**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.

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| **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: lorchdenq@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  financial abuse | psychological abuse (Note 2)  abandonment | | | | | neglect  sexual abuse/indecent assault | | | | |  |
|  | others (please specify: | | |  | | | | | | ) |  | |
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| (a) | established case | | | | | | | suspected case | | | |  | | |
| (b) | identity of abuser/suspected abuser/perpetrator  staff resident visitor | | | | | | | | | | |  | | |
|  | others (please specify: | | | |  | | | | | | | | ) |  |
| (c) | has/has not referred to social worker | | | | | | | | | | |  | | |
|  | please specify the referral date and respective service unit if referral is made: | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  | | |
| (d) | has/has not reported the case to police | | | | | | | | | | |  | | |
|  | reporting date and reference no.: | | | | | |  | | | | |  | | |
|  |  | | | | | | | | | | |  | | |
| **(4**) | **Dispute in the RCHD requiring police assistance** | | | | | | | | | | |  | | |
|  | between residents | | between resident(s) and staff | | | | | | | between resident(s) and visitor(s) | |  | | |
|  | between staff | | between staff and visitor(s) | | | | | | | between visitors | |  | | |
|  | others (please specify: | | | |  | | | | | | | | ) |  |
|  | date of reporting to police and reference no.: | | | | | | | |  | | |  | | |
|  |  | | | | | | | | | | |  | | |
| **(5**) | **Serious medical/drug incident (Medication Risk Management Report shall be submitted at the same time)** | | | | | | | | | | |  | | |
|  | resident(s) is/are admitted to hospital for examination or treatment after taking wrong drug(s)  resident(s) is/are admitted to hospital for examination or treatment after missing a dose or an overdose  resident(s) is/are admitted to hospital for examination or treatment after taking proprietary/non-prescription drug(s) | | | | | | | | | | |  | | |
|  | others (please specify: | | | |  | | | | | | | | ) |  |
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| **(6**) | **Other special incidents affecting the operation of the RCHD/residents** | | | | | | | | | | |  | | |
|  | suspension of power  suspension of water supply | | | | | building defects or structural problems  fire outbreak  flood/landslip/unknown gas leakage/other natural disasters | | | | | |  | | |
|  | others (e.g. serious incidents involving staff), please specify: | | | | | | | | | |  | |  |  |
|  |  | | |  | | | | | | | |  | | |
| **(7**) | **Others (e.g. serious data breach or incidents that may draw media attention）** | | | | | | | | | | |  | | |
|  | please specify: |  | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  | | |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of resident | |  | | | Age/Sex |  | Room and/or bed no. |  |  |
| 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 | | |  | | | | | |  |
| No guardians/guarantors/family members/relatives/staff concerned/referring worker/other residents or persons involved contacted | | | | | | | | |  |
| reason(s) |  | | | | | | | |  |
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| --- | --- | --- | --- |
| 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)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of RCHD |  | | | | | |  |
| Date of incident |  | | | Time of incident | |  |  |
| Name of resident concerned | | |  | HKIC no. |  | |  |
| Medical history of the resident concerned (if applicable) | |  | | | | |  |
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**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 |  |