

HONG KONG LEGAL NURSE CONSULTANTS

(香港法護顧問學會)

Accredited by the Nursing Council of Hong Kong as a Provider of CNE

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Website: www.hklnc.com

(CNE 視像學習課程) ZOOM-Video seminar (CNE Course for Nurses)

Part 1 (General medico-legal issues all Nurses should aware PART 1) (證書課程)

Date: 1st and 8th MARCH, 2022. 3:00PM to 5:30PM (Two TUESDAY)

(視像學習課程: 5 小時課程 (5 CNE Points) (共 2 課、每 課 2.5 小時)、廣東話授課、附英文講義)

Part 1 Lectures Highlight : Conspiracy to steal drugs and medications from Hospital (串謀詐騙) / Criminal charges: Actus reus (犯罪行為) Mens rea (犯罪心意) / Making false documentation (Sick Leave certificates) / Principles of defence (辯護原則) / "malpractice cases" and negligent act of doctors and Nurses / Roadside emergency and A Good Samaritan Law – volunteer / Patient with Mental Disorder (DAMA) / Section 31 (Form 1, 2, 3) / Breach of patient confidentiality / Alteration of medical record / Consent to treatment of Next-of-kin / Exceed the patient's consent / Gillick consent – patient under 18 years old / Mental Health Ordinance (Cap.136) Section 59ZF – TWO MO requirement / Limitation Ordinance (時效條例) Cap.347 / Vicarious liability / Nurses sued for negligent / Contributory negligence argument / Section 161 Access to computer with criminal or dishonest intent (有犯罪或不誠實意圖而取用電腦) Verbal order/ Telephone orders ? / Doctor' s standing order – Nurse 4 years imprisonment (Salisbury' s case) / Can I search the locker of the patient? Nurse' s Obligation to report crime (?) / Ombudsman' s Office(申訴專員) / Restraint Of Patient in Hong Kong – nurses criminal liability.



Application: (課程報名表格) **Part 1 (General medico-legal issues all Nurses should aware PART 1)**

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填妥「課程報名表格」及支票 HK\$850 (抬頭人寫 “Hong Kong Legal Nurse Consultants”) 寄回本會。

Name: (Ms. / Mr.) _____ Telephone : _____ Fax : _____

Hospital / clinic / ward / Unit : _____

E-Mail : _____ (電郵地址定要寫清楚以防資料寄失!)

I am current in your emailing list already.

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(回郵地址請寫清楚以防資料寄失) (Optional – No need to fill up your address if you wish to receive Official Receipt and Digital Certificate by email only)

Name:

Address:

Name:

Address: