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

社會福利署
Social Welfare Department

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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. The Residential Care Homes Legislation (Miscellaneous Amendments) Ordinance 2023 (Ord. No. 12 of 2023) (Amendment Ordinance) was gazetted on 16 June 2023 to enhance the monitoring and quality of residential care homes. The majority of the Amendment Ordinance will come into effect from 16 June 2024 whereas the requirements in relation to staffing and area of floor space per resident will be implemented in phases.

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1.1.5 As the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) has been replaced by the Private Healthcare Facilities Ordinance (Cap. 633) gazetted on 30 November 2018, the regulatory regime for the nursing homes for the elderly originally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 on or before 16 June 2024. 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(1) 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.

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;

(c) a treatment centre as defined by section 2 of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap.566); or

(d) 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. If the licence of the residential care home is an e-licence, the operator shall submit a Home Closure Application and surrender the first-mentioned licence through the Online Platform for Residential Care Homes for the Elderly and Persons with Disabilities (the Online Platform) (https://lrbop.swd.gov.hk). 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. If the licence of the residential care home is an e-licence, the operator shall submit a Home Closure Application and surrender the first-mentioned licence through the Online Platform.

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, construction, 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.: 3184 0729 or 2834 7414) (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 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)(i) and (ii) 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 licence is in force or has been suspended, surrendered or cancelled ; or

(b) the name of an RCHD in respect of which a licence issued under the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) is in force or 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 the operator, 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 Advertisement

Under section 14A of the Residential Care Homes (Elderly Persons) Regulation, the operator of an RCHE must ensure that every advertisement published by or on behalf of the operator for promoting the RCHE contains information to the effect that a licence is in force in respect of the RCHE.

## 1.6 Closure of RCHE(NH)s

If an operator ceases the operation of an RCHE(NH), or if a residential care home is unable to continue its operation due to various reasons (e.g. termination of tenancy by the landlord), the operator shall inform LORCHE as well as the residents and their guardians[1]/guarantors[2]/family members/relatives/contact persons, in writing at least 3 months prior to its closure of the RCHE(NH), together with a relocation plan for the residents. The operator shall surrender the licence to LORCHE after the closure of the RCHE(NH). If the licence of the residential care home is an e-licence, the operator shall submit a Home Closure Application and surrender the licence through the Online Platform (https://lrbop.swd.gov.hk). For management matters relating to the closure of an RCHE(NH), please refer to paragraph 9.13 of Chapter 9 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(1) 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 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 to be received or 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 9.3.1 of Chapter 9 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 home 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 shall hold a licence[3] 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, a licence applicant shall make an application for a licence in respect of an RCHE by using the form (SWD 692) specified at Annex 3.1. The application form may be obtained from LORCHE or downloaded from the website of the SWD (https://www.swd.gov.hk). Applicants may submit their applications electronically through the Online Platform (https://lrbop.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 The original of the duly completed application form shall be submitted by delivery or registered mail to LORCHE, or the application form can be completed and submitted electronically via the Online Platform;

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 and valid 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)[4] (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), a printed copy of the layout plans shall be submitted in parallel if the licence application is submitted electronically;

(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 5.2), a printed copy of the plan shall be submitted in parallel if the licence application is submitted electronically; and

(j) a proposal of a Responsible Person (RP) for the RCHE(NH) (SWD 698) (please refer to paragraph 3.11 of this chapter and Annex 3.7 for the requirements in relation to RP).

3.2.3 A specified authorisation to the Commissioner of Police for releasing relevant criminal records to the SWD must be signed by the applicant/authorised representative and the proposed RP in the witness of staff of LORCHE, for the vetting of the licence application.

3.2.4 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

[4] If the layout plans of the RCHE(NH) involves alteration and addition (A&A) works of which prior approval of plans and consent to the commencement of works from the Building Authority is required, the applicant shall enclose the related documents including approved plan(s) and letter(s) when submitting the licence application. In case the proposed layout plans involves A&A works and there are no related documents enclosed in the application form, the said application and all the submitted documents would be returned to the applicant and no follow-up actions would be taken. If the applicant wishes to apply for the licence again, the applicant shall resubmit the application form and all the documents as required in Chapter 3 in this Code of Practice.

Residents in Residential Care Homes (Nursing Homes) for the Elderly (Annex 14.1) 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.

3.2.5 Applicants 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 applicants 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).

3.2.6 Applicants 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).

3.2.7 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 Fit and Proper Requirement for Licence Applicant

3.3.1 Under section 8A of the Residential Care Homes (Elderly Persons) Ordinance, in considering whether a licence/licence renewal applicant is a fit and proper person to operate a residential care home, the DSW must have regard to all relevant matters, including whether any of the relevant sole proprietor/body corporate/any partner in the partnership (partner) –

(a) has been convicted of an offence involving fraud or dishonesty in any place;

(b) has been convicted of an indictable offence in Hong Kong;

(c) has been sentenced to imprisonment (however described) in a place outside Hong Kong, whether or not the sentence is suspended (applicable to sole proprietor and partner being an individual);

(d) has been convicted of an offence in a place outside Hong Kong (applicable to body corporate and partner being a body corporate);

(e) has been convicted of an offence under the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Regulation, Residential Care Homes (Persons with Disabilities) Ordinance or Residential Care Homes (Persons with Disabilities) Regulation;

(f) has records of any application for a licence, the renewal of a licence, a certificate of exemption or the renewal of a certificate of exemption within the meaning of the Residential Care Homes (Elderly Persons) Ordinance/Residential Care Homes (Persons with Disabilities) Ordinance in connection with the applicant;

(g) has complied with the conditions of a licence or certificate of exemption under the Residential Care Homes (Elderly Persons) Ordinance/Residential Care Homes (Persons with Disabilities) Ordinance;

(h) has complied with the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Regulation, Residential Care Homes (Persons with Disabilities) Ordinance or Residential Care Homes (Persons with Disabilities) Regulation;

(i) is an undischarged bankrupt (applicable to sole proprietor and partner being an individual);

(j) is in liquidation or is the subject of a winding-up order (applicable to body corporate and partner being a body corporate);

(k) has entered into a composition or scheme of arrangement with the creditors; and

(l) is a director of any body corporate that is in liquidation or is the subject of a winding-up order.

3.3.2 The applicant should ensure that the RCHE operator-to-be complies with the fit and proper requirement for operating an RCHE and submit details via a specified form (SWD 692) (Annex 3.1) together with the following documents to the DSW for consideration –

(a) details of criminal records (if any) in relation to an individual/ (applicable to sole proprietorship applicant and partner being an

individual)/body corporate (applicable to body corporate and partner being a body corporate);

(b) details of records issued by the Official Receiver (if any) in relation to the relevant individual/body corporate; and

(c) other relevant documents.

## 3.4 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 residential care home, as the DSW thinks fit; or

(b) by refusing to issue a licence to the applicant.

## 3.5 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.

## 3.6 Renewal of Licence

3.6.1 Under section 9(2) of the Residential Care Homes (Elderly Persons) Ordinance, an RCHE operator 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 (SWD 695) specified at Annex 3.4. Operators may also submit their renewal applications electronically through the Online Platform (https://lrbop.swd.gov.hk).

3.6.2 For an application for the renewal of a licence in respect of an RCHE under section 9 of the Residential Care Homes (Elderly Persons) Ordinance, the operator of the RCHE must propose a management officer to be the RP of the RCHE if (please refer to paragraph 3.11 of this chapter for details) –

(a) the application is the first application for the renewal of the licence made on or after 16 June 2024; and

(b) the licence –

(i) was in force immediately before 16 June 2024; or

(ii) is issued on or after 16 June 2024 on an application made before that date.

3.6.3 A specified authorisation to the Commissioner of Police for releasing relevant criminal records to the SWD must be signed by the operator and the proposed RP in the witness of staff of LORCHE, for the vetting of the application for renewal of a licence.

3.6.4 On renewing the licence in accordance with section 9(4) or 9(5) of the Residential Care Homes (Elderly Persons) Ordinance, the DSW must, by a written notice, inform the operator of the RCHE of the effective date on which the proposed RP becomes the RP of the RCHE; and send a copy of the notice to the proposed RP.

## 3.7 Display of Licence

3.7.1 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.

3.7.2 When an RCHE(NH) is issued with an electronic licence, the operator may display through the means of an electronic screen, printed form, etc., the licence or its copy in a prominent place of the RCHE(NH) premises for public access.

## 3.8 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.

## 3.9 Application for a New Licence for Licensed RCHE(NH)s

3.9.1 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 692) specified at 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 3.10 of this chapter);

(c) type of the RCHE;

(d) licensed capacity; and/or

(e) operator/operating corporation (please refer to paragraph 3.9.2 of this chapter).

3.9.2 If there is a change of operators/operating 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 the form (SWD 692) specified at Annex 3.1 not more than 4 months and not less than 2 months prior to the change(s).

3.9.3 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.

## 3.10 Expansion or Merger of RCHE(NH)s

3.10.1 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 3.9.1(b) of this chapter).

3.10.2 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 3.2.6 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 and written undertakings should also be provided to ensure effective communication and mutual support among the staff.

3.10.3 If the proposed expanded portion is not situated at a location as mentioned in paragraph 3.10.2 (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 form (SWD 692) specified at Annex 3.1.

## 3.11 Responsible Person

3.11.1 Under sections 11A, 11B and 11C of the Residential Care Homes (Elderly Persons) Ordinance, the applicant must propose a management officer (proposed RP) to be the RP of the RCHE on the application for a licence/renewal of a licence in respect of an RCHE. The proposal must –

(a) contain the name and correspondence address of the proposed RP;

(b) contain a statement made by the proposed RP indicating his or her consent to be the RP of the RCHE;

(c) contain any other information specified by the DSW; and

(d) be made in the form and manner specified by the DSW (SWD 698) (Annex 3.7).

3.11.2 Under section 2(1) of the Residential Care Homes (Elderly Persons) Ordinance, management officer means –

(a) in relation to a sole proprietorship—an individual who is the sole proprietor or is concerned in the management of the sole proprietorship;

(b) in relation to a body corporate—an individual who is a director of the body corporate or is concerned in its management; or

(c) in relation to a partnership—an individual who is a partner in the partnership or is concerned in its management;

Specifically, an individual who is concerned in the management of the sole proprietorship/body corporate/partnership may include the operator, the chief executive officer, the company secretary, the manager, the home manager of an RCHE(NH), etc.

3.11.3 A specified authorisation to the Commissioner of Police for releasing relevant criminal records to the SWD must be signed by the proposed RP in the witness of staff of LORCHE. On issuing the licence in accordance with section 8(2)(a) of the Residential Care Homes (Elderly Persons) Ordinance, the DSW must, by a written notice, inform the operator of the RCHE that the proposed RP becomes the RP of the RCHE on the day on which the licence takes effect; and send a copy of the notice to the proposed RP.

3.11.4 The operation of the RCHE(NH) must be closely monitored by the RP in accordance with a monitoring mechanism devised by the RCHE(NH), to ensure –

(a) adequate supervision of the operation, keeping, management and control of the RCHE(NH) for protecting the interest and safety of the residents of the RCHE(NH); and

(b) that the RCHE(NH) is operated in compliance with the Residential Care Homes (Elderly Persons) Ordinance and the Residential Care Homes (Elderly Persons) Regulation.

