered nurses;
- (c) staff suffering from gastro-enteritis symptoms should refrain from handling food until their symptoms have subsided; and
- (d) the person who is in-charge of the catering service should take reference from the Hazard Analysis Critical Control Point (HACCP) system to ensure food safety.

16.6 **Serving of Meals**

16.6.1 RCHE(NH)s should arrange for staff to monitor the eating conditions of residents (including meal times or snack times), render appropriate assistance to residents, and take note of the following key points –

- (a) serve meals in a place with adequate lighting and ventilation;
- (b) give sufficient meal time for the residents so that they may have meals without feeling hurried;
- (c) provide appropriate eating utensils and assistive devices for residents; and
- (d) provide assistance and prompts as appropriate to encourage eating.

16.6.2 For residents requiring assistance in eating, RCHE(NH)s should take note of the following key points –

- (a) arrange for staff with relevant training to feed or assist residents in need;
- (b) feed or assist residents in eating safely and appropriately according to healthcare professionals' recommendations (including the use of thickeners);
- (c) residents should sit up straight as far as possible when eating;

- (d) food shall be fed at a reasonable pace to ensure that residents have swallowed the food; and
- (e) avoid allowing residents to lie down immediately after meals.

16.6.3 Handling of Food Brought in by Family Members or Visitors

- (a) RCHE(NH)s should pay attention to the food brought in by family members or visitors, and clearly explain to them the points to note on bring-in food and advise them of the individual residents' risks in eating (e.g. swallowing, food allergies, etc.). If family members/visitors are found bringing in food for residents, they should be advised to ask the nurse/health worker-on-duty first to decide whether the food is suitable for the residents.
- (b) Depending on the need, RCHE(NH)s should prepare a notice for family members or visitors in reminding them of the principles of bringing in food in order to ensure safety and health of residents.

16.7 Water Safety

- 16.7.1 RCHE(NH)s shall ensure that water for drinking is provided from the aqueducts of the Water Supplies Department or any other approved source.
- 16.7.2 RCHE(NH)s should keep the drinking water clean and provide boiled or disinfected drinking water to residents.

CHAPTER 17

CLEANLINESS AND SANITATION

17.1 Introduction

RCHE(NH)s should always maintain cleanliness and sanitation to provide a safe and comfortable living environment to the residents.

17.2 Cleaning Schedule

RCHE(NH)s should draw up and implement an effective cleaning schedule, and to carry out immediate cleaning or disinfection whenever necessary, including the following key points to note –

- 17.2.1 all floors should be cleaned daily and disinfected as necessary with 1:99 diluted household bleach, especially for the toilets/bathrooms, kitchens and isolation rooms;
- 17.2.2 bed sheets and pillow cases should be washed and changed once a week, and should be changed and disinfected immediately when necessary;
- 17.2.3 kitchens should always be kept clean. The kitchen, covering cooking utensils and food containers as well, should be cleaned promptly every time after food preparation. Cleaned utensils and containers should be stored in a clean container or cabinet with cover;
- 17.2.4 furniture, equipment and facilities, including doors, windows, handrails, seats, refrigerators/freezers, exhaust fans and filters of air-conditioners, should be cleaned regularly;
- 17.2.5 all garbage receptacles shall be cleaned regularly and covered at all times;
- 17.2.6 assist residents in tidying their rooms and cleaning up disused articles regularly; and
- 17.2.7 all cleaning and disinfecting agents shall be correctly labelled with the product names and purposes of use as specified by the manufacturer.

17.3 Personal Hygiene

- 17.3.1. RCHE(NH)s should assist residents in maintaining personal hygiene, including grooming, oral cleaning, bathing, hair washing, changing clean clothes, hair cutting, manicuring, etc.
- 17.3.2 Staff of RCHE(NH)s should maintain personal hygiene, in particular when handling food and rendering daily personal care to residents, and take note of the following key points –
- (a) keep hair, fingernails and clothes clean;
 - (b) avoid wearing unnecessary accessories (e.g. wristlet, bracelet);
 - (c) any staff member suffering from a bleeding or discharging wound, diarrhea, vomiting or infectious disease should receive treatment and stop handling food or rendering personal care/nursing care service. If the staff member concerned is required to perform other ancillary duties, PPE (e.g. surgical mask, disposable latex gloves, etc.) should be used; and
 - (d) staff of RCHE(NH)s should wash their hands thoroughly with liquid soap or clean them with alcohol-based handrub under the following conditions –
 - (i) before preparing food or feeding;
 - (ii) before and after providing personal care or nursing care to a resident;
 - (iii) the time between taking care of different residents; and
 - (iv) after handling vomitus, faeces and changing diapers.

17.4 Environmental Hygiene

RCHE(NH)s should keep the environment clean at all times, and take note of the following key points—

- 17.4.1 cover garbage bins with lids at all times, and seal the garbage bags properly before disposing of the garbage at the regular time every day;
- 17.4.2 empty stagnant water in saucers of flower pots or vases;

- 17.4.3 inspect sewage and drainage systems regularly, and maintain the systems in good conditions at all times; and
- 17.4.4 carry out appropriate and effective pest control measures and arrange for pest control services on a regular interval and where necessary; and clean and handle food wastes properly. Clean-up of the facilities in RCHE(NH)s and proper actions should be arranged as soon as possible where there are signs of pest or rodent infestation in order to bring the pest and rodent problem under control. In case of need, the RCHE(NH)s may contact the Pest Control Advisory Section of the Food and Environmental Hygiene Department (Telephone No.: 3188 2064/ 24-hour hotline: 2868 0000) for advice and assistance.

17.5 Sterile Supplies Services

- 17.5.1 Staff shall receive appropriate training in the handling and use of sterile supplies;
- 17.5.2 The services shall be carried out in line with the infection control policy of the RCHE(NH);
- 17.5.3 Sterile supplies shall be delivered in appropriate carriers and stored in a clean and dry area;
- 17.5.4 All sterilising equipment is regularly inspected and maintained. Relevant staff shall be appropriately trained in the use of the equipment;
- 17.5.5 The stock levels of sterile supplies are checked regularly and correctly rotated;
- 17.5.6 Measures are taken in RCHE(NH)s to ensure the effectiveness of sterilisation;
- 17.5.7 RCHE(NH)s shall maintain proper documentation of different batches of sterilised supplies so that recall of sterilised products with problem can be carried out swiftly for remedial action; and
- 17.5.8 Unless otherwise specified above, please refer to the relevant provisions in Chapter 3 (paragraph 3.2 – Environmental Hygiene) of the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly published by the DH for detailed requirements on general sterile supplies.

CHAPTER 18

SOCIAL CARE

18.1 Introduction

RCHE(NH)s should encourage residents to keep a healthy lifestyle and provide diverse social, leisure and recreational programmes in order to facilitate their maintenance of physical, mental and psychological health.

18.2 Homely Atmosphere

RCHE(NH)s should cultivate a homely atmosphere through the following means such that the residents can feel safe and comfortable –

- 18.2.1 the resident bedrooms may be designed in personalised fit-out;
- 18.2.2 staff should be familiar with residents' living habits and personal preferences; and
- 18.2.3 staff should facilitate communications amongst residents for building a trustful relationship.

18.3 Adaptation to Living in a Residential Care Home

RCHE(NH)s should provide assistance to the residents to adapt to the residential care home environment, and note the following key points –

- 18.3.1 introduce residents the RCHE(NH)'s environment, staff, daily routine, activity arrangements, etc., and pay more attention to residents' adaptability to group living, particularly during the beginning period after admission;
- 18.3.2 maintain good and effective communication with residents' guardians/guarantors/family members/relatives for helping them understand the RCHE(NH)'s services, daily routine, activity arrangements, etc.; encourage them to visit the residents more frequently during the beginning period after admission and to keep constant contacts with the residents; and participate in formulating ICPs of the residents in order to help residents adapt to the group living in the RCHE(NH); and

- 18.3.3 pay attention to residents' emotions and behaviours and seek advice from the professionals when necessary.

18.4 Social Activities

RCHE(NH)s should arrange appropriate activities, to assist residents in developing a regular life and good living habit, and make effective use of community resources and support services in order to meet the social needs of residents, including –

- 18.4.1 arrange appropriate individual leisure activities (e.g. drawing, music) in accordance with residents' characters and abilities, or arrange therapeutic activities based on residents' needs and professionals' advice;
- 18.4.2 organise social and recreational groups in order to facilitate residents' cooperation and interaction, including interest groups (e.g. Cantonese Opera, handicraft, reading/newspaper reading) and therapeutic groups;
- 18.4.3 organise large-scale activities regularly (e.g. birthday parties or festival celebrations), and make optimal use of community resources, including organising volunteer visits, outdoor activities or joining neighbourhood cultural and entertainment programmes, etc. in order to encourage residents to connect with the community;
- 18.4.4 organise timely educational talks or sharing sessions or social gatherings for relatives/family members, so as to promote interactions between residents and their families and strengthen their social support; and
- 18.4.5 display the information of activities on notice boards for residents and their relatives to know clearly about the schedule of different kinds of activities in order to facilitate them to join the activities which they are interested in. The records of activities should also be properly kept.

Residential Care Homes (Elderly Persons) Ordinance
Application for a Licence for
a Residential Care Home (Nursing Home) for the Elderly

(Please study Chapter 2 of the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly and the guidance notes for application for a licence before submission)

Attention: Please put a "✓" in the appropriate box

Section I Details of Application

Application for a licence for setting up a new Residential Care Home (Nursing Home) for the Elderly [RCHE(NH)] (please fill in Section II)

Tentative date of commencement of the proposed RCHE(NH):

_____ / _____ / _____ (dd/mm/yyyy)

Application for a new RCHE(NH) licence by a licensed/registered RCHE in accordance with the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459)

Date of commencement of the existing RCHE:

_____ / _____ / _____ (dd/mm/yyyy)

Reasons for an application for a new licence (may choose more than one item):

Change of name of the RCHE

Existing name of the RCHE: _____

Proposed name of the RCHE: _____

Change of address of the RCHE

Existing address of the RCHE: _____

Proposed address of the RCHE: _____

Change of licence holders/licensed corporation

Existing licence holders/licensed corporation of the RCHE:

Proposed licence holders/licensed corporation of the RCHE:

Change of type of the RCHE

Existing Type of the RCHE:

Nursing home [registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165)]

Care and Attention home

Aged home

Self-care hostel

Proposed Type of the RCHE:

Nursing home [Residential Care Homes (Elderly Persons) Ordinance (Cap. 459)]

Change of the maximum number of persons that the RCHE is capable of accommodating

Existing maximum number of persons that the RCHE is capable of accommodating-

Proposed maximum number of persons that the RCHE is capable of accommodating-

Name of the company/NGO (English)	
Name of the company/NGO (Chinese)	
Business Registration Certificate number (if applicable)	Certificate of Incorporation number (if applicable)
Address of the company/NGO (English)	
Address of the company/NGO (Chinese)	
Telephone number	Email address

Section IV Correspondence of the Applicant/Representative of the Applicant

(A partnership or body corporate (including an NGO) shall authorise a representative of the applicant in writing. Please refer to the guidance notes for application of a licence for details)

Name of the applicant/representative of the applicant (shall be the same as shown on the Hong Kong Identity Card) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms _____ (_____) English (surname first, then other names) Chinese	
English correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)	
Chinese correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)	
Mobile phone number	Office phone number
Email address	
Position of the applicant/representative of the applicant held in the company/NGO/RCHE (if applicable)	

Section V Declaration

I declare that:

1. the information I have given on this application form is true and correct to the best of my knowledge and belief; and
2. the operation, keeping, management or other control of the RCHE(NH) above is under my continuous supervision.

