

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>(4) Dispute in the RCHD requiring police assistance</p> <p><input type="checkbox"/> between residents <input type="checkbox"/> between resident(s) and staff <input type="checkbox"/> between resident(s) and visitor(s)</p> <p><input type="checkbox"/> between staff <input type="checkbox"/> between staff and visitor(s) <input type="checkbox"/> between visitors</p> <p><input type="checkbox"/> others (please specify: _____) date of reporting to police and reference no.: _____</p>
<p>(5) Serious medical/drug incident (Medication Risk Management Report shall be submitted at the same time)</p> <p><input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s)</p> <p><input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose</p> <p><input type="checkbox"/> resident(s) is/are admitted to hospital for examination or treatment after taking proprietary/non-prescription drug(s)</p> <p><input type="checkbox"/> others (please specify: _____)</p>
<p>(6) Other special incidents affecting the operation of the RCHD/residents</p> <p><input type="checkbox"/> suspension of power <input type="checkbox"/> building defects or structural problems <input type="checkbox"/> fire</p> <p><input type="checkbox"/> suspension of water supply outbreak <input type="checkbox"/> flood/landslip/unknown gas leakage/other natural disasters</p> <p><input type="checkbox"/> others (e.g. serious incidents involving staff), please specify: _____</p>
<p>(7) Others (e.g. serious data breach or incidents that may draw media attention)</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)
- (2) Rehabilitation and Medical Social Services Branch (fax no.: 2893 6983 and email: 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

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

Signature of informant	_____	Post	_____
Name	_____	Date	_____