3.11.5 Under section 11E of the Residential Care Homes (Elderly Persons) Ordinance, for sections 8(3)(ac), 10(1)(ac), 11F(1) and 11I(1)(b), in considering whether the proposed RP is a fit and proper person to perform the duties mentioned in section 11D (i.e. paragraph 3.11.4 above), the DSW must have regard to all relevant matters, including whether the proposed RP –

(a) has been convicted of an offence involving fraud or dishonesty in any place;

(b) has been convicted of an indictable offence in Hong Kong;

(c) has been sentenced to imprisonment (however described) in a place outside Hong Kong, whether or not the sentence is suspended;

(d) has been convicted of an offence under the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Regulation, Residential Care Homes (Persons with Disabilities) Ordinance or Residential Care Homes (Persons with Disabilities) Regulation;

(e) has record of any application for a licence, the renewal of a licence, a certificate of exemption or the renewal of a certificate of exemption within the meaning of the Residential Care Homes (Elderly Persons) Ordinance/Residential Care Homes (Persons with Disabilities) Ordinance;

(f) has complied with the conditions of a licence or certificate of exemption under the Residential Care Homes (Elderly Persons) Ordinance/Residential Care Homes (Persons with Disabilities) Ordinance;

(g) has complied with the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes (Elderly Persons) Regulation, Residential Care Homes (Persons with Disabilities) Ordinance or Residential Care Homes (Persons with Disabilities) Regulation;

(h) is an undischarged bankrupt;

(i) has entered into a composition or scheme of arrangement with the person's creditors; and

(j) is a director of any body corporate that is in liquidation or is the subject of a winding-up order.

3.11.6 If the DSW is satisfied that the RP of an RCHE(NH) is no longer a fit and proper person to perform the duties mentioned in section 11D of the Residential Care Homes (Elderly Persons) Ordinance; or has failed to perform any of the duties –

(a) the DSW may, by a written notice given to the operator of the RCHE(NH), direct that the RP of the RCHE(NH) (outgoing RP) cease to be such an RP. The outgoing RP ceases to be the RP of the RCHE(NH) on the date of the notice.

(b) the operator must, within 7 days after the date of the notice or a longer period that the DSW permits, propose another management officer of the operator to be the RP of the RCHE(NH).

3.11.7 The RP of an RCHE(NH) ceases to be such an RP when he or she –

(a) dies;

(b) becomes incapable of managing and administering his or her property and affairs because of mental or physical incapacity;

(c) ceases to be a management officer of the operator of the RCHE(NH); or

(d) gives a written notice to the operator of the RCHE(NH) and the DSW to withdraw his or her consent to be the RP of the RCHE(NH).

The operator of the RCHE(NH) must, within 7 days after the date on which the operator becomes aware of the relevant event, or a longer period that the DSW permits, inform the DSW of the relevant event in the form specified by the DSW (SWD 698) (Annex 3.7) and propose another management officer of the operator to be the RP of the RCHE(NH).

3.11.8 Under section 11H of the Residential Care Homes (Elderly Persons) Ordinance, the operator of an RCHE may change the RP of the RCHE in circumstances other than those set out in sections 11F and 11G (i.e. paragraph 3.11.6 and 3.11.7 above) by giving a written notice to the DSW in the form and manner specified by the DSW (SWD 698) (Annex 3.7) at least 14 days before the date on which the RP of the RCHE (outgoing RP) will cease to be such an RP. When giving the notice, the operator must also propose another management officer of the operator to be the RP of the RCHE.

## 3.12 Reporting Requirements

Under section 11J of the Residential Care Homes (Elderly Persons) Ordinance, if any of the following specified events occurs, the operator of an RCHE must report to the DSW in writing within 7 days after the date on which the operator becomes aware of the event or a longer period that the DSW permits, and the report must contain the information specified by the DSW (SWD 701) (Annex 3.8) –

(a) a prosecution is started against the operator/any partner in the partnership (partner) or the RP for an indictable offence in Hong Kong;

(b) a prosecution is started against the operator/any partner or the RP for an offence punishable with imprisonment (however described) in a place outside Hong Kong;

(c) the operator/any partner or the RP is convicted of an indictable offence in Hong Kong;

(d) the operator (applicable to sole proprietor and partner being an individual) or the RP is sentenced to imprisonment (however described) in a place outside Hong Kong, whether or not the sentence is suspended;

(e) the operator (applicable to body corporate and partner being a body corporate) is convicted of an offence punishable with imprisonment (however described) in a place outside Hong Kong;

(f) the operator (applicable to sole proprietor and partner being an individual) or the RP becomes an undischarged bankrupt;

(g) the operator/any partner or the RP enters into a composition or scheme of arrangement with their creditors;

(h) the operator (applicable to a body corporate and partner being a body corporate) goes into liquidation or becomes the subject of a winding-up order;

(i) the operator/any partner or the RP is a director of the body corporate that goes into liquidation or becomes the subject of a winding-up order; or

(j) there is a change in the name or correspondence address of the RP.

# 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 plans[5] 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 structures[6] 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.

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5 For details, please refer to website: https://www.info.gov.hk/tpb/en/forms/definition.html.

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

4.3.2 Unauthorised building works[7] 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 shall be installed at each bedspace for the residents of RCHE(NH)s;

[7] 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 handrails[8] 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

[8] 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 showers [9] 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

[9] 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 it shall be released automatically upon actuation of a fire detection system or an alarm system, or the operation of a central manual override designed and installed to the satisfaction of the Director of Fire Services (D of FS). 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 5.5.6 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 shall, to the satisfaction of the DSW, be adequately heated, lighted and ventilated.

4.9.2 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.

4.9.3 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 RCHE(NH)s when carrying out the relevant improvement works.

4.9.4 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.

4.9.5 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.

4.9.6 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.

4.9.7 RCHE(NH)s should adopt the following requirements on fresh air intake of mechanical ventilation system in compliance with the principles as stated in paragraph 4.9.6 –

(a) Supply Requirement

| Premises | Requirement |
|---|---|
| 1. Bedrooms/Activity Areas/Nursing Stations/Treatment Rooms | 6 Air Changes Per Hour (ACH) or Min. 10L/s/person (fresh air) |
| 2. Dining Areas/ Rooms | Min. 6 ACH (fresh air) (rooms with full or high partition shall be individually assessed) |
| 3. Isolation Rooms | 6 ACH or Min. 60L/s/person, whichever the greater (inward airflow, exhausted to the outside) |
| 4. Toilets/Bathrooms/ Laundries | 10 ACH (exhausted to the outside) |
| 5. Kitchens | 20 ACH (exhausted to the outside) |

(b) The fresh air intake 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 7.5 m from the exhausts of toilets, exhausts of isolation rooms and evaporative cooling towers;

(ii) it must not be located within 5 m 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, emergency generators, plumbing vents and kitchen exhausts;

(iii) it must not be located below ground level;

(iv) it must face away from potential pollution sources; and

(v) it must be protected from rain entrainment, and covered by a screen to prevent the entry of birds, rodents, and extraneous articles.

4.9.8 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.

4.9.9 The requirements on the provision of heaters, electric fans and/or air conditioners in bedrooms and toilets/bathrooms are stipulated in paragraphs 7.4 and 7.6 of Chapter 7 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 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 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 7 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)[10], 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

[10] 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.

amendments in accordance with the approved plans for compliance with the relevant requirements.

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. When the fire service installations are shut down for maintenance, inspection, modification or repair works, the requirements as stated in paragraph 5.4.8 of Chapter 5 in this Code of Practice shall be observed.

# 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 may be situated at a height more than 24 m above the ground floor as may be indicated in the notice.

(a) If an RCHE(NH) operator can prove that the RCHE(NH) 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(NH) 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 floor.

(b) If an RCHE(NH) operator considers that there is a need for any part of an RCHE(NH) used for residents' dormitory 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 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 5.1.

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 standards and specifications of fire service installations and equipment (FSIs) provided for RCHE(NH)s shall conform to the latest version of the Code of Practice for Minimum Fire Service Installations and Equipment and Circular letters issued by the D of FS applicable to FSIs installed in the buildings/premises. For the existing FSIs already installed in the building/premises, the provisions and specifications shall follow the appropriate version of the Code of Practice for Minimum Fire Service Installations and Equipment that was applicable at the time of their installation. All inspection, testing and maintenance of FSIs shall be conducted in accordance with the Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment.

5.4.2 The DSW may impose additional requirements and vary the requirements in paragraph 5.4.3 and 5.4.4 below, in consultation with the D of FS, 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 $m^2$ shall comply with the following requirements –

(a) A fire detection system shall be provided for the RCHE(NH). Smoke detectors or multi-sensor detectors shall be provided for the entire floor if any part of the floor is used for sleeping accommodation. Nevertheless, the smoke detectors or multi-sensor detectors may be replaced by heat detector 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/staircases and open-sided corridors/balconies, etc. The alarm of the fire detection system shall be transmitted to the Fire Services Communications Centre by a direct telephone link provided by an authorised service provider of the Computerised Fire Alarm Transmission System. It is recommended that the fire control panels of the RCHE(NH) and the subject building be programmed to avoid transmitting duplicate fire signals to the Fire Services Communications Centre in a single actuation of any actuating point in the RCHE(NH) or the subject building, i.e. detectors, manual call point, sprinkler system flow switch, etc.

(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 and relevant Circular Letters issued by the D of FS 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 control panels shall be installed at the reception area or the main entrance of the RCHE(NH) or at a location approved by the D of FS.

(d) Portable fire extinguishers shall be provided at the following scale –

(i) a 4.5 kg $CO_2$ type extinguisher shall be provided in each pantry/switch room;

(ii) a 4.5 kg $CO_2$ type extinguisher and a 1.44 $m^2$ fire blanket shall be provided in each kitchen;

(iii) a 4.5 kg $CO_2$ type/9-litre water type extinguisher shall be provided at the reception area or the main entrance of the RCHE(NH);

(iv) a 4.5 kg $CO_2$ 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); and

(v) a 1 kg dry powder type extinguisher shall be provided at each nurse station (this requirement is applicable to newly set up RCHE(NH)s with new licence issued on or after 16.6.2026; and licensed RCHE(NH)s applying for renewal of licence).

(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 $m^2$ 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 5.2) 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 FSIs on the premises, the operator 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 D of FS. 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 D of FS. In addition, the operator shall also submit a copy of the FS251 to the DSW as proof of compliance.

5.4.7 All FSIs 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 D of FS. In

addition, the operator shall submit a copy of the FS 251 to the DSW as proof of compliance.

5.4.8 Whenever the FSIs in the RCHE(NH) require –

(a) maintenance/inspection/modification/repair work(s) to be carried out overnight or for more than 24 hours continuously;

(b) extension of shutdown;

(c) resumption; or

(d) termination of works;

the employed RFSIC shall pay special attention and follow the procedures for submitting the "Notification of FSI Shutdown" as stipulated in the FSD Circular Letter No. 1/2021.

## 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 the FSD Circular Letter No. 2/2023, 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 ventilating systems with ducts or trunks passing through any wall, floor or ceiling from one compartment[11] of the building to another, every duct shall, at the point where it passes through any floor, wall or

[11] 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.

ceiling, be fitted with a damper operated by fusible links. The type of the fusible links shall be approved by the D of FS, and designed to operate under a temperature up to 69 degrees Celsius, and be so constructed or protected as to resist the action of fire for a period not less than the period for which the floor, wall or ceiling through which it passes is designed to resist the action of fire. 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 D of FS. The operator shall also submit a copy of the certificate to the DSW as proof of compliance.

5.5.4 Materials

(a) The following materials must conform to the British Standard 476: Part 7 Class 1 or 2 Rate of Surface Spread of Flame or its international equivalent, or shall be brought up to any of those standards by treating with a fire retardant paint or solution acceptable to the D of FS. For use of fire retardant paint or solution, the work shall be carried out by a Class 2 RFSIC and a certificate (FS 251) to this effect from the RFSIC shall be forwarded to the D of FS. The operator shall also submit a copy of FS 251to the DSW as proof of compliance –

(i) all combustible materials including all linings for acoustic, thermal insulation or decorative purposes used for false ceilings, partitions or wall furnishings; or

(ii) all linings for acoustic, thermal insulation and decorative purposes in ducting and concealed locations.

(b) All draperies and curtains shall be made of fire resistant material and conform to British Standard BS 5867: Part 2 (Type B performance requirements) when tested in accordance with BS EN ISO 15025:2002 or to any other standard acceptable to the D of FS, or shall be brought up to any of those standards by treating with a fire retardant solution acceptable to D of FS. In the latter case, the work shall be carried out by a Class 2 Registered Fire Service Installation Contractor and a certificate (FS251) to this effect from the Contractor shall be forwarded to FSD as documentary proof of compliance (this requirement is applicable to newly set up RCHE(NH)s with new licence issued on or after 16.6.2026; and licensed RCHE(NH)s applying for a new licence due to the proposed expansion or merger of RCHE(NH) premises).

5.5.5 No storage of dangerous goods within the meaning of the Dangerous Goods (Application and Exemption) Regulation 2012 (Cap. 295 sub. leg. E) in excess of the exempt quantity is permitted without a licence or approval granted by the D of FS.

5.5.6 The operator of an RCHE(NH) shall submit an emergency evacuation plan to the DSW, and the fire/emergency evacuation routes plan must be displayed at conspicuous locations (a sample of such plan is attached in Annex 5.3 for reference). 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 SWD.

5.5.7 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 Flammability Test Procedure for Mattresses for Use in High Risk Occupancies (Technical Bulletin Number 121) or Flammability Test Procedure for Use for Mattresses for Use in Public Buildings (Technical Bulletin Number 129) 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 other standards acceptable to the D of FS.

(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 D of FS.

(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 submit 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 to the DSW for inspection. 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.

5.5.8 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.

5.5.9 Gas Installation

(a) All gas installation works, including town gas and liquefied petroleum gas (LPG), (including fabrication, disconnection, testing, maintenance, etc.) in an RCHE(NH) 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 5.4) issued by registered gas contractors shall be submitted to the DSW as 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.

5.5.10 Please refer to the Checklist of Documents for Fire Safety and Precautionary Measures (Annex 5.2) 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. the use of

fire- fighting equipment, evacuation procedures and routes, etc. Any staff detecting a fire shall –

(a) give an alarm to warn all other staff, residents and visitors;

(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.

5.6.8 The operator of RCHE(NH)s should arrange fire talks and fire drills for its staff regularly in coordination with local fire stations.

5.6.9 If a fire safety management plan (FSMP) (which typically includes a maintenance plan, training plan and fire action plan) endorsed by the relevant authority is implemented in the premises where the RCHE(NH) operates, the operators should provide regular training to ensure that all staff are conversant with the FSMP.

# CHAPTER 6

# AREA OF FLOOR SPACE

## 6.1 Introduction

The requirement for the minimum area of floor space for each resident in an RCHE is specified under section 22 of the Residential Care Homes (Elderly Persons) Regulation.

## 6.2 Area of Floor Space

Under section 22(1) of the Residential Care Homes (Elderly Persons) Regulation, the minimum area of floor space required for each resident in an RCHE is as follows –

| | Type of RCHE | Minimum area of floor space required for each resident |
|---|---|---|
| (a) | Nursing home or care and attention home | 9.5 $m^2$ |
| (b) | Aged home or self-care hostel | 8 $m^2$ |

## 6.3 Number of Residents

The appropriate number of residents in an RCHE(NH) is determined by the physical size of the building and the above requirements for the minimum area of floor space for each resident. Area of floor space means the net floor area for the exclusive use of the RCHE(NH). In determining the area of floor space per resident, the area of any staff dormitory, open space, podium, garden, flat roof, bay window, staircase, column, walls, staircase hall, lift, lift landing, any space occupied by machinery for any lift, air-conditioning system or any similar service provided for the building, or any other area in the RCHE(NH) which the DSW considers unsuitable for the purposes of an RCHE(NH) shall be disregarded.

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# CHAPTER 7

# FURNITURE AND EQUIPMENT

## 7.1 Introduction

7.1.1 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.

7.1.2 All furniture and equipment in RCHE(NH)s shall always be kept functioning well, and should be timely replaced or renovated.

7.1.3 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.

7.1.4 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.

## 7.2 Security Facility

7.2.1 In order to ensure the safety of residents, RCHE(NH)s should provide suitable and adequate security and anti-wandering facilities, e.g. installation of window grills and openable window grill locks, installation of closed-circuit television (CCTV) systems, digital door locks, sensory alarms, etc., thus stepping up security and supervision of their operation. RCHE(NH)s should keep all furniture and equipment (including windows, window grills and window grill locks) in good working condition. They should also regularly inspect and maintain these facilities, perform timely repairs, replacements or renovations, and keep proper records.

7.2.2 RCHE(NH)s shall be equipped with CCTV systems that have recording functions, and they 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 public areas including sitting/ dining room, activity room, interview rooms, corridors outside bedrooms, entrance and exits so as to protect personal privacy. The CCTV systems shall retain at least 30 days of recorded footage. RCHE(NH)s must regularly inspect, maintain and repair the CCTV systems to ensure their proper functioning and recording capabilities. Any damage or malfunction shall be properly repaired/ replaced within 7 working days, and records of the damage, inspection, repair, and replacement must be maintained

7.2.3 RCHE(NH) operators shall formulate policies and mechanisms for monitoring and reviewing CCTV footage. This includes clearly defining the staff responsible and time intervals for real-time CCTV monitoring, the staff responsible for reviewing CCTV footage, and how and when to extract CCTV footage; and making clear records for review by inspectors of LORCHE.

## 7.3 Equipment and Devices

7.3.1 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.

7.3.2 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.

7.3.3 Written procedures are drawn up for use and for maintenance of different types of equipment.

7.3.4 Equipment, device and apparatus intended for single use should not be reused.

7.3.5 Staff should have completed training in the safe and proper use of the equipment, device and apparatus for nursing and caring of residents.

## 7.4 Bedroom

| Items | Quantity |
|---|---|
| 1. Bed[13] | 1 for each resident |
| 2. Mattress[14] | 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[15] | 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 |
| 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 |

## 7.5 Sitting/Dining Room

| Items | Quantity |
|---|---|
| 1. Dining table and chair | depending on the number of residents |
| 2. Chair[16] | depending on the number of residents in need |
| 3. Sofa [14] | 1 set |
| 4. Television and other audio-visual equipment | 1 set |
| 5. Clock and calendar[17] | 1 set |

[12] This footnote is removed.

[13] 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).

[14] Please refer to paragraph 5.5.7 of Chapter 5 in this Code of Practice for the requirements regarding PU foam filled mattress and upholstered furniture (including sofa).

[15] Electric call bells shall be installed/placed at locations where residents can reach.

[16] 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.

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

| Items | Quantity |
|---|---|
| 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 the number of residents |
| 11. Items for leisure such as newspaper, magazines and books | depending on needs of residents |

## 7.6 Toilet/Bathroom[18]

| Items | Quantity |
|---|---|
| 1. Adult flush toilet/lavatory basin/faucet/bathtub[19] | depending on the number of residents |
| 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[20] | 1 in each toilet cubicle and bathroom |
| 5. Water heater[21] | 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 |

[18] 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.

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

[20] 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.

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

## 7.7 Kitchen/Pantry

| Items | Quantity |
|---|---|
| 1. Stove[22] | 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[23] | 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 |
| 15. Cleaning utensils | depending on the number of residents |

## 7.8 Laundry[24]

| 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 |

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

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

[24] 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.

| Items | Quantity |
|---|---|
| 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 |

## 7.9 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. CCTV system monitor[25] | at least 1 |
| 10. First aid box[26] | at least 1 |

[25] CCTV system monitor can also be installed at the reception area of an RCHE at the same time.

[26] 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).

## 7.10 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. Pulse oximeter | at least 1 |
| 5. First aid box[27] | at least 1 on each floor |
| 6. Alcohol-based handrub | sufficient quantities shall be provided for residents, staff and visitors |
| 7. 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 |
| 8. Equipment for storing, preparing and giving drugs | depending on the number of residents and needs |
| 9. Pharmaceutical refrigerator/refrigerator (with lock and thermometer) for storing drugs only | at least 1 |
| 10. Disinfection equipment (e.g. forceps, kidney dishes/dressing trays/dressing bowls) | depending on needs |
| 11. Dressing supplies (e.g. disposable sterile dressing sets/sterile packs), disinfectants and dressings (e.g. sterile gauzes/cotton swabs) | depending on needs |
| 12. Wheelchair scale/chair-type scale | 1 |
| 13. Blood glucose meter and blood glucose test strips | depending on needs |
| 14. pH test strips (for testing gastric juice) | depending on needs |

[27] 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-adjoining 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.

| Items | Quantity |
|---|---|
| 15. Feeding tubes[28] | depending on needs |
| 16. Urinary bags/urinary catheters[29] | depending on needs |
| 17. Portable oxygen concentrators/portable oxygen cylinders[30] (with oxygen tubing and oxygen mask/nasal cannula) | depending on needs |
| 18. Suction apparatus (with suction catheters) | depending on needs |
| 19. Equipment for Cardio-Pulmonary Resuscitation (e.g. Bag-Valve-Mask Resuscitator, suction and oxygen apparatus, Automated External Defibrillator, etc.) | depending on needs |

## 7.11 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 |

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

7.12.1 RCHE(NH)s should ensure the safe use of medical gases by taking reference from prevailing guidelines issued by local authorities.

7.12.2 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

[28] Please refer to paragraph 13.7.2 of Chapter 13 in this Code of Practice for the use of feeding tubes.
[29] Please refer to paragraph 13.7.1 of Chapter 13 in this Code of Practice for the use of urinary catheters.
[30] Please refer to paragraph 5.5.5 of Chapter 5 in this Code of Practice for the requirements regarding storing compressed gas cylinders.