Signature of the applicant/

Date: _____ representative of the applicant: _____

Company/Organisation stamp

(if applicable): _____

WARNING

1. Under Section 21(6)(a) of the Residential Care Homes (Elderly Persons) Ordinance, any person who in or in connection with this application makes any statement or furnishes any information, whether such statement be oral or written, which is false in any material particular and which he knows or reasonably ought to know is false in such particular commits an offence. The provision of such false information may also prejudice this application and the existing licence.
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 a residential care home that a licence has neither been issued or renewed and is not for the time being in force commits an offence and is liable to a fine at level 6 and to imprisonment for 2 years and to a fine of \$10,000 for each day during which the offence continues.
3. Licensing of an RCHE does not prejudice the power of other government departments to take enforcement or regulatory actions, neither release or affect any contract, covenant or deed of mutual covenant in respect of the premises or building. The applicant/representative of the applicant shall be responsible for ensuring that the premises used for the purpose of RCHE comply with the relevant legislations, statutory plans, land lease conditions, deed of mutual covenant and tenancy conditions.

Residential Care Homes (Elderly Persons) Ordinance

Guidance Notes for Application for a Licence for a Residential Care Home (Nursing Home) for the Elderly

1. An “applicant” includes a sole proprietorship, partnership and body corporate (including an NGO).
2. A partnership and body corporate (including an NGO) shall authorise a “representative of the applicant” to sign on this application form, and submit a written authorisation together with this application form.
3. The applicant/representative of the applicant shall forward the original copy of a completed application form by dispatch or by registered post to the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department at the following address-
6/F, THE HUB, 23 Yip Kan Street,
Wong Chuk Hang, Hong Kong
4. Any person applying for an RCHE(NH) licence shall submit the following documents at the same time:

(a) Applicable to all applications

- layout plans of the RCHE(NH) (please refer to Annex 3.3 of the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly for the requirements of layout plans)
- photocopy of the tenancy agreement of the RCHE(NH) premises (applicable to rented premises)
- photocopy of the deed of assignment of the RCHE(NH) premises (applicable to self-owned premises)
- certified copy of the Business Registration Application [applicable to applications of private RCHEs(NHs)]
- photocopy of the Business Registration Certificate [applicable to applications of private RCHEs(NHs)]
- photocopy of the Branch Registration Certificate [applicable to applications of private RCHEs(NHs)] (if applicable)
- staff list of the RCHE(NH)
- photocopy of the relevant documents related to fire safety and precautionary measures (please refer to Annex 5.1 of the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly)
- photocopy of the letter issued by the Buildings Department regarding the change in use of a building (applicable to RCHE(NH) premises situated at non-domestic premises or non-domestic part of composite buildings)
- documentary proof of planning permission issued by the Town Planning Board (if applicable)
- waiver issued by the Lands Department (if applicable)

Besides the items in (a) above, the following documents shall be submitted:

(b)(i) Applicable to an application of a sole proprietorship

- photocopy of Hong Kong Identity Card of the applicant

(b)(ii) Applicable to an application of a partnership

- photocopies of Hong Kong Identity Card of all partners
- original copy of the written authorisation for the representative of the applicant

(b)(iii) Applicable to an application of a body corporate (including an NGO)

- original copy of the written authorisation for the representative of the applicant
- photocopy of the Incorporation Form (NNC1)
- photocopy of the Certificate of Incorporation
- Memorandum of Association and Articles
- photocopy of the Annual Return (NAR1) (applicable to an existing body corporate)
- photocopy of the Notice of Change of Company Name (NNC2) (if applicable)
- photocopy of the Notice of Change of Company Secretary and Director (Appointment/Cessation) (ND2A) (if applicable)

Staff List of Residential Care Home (Nursing Home) for the Elderly [RCHE(NH)]

Name of RCHE(NH): _____

Address of RCHE(NH): _____

Telephone of RCHE(NH): _____

Date of Report: 31/3/20 ____ 30/6/20 ____ 30/9/20 ____ 31/12/20 ____
 (dd/mm/yyyy) Another date (please specify): ____ / ____ / ____

No. of Residents on the Date of Report: _____ (including resident(s) on home leave or staying in hospital)

No. of Beds on the Date of Report: _____

Operator/Home Manager of RCHE(NH): _____

Signature: _____

Name: _____

Post: _____

RCHE(NH) Stamp

Part I Staff Information (Note 1)

S/N	Name in English	Name in Chinese	Sex (M/F)	HKIC No. (e.g.: A123456(7))	Date of Commencement of Current Post (dd/mm/yyyy) (e.g. 1/1/2016)	Current Post (Note 2)	Total Working Hours Per Week	Daily Working Time		Qualifications (Note 3)
								On Duty Time (am/pm)	Off Duty Time (am/pm)	
					/ /					
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Part II Number of Staff

Post	Number	Post	Number
Home Manager		Social Worker	
Nurse-in-charge		Physiotherapist	
Registered Nurse		Occupational Therapist	
Enrolled Nurse		Dietician	
Health Worker		Others (please specify):	
Care Worker			
Ancillary Worker		Total Number of Staff:	

Operator/Home Manager of RCHE(NH):**RCHE(NH) Stamp**

I understand the warning statement set out at the bottom of this page and confirm that the information contained in this Staff List is true and accurate.

Signature: _____

Name: _____

Post: _____

--

Note 1: The operator/home manager of an RCHE(NH) shall report all staff employed to perform work in the RCHE(NH) on the date of report (including the relief staff).

Note 2:

Post		
HM: Home Manager	CW: Care Worker	PT: Physiotherapist
NIC: Nurse-in-charge	AW: Ancillary Worker*	OT: Occupational Therapist
RN: Registered Nurse	SW: Social Worker	DT: Dietician
EN: Enrolled Nurse		
HW: Health Worker	Others (please specify):	

Note 3:

Qualifications (may choose more than one item)		
(1) Licensing Requirement	(2) Other Certification	(3) Training Subsidy Scheme for Staff of Residential Care Homes
A1: Registered Nurse	B1: Care Worker Certificate	C1: Training for Home Managers (Course A)
A2: Enrolled Nurse Certificate	B2: Physiotherapist	C2: Training for Home Managers (Course B) Certificate
A3: Registered Health Worker Certificate	B3: Occupational Therapist	C3: Advanced Training for Health Workers Certificate
A4: First Aid Certificate	B4: Social Worker	C4: Training for Care Workers Certificate

* Ancillary Worker includes cook, domestic servant, driver, gardener, watchman, welfare worker or clerk.

- Remarks:**
- Please make copies of the front page for insufficient space, with the name, post and signature of the RCHE(NH) operator/home manager together with the RCHE(NH) stamp on each page.
 - An operator shall inform the Director of Social Welfare, in writing within 14 days, of any change in the employment of a home manager.
 - A home manager of an RCHE(NH) shall at least once every 3 months inform the Director of Social Welfare in writing of any change in the list of staff employed. The home manager shall report this staff list as at 31 March, 30 June, 30 September and 31 December every year to the Director of Social Welfare on or before the 5th day of April, July, October and January respectively.

WARNING

Under sections 21(6)(a) & 21(6)(c) of the Residential Care Homes (Elderly Persons) Ordinance, any person who furnishes any information which is false in a material particular and which he knows or reasonably ought to know is false in such particular commits an offence.

Guidance Notes on Submission of Layout Plans of Residential Care Homes for the Elderly (Nursing Home)

1. 4 sets of layout plans of the Residential Care Home (Nursing Homes) for the Elderly [RCHE(NH)] shall be submitted, 6 sets for the RCHE(NH) situated in premises under or divested by the Housing Authority.
2. Each plan shall be duly signed by the applicant (applicable to RCHE(NH)s operated by sole proprietorship)/representative of the applicant [applicable to RCHE(NH)s operated by partnership or body corporates (including non-governmental organisations)] with the plan submission date and the company/organisation stamp (if applicable).
3. Name of the RCHE(NH) (in both Chinese and English) and address (in both Chinese and English) shall be clearly mentioned on each plan.
4. Each plan shall be drawn in metric units with the scale of 1:100 or 1:50.
5. Each plan shall demarcate the area of the home to be licensed in red on the plan and state clearly the abutting streets/lanes, adjoining common area such as lift lobbies, escape staircases, protected lobbies, corridors, etc.
6. The proposed use of all rooms or partitions shall be specified on the plan; the measurements in metric units with annotations of all rooms, corridors, passages, etc. shall also be indicated.
7. The position of all columns, load bearing walls, fire resisting walls, fire-rated doors, fire alarm panels, exit signs, windows, parapets, partitions, gates, electric locks, false ceiling, artificial lighting and mechanical ventilating systems, areas of raised floors (if any) and all other fixture shall be clearly indicated and annotated.
8. Walls should be indicated by double lines. The height and materials of parapets and partitions and the fire resistance rating of fire-rated doors and gates shall be specified.
9. The headroom under ceilings (the ceiling structure or suspended false ceilings) and beams of all parts of the RCHE(NH) premises, measuring vertically from the floor should be indicated.
10. The bedspace arrangement (with bedspace numbering), sanitary fitments, extraction fans, air-conditioning units, stoves, water heaters and other movable fittings shall be clearly indicated and annotated.
11. Number and location of stoves and water heaters and the type of fuel in use shall be specified. If liquefied petroleum gas (LPG) is used in the RCHE(NH), the location of LPG chambers should also be indicated.
12. The area of floor space of the proposed RCHE(NH) premises shall be indicated. Calculation of the actual area of all rooms, passages, corridors, etc. should be correctly indicated on another plan.
13. Whenever there is any change of the layout plans, the parts where revisions proposed to be made shall be coloured with annotations on the revised layout plans in order to show the difference as compared with the approved plans.
14. The configuration and layout of the RCHE(NH) premises shown in the plans shall tally with the actual situation.

