

Special Incident Report

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

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

To: Licensing Office of Drug Dependents Treatment Centres (Note 1)
(Fax no.: 2119 9057 and email: lodtcenq@swd.gov.hk)
(Enquiry no.: 3184 0812)

[Attn: _____ (Name of responsible social worker)]

Name of treatment centre _____

Name of supervisor _____ Contact no. _____

Date of incident _____

Type of Special Incident

(1) Unusual death/repeated injuries of a resident; or other incident resulting in death/serious injury of a resident

☐ incident happened in the treatment centre and the resident concerned was sent to hospital for treatment/ died after being taken to hospital

please specify: _____

☐ the resident committed/attempted suicide in the treatment centre and was sent to hospital for treatment/ died after being taken to hospital

☐ other unusual death/injury, 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 the supplementary sheet)

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

reporting date and reference no.: _____

(b) police inspection date and time (if applicable): _____

(2) Missing of a resident requiring police assistance

☐ the resident left the treatment centre unnoticed

☐ the resident was found missing during activities outside the treatment centre

☐ during home leave ☐ going out on his/her own ☐ during activities organised by the treatment centre

date of reporting to the police and reference no.: _____

(a) ☐ resident was found on _____ (dd/mm/yyyy)

☐ resident is not yet found and has been missing for _____ days since the missing day

(b) please specify the medical history of resident: _____

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

☐ physical abuse

☐ psychological abuse (Note 2)

☐ neglect

☐ financial abuse

☐ abandonment

☐ sexual abuse/indecent assault

☐ others (please specify: _____)

(a)	<input type="checkbox"/> established case <input type="checkbox"/> suspected case
(b)	identity of abuser/suspected abuser/perpetrator <input type="checkbox"/> staff <input type="checkbox"/> resident <input type="checkbox"/> visitor <input type="checkbox"/> others (please specify: _____)
(c)	<input type="checkbox"/> has/ <input type="checkbox"/> has not referred to social worker please specify the referral date and respective service unit if referral is made: _____
(d)	<input type="checkbox"/> has/ <input type="checkbox"/> has not reported the case to police reporting date and reference no.: _____
(4) Dispute in the treatment centre 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 to police and reference no.: _____
(5) Serious medical/drug incident	
	<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: _____)
(6) Other special incidents affecting the operation of the treatment centre/residents	
	<input type="checkbox"/> suspension of power <input type="checkbox"/> building defects or structural problems <input type="checkbox"/> fire outbreak <input type="checkbox"/> suspension of water supply <input type="checkbox"/> flood/landslip/unknown gas leakage/other natural disasters <input type="checkbox"/> others (e.g. serious incidents involving staff), please specify: _____
(7) Others (e.g. serious data breach or incidents that may draw media attention)	
	<input type="checkbox"/> please specify: _____

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

Name of resident _____	Age/Sex _____	Room and/or bed no. _____
<input type="checkbox"/> the guardians/family members/relatives/staff concerned/referring worker/other residents or persons involved contacted (Note 3) (One or more could be reported)		
name(s) and relationship(s) _____		
date and time _____		
respective staff and post _____		
<input type="checkbox"/> No guardians/family members/relatives/staff concerned/referring worker/other residents or persons involved contacted		
reason(s) _____		

Signature of informant _____	Post _____
Name _____	Date _____

Note 1

Please inform the following service units of the Social Welfare Department (SWD) at the same time according to the type of treatment centre:

- (i) Subvented by the SWD
Subventions Section (fax no.: 2575 5632 and email: suenq@swd.gov.hk); and
Youth Section (fax no.: 2838 7021 and email: youthenq@swd.gov.hk)
- (ii) Self-financing and non-profit making (not-subvented by the SWD)
Youth Section (fax no.: 2838 7021 and email: youthenq@swd.gov.hk)

Note 2

Psychological abuse is the pattern of behaviour and/or attitudes towards victims of abuse that endangers or impairs their psychological health, including acts of insult, scolding, isolation, causing fear to them for a long duration, intrusion into their privacy and unnecessary restriction of their freedom of access and movement.

Note 3

The residents/family members/staff concerned or other parties involved should be informed of the “special incident” on the premise that personal privacy is addressed.

Special Incident Report (Supplementary Sheet)

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

Name of treatment centre		
Date of incident		Time of incident
Name of resident concerned		HKIC no.
Medical history of the resident concerned (if applicable)		

Details/Occurrence of the Special Incident

Follow-up Actions Taken by the treatment centre [including but not limited to making relevant treatment arrangements, conducting multi-disciplinary case conferences, formulating care plans for the resident(s) concerned, adopting measures to protect other residents, responding to concerns/ enquiries of outside parties (e.g. concern groups, District Councils, Legislative Council, etc.)] and/or Suggestions or Measures to Prevent the Recurrence of Similar Incidents

Signature of informant		Post	
Name		Date	