RCHE(NH)s. Written approval from the Fire Services Department should be obtained before the system is put into operation.

7.12.3 RCHE(NH)s shall maintain a record of the checks that have been carried out prior to use of a new or repaired system.

7.12.4 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.

7.12.5 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.

7.12.6 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.

7.12.7 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.

## 7.13 Mortuary (if applicable)

7.13.1 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.

7.13.2 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.

7.13.3 The responsible staff shall be provided with appropriate personal protective equipment and receive appropriate training on safe handling of dead bodies.

## 7.14 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 |
| 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 8

# ORGANISATION

## 8.1 Introduction

8.1.1 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.

8.1.2 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).

## 8.2 Board of Directors

8.2.1 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.

8.2.2 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.

8.2.3 Meetings shall be held, at least quarterly interval, by the Board to review the performance of the RCHE(NH).

8.2.4 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.

## 8.3 Appointment of Home Manager

8.3.1 The operator shall appoint a home manager to be responsible for the management of the RCHE(NH). For details of the home manager of an RCHE(NH), please refer to Chapter 11 in this Code of Practice.

8.3.2 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).

8.3.3 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 9

# MANAGEMENT

## 9.1 Introduction

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

## 9.2 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.

## 9.3 Procedures for Admission of Residents to an RCHE(NH)

9.3.1 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 (Nursing Homes) for the Elderly" (Annex 14.1) 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).

9.3.2 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.

9.3.3 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 9.1); and

(d) other service terms.

9.3.4 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.

9.3.5 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 9.4 of this chapter);

(b) use of restraint (please refer to paragraph 14.6 of Chapter 14 in this Code of Practice);

(c) special arrangement on the use of drugs (please refer to paragraphs 15.7 and 15.8 of Chapter 15 in this Code of Practice); and

(d) handling personal data of residents (please refer to paragraph 9.10 of this chapter).

## 9.4 Handling Charges and Possessions

9.4.1 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.

9.4.2 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.

9.4.3 An RCHE(NH) shall clearly specify in the admission agreement relating to the amount of monthly home fees for each resident (i.e. the exact amount per month in HK dollar), other charges (i.e. the exact 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 9.1) for details.

9.4.4 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 concerned of the SWD.

(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 concerned of the RCHE(NH) 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.

9.4.5 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 Resident's Possessions in Residential Care Homes (Nursing Homes) for the Elderly" (Annex 9.2) for details.

## 9.5 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).

## 9.6 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.

## 9.7 RCHE(NH) Operation Record

9.7.1 Under section 12 of the Residential Care Homes (Elderly Persons) Regulation, an operator of an RCHE 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.

9.7.2 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) <u>Record of Residents</u>

(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

An RCHE(NH) 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

An RCHE(NH) shall keep a death and discharge record of residents[31]. 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 14.5 of Chapter 14 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;

(ii) reasons for the use of restraint;

(iii) type of restraint used;

[31] 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.

(iv) duration for the use of restraint;

(v) written consent signed by a registered medical practitioner, the resident and/or guardians/guarantors/family members/relatives, and the home manager and responsible staff member of the RCHE(NH);

(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 9.4 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) Visiting Record of Registered Medical Practitioner

An RCHE(NH) shall properly maintain a record of visits conducted by registered 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 14.2.3 of Chapter 14 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 9.3) 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 5.5.6 of Chapter 5 in this Code of Practice).

(m) "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 14.2.4 of Chapter 14 in this Code of Practice).

(n) 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.

## 9.8 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.

## 9.9 Prevention of Elder Abuse

9.9.1 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.

9.9.2 In the event of a suspected elder 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 Elderly Persons" in the "Procedural Guidelines for Handling Elder Abuse Cases" (the latest revised version).

9.9.3 The RCHE(NH) shall submit a "Special Incident Report" (Annex 9.3) to LORCHE within 3 calendar days (including public holiday) if there is a suspected elder abuse incident occurred in an RCHE(NH).

9.9.4 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.

9.9.5 To ensure that residents are free from elder abuse, an RCHE(NH) should formulate effective measures and provide clear work guidelines and arrange training and supervision for staff, in order to enhance their knowledge for identifying, preventing and handling elder abuse incidents.

9.9.6 For early identification of elder abuse cases and provision of appropriate services to abused residents, an RCHE(NH) should post a notice about reporting/channels of making complaints at conspicuous places in the RCHE(NH) for the staff, residents, their family members or other people to know the means of reporting suspected elder abuse incidents.

## 9.10 Handling Personal Data

9.10.1 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.

9.10.2 With regard to the use of personal data (including disclosure and transfer) mentioned in above paragraph 9.10.1, 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.

9.10.3 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.

9.10.4 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.

## 9.11 Prevention of Corruption and Bribery

9.11.1 In conducting all business or affairs of the RCHE(NH), the management officers or other staff must comply with the Prevention of Bribery Ordinance (Cap. 201) and must not –

(a) solicit or accept any advantage from others as a reward for or inducement to doing any act or showing favour in relation to the RCHE(NH)'s business or affairs, or offer any advantage to an agent of another as a reward for or inducement to doing any act or showing favour in relation to his principal's business or affairs;

(b) offer any advantage to any public servant (e.g. Government/public body employee) as a reward for or inducement to his performing any act in his official capacity or his showing any favour or providing any assistance in business dealing with the Government/ a public body; or

(c) offer any advantage to any staff of a Government department or public body while having business dealings with the latter.

9.11.2 In order to prevent any forms of bribery and corruption, the RCHE(NH) must compile a code of conduct for the management officers and other staff, which covers essential integrity requirements, including policy on soliciting, accepting and offering advantage; declaration and management of conflict of interest; handling of confidential information; and prohibition against misuse of official position, etc. The RCHE(NH) should prohibit their business partners (e.g. suppliers/ contractors/service providers) from soliciting, accepting and offering any advantage in relation to the RCHE(NH)'s business or affairs. The RCHE(NH) should also remind the residents and their guardians/guarantors/family members/relatives/contact persons, etc. that they should not offer any advantage to management officers or staff for any favour (e.g. special care services). In addition, the RCHE(NH) should promptly report any suspected corruption to the Independent Commission Against Corruption (ICAC)[32].

[32] Please refer to the ICAC's Report Corruption Channels: https://www.icac.org.hk/en/rc/channel/index.html.

9.11.3 Operators may refer to the Prevention of Bribery Ordinance (Cap. 201), Strengthening Integrity and Accountability - Government Funding Schemes Grantee's Guidebook, Best Practice Checklist – Staff Administration, Sample Code of Conduct for the Private Sector, Corruption Prevention Guide on Governance and Internal Control for Non-Governmental Organisations, and Sample Codes of Conduct (Board Members/Staff) for Non-Governmental Organisations in Social Welfare Sector issued by ICAC for developing relevant codes of conduct and policies[33].

## 9.12 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.

## 9.13 Closure of RCHE(NH) or Discharge of Residents

9.13.1 If an operator intends to cease operation of an RCHE(NH), LORCHE shall be informed in writing together with a relocation plan for the residents, at least 3 months prior to its closure.

9.13.2 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).

9.13.3 The operator shall surrender the licence to LORCHE after the closure of the RCHE(NH). If the licence of the residential care home is an e-licence, the operator shall submit a Home Closure Application and surrender the licence through the Online Platform (https://lrbop.swd.gov.hk) (please refer to paragraph 1.6 of Chapter 1 in this Code of Practice).

9.13.4 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.

[33] Please refer to the ICAC's Corruption Prevention Advisory Service Web Portal: https://cpas.icac.hk.

# CHAPTER 10

# STAFFING OF RCHE(NH)S

## 10.1 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.

## 10.2 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 [34] 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.

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

## 10.3 Definition

The following terms are defined under section 2(1) of the Residential Care Homes (Elderly Persons) Ordinance and section 2 of the Residential Care Homes (Elderly Persons) Regulation –

10.3.1 Operator

An operator means a person to who holds a licence of an RCHE(NH). In accordance with sections 11 to 14A of the Residential Care Homes (Elderly Persons) Regulation, the duties of an operator include –

(a) employment of required staff members and compliance with the minimum staffing requirements (please refer to paragraph 10.2 of this chapter);

(b) maintenance of records of staff members (please refer to paragraph 9.7.1 of Chapter 9 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);

(d) furnishing of details of fees (please refer to paragraph 9.4 of Chapter 9 in this Code of Practice) ; and

(e) ensuring every advertisement contains information to the effect that a licence is in force in respect of the RCHE.

10.3.2 Home Manager

A home manager means any person responsible for the management of an RCHE(NH). Chapter 11 in this Code of Practice contains more information about home manager and the registration system.

10.3.3 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 authorised to act for him/her.

10.3.4 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).

10.3.5 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).

10.3.6 Care Staff

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

10.3.7 Health Worker

A health worker means a person who is responsible for providing health and care services to residents of an RCHE. Chapter 12 of this Code of Practice contains more information about health workers and the registration system.

10.3.8 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.

10.3.9 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.

## 10.4 Service Conditions

10.4.1 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.

10.4.2 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.

10.4.3 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 10.1 for details.

## 10.5 Staff Training

10.5.1 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.

10.5.2 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.

10.5.3 The operator and home manager should arrange continuous on-the-job training and supervision for staff, including occupational safety, stress management, infection control, drug management, nursing care, handling suspected abuse incidents, use of restraints, protection of residents' privacy etc., so as to keep the staff updated on the latest developments in nursing care skills and knowledge for taking care of elderly persons, and to attend to safety and health at work, particularly, in terms of proper manual handling techniques for elderly care, increased awareness of drug safety management and effective infection control measures. At the same time, staff meetings and retreat days should be utilised for sharing relevant information, with the corresponding records maintained.

## 10.6 Relief Staff Members/Hire-of-service Contract Staff Members

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 members shall be arranged whenever there are any staff members 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 members, all relevant employment records/service contracts shall be kept (please refer to paragraph 9.6 of Chapter 9 in this Code of Practice).

## 10.7 Changes in Staff Employment

10.7.1 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).

10.7.2 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.

10.7.3 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 |

# CHAPTER 11

# HOME MANAGER

## 11.1 Introduction

Under section 11(2)(a)(i) of the Residential Care Homes (Elderly Persons) Regulation, RCHE(NH) operators must not employ any person as a home manager unless that person is a registered home manager or a registered home manager (provisional). The DSW manages and implements the home manager registration system to enhance the professionalism of home managers, and strengthen the management of residential care homes in order to ensure the service quality of RCHE(NH)s.

## 11.2 Duties of a Home Manager

A home manager is responsible for managing the daily operation of an RCHE(NH), with the following duties –

(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;

(f) conducting random checks and observing the care of "residents with special care needs", and keeping the records (please refer to paragraph 14.2.4 of Chapter 14 in this Code of Practice);

(g) ensuring that the staff concerned has obtained verbal consent from the home manager and persons concerned before applying restraints to the residents in emergencies (please refer to paragraph 14.6.10 of Chapter 14 in this Code of Practice);

(h) submitting a staff list as required under section 15 of the Residential Care Homes (Elderly Persons) Regulation;

(i) maintaining up-to-date records regarding management of the RCHE and condition of residents as required under section 16 of the Residential Care Homes (Elderly Persons) Regulation and Chapter 9 in this Code of Practice;

(j) providing information concerning the RCHE as required by the DSW under section 17 of the Residential Care Homes (Elderly Persons) Regulation; and

(k) reporting information concerning scheduled infectious diseases as required under section 18 of the Residential Care Homes (Elderly Persons) Regulation.