Residential Care Homes (Elderly Persons) Ordinance Application for Renewal of a Licence

(Please study Chapter 3 of the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly and the guidance notes for application for renewal of a licence before submission)

(Attention: Please put a “✓” in the appropriate box)

Section I Particulars of the Residential Care Home (Nursing Home) for the Elderly [RCHE(NH)]

LORCHE number	
Name of the RCHE(NH)	
Address of the RCHE(NH)	
Telephone number	Fax number
Email address	
<p>The premises of the RCHE(NH) is:</p> <p><input type="checkbox"/> self-owned property</p> <p><input type="checkbox"/> rented premises (please specify the validity of tenancy agreement below)</p> <p><input type="checkbox"/> rented government land</p> <p><input type="checkbox"/> partly self-owned and partly rented (please specify the validity of tenancy agreement below)</p> <p style="padding-left: 40px;">details of self-owned part _____</p> <p style="padding-left: 40px;">details of rented part _____</p> <p>Validity of tenancy agreement (1) From _____ to _____</p> <p>Validity of tenancy agreement (2) From _____ to _____</p> <p>Validity of tenancy agreement (3) From _____ to _____</p> <p>(Please use supplementary sheets if necessary)</p>	
<p>Number of places in the RCHE(NH)</p> <p style="text-align: right;">Nursing Home places _____</p> <p style="text-align: right;">Care and Attention places _____</p> <p style="text-align: right;">Aged Home places _____</p> <p style="text-align: right;">Self-care places _____</p> <p style="text-align: right;">Total _____</p>	
<p>Type of Applicant of the RCHE</p> <p><input type="checkbox"/> Sole proprietorship [Please fill in Section II(A)]</p> <p><input type="checkbox"/> Partnership [Please fill in Section II(A)]</p> <p><input type="checkbox"/> Body corporate [including a non-governmental organisation (NGO)] [Please fill in Section II(B)]</p>	

Section II (A) A Sole Proprietorship or Partnership

Name of the applicant/representative of the applicant of partnership (shall be the same as shown on the Hong Kong Identity Card) (A partnership or body corporate (including an NGO) shall authorise a representative of the applicant in writing. Please refer to the guidance notes for application for renewal of a licence.) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms <div style="display: flex; justify-content: space-between;"> _____ (_____) </div> <div style="display: flex; justify-content: space-between;"> English (surname first, then other names) Chinese </div>	
Hong Kong Identity Card number	

Section II (B) A Body Corporate (including an NGO)

Name of the company/NGO
Business Registration Certificate number (if applicable)
Address of the company/NGO (English)
Address of the company/NGO (Chinese)
Telephone number
Email address

Section III Correspondence of the Applicant/Representative of the Applicant

Name of the applicant/representative of the applicant (shall be the same as shown on the Hong Kong Identity Card) <input type="checkbox"/> Mr/ <input type="checkbox"/> Ms <div style="display: flex; justify-content: space-between;"> _____ (_____) </div> <div style="display: flex; justify-content: space-between;"> English (surname first, then other names) Chinese </div>
English correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)

Section III Correspondence of the Applicant/Representative of the Applicant (Continued)

Chinese correspondence address of the applicant/representative of the applicant (applicable to a sole proprietorship/partnership)	
Mobile phone number	Office phone number
Email address	
Position of the applicant/representative of the applicant held in the company/NGO/ RCHE(NH) (if applicable)	

Section IV Declaration

I declare that –	
<ol style="list-style-type: none"> the information I have given on this application form is true and correct to the best of my knowledge and belief; and the operation, keeping, management or other control of the RCHE(NH) above is under my continuous supervision. 	
Signature of the applicant/ representative of the applicant:	
Date: _____	_____
Company/Organisation stamp (if applicable): _____	

<u>WARNING</u>
<ol style="list-style-type: none"> Under section 21(6)(a) of the Residential Care Homes (Elderly Persons) Ordinance, any person who in or in connection with this application makes any statement or furnishes any information, whether such statement be oral or written, which is false in any material particular and which he knows or reasonably ought to know is false in such particular commits an offence. The provision of such false information may also prejudice this application and the existing licence. 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 a residential care home that a licence has neither been issued or renewed and is not for the time being in force commits an offence and is liable to a fine at level 6 and to imprisonment for 2 years and to a fine of \$10,000 for each day during which the offence continues.

Residential Care Homes (Elderly Persons) Ordinance

Guidance Notes for Application for Renewal of a Licence

1. An “applicant” includes a sole proprietorship, partnership and body corporate (including an NGO).
2. A partnership and body corporate (including an NGO) shall authorise a “representative of the applicant” to sign on this application form, and submit a written authorisation together with this application form.
3. The applicant/representative of the applicant shall forward the original copy of a completed application form by dispatch or by registered post to the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department at the following address

–
6/F, THU HUB,
23 Yip Kan Street, Wong Chuk Hang, Hong Kong

4. Any person applying for an RCHE(NH) licence renewal shall submit the following documents at the same time –

(a) Applicable to all applications

- photocopy of the tenancy agreement of the RCHE(NH) premises (applicable to rented premises)
- photocopy of the deed of assignment of the RCHE(NH) premises (applicable to self-owned premises)
- certified copy of the Business Registration Application (applicable to applications of private RCHEs)
- photocopy of the Business Registration Certificate (applicable to applications of private RCHE(NH)s)
- photocopy of the Branch Registration Certificate (applicable to applications of private RCHE(NH)s) (if applicable)
- staff list of the RCHE(NH)
- photocopy of the relevant documents related to fire safety and precautionary measures [please refer to Annex 5.1 of the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly] (Code of Practice)]
- layout plans of the RCHE(NH) (applicable to RCHE(NH)s which have undergone the addition and alteration works as mentioned in paragraph 4.13 of Chapter 4 in the Code of Practice. Please refer to Annex 3.3 of the Code of Practice for the requirements of layout plans)

Besides the items in (a) above, the following documents shall be submitted –

(b)(i) Applicable to an application of a sole proprietorship

- photocopy of Hong Kong Identity Card of the applicant

(b)(ii) Applicable to an application of a partnership

- photocopies of Hong Kong Identity Card of all partners
- original copy of the written authorisation for the representative of the applicant

(b)(iii) Applicable to an application of a body corporate (including an NGO)

- original copy of the written authorisation for the representative of the applicant
- photocopy of the Certificate of Incorporation
- photocopy of the Annual Return (NAR1)
- photocopy of the Notice of Change of Company Name (NNC2) (if applicable)
- photocopy of the Notice of Change of Company Secretary and Director (Appointment/Cessation) (ND2A) (if applicable)

RESIDENTIAL CARE HOMES (ELDERLY PERSONS) ORDINANCE**安老院條例****(Chapter 459, Laws of Hong Kong)****(香港法例第459章)**

LORCHE Number

牌照處檔號 _____

Licence Number

牌照編號 _____

Licence of Residential Care Home for the Elderly**安老院牌照**

1. This licence is issued under Part IV, Section _____, of the Residential Care Homes (Elderly Persons) Ordinance in respect of the undermentioned residential care home –
茲證明下述安老院已根據《安老院條例》第IV部第_____條獲發牌照 –
2. Particulars of residential care home –
安老院資料 –
- (a) Name (in English) _____ Name (in Chinese) _____
名稱 (英) _____ 名稱 (中文) _____
- (b) (i) Address of home _____
安老院地 _____
- (ii) Premises where home may be operated
可開設安老院的處所 _____
as more particularly shown and described on Plan Number _____ deposited with and approved by me.
其詳情見於圖則第_____號，該圖則現存本人處，並經本人批准。
- (c) Maximum number of persons that the residential care home is capable of accommodating –
安老院可收納的最多人數 _____
3. Particulars of person / company to whom / which this licence is issued in respect of the above residential care home
獲發上述安老院牌照人士/公司的資料 –
- (a) Name / Company (in English) _____ Name / Company (in Chinese) _____
姓名/公司名稱 (英文) _____ 姓名/公司名稱 (中) _____
- (b) Address _____
地址 _____
4. The person / company named in paragraph 3 above is authorized to operate, keep, manage or otherwise have control of a residential care home of the following type : _____
第3段所述的人士/公司已獲批准經營、料理、管理或以其他方式控制一所屬 _____ 類型的安老院。
5. This licence is valid for _____ months effective from the date of issue to cover the period from _____ to _____ inclusive.
本牌照由簽發日期起生效，有效期為 _____ 個月，由 _____ 至 _____ 止，首尾兩天計算在內。
6. This licence is issued subject to the following conditions –
本牌照附有下列條件 –

7. This licence may be cancelled or suspended in exercise of the powers vested in me under Section 10 of the Residential Care Homes (Elderly Persons) Ordinance in the event of a breach of or a failure to perform any of the conditions set out in paragraph 6 above.
若有關安老院違反或未能履行以上第6段所列的任何條件，本人可行使安老院條例第10條賦予本人的權力，撤銷或暫時吊銷本牌照。

Date 日期 _____

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

WARNING**警告**

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

安老院獲發給牌照，並不表示其經營者或任何其他人士毋須遵守《建築物條例》(第123章) 或任何其他與該處所有關的條例的規定，亦不會對與開設該安老院的處所有關的任何合約或租約條款有任何影響或修改。

LORCHE No. : L
Tel. No. :
Fax No. :
Email address :

Name of the Company
Address of the Company

Date

To: Director of Social Welfare
(Attn: LORCHE inspector concerned)

Dear Sir/Madam,

Notice of Change of Director(s)' Information

Our company/organisation is writing to inform you that the information of director(s) of the company holding the licence of _____ (name of Residential Care Home (Nursing Home) for the Elderly) has been changed since _____ (date). For details, please refer to the form(s) specified by the Companies Registry [Form ND2A "Notice of Change of Company Secretary and Director (Appointment/Cessation)" and/or Form ND2B "Notice of Change in Particulars of Company Secretary and Director"].

For any enquiry, please contact me/our staff on _____ (telephone number).

