

## Special Incident Report

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

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

**To: Licensing Office of Residential Care Homes for Persons with Disabilities (LORCHD) of the Social Welfare Department (Note 1)**  
**(Fax no.: 2153 0071 and email: lorchednq@swd.gov.hk)**  
**(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/repeated injuries of a resident; or other incident resulting in death/serious injury of a resident**

incident happened in the RCHD 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 RCHD 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 RCHD unnoticed

the resident was 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 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: \_\_\_\_\_ )

<p>(a) <input type="checkbox"/> established case <input type="checkbox"/> suspected case</p> <p>(b) identity of abuser/suspected abuser/perpetrator <input type="checkbox"/> staff <input type="checkbox"/> resident <input type="checkbox"/> visitor <input type="checkbox"/> others (please specify: _____ )</p> <p>(c) <input type="checkbox"/> has/<input type="checkbox"/> has not referred to social worker please specify the referral date and respective service unit if referral is made: _____</p> <p>(d) <input type="checkbox"/> has/<input type="checkbox"/> has not reported the case to police reporting date and reference no.: _____</p>
<p><b>(4) Dispute in the RCHD requiring police assistance</b></p> <p><input type="checkbox"/> between residents <input type="checkbox"/> between resident(s) and staff <input type="checkbox"/> between resident(s) and visitor(s) <input type="checkbox"/> between staff <input type="checkbox"/> between staff and visitor(s) <input type="checkbox"/> between visitors <input type="checkbox"/> others (please specify: _____ ) date of reporting 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></p> <p><input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s) <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose <input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking proprietary/non-prescription drug(s) <input type="checkbox"/> others (please specify: _____ )</p>
<p><b>(6) Other special incidents affecting the operation of the RCHD/residents</b></p> <p><input type="checkbox"/> suspension of power <input type="checkbox"/> building defects or structural problems <input type="checkbox"/> fire outbreak <input type="checkbox"/> suspension of water supply <input type="checkbox"/> flood/landslip/unknown gas leakage/other natural disasters <input type="checkbox"/> others (e.g. serious incidents involving staff), please specify: _____</p>
<p><b>(7) Others (e.g. serious data breach or incidents that may draw media attention )</b></p> <p><input type="checkbox"/> please specify: _____</p>

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

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

Signature of informant _____	Post _____
Name _____	Date _____

**Note 1**

Please inform the following service units of the Social Welfare Department (SWD) at the same time if the RCHD is subvented by the SWD.

- (1) Subventions Section (fax no.: 2575 5632 and email: [suenq@swd.gov.hk](mailto:suenq@swd.gov.hk))
- (2) Rehabilitation and Medical Social Services Branch (fax no.: 2893 6983 and email: [rehabenq@swd.gov.hk](mailto:rehabenq@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 RCHD	_____	
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**

_____ _____ _____ _____ _____ _____ _____
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**Follow-up Actions Taken by the RCHD [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**

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