## 11.3 Qualification Requirement for Registration as Registered Home Manager/Registered Home Manager (provisional)

In accordance with part IIA of the Residential Care Homes (Elderly Persons) Regulation, registration of home managers is categorised into registered home managers and registered home managers (provisional). The qualification requirement for each category of application is –

11.3.1 Under section 3B of the Residential Care Homes (Elderly Persons) Regulation, any person applying for registration as a registered home manager must meet the following qualification requirements –

(a) having completed a training course specified by the DSW (please refer to the website of the SWD (https://www.swd.gov.hk) for the list of training courses that have been approved by the DSW); and

(b) (i) holding a professional qualification relating to healthcare or social work specified by the DSW; or holding a bachelor or higher degree, or an academic qualification regarded by the DSW as equivalent; and

(ii) having, within 3 years before making the application, worked in one or more RCHEs or RCHDs for a total of at least 1 year in a position involving or assisting in the management of the RCHEs or RCHDs; or

(c) (i) being a registered health worker as defined by section 2 of the Residential Care Homes (Elderly Persons) Regulation or the Residential Care Homes (Persons with

Disabilities) Regulation; and

(ii) having worked in one or more RCHEs or RCHDs as a health worker for a total of at least 5 years; or

(d) being a pre-material-date home manager[35] who applies for registration as a registered home manager under section 3A of the Residential Care Homes (Elderly Persons) Regulation during the 6-month period beginning on the material date (i.e. on or before 15 December 2024); or

(e) (i) being a pre-material-date home manager who is –

(ii) a registered home manager (provisional) as defined by section 2 of the Residential Care Homes (Elderly Persons) Regulation or the Residential Care Homes (Persons with Disabilities) Regulation.

(f) being a registered home manager as defined by section 2 of Residential Care Homes (Persons with Disabilities) Regulation.

11.3.2 Under section 3N of the Residential Care Homes (Elderly Persons) Regulation, any person applying for registration as a registered home manager (provisional) must meet the following qualification requirements –

(a) holding a professional qualification relating to healthcare or social work specified by the DSW;

(b) holding a bachelor or higher degree, or an academic qualification regarded by the DSW as equivalent; or

(c) being a pre-material-date home manager who applies for registration as a registered home manager (provisional) under section 3M of the Residential Care Homes (Elderly Persons) Regulation during the 6-month period beginning on the material date (i.e. on or before 15 December 2024).

## 11.4 Registration as Registered Home Manager/Registered Home Manager (provisional)

11.4.1 Under section 3A(1) or 3M(1) of the Residential Care Homes

[35] A pre-material-date home manager mentioned in this Code of Practice refers to a person who was employed as a home manager in an RCHE or RCHD immediately before the material date (i.e. 16 June 2024).

(Elderly Persons) Regulation, any person who intends to apply for registration as a registered home manager or registered home manager (provisional), must make an application to the DSW in the form and manner specified by the DSW (Annex 11.1), and the application must contain the information specified by the DSW.

11.4.2 On the application, the DSW may register the applicant as a registered home manager or registered home manager (provisional) in accordance with section 3A(2) or 3M(2) of the Residential Care Homes (Elderly Persons) Regulation, if the applicant meets the following requirements –

(a) the DSW is satisfied that the applicant –

(i) meets the qualification requirements specified in paragraph 11.3 of this chapter;

(ii) is competent to perform the duties of a home manager;

(iii) is fit and proper to be so registered; and

(iv) if the applicant is not a pre-material-date home manager, on being so registered, will be employed as a home manager in an RCHE under section 11(1)(a) or (1A)(a) of the Residential Care Homes (Elderly Persons) Regulation (only applicable to application for registration as a registered home manager (provisional)); and

(b) the applicant has paid the applicable fee for the registration.

11.4.3 In considering whether a person is fit and proper, the DSW must have regard to all relevant matters, including –

(a) whether the person has been –

(i) convicted of an offence involving fraud or dishonesty, or of a sexual nature, in any place;

(ii) convicted of an indictable offence in Hong Kong;

(iii) sentenced to imprisonment (however described) in a place outside Hong Kong, whether or not the sentence is suspended; or

(iv) convicted of an offence under the Residential Care Homes (Elderly Persons) Ordinance, the Residential Care Homes

(Elderly Persons) Regulation, the Residential Care Homes (Persons with Disabilities) Ordinance or the Residential Care Homes (Persons with Disabilities) Regulation; and

(b) if any professional or academic qualification of the person (whether or not relating to healthcare or social work) has been revoked, the reason for the revocation must be considered.

11.4.4 Under section 3A(3) or 3M(3) of the Residential Care Homes (Elderly Persons) Regulation, the DSW may impose on the registration any condition that the DSW considers appropriate, including any condition relating to continuous learning.

## 11.5 Renewal of Registration as Registered Home Manager

11.5.1 Under section 3E of the Residential Care Homes (Elderly Persons) Regulation, a registered home manager may apply for the renewal of his/her registration. The application must be made in the specified form and manner to the DSW (Annex 11.2) at least 3 months before, but not earlier than 6 months before, the expiry of the registration; and the renewal application must contain the information specified by the DSW.

11.5.2 On the application, the DSW may renew the registration if the applicant meets the following requirements –

(a) the DSW is satisfied that the registered home manager –

(i) is still competent to perform the duties of a home manager and is fit and proper to be registered; and

(ii) complies with all conditions imposed on the registration; and

(b) The manager has paid the applicable fee for the renewal.

11.5.3 Under section 3E(4) of the Residential Care Homes (Elderly Persons) Regulation, the DSW may impose on the renewed registration any condition that the DSW considers appropriate, including any condition relating to continuous learning.

## 11.6 Validity Period of Registration as Registered Home Manager/Registered Home Manager (provisional)

11.6.1 Under section 3H of the Residential Care Homes (Elderly Persons) Regulation, the validity period of a registration or renewed registration as a registered home manager is to be decided by the DSW and must not exceed 5 years.

11.6.2 Under section 3Q of the Residential Care Homes (Elderly Persons) Regulation, the validity period of a registration as a registered home manager (provisional) is to be decided by the DSW and must not exceed 2 years. The registration system for registered home manager (provisional) is a transitional arrangement, no renewal will be available. A registered home manager (provisional) should meet the requirements specified in paragraph 11.3.1 of this chapter within the validity period, and apply for registration as a registered home manager.

## 11.7 Registration/Renewal Fee

A person who applies for registration as a registered home manager/registered home manager (provisional) or renewal of a registration as a registered home manager is required to pay the registration/renewal fee specified in Schedule 3 under section 38 of the Residential Care Homes (Elderly Persons) Regulation.

## 11.8 Reporting Requirements

Under section 3W of the Residential Care Homes (Elderly Persons) Regulation, a registered home manager or a registered home manager (provisional) must report to the DSW in writing (Annex 11.3) as soon as reasonably practicable after the event occurs, if –

(a) a prosecution is started against the manager for an indictable offence in Hong Kong;

(b) a prosecution is started against the manager for an offence punishable with imprisonment (however described) in a place outside Hong Kong;

(c) the manager is convicted of an indictable offence in Hong Kong;

(d) the manager is sentenced to imprisonment (however described) in a place outside Hong Kong, whether or not the sentence is suspended;

(e) any professional or academic qualification of the manager (whether or not relating to healthcare or social work) is revoked; or

(f) there is a change in the name or correspondence address of the manager (In this case, the report must be given within 3 months after the change).

## 11.9 Cancellation of Registration

11.9.1 Under section 3I or 3T of the Residential Care Homes (Elderly Persons) Regulation, the DSW may cancel a person's registration as a registered home manager or a registered home manager (provisional) if satisfied that –

(a) the registration was obtained by fraudulent means;

(b) the person is no longer competent to perform the duties of a home manager; or is no longer fit and proper to be a registered home manager or a registered home manager (provisional); or

(c) the person contravenes –

(i) a condition imposed on the registration under section 3A(3), 3E(4) or 3M(3) (mentioned in paragraphs 11.4.4 and 11.5.3 of this chapter respectively) of the Residential Care Homes (Elderly Persons) Regulation; or

(ii) the reporting requirements under section 3W of the Residential Care Homes (Elderly Persons) Regulation (mentioned in paragraph 11.8 of this chapter).

11.9.2 The DSW must cancel a person's registration as a registered home manager or a registered home manager (provisional) under the Residential Care Homes (Elderly Persons) Regulation if –

(a) the person makes a written request to the DSW for cancelling the registration;

(b) the person was also registered as a registered home manager or a registered home manager (provisional) under Residential Care Homes (Persons with Disabilities) Regulation; and that registration is cancelled under section 3I(1)(a) or (b) or 3T(1)(a) or (b) of Residential Care Homes (Persons with Disabilities) Regulation; or

(c) the person is registered as a registered home manager under

section 3A of the Residential Care Homes (Elderly Persons) Regulation (only applicable to registered home managers (provisional) who applied and registered as a registered home manager successfully).

## 11.10 Continuous Learning

A registered home manager or a registered home manager (provisional) should enhance service quality through continuous learning. If a registered home manager or a registered home manager (provisional) has been registered for a long period of time before taking up employment or returning to the residential care service industry, he/she should take relevant training courses prior to taking up employment in order to revise and update his/her knowledge and skills in residential care home management.

## 11.11 Transitional Arrangement (Applicable to pre-material-date home manager[35])

A person who had been employed as a home manager in an RCHE(NH) immediately before the material date must apply for registration as a registered home manager or a registered home manager (provisional) during the 6-month period beginning on the material date (i.e. on or before 15 December 2024). Please refer to paragraph 11.4 of this chapter for the details of registration.

# CHAPTER 12

# HEALTH WORKER

## 12.1 Introduction

Under section 11(2)(d)(i) of the Residential Care Homes (Elderly Persons) Regulation, RCHE operators must not employ any person as a health worker unless that person is a registered health worker. The DSW manages and implements the health worker registration and renewal system, and may impose conditions on such registration to continuously enhance the professionalism of health workers in order to ensure the service quality of RCHEs.

## 12.2 Duties of a Health Worker

A health worker is responsible for providing comprehensive health care to residents in an RCHE(NH), 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 14.2.4 and 14.2.5 of Chapter 14 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 registered medical practitioners, registered Chinese medicine practitioners or listed Chinese medicine 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 for 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.

## 12.3 Qualification Requirement for Registration as Registered Health Worker

12.3.1 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 the person's education, training, professional experience and skill in health work, satisfies the DSW that the person is a suitable person to be registered as a registered health worker,

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

12.3.2 For the lists of training courses approved by the DSW serving the purpose mentioned in paragraph 12.3.1(a) above, please refer to the website of the SWD (https://www.swd.gov.hk).