Yours faithfully,

Signature

Name of the company representative

Post title

Company's chop

Fire Safety Requirements for Relaxing the Height Restriction of Residential Care Homes for the Elderly (NH) Situated at 24 Metres above Ground Floor and Used for Dormitory Purpose

I. Building fire safety design

Building fire safety design*	Descriptions
1. Open balcony approach	(i) should be provided to all dormitories along the external façade of the building and be connected with the protected lobby/protected corridor for evacuation of residents to a safer place or zone (ii) should allow the maneuvering of beds with wheels or wheelchairs
2. Widened corridor(s)	(i) should allow at least two beds with wheels to move in parallel (ii) should be connected with escape staircase(s) and fireman's lift(s)
3. Sufficient size of compartment zone	The size of a compartment zone should be sufficient to accommodate the residents of the adjoining compartment simultaneously to facilitate evacuation to a safer place or zone
4. Refuge floor	(i) should be provided on every 24 metres (ii) height measurement should be made from the ground level of the building or floor level of the refuge floor (iii) will serve as a refuge for residents to assemble
5. Widened escape staircase(s)	should allow the maneuvering of stretchers or wheelchairs.
6. Enlarged fireman's lift(s)	(i) should be able to accommodate at least one bed with wheels and two rescuers (ii) the lobby/lobbies to the fireman's lift(s) should allow the maneuvering of beds with wheels or wheelchairs
7. Fire-resisting door(s)	should be provided to separate compartment zones for evacuation of residents to a safer place or zone
8. Dormitories be fitted with fire-resisting doors	(i) dormitories should be fitted with fire-resisting doors (ii) transparent vision-panel/window, if any, on the fire-resisting door should have the same fire-resistance rating as that of the door
9. Building exterior not be covered by combustible	the exterior of the building should not be covered by combustible material, such as green walls and combustible

material	claddings, to avoid vertical fire spread along the building exterior
10. Emergency Vehicular Access	should serve at least 50% of the major façade of the building subject to site condition
11. Additional fire service installations and equipment (FSI)	may be required by the Fire Services Department subject to the building design

II. Management requirements for RCHE(NH)s

Management requirements for RCHE(NH)s	Descriptions
1. One operator for the same floor	the RCHE(NH) premises located on the same floor should be operated by one single operator to facilitate coordinated and orderly horizontal evacuation
2. Training for adequate number of RCHE(NH) staff #	Training should be provided for an adequate number of staff, so that there will be enough number of trained staff to assist all residents in affected compartment(s) to evacuate to adjoining compartment zone(s) simultaneously in case of fire or other emergencies
3. Formulation of fire safety management plan (FSMP)	The FSMP should cover details of maintenance plan of fire safety provision, staff training plan and fire action plan , etc.
4. Total fire safety management	The overall fire safety level should be enhanced by ensuring regular staff training, timely maintenance or inspection of FSI and regular fire safety inspections

* RCHE(NH) operator(s) should observe the design and construction as stipulated by the Code of Practice for Fire Safety in Buildings 2011 issued by the Building Authority and any subsequent revision.

Training refers to the completion of required fire safety training course(s). Staff members who have completed training should be competent in implementing the FSMP including the evacuation procedures. (For arrangement of fire safety training courses for RCHE(NH) staff, please contact the Licensing Office of Residential Care Homes for the Elderly of the Social Welfare Department at 3184 0729 / 2834 7414.)

Checklist of Documents for Fire Safety and Precautionary Measures

I. Applicable to Application for a New Licence (including expansion or merger of an RCHE (NH), or change of the home name, etc.)

1.	Floor Plan for Fire Service Installations and Equipment within RCHE		<input type="checkbox"/>
2.	Relevant Documents and Certificates of Fire Service Installation and Equipment (applicable to new installed and existing fire service installations and equipment)	(i) Certificate of Fire Service Installation and Equipment (FS251)	<input type="checkbox"/>
		Fire detection system	<input type="checkbox"/>
		Fire alarm system	<input type="checkbox"/>
		Portable fire-fighting equipment	<input type="checkbox"/>
		Exit signs and directional signs	<input type="checkbox"/>
		Emergency lighting	<input type="checkbox"/>
		Sprinkler system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Hose reel system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Emergency generator (if installed with)	<input type="checkbox"/>
		Ventilation/air conditioning control system (if any)	<input type="checkbox"/>
		Automatic actuating devices of fire shutters (if any)	<input type="checkbox"/>
		Fire retardant paint/solution accepted by the Director of Fire Services (DFS) (if applicable)	<input type="checkbox"/>
		(ii) Relevant satisfactory letter issued by the DFS, Fire Services Certificate (FS 161) and Fire Service Completion Advice from the Water Authority (applicable to new installed sprinkler system and hose reel system)	<input type="checkbox"/>
		(iii) Checklist for inspection and testing of fire detection and fire alarm system – the latest version of the Code of Practice for Minimum Fire Service Installations and Equipment issued by the Fire Services Department (FSD)	<input type="checkbox"/>
(iv) Proof of fire detection system connection to direct telephone link of Service Providers of the Computerised Fire Alarm Transmission System	<input type="checkbox"/>		
3.	Fire Service Installation Plans (FSI/314A), Fire Service Installation Plans for Prescribed Commercial Premises/Specified Commercial Buildings (FSI/314B), or Fire Service Installation Plans for Composite Building/Domestic Building (FSI/314B); (as appropriate) Relevant fire service plan(s) with the stamp of the FSD and subsequent reply from the DFS shall be included.		<input type="checkbox"/>
4.	Ventilating System	3 copies of proposed ventilating system layout plans (including data of ventilation rate for the ventilating system)	<input type="checkbox"/>
		Letter of Compliance issued by the FSD	<input type="checkbox"/>
5.	Certificates of flame retardant product for all linings for acoustic, thermal insulation and decorative purposes within means of escape (if applicable)		<input type="checkbox"/>
6.	Certificates of flame retardant product for all linings for acoustic, thermal insulation and decorative purposes in ducting and concealed locations (if applicable)		<input type="checkbox"/>
7.	Emergency evacuation plan and fire/emergency escape routes plan		<input type="checkbox"/>

I. Applicable to Application for a New Licence (including expansion or merger of an RCHE(NH), or change of home name, etc.) (continued)

8.	Polyurethane (PU) Foam Filled Mattresses and Upholstered Furniture	Invoices from manufactures/suppliers (to indicate the goods conform to the relevant standard)	<input type="checkbox"/>
		Test certificates issued by accredited laboratories (authenticated by the company's stamp of manufactures/suppliers)	<input type="checkbox"/>
		Goods label	<input type="checkbox"/>
9.	Electricity (Wiring) Regulations Work Completion Certificate (Form WR1)		<input type="checkbox"/>
10.	Gas installation	Copy of the Certificate of compliance/certificate of completion for gas installation	<input type="checkbox"/>
		Copy of the Registered of Gas Contractor Certificate	<input type="checkbox"/>
		Copy of the Registered Gas Installer Card	<input type="checkbox"/>

II. Applicable to Application for Renewal of a Licence

1.	Certificates of Fire Service Installation and Equipment (FS251)	Fire detection system	<input type="checkbox"/>
		Fire alarm system	<input type="checkbox"/>
		Portable fire-fighting equipment	<input type="checkbox"/>
		Exit signs and directional signs	<input type="checkbox"/>
		Emergency lighting system	<input type="checkbox"/>
		Sprinkler system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Hose reel system (applicable to gross floor area exceeding 230 m ²)	<input type="checkbox"/>
		Emergency generator (if any)	<input type="checkbox"/>
		Ventilation/air conditioning control system (if any)	<input type="checkbox"/>
		Automatic actuating devices of fire shutters (if any)	<input type="checkbox"/>
2.	Electricity (Wiring) Regulations Work Completion Certificate (Form WR1) (applicable to first 5 years); or Periodic Test Certificate (Form WR2)		<input type="checkbox"/>
3.	Ventilating System	Annual Inspection Certificate (AIC)	<input type="checkbox"/>
4.	Gas Installation	Copy of the Certificate of compliance/certificate of completion for gas installation	<input type="checkbox"/>
		Copy of the Registered of Gas Contractor Certificate	<input type="checkbox"/>
		Copy of the Registered Gas Installer Card	<input type="checkbox"/>
5.	Fire Drill Record	Shall be still valid on the day of renewal for a licence	<input type="checkbox"/>

Residential Care Homes (Elderly Persons) Ordinance (Chapter 459, Laws of Hong Kong)

*Certificate of Compliance/Certificate of Completion for Gas Installation

Name of RCHE(NH): _____ LORCHE Number: _____

Address: _____

(A) This is to certify that –

- * (i) All gas installations (including gas appliances) for the above premises have been *installed/modified in accordance with the following regulations and codes for safe operation –
- * (ii) All existing gas installations (including gas appliances) installed in the above premises have been *inspected/maintained/repared in accordance with the following regulations and codes for safe operation –

* (a) Gas Safety (Gas Supply) Regulations (Cap. 51 sub. leg. B)
* (b) Gas Safety (Installation and Use) Regulations (Cap. 51 sub. leg. C)
* (c) Installation Requirements for Domestic Gas Water Heaters (Rated Heat Input Up To 70 kW) (Code of Practice GU03)
* (d) For Town Gas Supply Requirements for Town Gas Installations for Catering Purposes in Restaurants and Food Preparation Establishments (Code of Practice GU21)
* (e) For LPG [*Centralized Piped/Cylinder Chamber Supply] LPG Installations for Catering Purposes in Commercial Premises (Code of Practice GU06)
* (f) Installation of Mechanical Exhaust System for Gas Appliances (Rated Heat Input Up to 70 kW) (Code of Practice GU12)
* (g) Commercial Gas Dryer Fuelled By Town Gas/Liquefied Petroleum Gas (Code of Practice GU13 - Module One/Two)
* (h) Others

(B) The installation was

*installed/modified/inspected/maintained/repared on: _____ (dd/mm/yyyy)

Registered Gas Installer (RGI) Name: _____ RGI No.: _____

Classes Registered: _____ * 5/6/7

Signature: _____ Date: _____

On behalf of: _____

(Name of Company)

Company Stamp & Signature: _____ Registered Gas Contractor (RGC) No.: _____

Telephone: _____ Date: _____

Note: Please attach a copy of the related (i) Registered Gas Installer Card and (ii) Registered Gas Contractor Certificate to this Certificate for submission to the Licensing Office of Residential Care Homes for the Elderly of the Social Welfare Department.

