SILREADY DOCS

Shift Handover Form

Document-specific completion controls

Use only the current controlled version and record the person, date, context and authority for each shift handover decision.
Separate facts, participant accounts, observations and professional advice and preserve corrections and prior decisions.
Do not close a shift handover action until the named owner verifies outcome evidence and residual risk.

Document control

Logo: [PROVIDER LOGO]
Provider: [PROVIDER LEGAL NAME] | Trading name: [TRADING NAME] | ABN: [ABN]
Address: [BUSINESS ADDRESS] | Email: [CONTACT EMAIL] | Phone: [PHONE]
Responsible person: [RESPONSIBLE ROLE] | Key roles: [KEY ROLES] | Jurisdiction: [STATE OR TERRITORY]
SIL homes: [SIL HOME COUNT] | Participants: [PARTICIPANT COUNT] | Service model: [SERVICE MODEL]
Emergency process: [EMERGENCY PROCESS] | Review cycle: [REVIEW CYCLE]
Medication support: [MEDICATION SUPPORT FLAG] | Restrictive practices: [RESTRICTIVE PRACTICE FLAG] | High-intensity supports: [HIGH INTENSITY SUPPORT FLAG]
Document ID: SIL-004-SHIFT-HANDOVER-FOR | Version: 1.0 | Product version: 1.0.0
Owner: [RESPONSIBLE ROLE] | Approved by: [APPROVER ROLE] | Approval date: [APPROVAL DATE] | Effective date: [EFFECTIVE DATE] | Review date: [REVIEW DATE]

Purpose

Shift Handover Form establishes the provider-owned decisions, actions and evidence needed to manage shift handover. Its specific control objective is to confirm the approved inputs, responsible decision-maker, affected people and evidence needed for closure, while demonstrating that practice—not possession of a template—addresses inconsistent decisions, unowned actions or records that do not demonstrate actual practice.

Scope

Apply this form to people, locations, records and decisions directly affected by shift handover. Before approval, identify the applicable service model, participant directions, jurisdiction, registration scope, delegations and specialist boundaries; exclude matters that require an authorised clinician, lawyer, workplace specialist or regulator decision.

Responsibilities

Responsible Service Manager: owns the shift handover control design, approves exceptions within delegation and reports ineffective controls.
Operational user of Shift Handover Form: completes the five subject-specific steps, records evidence at the time of action and escalates matters outside competence.
Participant or affected person: receives accessible information, contributes preferences and can challenge or correct decisions without reprisal.
Document Controller: protects the approved version, access permissions, linked evidence and superseded-record trail for this instrument.

Document-specific workflow

1. Explain why the shift handover information is needed and provide an accessible completion method.
2. Populate fields from direct evidence; distinguish fact, participant account, observation and professional advice.
3. Validate identities, dates, authority and required attachments without guessing missing information.
4. Obtain the required acknowledgement, review or approval and record outstanding actions.
5. File securely, link follow-up records and correct inaccuracies through the controlled process.

Escalation

Immediate response: stop unsafe activity and refer exceptions beyond delegation to the accountable manager or appropriate specialist.
Authority boundary: refer any shift handover decision beyond the recorded delegation to Responsible Service Manager and the relevant qualified adviser.
Evidence boundary: record the facts, person’s account, action, advice sought and outcome; do not invent a statutory timeframe or clinical direction.

Records and implementation evidence

1. approved input showing how shift handover was addressed and who verified it.
2. consultation record showing how shift handover was addressed and who verified it.
3. decision and reasons showing how shift handover was addressed and who verified it.
4. owned action showing how shift handover was addressed and who verified it.
5. outcome verification showing how shift handover was addressed and who verified it.

Implementation guidance, training and monitoring

Configure Shift Handover Form around the provider's actual shift handover systems, delegations and accessible communication methods.
Brief Responsible Service Manager and each operational user on their exact decision boundary; assess competency where inconsistent decisions, unowned actions or records that do not demonstrate actual practice can affect safety or rights.
Pilot the instrument on a representative shift handover scenario and record participant or worker feedback and resulting amendments.
Link every open action to the responsible operational register instead of relying on the template as evidence of completion.
After implementation, sample completed records for accuracy, timeliness, accessibility, escalation and evidence of effective outcomes.

Review

Routine review measure: sample whether shift handover records contain the five required evidence classes and completed follow-up.
Triggered review: reconsider this instrument after a related incident, complaint, audit finding, participant feedback, source change or control failure.
Approval test: retain the reviewer, evidence sampled, changes made, unresolved risk and next provider-approved review trigger.

Related internal documents

SIL-017-COMMUNITY-ACCESS-P — Community Access Procedure
SIL-002-COMPATIBILITY-REVI — Compatibility Review Form
SIL-007-CONTINUITY-OF-SUPP — Continuity of Supports Procedure
SIL-005-DAILY-PROGRESS-NOT — Daily Progress Notes Template

External references

Supplementary module: Supported independent living — NDIS Quality and Safeguards Commission — https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards/sil (reviewed 2026-08-05)
Relevant outcome: Shift Handover Form: Supported decision-making; safeguarding; practice governance; tenancy, housing and support arrangements
Applicability: Reviewed as a primary factual reference for the subject, decisions and evidence fields in Shift Handover Form. Provider applicability and source currency must be confirmed before approval.
Verify source currency and applicability before provider approval.

Revision history

Version 1.0 | [APPROVAL DATE] | Initial provider-approved issue | [APPROVER ROLE]

Customisation and professional review warning

EDITABLE TEMPLATE — CUSTOMISE FOR YOUR ORGANISATION AND OBTAIN APPROPRIATE PROFESSIONAL REVIEW BEFORE USE. Independent legal, audit, HR, WHS or compliance review is recommended as relevant.