## 12.4 Registration as Registered Health Worker

12.4.1 Under section 6(1) of the Residential Care Homes (Elderly Persons) Regulation, any person who intends to apply for registration as a registered health worker, must make an application to the DSW in the form and manner specified by the DSW (Annex 11.1), and the application must contain the information specified by the DSW.

12.4.2 On the application, the DSW may register an applicant as a registered health worker in accordance with section 6(2) of the Residential Care Homes (Elderly Persons) Regulation if the applicant meets the following requirements –

(a) the DSW is satisfied that the applicant –

(i) is qualified as specified in paragraph 12.3.1 of this chapter;

(ii) is competent to perform the duties of a health worker; and

(iii) is fit and proper to be so registered; and

(b) the applicant has paid the applicable fee for the registration.

12.4.3 Under section 6(3) of the Residential Care Homes (Elderly Persons) Regulation, the DSW may impose on the registration any condition that the DSW considers appropriate, including any condition relating to continuous learning.

## 12.5 Renewal of Registration as Registered Health Worker

12.5.1 Under section 7A of the Residential Care Homes (Elderly Persons) Regulation, a registered health worker may apply for the renewal of registration. The application must be made in the specified form and manner to the DSW (Annex 11.2) at least 3 months before, but not earlier than 6 months before, the expiry of the registration, and must contain the information specified by the DSW.

12.5.2 On the application, the DSW may renew the registration if the applicant meets the following requirements –

(a) the DSW is satisfied that the registered health worker –

(i) is still qualified to be registered as a health worker (stated in paragraph 12.3.1 of this chapter), competent to perform the duties of a health worker, and fit and proper to be registered; and

(ii) complies with all conditions imposed on the registration; and

(b) the health worker has paid the applicable fee for the renewal.

12.5.3 Under section 7A(4) of the Residential Care Homes (Elderly Persons) Regulation, the DSW may impose on the renewed registration any condition that the DSW considers appropriate, including any condition relating to continuous learning.

## 12.6 Validity Period of Registration as Registered Health Worker

Under section 7D of the Residential Care Homes (Elderly Persons) Regulation, the validity period of a registration or renewed registration as a registered health worker is to be decided by the DSW and must not exceed 5 years.

## 12.7 Registration/Renewal Fee

A person who applies for registration or renewal of a registration as a registered health worker is required to pay the registration/renewal fee specified in Schedule 3 under section 38 of the Residential Care Homes (Elderly Persons) Regulation.

## 12.8 Reporting Requirements

Under section 10B of the Residential Care Homes (Elderly Persons) Regulation, a registered health worker must report to the DSW in writing (Annex 11.3) as soon as reasonably practicable after the following event occurs –

(a) a prosecution is started against the health worker for an indictable offence in Hong Kong;

(b) a prosecution is started against the health worker for an offence punishable with imprisonment (however described) in a place outside Hong Kong;

(c) the health worker is convicted of an indictable offence in Hong Kong;

(d) the health worker is sentenced to imprisonment (however described) in a place outside Hong Kong, whether or not the sentence is suspended; or

(e) there is a change in the name or correspondence address of the health worker. (In this case, the report must be given within 3 months after the change).

## 12.9 Cancellation of Registration

12.9.1 Under section 8 of the Residential Care Homes (Elderly Persons) Regulation, the DSW may cancel a person's registration as a health worker if satisfied that –

(a) the registration was obtained by fraudulent means;

(b) the person is no longer qualified to be registered as a registered health worker (stated in paragraph 12.3.1 of this chapter), competent to perform the duties of a health worker, or fit and proper to be so registered; or

(c) the person contravenes –

(i) a condition imposed on the registration under section 6(3) or 7A(4) of the Residential Care Homes (Elderly Persons) Regulation (stated in paragraphs 12.4.3 and 12.5.3 of this chapter respectively); or

(ii) the reporting requirements under section 10B of the Residential Care Homes (Elderly Persons) Regulation (stated in paragraph 12.8 of this chapter).

12.9.2 The DSW must cancel a person's registration as a registered health worker –

(a) if the person makes a written request to the DSW for cancelling the registration; or

(b) if the person was also registered as a registered health worker under the Residential Care Homes (Persons with Disabilities) Regulation and that registration is cancelled under section 8(1)(a) or (b) of the Residential Care Homes (Persons with Disabilities) Regulation.

## 12.10 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 13

# CARE OF RESIDENTS

## 13.1 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.

## 13.2 Care of Residents in General

13.2.1 Each RCHE(NH) shall have a registered 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 registered medical practitioner at least once every two weeks and when necessary.

13.2.2 The registered medical practitioner-in-charge is responsible for coordinating medical and care services to be provided to the residents.

13.2.3 In an RCHE(NH) not providing 24-hour resident registered medical practitioner coverage, the residents and their family members must be informed of the arrangement of medical services of the RCHE(NH) before admission.

13.2.4 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.

13.2.5 There is adequate support from physiotherapist and/or occupational therapist when needed, as determined by the registered medical practitioner-in-charge according to individual resident's conditions.

13.2.6 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.

## 13.3 Care of Critically Ill Residents

13.3.1 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.

13.3.2 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.

13.3.3 RCHE(NH)s shall provide oxygen supply, suction equipment and emergency trolleys with Automated External Defibrillators, where necessary.

13.3.4 Resuscitation equipment should be made easily accessible and the staff is aware of its location.

13.3.5 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.

13.3.6 RCHE(NH)s shall have written policies and procedures prepared in relation to resuscitation of residents.

## 13.4 Care of Residents in Need of Palliative Care

13.4.1 The multi-professional team shall possess relevant professional knowledge to provide the services.

13.4.2 All team members have been trained for the assessment of palliative care needs across the dimensions of physical, psychological, social, religious and cultural needs.

13.4.3 All team members have received training with grasp of the latest techniques in communication skills and the breaking of bad news.

13.4.4 RCHE(NH)s shall have resuscitation policies in place and such information is 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 RCHE(NH)s at all times to make resuscitation decision.

## 13.5 Care of Residents with Mental Problems or Violent Behaviour

13.5.1 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 14.6 of Chapter 14 in this Code of Practice) for restriction of the mobility of the resident; and

(g) report incidents or cases related to self-harm.

13.5.2 The registered 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.

## 13.6 Care for Elders with Dementia

13.6.1 RCHE(NH)s should consult healthcare professionals and relevant professional practitioners for advice and take appropriate measures in providing care and protection to residents with dementia as required.

13.6.2 To ensure safety of the residents, an RCHE(NH) should formulate effective guidelines to identify residents with wandering behaviours, and provide appropriate facilities to prevent them from leaving the RCHE(NH) unnoticed or entering restricted areas that are not open to the residents.

13.6.3 RCHE(NH)s should arrange for staff to receive training for strengthening their skills in taking care of residents with dementia.

## 13.7 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.

13.7.1 Use of Urinary Catheters

(a) RCHE(NH)s shall follow the instructions of registered 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 registered 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 registered 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.

13.7.2 Use of Feeding Tubes

(a) RCHE(NH)s shall follow the instructions of registered 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 registered 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 registered 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 residents 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 14

# HEALTH AND CARE SERVICES

## 14.1 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.

## 14.2 Health Service

14.2.1 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 (Nursing Homes) for the Elderly" (Annex 14.1) or any other forms as endorsed by the DSW to record and maintain the residents' health condition for inspection by inspectors of LORCHE.

14.2.2 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 (Nursing Homes) for the Elderly" (Annex 14.1) 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).

14.2.3 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 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.

14.2.4 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. The RCHE(NH) shall also conduct health checks for other residents at least every 7 calendar days, and maintain relevant records. 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 9.7.2(m) of Chapter 9 in this Code of Practice).

14.2.5 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".

14.2.6 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.

14.2.7 An RCHE(NH) should seek advice from healthcare professionals and professional practitioners in encouraging residents to participate in rehabilitation exercises and arranging suitable rehabilitation services for residents.

14.2.8 An RCHE(NH) should adopt proper work procedures so that the staff concerned can correctly identify and match the personal identities and health records of the residents during the process of medical consultation.

## 14.3 Individual Care Plan

14.3.1 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. During the initial period after admission, an RCHE(NH) should pay more attention to the new residents' behaviours and needs, and maintain liaison with their guardians/guarantors/family members/relatives to help them adapt to the RCHE(NH) environment as soon as possible (please refer to paragraph 20.3.1 of Chapter 20 in this Code of Practice).

14.3.2 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, conduct the first review 6 months after the dates of formulating the first ICPs, review the ICPs at least annually or when the required care services have changed, and maintain the relevant records.

14.3.3 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.

## 14.4 Personal Care

14.4.1 An RCHE(NH) should devise a personal care schedule and provide personal care services for residents such as bathing, hair washing, hair cutting, shaving, nail cutting, dental and oral care, changing clothes and diapers, etc. in a timely manner and whenever required, so as to help them keep their body clean and comfortable, and keep their skin dry.

14.4.2 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, which can lead to breakage, infection or pressure injuries (pressure sores).

14.4.3 Under section 33B of the Residential Care Homes (Elderly Persons) Regulation, when a personal care service is provided to, or a nursing care procedure is performed on, a resident in an RCHE, adequate facilities (e.g. partitions, curtains, etc.) or measures must be provided or taken, to the satisfaction of the DSW, to avoid improper exposure of body parts and protect the dignity and privacy of the resident.

14.4.4 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.

14.4.5 In order to render appropriate personal care services to residents, RCHE(NH) operators should arrange for staff to receive training and supervision related to personal care and nursing care skills (e.g. lifting/transfer, feeding, bathing, etc.) and consult the relevant guidelines and healthcare professionals' advice.

## 14.5 Personal Health and Nursing Record

14.5.1 An RCHE(NH) shall properly maintain and update the "Personal Health and Nursing Record" of each resident, including –

(a) notes of all registered medical practitioners, nurses, allied health professionals and care workers, who have attended the resident in the RCHE(NH), for example, 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 records and history of allergy.

14.5.2 Notes of healthcare professionals should be properly signed with their name and post marked.

14.5.3 All entries in the "Personal Health and Nursing Record" 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.

14.5.4 Where the "Personal Health and Nursing Record" is in an electronic format, there shall be a mechanism to provide an audit trail on any amendments made on the record.

14.5.5 The management should regularly audit the content and completeness of the "Personal Health and Nursing Record" of resident.

## 14.6 Avoid Using Restraint

14.6.1 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.

14.6.2 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.

14.6.3 <u>General Principles</u>

(a) An RCHE(NH) should adopt measures to avoid using restraints whenever possible. The use of restraints should only be considered when there are no other less restrictive means available (i.e. after other alternative attempts have proven ineffective) or in case of emergencies and when the safety, health or well-being of the resident and/or other residents is jeopardised. Consent from the persons concerned shall be obtained in advance for the use of restraints.

(b) Minimum restraint should be applied and the time for applying restraint should be minimised. The use of restraints 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 for the residents or for the convenience of staff. The use of restraints should be the last resort.

(c) Dignity and privacy of the residents shall be protected if restraints are applied, with appropriate measures against any assaults to the residents under restraint.

