

**Special Incident Report**

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

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

**To: Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of the Social Welfare Department**

**(Fax no.: 2153 0071; Enquiry no.: 2891 6379)**

[Attn: \_\_\_\_\_ (Name of inspector)]

Name of RCHD \_\_\_\_\_

Name of home manager \_\_\_\_\_

Contact no. \_\_\_\_\_

Date of incident \_\_\_\_\_

**Type of Special Incident****(1) Unusual death/incident resulting in serious injury or death of a resident**

incident happened in the RCHD and the resident died after being taken to hospital

please specify: \_\_\_\_\_

the resident committed/attempted suicide in the RCHD and he/she died in the RCHD/after being taken to hospital

other unusual death/incident, please specify: \_\_\_\_\_

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

(a)  has not/ has reported the case to police

reporting date and reference no.: \_\_\_\_\_

(b) police inspection date and time (if applicable): \_\_\_\_\_

**(2) Missing of a resident requiring police assistance**

the resident leaving the RCHD unnoticed

the resident is found missing during activities outside the RCHD

during home leave  going out on his/her own  during activities organised by the RCHD

date of reporting case to police and reference no.: \_\_\_\_\_

(a)  resident is found on \_\_\_\_\_ (dd/mm/yyyy)

resident is not yet found and has been missing for \_\_\_\_\_ days since the missing day

(b) please specify the medical history of resident: \_\_\_\_\_

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

physical abuse

psychological abuse

neglect

financial abuse

abandonment

sexual abuse/indecent assault

others (please specify: \_\_\_\_\_ )

<p>(a) identity of abuser/suspected abuser  <input type="checkbox"/> staff    <input type="checkbox"/> resident    <input type="checkbox"/> visitor  <input type="checkbox"/> others (please specify: _____ )</p> <p>(b) <input type="checkbox"/> has/<input type="checkbox"/> has not referred to social worker                  please specify the referral date and respective service unit if referral is made:                  _____</p> <p>(c) <input type="checkbox"/> has/<input type="checkbox"/> has not reported the case to police                  reporting date and reference no.: _____</p>
<p><b>(4) Dispute in the RCHD requiring police assistance</b>  <input type="checkbox"/> between residents    <input type="checkbox"/> between resident(s) and staff    <input type="checkbox"/> between resident(s) and visitor(s)  <input type="checkbox"/> between staff    <input type="checkbox"/> between staff and visitor(s)    <input type="checkbox"/> between visitors  <input type="checkbox"/> others (please specify: _____ )                  date of reporting case to police and reference no.: _____</p>
<p><b>(5) Serious medical/drug incident (Medication Risk Management Report shall be submitted at the same time)</b>  <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s)  <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose  <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking proprietary or non-prescription drug(s)  <input type="checkbox"/> others (please specify: _____ )</p>
<p><b>(6) Other major incidents affecting the daily operation of the RCHD</b>  <input type="checkbox"/> suspension of power    <input type="checkbox"/> building defects or structural problems    <input type="checkbox"/> fire outbreak  <input type="checkbox"/> suspension of water supply    <input type="checkbox"/> flood/landslip/other natural disasters</p>
<p><b>(7) Others</b>  <input type="checkbox"/> please specify: _____</p>

**Follow-up Action with the Resident and his/her Guardians/Guarantors/Family Members/Relatives**

<p>Name of resident _____ Age/Sex _____ Room and/or bed no. _____</p> <p><input type="checkbox"/> has contacted the guardians/guarantors/family members/relatives                  Name(s) and relationship(s) _____                  date and time _____                  respective staff and post _____</p> <p><input type="checkbox"/> has not contacted the guardians/guarantors/family members/relatives                  reason(s) _____</p>
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Signature of informant \_\_\_\_\_ Post \_\_\_\_\_  
 Name of informant \_\_\_\_\_ Date \_\_\_\_\_

**Special Incident Report (Supplementary Sheet)**

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

Name of RCHD _____	
Date of incident _____	Time of incident _____
Name of resident concerned _____	HKIC no. _____
Medical history of the resident concerned _____	
_____	
_____	

**Details/Occurrence of the Special Incident**

_____
_____
_____
_____
_____
_____
_____
_____

**Follow-up Actions Taken by the RCHD/Suggestion or Measures for Preventing the Reoccurrence of the Similar Incident**

_____
_____
_____
_____
_____
_____
_____

Signature of informant _____	Post _____
Name of informant _____	Date _____
_____	_____