**Delete whichever is inapplicable*

Guidelines on Fees and Charges in Residential Care Homes (Nursing Homes) for the Elderly

Operators and home managers of Residential Care Homes (Nursing Homes) for the Elderly (RCHE(NH)s) shall strictly adhere to paragraphs 8.3 and 8.4 of Chapter 8 in the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly and the following guidelines on handling fees and charges –

- (1) RCHE(NH)s shall explicitly specify the amount (i.e. the amount per month/per time/ per item in HK dollar) of home fees and other charge items (including services or goods) and list the charges to set out clearly all the chargeable items and the charging criteria with the actual amount/unit cost [RCHE(NH)s are strictly prohibited from adopting a pricing method without specifying the actual amounts, such as “charging the total Comprehensive Social Security Assistance (CSSA) (including Residential Care Supplement) payment as the home fee”, “charging a fee equivalent to the CSSA amount”, “charging a fee equivalent to the price under the Enhanced Bought Place Scheme (EBPS)/Pilot Scheme on Residential Care Service Voucher for the Elderly (the Voucher)”, etc.]. RCHE(NH)s should also display a clear list of charges at prominent places in the RCHE(NH)s to facilitate access of residents, family members and other people.
- (2) RCHE(NH)s shall give the schedule of fees and charges to the residents/their guardians/guarantors/family members/relatives prior to admission and clearly explain to them details of the charges.
- (3) RCHE(NH)s shall state the following items clearly on the admission agreement –
 - (a) fee-charging regulations of the RCHE(NH);
 - (b) home fees payable by the resident (i.e. the amount per month in HK dollar) and the specific amounts (i.e. the amount per month/per visit/per service/ per item in HK dollar) for items of payable fees for different services/goods (e.g. transportation fees for attending medical appointment, escort fees for attending medical treatment, dressing charges, diaper fees, nutritional milk product charges, air-conditioning fees, etc.) and the detailed information of such charges;
 - (c) arrangement of charging a deposit;
 - (d) deadline for payments and arrangement for handling overdue payments;
 - (e) fee-charging arrangement for residents with long-term hospitalisation;
 - (f) arrangement for collection/refund of payment for discharge (e.g. leaving the RCHE(NH), death, etc.), including the home fee/deposit/other paid fees, non-refundable fees and the processes and procedures for refund of payment; and
 - (g) arrangement for fee adjustment, etc.
- (4) During the procedures of admission, RCHE(NH)s shall explain clearly all the terms in the admission agreement, in particular those in relation to collection/refund of payment, to the residents and their guardians/guarantors/family members/ relatives.

- (5) The admission agreements shall be signed by RCHE(NH)s and the residents/guardians/guarantors/family members/relatives for confirmation. The residents/guardians/guarantors/family members/relatives who sign(s) on the admission agreements shall have sufficient cognitive ability to state that they understand and accept the contents and conditions of the agreement. Any revision (including the formulation of new payable items and fee adjustment) shall be effective only after being signed and confirmed by the RCHE(NH)s and the residents/guardians/guarantors/family members/relatives. The follow-up arrangement in the case of the residents/guardians/guarantors/family members/relatives disagreeing to the RCHE(NH)s' proposed fee adjustment should also be stated in the admission agreements.
- (6) RCHE(NH)s shall provide the residents/guardians/guarantors/family members/relatives with a copy of the signed admission agreements for their retention.
- (7) Upon receipt of payment, RCHE(NH)s shall immediately issue an official receipt bearing the name and/or business stamp of the RCHE(NH)s to the residents/guardians/guarantors/family members/relatives that indicates clearly the payer, date of payment, payee, items of payment, payment period and amount paid. RCHE(NH)s should properly keep records of different payments made by the residents, amounts paid by the RCHE(NH) on the residents' behalf and receipts, etc.
- (8) RCHE(NH)s may encourage residents to pay home fee by autopay for clear transactions and maintenance of records.
- (9) Residents receiving CSSA payment or their appointees are obliged to keep proper management of the CSSA payment received for paying home fees and other charges. In case of non-payment of home fees and other charges by the residents receiving CSSA payment or their appointees, RCHE(NH)s may contact the respective staff of the social security field units of the SWD, which the latter will recover and deduct the overpayment or proceed with other appropriate arrangements.
- (10) RCHE(NH)s should inform the residents and the guardians/guarantors/family members/relatives in writing of any proposed increase in fees or charges for any service or goods (including monetary adjustment due to inflation or change of residents' health conditions) at least 30 days prior to the effective date and shall be effective only after being signed and confirmed by the RCHE(NH)s and the residents/guardians/guarantors/family members/relatives.
- (11) RCHE(NH)s are forbidden to draw on the long-term supplement and/or the additional standard rate payments (if applicable) released to CSSA recipients for supplementing their home fees and/or service charges.

Guidelines on Handling Resident's Possessions in Residential Care Homes (Nursing Homes) for the Elderly

Operators and home managers of Residential Care Homes (Nursing Homes) for the Elderly (RCHE(NH)s) shall strictly adhere to paragraphs 8.3 and 8.4 of Chapter 8 in the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly and the following guidelines on handling residents' possessions –

- (1) Under section 16 of the Residential Care Homes (Elderly Persons) Regulation, RCHEs shall maintain a record of every resident, including possessions or property stored or held on behalf of each resident, such as identity document(s), travel document(s), bank passbook(s), automated teller machine (ATM) card(s), name stamp(s), pocket money, medical follow-up card(s), Certificate(s) for Waiver of Medical Charges, Senior Citizen Card(s), etc. Written consent and authorisation from the residents and their guardians/guarantors/family members/relatives shall be obtained on admission or when necessary. RCHE(NH)s shall establish and maintain a comprehensive and regularly updated record system and keeping the records properly in the RCHE(NH)s for the inspection of the Licensing Office of Residential Care Homes for the Elderly (LORCHE) at any time.
- (2) An RCHE(NH) should clearly count and keep proper record of the possessions under its custody during admission.
- (3) Unless the RCHE(NH) has obtained written consent and authorisation from the resident and his/her guardians/guarantors/family members/relatives, the operator and staff of the RCHE(NH) should not take the initiative to handle the personal financial matters of residents such as paying the home fees. It is even prohibited to use or withdraw money from the bank account for paying the home fees and other charges. The RCHE(NH) shall also establish and execute a proper monitoring mechanism in order to avoid dispute and misuse of money in residents' bank accounts (please refer to (4) below for the monitoring mechanism).
- (4) In order to avoid dispute and misuse of money in residents' bank accounts, an RCHE(NH) shall establish and execute the following monitoring mechanism:
 - (a) If the resident is of a good mental state, clear about his/her financial conditions and capable of managing personal financial matters, subject to his/her willingness, the resident may appoint the RCHE(NH) to withdraw bank savings to pay the home fees and other charges on his/her behalf, while the RCHE(NH) shall keep a clear record of the authorisation. The letter of authorisation shall be signed by the resident, staff concerned of the RCHE(NH) and the witness (who should be the resident's guarantors/family members/relatives, if any). The RCHE(NH) should formulate guidelines and operational procedures as appropriate, including keeping a complete and up-to-date record by a designated management/supervisory staff member. The RCHE(NH) shall also establish and strictly execute a proper monitoring mechanism; the accounts,

bills, receipts, etc. are to be checked by the home operator regularly. These records and accounts shall be made available for inspection at any time by the residents, family members, inspectors of LORCHE, the caseworker and the SWD staff concerned.

- (b) If the guardians/guarantors/family members/relatives, who are responsible for handling the personal financial matters of the residents, are not able to pay the home fees in person for any reasons (the resident shall be of a good mental state), they may sign a letter of authorisation to appoint any person who is trusted or the RCHE(NH) to handle the matters on their behalf. If the RCHE(NH) is entrusted, the RCHE(NH) is obliged to execute the procedure and monitoring mechanism as mentioned in (a) above. The letter of authorisation shall be jointly signed by the resident, the resident's guardians/guarantors/family members/relatives, the staff of the RCHE(NH) concerned and a witness.
 - (c) If a resident is certified by a registered medical practitioner as incapable of managing personal financial matters, the operator and staff of the RCHE(NH) are strictly prohibited to withdraw any bank savings to pay the home fees and other charges on behalf of the resident. The RCHE(NH) should request the resident's guardians/guarantors/family members/relatives or the caseworker to arrange for an appointee to handle matters relating to the home fees and other charges.
- (5) RCHE(NH)s should refer to the chapter on "Basic Knowledge on Elder Abuse" in the Procedural Guidelines for Handling Elder Abuse Cases (the latest revised version) issued by the SWD to protect residents from financial abuse. RCHE(NH)s should also refer to paragraph 8.9 "Prevention of Elder Abuse" of Chapter 8 in the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly to protect residents from abuse.

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: _____

<p>(3) Established/suspected abuse or infringement of a resident</p> <p><input type="checkbox"/> physical abuse <input type="checkbox"/> psychological abuse (Note 2) <input type="checkbox"/> neglect <input type="checkbox"/> financial abuse <input type="checkbox"/> abandonment <input type="checkbox"/> sexual abuse/indecent assault <input type="checkbox"/> others (please specify: _____)</p> <p>(a) <input type="checkbox"/> established case <input type="checkbox"/> suspected case</p> <p>(b) identity of abuser/suspected abuser/perpetrator <input type="checkbox"/> staff <input type="checkbox"/> resident <input type="checkbox"/> visitor <input type="checkbox"/> others (please specify: _____)</p> <p>(c) <input type="checkbox"/> has/<input type="checkbox"/> has not referred to social worker please specify the referral date and respective service unit if referral is made: _____</p> <p>(d) <input type="checkbox"/> has/<input type="checkbox"/> has not reported the case to police reporting date and reference no.: _____</p>
<p>(4) Dispute in the RCHE(NH) requiring police assistance</p> <p><input type="checkbox"/> between residents <input type="checkbox"/> between resident(s) and staff <input type="checkbox"/> between resident(s) and visitor(s) <input type="checkbox"/> between staff <input type="checkbox"/> between staff and visitor(s) <input type="checkbox"/> between visitors <input type="checkbox"/> others (please specify: _____) date of reporting case to police and reference no.: _____</p>
<p>(5) Serious medical/drug incident (Medication Risk Management Report shall be submitted at the same time)</p> <p><input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s) <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking proprietary/non-prescription drug(s) <input type="checkbox"/> others (please specify: _____)</p>
<p>(6) Other special incidents affecting the operation of the RCHE(NH)/residents</p> <p><input type="checkbox"/> suspension of power <input type="checkbox"/> building defects or structural problems <input type="checkbox"/> fire outbreak <input type="checkbox"/> suspension of water supply <input type="checkbox"/> flood/landslip/unknown gas leakage/other natural disasters <input type="checkbox"/> others (e.g. serious incidents involving staff), please specify: _____</p>
<p>(7) Others (e.g. serious data breach or incidents that may draw media attention)</p> <p><input type="checkbox"/> please specify: _____</p>

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

Name of resident _____ Age/Sex _____ Room and/or bed no. _____
<input type="checkbox"/> 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 _____
<input type="checkbox"/> 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	_____

Other Relevant Legislative Requirements Concerning Employment of Staff

Concerning the arrangement on employment of staff, the Residential Care Homes (Nursing Homes) for the Elderly (RCHE(NH)s) shall comply with other relevant legislative requirements as follows –

(1) Salary

Employee salaries shall 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.

