

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 the Elderly (LORCHE) of the Social Welfare Department

(Fax no.: 3106 3058/2574 4176; Enquiry no.: 2834 7414/3184 0729)

[Attn: _____ (Name of inspector)]

Name of RCHE _____

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 RCHE and the resident died after being taken to hospital

please specify: _____

the resident committed/attempted suicide in the RCHE and he/she died in the RCHE/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 RCHE unnoticed

the resident is found missing during activities outside the RCHE

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

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>(4) Dispute in the RCHE requiring police assistance <input type="checkbox"/>between residents <input type="checkbox"/>between resident(s) and staff <input type="checkbox"/>between resident(s) and visitor(s) <input type="checkbox"/>between staff <input type="checkbox"/>between staff and visitor(s) <input type="checkbox"/>between visitors <input type="checkbox"/>others (please specify: _____) date of reporting case to police and reference no.: _____</p>
<p>(5) Serious medical/drug incident (Medication Risk Management Report shall be submitted at the same time) <input type="checkbox"/>resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s) <input type="checkbox"/>resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose <input type="checkbox"/>resident(s) is/are admitted to hospital for examination or treatment after taking proprietary/non-prescription drug(s) <input type="checkbox"/>others (please specify: _____)</p>
<p>(6) Other major incidents affecting the daily operation of the RCHE <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>(7) Others <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>

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 RCHE _____	
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 RCHE/Suggestion or Measures for Preventing the Reoccurrence of the Similar Incident

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