(d) Guidelines on the use of restraints (including their use in emergency circumstances) should be formulated for staff members' reference and compliance. The home manager should arrange for all the staff members participating in the use of restraints to receive proper training in particular for the impact of restraints on the dignity, privacy and safety of residents, techniques of using restraints, after-care procedures, etc. The proper use of restraints should be included as a part of the induction training and regular training for staff where applicable.

14.6.4 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.).

14.6.5 Alternatives

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

(a) staff members 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) removing sharp edged furniture;

(ii) strengthening the signage for guiding residents to bedrooms;

(iii) assisting residents with suitable footwear and appropriate use of walking aids;

(iv) providing good lighting;

(v) installing bed monitoring systems;

(vi) ensuring correct posture/positions for residents on wheelchair; and

(vii) applying brakes to all movable objects (e.g. beds, wheelchairs and commode chairs).

14.6.6 Intervention Plan and Written Consent

Before application of restraints –

(a) explain to the registered medical practitioners, residents and guardians/guarantors/family members/relatives in detail about the reasons for applying restraints, discuss the intervention plans (including alternative attempts and outcome), the purposes and procedures of applying restraints 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 consult healthcare professionals for advice when necessary, so as to ensure that the application of physical restraint will not cause discomfort or injury to the residents;

(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 must be obtained from registered medical practitioners, residents and guardians/guarantors/family members/relatives (Annex 14.2) prior to the application of restraints; if the residents cannot understand the use of restraints, written consent shall be obtained from registered medical practitioners and guardians/guarantors/family members/relatives of the residents. In addition, RCHE(NH)s shall review and re-assess the need for continual restraints, the types of physical restraints and/or the scheduling for applying restraints at least once every 6 months or when there is any change in the residents' condition, and written consent from the persons concerned must be obtained again.

14.6.7 Application of Restraints

Under section 33A of the Residential Care Homes (Elderly Persons) Regulation, RCHEs must apply restraints in a safe and proper manner as per the requirements in this Code of Practice. Staff members of RCHE(NH)s must take note of the following points when applying restraints –

(a) Residents' dignity, privacy and freedom of movement must be protected when applying restraints. The safety and comfort of residents shall be frequently attended to, and restraint shall be used to the minimum extent and for no longer than is necessary;

(b) RCHE(NH)s should consult healthcare professionals on the types and designs of the physical restraints to be used. Bandages, nylon ropes or strips of cloth must not be used as physical restraints to ensure that no discomfort, abrasions or physical injury will be caused to the residents when applying restraints;

(c) The types, sizes and materials of physical restraints shall be suitable with a good condition so as to ensure minimal 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 to protect the skin and prevent 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 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; and

(e) A physical restraint shall be applied in such a manner that it can be removed instantly in case of emergencies (e.g. using reef knots), and should not be doubly secured to two or more different objects (e.g. tying to a chair and a bed simultaneously) so that staff members of RCHE(NH)s can assist the residents in evacuating as quickly as possible where necessary.

14.6.8 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) resident’s emotions (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/health worker immediately for further checking and assessment. The resident should be arranged to seek medical advice timely if necessary.

14.6.9 Continuous Assessment and Close Monitoring

(a) RCHE(NH)s should, in response to changes in the residents' conditions, review and re-assess if there is a need to continue with the use of restraints, 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 protection, the use of restraints should be ceased immediately;

(b) RCHE(NH)s 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 members concerned have observed proper procedures in applying restraints;

(c) The home manager/nurses/health workers shall conduct random checks at least once a day on the condition of every resident under restraint and review the observation record so as to continuously monitor staff's compliance with proper procedures in applying restraints. The observation record should be countersigned by the home manager/nurse/health worker concerned after checking; and

(d) RCHE(NH)s should prepare records on the use of restraints according to the requirements stipulated in paragraph 9.7.2(e) of Chapter 9 in this Code of Practice.

14.6.10 Use of Restraints in Emergency Situations

(a) Verbal consent must be obtained from the home manager and the residents' guardians/guarantors/family members /relatives, and where possible, registered medical practitioners, when written consent, as stated in paragraph 14.6.6(d) of this chapter, cannot be obtained by RCHE(NH)s in advance of using restraints, in case of sudden changes in the residents' conditions and when the use of restraints is considered necessary in accordance with the circumstances outlined in paragraphs 14.6.2 and 14.6.3 of this chapter, following assessments conducted by nurses/health workers/allied health professionals. Verbal consent must be obtained from registered medical practitioners and home manager for applying restraints to the residents without guardians/guarantors/family members/relatives under emergency;

(b) While applying restraint(s) in emergency situations, staff members must monitor closely and examine the condition of residents under restraint in accordance with the requirements specified in paragraph 14.6.8 of this chapter (the frequency of observation and examination should be increased as necessary), and keep a record affixed with a signature;

(c) Staff members must record the details of the use of restraints in emergency situations properly and instantly, including the reasons for applying restraints; alternatives attempted and their effects; information about contacting registered medical practitioners; the names of the persons who gave verbal consent and the time when such consent was obtained; the types and duration of restraints applied; and the conditions of residents during the period of restraint; and

(d) The use of restraints in emergency situations must only be regarded as an interim measure. RCHE(NH)s must re-assess the situation, formulate an intervention plan and obtain relevant written consent as soon as possible based on the needs of the residents in accordance with the requirements as specified in paragraphs 14.6.4 to 14.6.6 of this chapter.

## 14.7 Escort/Escorting Services for Medical Consultation

14.7.1 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.

14.7.2 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.

14.7.3 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 reported to the police for assistance immediately.

# CHAPTER 15

# DRUG MANAGEMENT

## 15.1 General Requirements

15.1.1 Under section 33(2) of the Residential Care Homes (Elderly Persons) Regulation, a medicine that is prescribed by a registered medical practitioner, a registered Chinese medicine practitioner or a listed Chinese medicine practitioner for a resident of an RCHE may only be administered to the resident in accordance with the prescription. 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.

15.1.2 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.

15.1.3 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.

15.1.4 RCHE(NH)s shall strictly follow the prescriptions and the related instructions of registered medical practitioners, registered Chinese medicine practitioners or listed Chinese medicine 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.

15.1.5 An RCHE(NH) 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.

15.1.6 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.

15.1.7 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.

15.1.8 The handling and supply of drugs shall be in accordance with the requirements of prevailing legislations.

15.1.9 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, reported to the responsible registered medical practitioner, registered nurse in-charge or pharmacist, and handled through a process and within a time frame defined by the management. If a serious drug incident happens in an RCHE(NH) resulting in hospitalisation of the affected resident(s), the RCHE(NH) shall notify LORCHE within 3 calendar days (including public holidays) after the incident. (please refer to paragraph 15.9 of this chapter).

15.1.10 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 registered medical practitioner.

## 15.2 Drug Storage

In accordance with section 33(1) of the Residential Care Homes (Elderly Persons) Regulation, all medicine kept in an RCHE must, to the satisfaction of the DSW, be kept in a secure and locked place. An RCHE(NH) shall adhere to the following requirements for drug storage –

15.2.1 all drugs (including oral, topical and injectable drugs) shall be clearly labelled 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;

15.2.2 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;

15.2.3 store oral, topical and injectable drugs separately;

15.2.4 store drugs appropriately according to the directions on drug labels (e.g. temperature, away from direct light, etc.) to preserve the efficacy of drugs;

15.2.5 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;

15.2.6 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);

15.2.7 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;

15.2.8 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

15.2.9 RCHE(NH)s shall have written policies and procedures covering the management of cold chain breach and the control of access to drug storage.

## 15.3 Dispensing of Drugs

15.3.1 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.

15.3.2 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.

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

## 15.4 Preparing Drugs

15.4.1 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, time of using the drug and route of using the drug.

15.4.2 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.

15.4.3 Unless a designated drug preparation system [36] is used, an RCHE(NH) can only prepare drugs for a maximum period of 24 hours in advance.

[36] 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.

15.4.4 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.

## 15.5 Giving Drugs

15.5.1 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.

15.5.2 The staff responsible for giving drugs should carry out the "Five Rights" procedures again when giving drugs.

15.5.3 Drugs packed in unit dose containers shall be administered immediately after the drugs have been removed from the containers.

15.5.4 The staff giving drugs shall ensure that the resident has swallowed the drugs before leaving.

15.5.5 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.

15.5.6 An RCHE(NH) 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.

15.5.7 RCHE(NH)s should ensure that the drug for resuscitation is easily accessible to staff. The packaging should facilitate the process of resuscitation.

## 15.6 Record of Drugs

15.6.1 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.

15.6.2 Information of currently and previously used drugs shall be shown clearly and accurately on the IDRs, containing 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 and precautions) and signature of the staff responsible for record at each time.

15.6.3 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.

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

15.6.5 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.

## 15.7 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 (including the prescription number[37] for verification of correctness of the Chinese medicines, the dosage forms of the Chinese medicines, the dosages of the Chinese medicines; and frequency, times and routes of administration of the Chinese medicines) and medicine administration condition on the resident's IDR and MAR. Staff members of an RCHE(NH) should also pay attention to paragraph 4.1 of Chapter 4 in the Guide for the points to note on the use of Chinese medicines.

[37] RCHE(NH)s should assign an independent number for identification purposes if the Chinese medicine prescription does not have a prescription number.

## 15.8 Use of Proprietary/Non-prescription Drugs and Self-administration of Drugs

15.8.1 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, a registered Chinese medicine practitioner or a listed Chinese medicine 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 15.1), 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.

15.8.2 If residents administer drugs on their own, RCHE(NH)s should conduct assessments on them to ensure their drug compliance, which includes assessing their abilities to fully understand and follow the prescriptions given by registered medical practitioners, registered Chinese medicine practitioners or listed Chinese medicine practitioners and 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 that nearby residents will not take the drugs mistakenly. Prior written consent of the residents and their guardians/guarantors/family members/relatives shall be obtained using the "Consent Form for Self-storage and Self-administration of Drugs" (Annex 15.2). RCHE(NH)s shall re-assess and renew/terminate the consent forms for at least once every 6 months, and keep records. RCHE(NH)s shall continue to maintain and update the residents' IDRs to regularly monitor and assess their abilities to store and take drugs by themselves, and maintain the relevant records for inspections by inspectors of LORCHE.

## 15.9 Drug Incidents

Drug incidents refer to the occurrences 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.). If a serious drug incident happens in an RCHE(NH) resulting in hospitalisation of the affected resident(s), the RCHE(NH) shall submit a Special Incident Report (Annex 9.3) and a Medication Risk Management Report to LORCHE within 3 calendar days

(including public holidays) after the incident. For details, please refer to paragraph 3.4 of Chapter 3 in the Guide.

## 15.10 Drugs for Home Leave

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

## 15.11 Expired and Surplus Drugs

When the prescribed drugs are no longer required by the named resident, an RCHE(NH) should properly handle and dispose of the drugs. An RCHE(NH) 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 16

# PHYSIOTHERAPY/OCCUPATIONAL THERAPY SERVICE

## 16.1 Staffing

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

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

## 16.2 Facilities and Equipment

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

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

16.2.3 All equipment shall be maintained at regular intervals.

16.2.4 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.