(2) Sick Leave

Under section 37 of the Employment Ordinance (Cap. 57), every employer shall keep a record of all paid sickness days taken by each employee. Proper maintenance of sick leave records of employees is one of the important indicators of good occupational health and safety practice. It also allows early identification of an outbreak of infectious disease. A medical practitioner's certificate should be produced for any sick leave exceeding 2 working days. Any employee meeting the criteria prescribed under Part VII (Sickness Allowance) of the Employment Ordinance is entitled to have sickness allowance.

(3) Maternity Leave/Paternity Leave

Pregnant employees/eligible male employees covered by the Employment Ordinance are entitled to have maternity leave and maternity leave pay under Part III (Maternity Protection)/paternity leave and paternity leave pay under Part IIIA (Paternity Leave) of the Ordinance. Under section 15B of the Employment Ordinance, every employer shall maintain a record of maternity leave taken by and maternity leave pay paid to his/her employees.

(4) Annual Leave

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

(5) 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 to the other party notice, orally or in writing, of his/her 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 contract of employment.

(6) Employees' Compensation Insurance

Under the Employees' Compensation Ordinance (Cap. 282), as employers, operators of RCHE(NH)s shall take out policies of employees' compensation insurance to cover the employers' legal liabilities, including under the common law. Otherwise, no employees (including full-time and part-time employees) shall be employed to engage in any work.

(7) 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, operators of RCHE(NH)s shall comply with the requirements under the Ordinance. All employees attaining the age of 18 but below 65 shall participate in registered MPF schemes or other approved retirement schemes and comply with the requirements as stipulated in the Ordinance.

(8) Importation of Labour

Local workers shall be given priority in filling job vacancies. Operators who are genuinely unable to recruit local workers to fill the job vacancies can be allowed to bring in imported workers. Operators and home managers shall strictly observe the Laws of Hong Kong, the requirements stipulated in the Supplementary Labour Scheme (SLS) and the standard contract of employment if they are granted the approval to import workers. Operators shall be liable for any contravention of the immigration and labour laws and regulations, and shall be subjected to withdrawal of approval for Labour importation. SLS application will not be approved if the operator has severe poor record in 2-year period immediately preceding the date of application.

(9) Others

Personnel policies of RCHE(NH)s shall comply with the conditions and requirements stipulated in the Employment Ordinance.

Personal Data

Operators should ensure that the personal data of residents and/or employees shall be used (including disclosure and transfer) in compliance with the Personal Data (Privacy) Ordinance (Cap. 486). For details, please refer to paragraph 8.10 of Chapter 8 in the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly and the website of Privacy Commissioner for Personal Data (<https://www.pcpd.org.hk>).

Social Welfare Department

Application for Registration as a Health Worker

Please put a “✓” in the appropriate box

(I) Type of Application
<input type="checkbox"/> Registration as a health worker of RCHes under section 6(2) of the Residential Care Homes (Elderly Persons) Regulation <input type="checkbox"/> Registration as a health worker of RCHDs under section 6(2) of the Residential Care Homes (Persons with Disabilities) Regulation
(II) Personal Particulars
<p>1. Name (please complete in BLOCK LETTERS):</p> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div>(English)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div>(Chinese)</div> </div> <p>2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>3. Hong Kong Identity Card number: _____</p> <p>4. Date of birth: _____ (dd/mm/yyyy)</p> <p>5. Residential address: _____ _____</p> <p>6. Correspondence address (Note: The correspondence address will be kept in the Register of Health Workers):</p> <p><input type="checkbox"/> same as the above residential address</p> <p><input type="checkbox"/> different from the above residential address. The correspondence address is:</p> <p>_____</p> <p>_____</p> <p>7. Telephone number (Residential): _____</p> <p>Telephone number (Mobile): _____</p> <p>8. Email address: _____</p>

(III) Academic Qualification(s)

(in chronological order, only academic qualifications of secondary school and above are required. Please also attach the photocopies of certificates of the academic qualifications.)

Name of the Institute	Date of Admission (mm/yyyy)	Date of Leaving (mm/yyyy)	Highest Class / Form Completed	Certificate / Diploma / Degree Conferred

(IV) Training(s) on Care for the Elderly / Persons with Disabilities

(in chronological order and please attach photocopies of certificates)

Name of the Course	Name of the Organisation	Date of Enrolment (mm/yyyy)	Date of Completion (mm/yyyy)	Certificate Conferred

(V) Working Experience(s) in Residential Care Homes for the Elderly or Persons with Disabilities (in chronological order)

Name of the Home	Post Held	Date of Commencement (mm/yyyy)	Date of Leaving (mm/yyyy)

(VI) Important Notes

- (1) Please study the Brief on Application for Health Worker Registration which is uploaded on the Social Welfare Department (SWD) website (www.swd.gov.hk) before filling in this application form.
- (2) In accordance with section 5 of the Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A) and Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613 sub. leg. A), the Director of Social Welfare shall establish and maintain a register in which he shall cause to be kept particulars of the names and addresses of all persons registered as health workers under these Regulations and such other matters, if any, as he thinks fit. The register shall be available for inspection by the public free of charge at such offices of the Government as the Director may direct. If any person uses the personal data of the health workers collected from the register for direct marketing purposes without their consent, this may contravene Principle 3 of Data Protection Principles in Schedule 1 under the Personal Data (Privacy) Ordinance. The health workers concerned may lodge complaints to the Office of the Privacy Commissioner for Personal Data.
- (3) If the applicant has completed the Training Course for Health Worker approved by the Director of Social Welfare (DSW), he/she can submit the completed application form to the following address through the relevant training organisation, and please state on the envelope “Application for Health Worker Registration” –

Licensing and Regulation Branch
Social Welfare Department
5/F, THE HUB
23 Yip Kan Street
Wong Chuk Hang, Hong Kong
- (4) Please attach the following documents when submitting the application form –
 - (a) photocopy of the Hong Kong Identity Card;
 - (b) photocopies of the certificate of relevant academic qualifications; and
 - (c) photocopy of the graduation certificate of Training Course for Health Worker.
- (5) Please make sure the mail item(s) is/are with sufficient postage. Underpaid mail item(s) are subject to the handling of Hongkong Post.
- (6) Completed application form and photocopies of supporting documents, once submitted, are not returnable.
- (7) If necessary information is not provided by the applicant or the information is insufficient, the application will not be processed.
- (8) If there is not enough space on the application form, please write on another sheet and state clearly in the relevant part(s) on the application form. The applicant should clearly write the name and sign on the supplementary sheet(s) and staple the supplementary sheet(s) to the application form.
- (9) For enquiries, please call 3793 4180 during office hours.

(VII) Declaration and Undertaking

- (1) I understand if my name is removed from the register in accordance to section 5(4)(a) or (c) under Residential Care Homes (Elderly Persons) Regulation (Cap. 459 sub. leg. A), my registration under the Health Worker Register of Residential Care Homes (Persons with Disabilities) (Cap. 613 sub. leg. A) will also be removed by the DSW at the same time.
- (2) I understand the DSW can enter in the register any amendment as he may consider necessary for the purposes of preserving the accuracy of the register in respect of the address or any other particulars relating to a person whose name appears therein. If I have any amendment on the information in the register, I will inform the SWD as early as possible.
- (3) I declare that to the best of my knowledge and belief, the information provided in this application form and the documents submitted are true. I understand that if I knowingly give any false information or make false statements, it will render the application invalid.
- (4) I agree that the SWD can make necessary enquiries on matters regarding my application for a Health Worker for verifying the above information. I give my consent to all Government departments and other organisations to disclose any relevant record and information upon receiving the SWD's enquiries (including asking the relevant authorities or training organisations for my identity proof, academic qualifications, course attendance and assessment record, working experience and any other information).
- (5) I agree to the use of my personal data for the intended publicity and promotional activities.
 I object to the use of my personal data for the intended publicity and promotional activities.

(Note: The SWD intends to use your name and contact information (for example address and telephone number) for providing to you publicity and promotional activities / service or training courses related to Health Workers. The SWD has to obtain your consent before using your personal data for the above purpose. You can anytime request the SWD to stop using your personal data for the above purpose and the SWD will stop using your personal data upon receiving your request. Please state if you agree with the use of your personal data for the above purpose by the SWD by putting a "✓" in the suitable box above.)

- (6) I have read the Personal Information Collection Statement and the Brief on Application for Health Worker Registration and understood the content.
- (7) I have read all the above information and declaration in details. I fully understand and agree the relevant content.

Signature of the Applicant: _____ Date: _____ (dd/mm/yyyy)

Personal Information Collection Statement

Please read this notice before you provide any personal data¹ to the Social Welfare Department.

Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to process your application for registration as a Health Worker in residential care homes for the elderly or persons with disabilities, including (but not limited to) monitoring and reviewing the registration procedures, handling complaints related to the services provided to you, conducting research and surveys, preparing statistics, discharging statutory duties, etc. The provision of personal data to the SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application.

Classes of Transferees

2. The personal data you provide will be made available to persons working in the SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above –
 - (a) other parties such as government bureaux / departments / training institutes, if they are involved in –
 - (i) processing and/or assessing any application from you for the provision of service to you by the SWD;
 - (ii) monitoring and reviewing of the services provided by the SWD or preparing statistics;
 - (b) complaint handling authorities such as the Office of The Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services provided to you by the SWD;
 - (c) where such disclosure is authorised or required by law; or
 - (d) where you have given your prescribed consent to such disclosure.

Access to Personal Data

3. You have the right to request access to and correction of your personal data held by the SWD in accordance with the Personal Data (Privacy) Ordinance (Cap. 486). A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by the SWD should be addressed to –

Post Title : Executive Officer I (Licensing and Regulation) 2
 Address : 5/F, THE HUB
 23 Yip Kan Street
 Wong Chuk Hang, Hong Kong

¹ Under Personal Data (Privacy) Ordinance (Cap. 486), personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.

Medical Examination Form
for Residents in Residential Care Homes (Nursing Homes) for the Elderly
安老院(護養院)住客體格檢驗報告書

Part I **Particulars of Resident**
第一部分 **住客資料**

Name **Sex** **Age**
 姓名 性別 年齡

HKIC No. **Hospital/Clinic Ref. No.**
 香港身份證號碼 醫院/診所檔號

Part II **Medical History**
第二部分 **病歷**

- | | | | |
|--------|--|------------------------------|-----------------------------|
| (1) | Any history of major illnesses/operations?
曾否患嚴重疾病/接受大型手術?
If yes, please specify the diagnosis
如有, 請註明診斷結果: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | 有 | 無 |
| (2) | Any allergy to food or drugs?
有否食物或藥物過敏?
If yes, please specify:
如有, 請註明: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | 有 | 無 |
| (3)(a) | Any signs of infectious disease?
有否傳染病徵狀?
If yes, please specify:
如有, 請註明: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | 有 | 無 |
| (3)(b) | Any further investigation or treatment required?
是否需要接受跟進檢查或治療?
If yes, please specify and also state the hospital/clinic attended and reference number.
如有, 請註明並填寫覆診的醫院/診所和檔號。

_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | 有 | 無 |
| (4) | Any swallowing difficulties / easy choking?
有否吞嚥困難/容易哽塞?
If yes, please specify:
如有, 請註明: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | 有 | 無 |
| (5) | Any need of special diet?
有否特別膳食需要?
If yes, please specify:
如有, 請註明: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | 有 | 無 |
| (6) | Past psychiatric history, if any, including the diagnosis and whether regular follow-up treatment is required.
如過往有精神病紀錄, 請詳述病歷及是否需要定期跟進治療。

_____ | | |
| (7) | Details of present medication, if any, including the name and dosage.
如目前須服用藥物, 請詳述藥名及服用量。

_____ | | |

Part III Physical Examination 第三部分 身體檢查		
Blood Pressure 血壓 mmHg	Pulse 脈搏 /min	Body Weight 體重 kg
Please specify: 請註明：		
Cardiovascular System 循環系統 <hr/>		
Respiratory System 呼吸系統 <hr/>		
Central Nervous System 中樞神經系統 <hr/>		
Musculo-skeletal 肌骨 <hr/>		
Abdomen/Urogenital System 腹／泌尿及生殖系統 <hr/>		
Lymphatic System 淋巴系統 <hr/>		
Thyroid 甲狀腺 <hr/>		
Skin Condition, e.g. pressure injuries (pressure sores) 皮膚狀況，如：壓力性損傷（壓瘡） <hr/>		
Foot 足部 <hr/>		
Eye/Ear, Nose and Throat 眼／耳鼻喉 <hr/>		
Oral/Dental Condition 口腔／牙齒狀況 <hr/>		
Others 其他 <hr/>		

Part IV		Functional Assessment			
第四部分		身體機能評估			
Vision 視力 (with/without* visual corrective devices 有/沒有*配戴 視力矯正器)	<input type="checkbox"/> normal 正常	<input type="checkbox"/> unable to read newspaper print 不能閱讀報紙字體	<input type="checkbox"/> unable to watch TV 不能觀看到電視	<input type="checkbox"/> see lights only 只能見光影	
Hearing 聽覺 (with/without* hearing aids 有/沒有*配戴 助聽器)	<input type="checkbox"/> normal 正常	<input type="checkbox"/> difficult to communicate with normal voice 普通聲量下難以溝 通	<input type="checkbox"/> difficult to communicate with loud voice 大聲說話的情況下 也難以溝通	<input type="checkbox"/> cannot communicate with loud voice 大聲說話的情況 下也不能溝通	
Speech 語言能力	<input type="checkbox"/> able to express 能正常表達	<input type="checkbox"/> need time to express 需慢慢表達	<input type="checkbox"/> need clues to express 需靠提示表達	<input type="checkbox"/> unable to express 不能以語言表達	
Mental state 精神狀況	<input type="checkbox"/> normal/alert/ stable 正常/敏銳 /穩定	<input type="checkbox"/> mildly disturbed 輕度受困擾	<input type="checkbox"/> moderately disturbed 中度受困擾	<input type="checkbox"/> seriously disturbed 嚴重受困擾	
Mobility 活動能力	<input type="checkbox"/> independent 行動自如	<input type="checkbox"/> self-ambulatory with walking aid or wheelchair 可自行用助行器或 輪椅移動	<input type="checkbox"/> always need assistance from other people 經常需要別人幫助	<input type="checkbox"/> bedridden 長期卧床	
Continence 禁制能力	<input type="checkbox"/> normal 正常	<input type="checkbox"/> occasional faecal or urinary incontinence 大/小便偶爾失禁	<input type="checkbox"/> frequent faecal or urinary incontinence 大/小便經常失禁	<input type="checkbox"/> double incontinence 大小便完全失禁	
A.D.L. 自我照顧能力	<input type="checkbox"/> Independent 完全獨立/不需協助 (No supervision or assistance needed in all daily living activities, including bathing, dressing, toileting, transfer, urinary and faecal continence and feeding.) (於洗澡、穿衣、如廁、位置轉移、大小便禁制及進食方面均無需指導或協助)				
	<input type="checkbox"/> Occasional assistance 偶爾需要協助 (Need assistance in bathing and supervision or assistance in other daily living activities.) (於洗澡時需要協助及於其他日常生活活動方面需要指導或協助)				
	<input type="checkbox"/> Frequent assistance 經常需要協助 (Need supervision or assistance in bathing and no more than 4 other daily living activities.) (於洗澡及其他不超過四項日常生活活動方面需要指導或協助)				
	<input type="checkbox"/> Totally dependent 完全需要協助 (Need assistance in all daily living activities) (於日常生活活動方面均需要完全的協助)				

Part V 第五部分	Recommendation 建議
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The applicant is fit for admission to the following type of residential care homes for the elderly –
申請人適合入住以下類別的安老院：

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <p>1. Self-care Hostel 低度照顧安老院
(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)
(即提供住宿照顧、監管及指導予年滿 60 歲人士的機構，而該等人士有能力保持個人衛生，亦有能力處理關於清潔、烹飪、洗衣、購物的家居工作及其他家務)</p> |
| <input type="checkbox"/> | <p>2. Aged Home 中度照顧安老院
(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)
(即提供住宿照顧、監管及指導予年滿 60 歲人士的機構，而該等人士有能力保持個人衛生，但在處理關於清潔、烹飪、洗衣、購物的家居工作及其他家務方面，有一定程度的困難)</p> |
| <input type="checkbox"/> | <p>3. Care-and-Attention Home 高度照顧安老院
(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)
(即提供住宿照顧、監管及指導予年滿 60 歲人士的機構，而該等人士一般健康欠佳，而且身體機能喪失或衰退，以致在日常起居方面需要專人照顧料理，但不需要高度的專業醫療或護理)</p> |
| <input type="checkbox"/> | <p>4. Nursing Home 護養院
(an establishment providing residential care, supervision and guidance for persons who have attained the age of 60 years, and who are suffering from a functional disability to the extent that they require personal care and attention in the course of daily living activities, and a high degree of professional nursing care, but do not require continuous medical supervision)
(即提供住宿照顧、監管及指導予年滿 60 歲人士的機構，而該等人士身體機能喪失，程度達到在日常起居方面，需要專人照顧料理及高度的專業護理，但不需要持續醫療監管)</p> |

Part VI 第六部分	Other Comment 其他批註
<hr/> <hr/> <hr/> <hr/> <hr/>	

Medical Practitioner's Signature

醫生簽署

Name of Hospital/Clinic

醫院／診所名稱

Medical Practitioner's Name

醫生姓名

**Stamp of Hospital/Clinic/
Medical Practitioner**

醫院／診所／醫生印鑑

Date

日期

[Name of RCHE (NH)]

Assessment and Consent Form for Applying Restraint

(re-assessment shall be made at least once every 6 months or when there is any change in the resident's condition)

Name of Resident _____ Sex/Age _____ HKIC No. _____

Room and/or Bed No. _____ Last Assessment Date _____

(Principle: Restraint refers to a means of limiting a resident's movement so as to minimise harm to himself/herself and/or other residents. An RCHE(NH) should adopt measures with least restraint. The use of restraint should only be considered when all other alternative attempts are ineffective or in case of emergency and when the well-being of the resident and/or other residents is jeopardised)

(I) Conditions of Resident/Risk Factors (please tick as appropriate, may choose more than one item) **Abnormal mental condition and/or abnormal behaviour** emotion problem/confusion wandering self-injurious behaviour, please specify: _____ injuring/harassing others, please specify: _____ **Inability to maintain a proper seating posture** weak in back and loin muscles paralysis joint degeneration others, please specify: _____ **Risk of fall** unsteady gait fall during hospitalisation visual/hearing impairment under influence of dugs other risks of fall, please specify: _____ **History of removing therapeutic medical supplies and/or person items** feeding tube oxygen tubing or mask urinary catheter stoma appliances diaper or clothes others, please specify: _____ **Others, please specify:** _____**(II) Alternatives**

Other attempted alternatives (please tick as appropriate, may choose more than one item)	Assessment Date	Assessment Result		Remarks
		Effective	Ineffective	
<input type="checkbox"/> seeking medical advice to find out the possible cause(s) leading to the emotion problem or confusion and handling accordingly		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> discussing with medical practitioners for treatment or medication adjustment		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> seeking intervention from physiotherapists/occupational therapists/clinical psychologists/social workers		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> improving furniture: using more appropriate chairs, cushions or other accessories		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> improving environment: to facilitate the resident to feel secure, comfortable and be familiar with the environment		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> providing leisure and diversionary activities to the resident		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> spending more time to talk to the resident for building up harmonious and mutual trust relationship		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> observing and inspecting regularly by home staff		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> adjusting daily care procedures to meet the special need of the resident		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> requesting visits and assistance from the resident's family/friends		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> others, please specify: _____		<input type="checkbox"/>	<input type="checkbox"/>	

(III) Recommendations on Restraint (please tick as appropriate, may choose more than one item)

Physical restraints		
Type	Condition for applying restraints	Period of applying restraints
<input type="checkbox"/> safety vests	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day
	<input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> safety belts	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day
	<input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____

<input type="checkbox"/> wrist restraints	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> gloves/mittens	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> non-slippery trousers/stripes	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> lap trays	<input type="checkbox"/> sitting on chair/wheelchair	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____
<input type="checkbox"/> others _____	<input type="checkbox"/> sitting on chair <input type="checkbox"/> lying in bed <input type="checkbox"/> sitting on chair & lying in bed	<input type="checkbox"/> daytime (from _____ to _____) <input type="checkbox"/> whole day <input type="checkbox"/> at night (from _____ to _____) <input type="checkbox"/> others _____