## 16.3 Other Requirements

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

16.3.2 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.

16.3.3 RCHE(NH)s shall relay the precautions or contraindications to residents before specific types of care modality are contemplated.

16.3.4 RCHE(NH)s shall document the treatment and advice given in the "Personal Health and Nursing Records" of residents.

# CHAPTER 17

# INFECTION CONTROL

## 17.1 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.

## 17.2 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) to handle matters related to infection control and the prevention of infectious diseases in the RCHE(NH), and to receive infection control training regularly. Duties of an ICO are as follows –

17.2.1 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;

17.2.2 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:

(a) decontamination and reprocessing of re-usable devices;

(b) injection safety and management of needle-prick injury;

(c) management of spills or accidents with infectious substances; and

(d) operation of catering services;

17.2.3 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;

17.2.4 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;

17.2.5 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;

17.2.6 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;

17.2.7 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;

17.2.8 to assist the home manager of the RCHE(NH) in arranging infection control training for staff;

17.2.9 to assist the home manager of the RCHE(NH) in overseeing that the infection control guidelines are being observed and implemented properly by staff and residents, including maintaining personal, environmental and food hygiene;

17.2.10 to assist the RCHE(NH) in establishing a mechanism to integrate infection control practices with the home's overall programme for quality improvement and resident safety; and

17.2.11 to keep abreast of the situation of infectious diseases in the community and implement appropriate infection control measures.

## 17.3 Report of Infectious Diseases

17.3.1 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 shall immediately so report to the DSW. In this regard, the home manager should report through designated means required by LORCHE.

17.3.2 Scheduled infectious diseases refer to the Schedule 1 to the Prevention and Control of Disease Ordinance (Cap. 599). Please refer to Annex 17.1 for details.

17.3.3 Apart from the aforesaid scheduled infectious diseases that are statutorily notifiable, the home manager/ICO should also report to LORCHE and the CHP through designated means required by LORCHE [including by using the "Notification Form for Suspected Infectious Disease Outbreak in RCHE(NH)" (Annex 17.2)] 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.

17.3.4 Under the circumstances specified by the DSW, the home manager/ICO should report the required information (including "zero" infection case) to LORCHE and the CHP by the designated reporting means and time for early follow-up.

## 17.4 Isolation Measures

17.4.1 RCHE(NH)s shall be provided with proper isolation facilities, and a designated isolation room[38] 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.

17.4.2 RCHE(NH)s which existed prior to January 2020 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 17.4.1 above to provide the designated isolation room(s).

[38] 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.

## 17.5 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 (the latest revised version) issued by the CHP, and take note of the following key points –

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

17.5.2 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. face 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.

17.5.3 RCHE(NH)s shall adhere to the following requirements when providing sterile supplies services –

(a) staff shall receive appropriate training in the handling and use of sterile supplies;

(b) the services shall be carried out in line with the infection control policy of the RCHE(NH);

(c) sterile supplies shall be delivered in appropriate carriers and stored in a clean and dry area;

(d) all sterilising equipment is regularly inspected and maintained. Relevant staff shall be appropriately trained in the use of the equipment;

(e) the stock levels of sterile supplies are checked regularly and correctly rotated;

(f) measures are taken in RCHE(NH)s to ensure the effectiveness of sterilisation; and

(g) 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.

17.5.4 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.

17.5.5 Receiving COVID-19 Vaccination

To safeguard the health of residents, RCHE(NH) operators and home managers must –

(a) ensure that all newly admitted residents (excluding residents of emergency placements or residential respite service) 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 newly admitted residents who have received the first dose of a COVID-19 vaccine, to receive suitable doses of vaccine (e.g. booster dose) in accordance with the latest COVID-19 vaccination arrangement for residents of RCHEs by the CHP and the latest announcement by the Government, 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 14.1) and "Personal Health and Nursing Record"], and retain the records/information of COVID-19 vaccination properly for inspection by LORCHE inspectors.

## 17.6 Record of Infectious Diseases

17.6.1 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).

17.6.2 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 to adjust the visiting arrangement, where necessary.

# CHAPTER 18

# NUTRITION AND DIET

## 18.1 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.

## 18.2 Menu

RCHE(NH)s shall design a menu in advance covering a period of at least 2 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, soft diet, etc.) should also be provided having regard to the residents' personal special needs, including health condition, religious belief, other risk factors (e.g. swallowing difficulty, cognitive ability, etc.). Special diet menu should be designed for staff in preparing food and arranging meals for residents. RCHE(NH)s should immediately update their menus in the event of any changes to residents' special dietary needs to ensure the safety of residents during meals.

## 18.3 Dietary Needs

18.3.1 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.

18.3.2 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.

18.3.3 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.

## 18.4 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 in a timely manner 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 –

18.4.1 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 and drinks for the residents to maintain good hydration and to keep healthy.

18.4.2 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.

18.4.3 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.).

18.4.4 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 and sugar.

18.4.5 Habits and Preferences

(a) adjust the consistencies and texture of food according to residents' preferences and ability;

(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.

## 18.5 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 –

18.5.1 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.

18.5.2 Handling of Frozen Food

(a) check the temperature of refrigerator and freezer constantly to ensure that they are kept at 4°C or below and -18°C or below, respectively;

(b) frozen meat and fish should be thawed completely before cooking;

(c) cooked food taken out from the refrigerator shall be reheated thoroughly;

(d) defrosted food should not be refrozen;

(e) avoid storing too much food in refrigerators or freezers; and

(f) never thaw the food under room temperature.

18.5.3 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.

18.5.4 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.

18.5.5 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.).

18.5.6 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.

## 18.6 Serving of Meals

18.6.1 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.

18.6.2 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.

18.6.3 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 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.

## 18.7 Water Safety

18.7.1 RCHE(NH)s shall ensure that water for drinking is provided from the aqueducts of the Water Supplies Department or any other approved source.

18.7.2 RCHE(NH)s should keep the drinking water clean and provide boiled or disinfected drinking water for residents.

# CHAPTER 19

# CLEANLINESS AND SANITATION

## 19.1 Introduction

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

## 19.2 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 –

19.2.1 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;

19.2.2 bed sheets and pillow cases should be washed and changed once a week, and should be changed and disinfected immediately when necessary;

19.2.3 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;

19.2.4 furniture and facilities, should be cleaned regularly, including doors, windows, handrails, seats, refrigerators/freezers, exhaust fans and filters of air-conditioners;

19.2.5 all garbage receptacles shall be cleaned regularly and covered at all times;

19.2.6 assist residents in tidying their rooms and cleaning up disused articles regularly; and

19.2.7 all cleaning and disinfecting agents shall be correctly labelled with the product names and purposes of use as specified by the manufacturer.

## 19.3 Personal Hygiene

19.3.1. RCHE(NH)s should assist residents in maintaining personal hygiene, including grooming, oral cleaning, bathing, hair washing, changing clean clothes, hair cutting and manicuring, etc.

19.3.2 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. face mask, disposable gloves, etc.) should be used; and

(d) staff of RCHE(NH)s should wash their hands thoroughly with liquid soap or disinfected 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.

## 19.4 Environmental Hygiene

RCHE(NH)s should keep the environment clean at all times to provide a safe and comfortable living environment for the residents, and should take note of the following key points –

19.4.1 cover garbage bins with lids at all times, and seal the garbage bags properly before regular disposal every day;

19.4.2 empty stagnant water in saucers of flower pots or vases;

19.4.3 inspect sewage and drainage systems regularly, and maintain the systems in good conditions at all times; and

19.4.4 carry out appropriate and effective pest control measures; clean and handle food wastes properly. Clean-up of the facilities in RCHE(NH)s and proper follow-up actions should be arranged as soon as possible where there are signs of pest, fleas or rodent infestation in order to bring the pest and rodent problem under control. In case of need, 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.

19.4.5 RCHE(NH)s shall proactively report to the affected residents/their guardians/guarantors/family members/relatives about special circumstances in the surrounding environment of the RCHE(NH) that may affect the residents' daily living and/or health and hygiene (e.g. fleas or rodents, etc.). If these situations persist or become widespread, RCHE(NH)s should post or issue a notice to inform, in a timely manner, the residents and their guardians/guarantors/family members/relatives of the follow-up actions being taken, in order to solicit their cooperation as appropriate. In addition, RCHE(NH)s should, depending on the nature and seriousness of the individual incident, submit a Special Incident Report to LORCHE in a timely manner in accordance with paragraph 9.7.2 (j) of Chapter 9 in this Code of Practice.

# CHAPTER 20

# SOCIAL CARE

## 20.1 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.

## 20.2 Homely Atmosphere

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

20.2.1 the resident bedrooms may be designed in personalised fit-out;

20.2.2 staff should be familiar with residents' living habits and personal preferences;

20.2.3 staff should facilitate communications amongst residents for building a harmonious and trustful relationship; and

20.2.4 residents should be provided with a safe and protected living environment (e.g. sharp objects shall be kept properly at a place that is not accessible by residents; items that are harmful to residents' health if mistakenly used shall be stored carefully; effective measures shall be implemented and notices be posted to prevent residents from colliding with large floor-to-ceiling glass and entering prohibited areas such as the server room, rooftop or balcony, etc.). RCHEs should also formulate appropriate and effective measures to protect residents' privacy and dignity, and safeguard them from any form of bullying, assault or abuse.

## 20.3 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 –

20.3.1 introduce residents the RCHE(NH)'s environment, staff, daily routine, activity arrangements, etc. as early as possible, and pay more attention

to residents' adaptability to group living (please refer to paragraph 14.3.1 of Chapter 14 in this Code of Practice), particularly during the initial period after admission;

20.3.2 maintain good and effective communication with residents' guardians/guarantors/family members/relatives to help them understand the RCHE(NH)'s services, daily routine, activity arrangements, etc.; encourage them to visit the residents more frequently during the initial period after admission, keep constant contacts with the residents, and participate in formulating ICPs of the residents, in order to help residents adapt to group living in the RCHE(NH); and

20.3.3 pay attention to residents' emotions and behaviours, and when necessary, seek advice from the professionals, arrange appropriate professional intervention, and contact the residents' guardians/ guarantors/family members/relatives to provide appropriate emotional support and assistance.

## 20.4 Social Activities

RCHE(NH)s should arrange suitable activities, to assist residents in developing regular and healthy living habits, and make effective use of community resources and support services to meet the social needs of residents, including –

20.4.1 arrange appropriate individual leisure activities (e.g. drawing and music) in accordance with residents' characters and abilities, or arrange therapeutic activities based on residents' needs and professional advice;

20.4.2 organise social and recreational groups to facilitate residents' cooperation and interaction, including interest groups (e.g. Cantonese Opera, handicraft, and reading/newspaper reading) and therapeutic groups;

20.4.3 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. to encourage residents to connect with the community;

20.4.4 organise timely educational talks or sharing sessions or social gatherings for relatives/family members to promote interactions between residents and their families and strengthen their social support; and

20.4.5 display the information of activities on notice boards for residents and their relatives to have a clear understanding on the schedule of different kinds of activities, in order to facilitate their participation in activities of their interest. The records of activities should also be properly kept.