Next assessment date _____

Name of nurse/health worker _____ Signature of nurse/health worker _____ Date _____

Name of home manager _____ Signature of home manager _____ Date _____

(IV) Medical Practitioner’s Comment (please tick as appropriate)

- Agree** to apply restraint on the above resident as suggested in part (III)
- Disagree** to apply restraint on the above resident

Remarks: _____

Name of medical practitioner _____ Signature of medical practitioner _____ Date _____

(V) Resident’s Intention (please tick the appropriate box and delete * as appropriate)

<p>I, _____ (resident’s name), after being clearly explained by *staff/medical practitioner of the RCHE(NH) the reasons for using restraint, type and period for the restraint to be used, the short-term and long-term impacts that may be caused by the use of restraint [see part (VII) below] and other alternatives that have been exhausted and their effectiveness, hereby <input type="checkbox"/> agree/<input type="checkbox"/> disagree to the use of restraint as suggested in part (III).</p> <p>Signature _____ Date _____</p>	<p>If the resident has cognitive impairment, please complete this part only</p> <p>I, *guardian/guarantor/family member/relative/visiting medical practitioner of _____ (resident’s name), hereby witness that the resident cannot sign the consent due to cognitive impairment.</p> <p>Name of witness _____ Relationship _____</p> <p>Signature _____ Date _____</p>
--	---

(VI) Guardian’s/Guarantor’s/Family Member’s/Relative’s intention

(please tick the appropriate box and delete * as appropriate)

I, _____ * guardian/guarantor/family member/relative of _____ (resident’s name), after being clearly explained by *staff/medical practitioner of the home the reasons for using restraint, type and period for the restraint to be used, the short-term and long-term impacts that may be caused by the use of restraint [see part (VII) below] and other alternatives that have been exhausted and their effectiveness, hereby **agree**/ **disagree** to the use of restraint as suggested in part (III).

Signature _____ Relationship with the resident _____ Date _____

(VII) Special Notes

1. Condition of the resident should be reviewed at least once every 2 hours while under physical restraints.
2. The use of restraint will confine a resident to a seating or lying down position for a long period of time, thus reducing the resident’s mobility and joint movement and resulting in muscle contracture.
3. A resident’s bones may become brittle and liable to fracture due to the reduction of weight-bearing activities.
4. Swelling of the resident’s lower limbs may occur due to reduced blood circulation.
5. Residents under restraint may have negative emotions, such as anger, shame, fear, helplessness, distress, etc.
6. Residents may become bad-tempered and anxious or even have depressive mood as a result of long term use of restraint.
7. Residents under restraint may become more frail and apathetic. They may fall and hurt themselves more easily.
8. Some residents resist restraint very much and may harm themselves or fall when they try to get rid of the physical restraints.
9. As residents’ mobility is restricted, they have fewer chances to talk to or get along with others, thus affecting their social well-being.

_____ [Name of RCHE (NH)]
**Confirmation of Request for Giving Proprietary/
 Non-prescription Drugs**

Resident's name	Sex/Age	HKIC no.	Room and/or bed no.
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Please study part (V) before completing this confirmation and delete as appropriate

(I) Information of the Requested Proprietary/Non-prescription Drugs

Drug name	Source	Purpose of Medication	Direction of Administration

(II) Resident's Confirmation (leave blank if the resident has cognitive impairment)

I have requested this Residential Care Home (Nursing Home) for the elderly [RCHE(NH)] to give the above drugs to me. Any adverse effects that may cause will be at my own risk.

Signature _____ **Date** _____

(III) Confirmation by the Guardian/Guarantor/Family Member/Relative

I, _____ (name), am the *guardian/guarantor/family member/relative of _____ (resident's name). I have requested this RCHE(NH) to give the above drugs to the said resident. Any adverse effects that may cause will be at my own risk.

Relationship with resident _____ **Signature** _____ **Date** _____

(IV) Confirmation by RCHE(NH)

In response to the request made by the said resident and/or his/her guardian/guarantor/family member/relative to this RCHE(NH) for giving the above proprietary/non-prescription drugs to the resident, our health care staff have reminded the said resident and/or his/her guardian/guarantor/family member/relative of the potential adverse effects of the drugs, and have also consulted _____ (name of registered medical practitioner) of _____ (name of hospital/clinic) who has no objection to the administration of the drugs for the said resident.

Name of home manager _____ **Signature** _____ **Date** _____
**Name of nurse/
 health worker** _____ **Signature** _____ **Date** _____

(V) Remarks

1. An RCHE(NH) shall record the drugs listed in part (I) at the Individual Drug Record (IDR) of the said resident and keep the "Directions for the Use of Drugs" for healthcare professionals' reference.
2. The resident should immediately stop taking the drugs and consult registered medical practitioners if there is any adverse effect.
3. This confirmation shall be updated if there is any change in the drugs listed in part (I).

[Name of RCHE(NH)]

**Consent Form for Self-storage and
Self-administration of Drugs**

Resident's name	Sex/age	HKIC no.	Room and/or bed no.
------------------------	----------------	-----------------	----------------------------

(I) Information of Drugs for Self-storage and Self-administration

Name of Drug	Source	Purpose of Medication	Direction of Administration

(II) Confirmation by Resident and Guardian/Guarantor/Family Member/Relative

(*please delete as appropriate)

I, _____ (resident's name), hereby request to store and administer the above drugs by myself. I am well aware of the medical practitioner's instructions and will administer the drugs on schedule and at advised dosage. I will also store the drugs in a secure and locked cabinet/box to prevent other residents from taking them mistakenly.		
Resident's signature	Name of witnessing *guardian/ guarantor/family member/relative	Relationship with resident
Date	Signature of witnessing *guardian/ guarantor/family member/relative	Date

(III) Assessment by RCHE(NH) (please tick as appropriate)

Assessment	Yes	No	Remarks
The resident fully understands the medical practitioner's instructions	<input type="checkbox"/>	<input type="checkbox"/>	
The resident can comply with the medical practitioner's instructions in administering the drugs on schedule and at advised dosage	<input type="checkbox"/>	<input type="checkbox"/>	
The resident is capable of storing the drugs in a secure and locked cabinet/box	<input type="checkbox"/>	<input type="checkbox"/>	
Nearby residents will not take the drugs mistakenly	<input type="checkbox"/>	<input type="checkbox"/>	
The drugs listed in part (I) are suitable for self-storage and self-administration	<input type="checkbox"/>	<input type="checkbox"/>	

Upon an assessment, this RCHE(NH) **agree**/ **disagree** to handing over the drugs listed in part (I) to the resident for self-storage and self-administration.

*Name of nurse/
health worker _____ Name of home manager _____
*Signature of nurse/
health worker _____ Signature of home manager _____
Assessment date _____ Date _____

(IV) Remarks

<p>(1) The RCHE(NH) should re-assess and update/invalidate this consent form not less than once every half a year or under any following circumstances –</p> <p>(a) changes in the conditions of nearby residents who may take the self-administered drugs mistakenly;</p> <p>(b) the resident or his/her guardian guarantor/family member/relative has requested that the drugs will no longer be stored or administered by the resident;</p> <p>(c) the resident's cognitive or drug-handling ability has deteriorated; or</p> <p>(d) changes in the types of the drugs in part (I).</p> <p>(2) The RCHE(NH) is required to complete the drug delivery record, which should be signed by the resident and his/her guardian/guarantor/family member/relative for confirmation.</p>

Scheduled Infectious Diseases

Currently, there are 53 infectious diseases set out in Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599). RCHE(NH)s should regularly check with the Centre for Health Protection of the Department of Health for the latest version.

1. Acute poliomyelitis
2. Amoebic dysentery
3. Anthrax
4. Bacillary dysentery
5. Botulism
6. Chickenpox
7. Chikungunya fever
8. Cholera
9. Community-associated methicillin-resistant *Staphylococcus aureus* infection
10. Coronavirus disease 2019 (COVID-19)
11. Creutzfeldt-Jakob disease
12. Dengue fever
13. Diphtheria
14. Enterovirus 71 infection
15. Food poisoning
16. *Haemophilus influenzae* type b infection (invasive)
17. Hantavirus infection
18. Invasive pneumococcal disease
19. Japanese encephalitis
20. Legionnaires' disease
21. Leprosy
22. Leptospirosis
23. Listeriosis
24. Malaria
25. Measles
26. Melioidosis
27. Meningococcal infection (invasive)
28. Middle East Respiratory Syndrome
29. Monkeypox
30. Mumps
31. Novel influenza A infection
32. Paratyphoid fever
33. Plague
34. Psittacosis
35. Q fever
36. Rabies
37. Relapsing fever
38. Rubella and congenital rubella syndrome
39. Scarlet fever
40. Severe Acute Respiratory Syndrome
41. Shiga toxin-producing *Escherichia coli* infection
42. Smallpox
43. *Streptococcus suis* infection
44. Tetanus
45. Tuberculosis
46. Typhoid fever
47. Typhus and other rickettsial diseases
48. Viral haemorrhagic fever
49. Viral hepatitis
50. West Nile Virus Infection
51. Whooping cough
52. Yellow fever
53. Zika Virus Infection

Suspected Infectious Disease Outbreak in RCHE(NH)

NOTIFICATION FORM

To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)

(Email : disease@dh.gov.hk)

c.c.: LORCHE, Social Welfare Department (Fax: 2574 4176 or 3106 3058)

CGAT (if applicable) (Fax:)

Name of institution:	_____	(LORCHE No.:	_____)
Address of institution:	_____ _____		
Contact person:	_____	(Post: _____)	Tel: _____
Total no. of residents:	_____	Total no. of staff:	_____ Fax: _____
No. of sick residents:	_____	(No. admitted into hospital:	_____)
No. of sick staff:	_____	(No. admitted into hospital:	_____)
Common symptoms: (May tick multiple)	<input type="checkbox"/> Fever	<input type="checkbox"/> Sore throat	
	<input type="checkbox"/> Cough	<input type="checkbox"/> Runny nose	
	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Vomiting	
	<input type="checkbox"/> Skin rash	<input type="checkbox"/> Blisters on hand/foot	<input type="checkbox"/> Oral ulcers
	<input type="checkbox"/> Others (Please specify: _____)		
Suspected disease:	_____		
Reported by:	_____	Contact tel.:	_____
Signature:	_____	Fax on:	_____
For enquiries, please call 2477 2772			