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# Shift Handover Procedures

Summary: The Shift Handover Procedures outlines processes for the passing on of information and the transfer of responsibility and accountability between support workers and others. It contains instructions on how to complete the Individual Shift report, the communication book and diary.





# Shift Handover Procedures

<b>Document name</b>	Shift Handover Procedures
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<b>Approval date</b>	August 2015
<b>Policy Manual</b>	Safeguarding Policy and Practice Manual
<b>Approved by</b>	Deputy Secretary, ADHC, FACS
<b>Summary</b>	The Shift Handover Procedures outlines processes for the passing on of information and the transfer of responsibility and accountability between support workers and others. It contains instructions on how to complete the Individual Shift Report, the communication book and diary.
<b>Replaces document</b>	Shift Changeover Policy and Procedures, 2006 Client Checks Policy and Procedures, 2002
<b>Authoring unit</b>	Contemporary Residential Options Directorate
<b>Applies to</b>	People who are being supported in ADHC operated accommodation support services
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## Version control

The first and final version of a document is version 1.0.

The subsequent final version of the first revision of a document becomes version 1.1.

Each subsequent revision of the final document increases by 0.1, for example version 1.2, version 1.3 etc.

## Revision history

Version	Amendment Date	Amendment notes
V1.0	August 2015	Replaces Shift Changeover Policy and Procedures, 2006  Replaces Shift Changeover Checklist, 2006  Replaces Client Checks Policy and Procedures, 2002

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# 1 Introduction

## 1.1 Purpose

The Shift Handover Procedures (the Procedures) describes Family and Community Services (FACS') Ageing, Disability and Home Care's (ADHC) requirements for recording and exchanging essential information concerning people at the changeover of support workers between shifts and the transferring of professional accountability and responsibility.

There are three documents involved in shift handover:

- the Individual Shift Report
- the diary
- the communication book.

Each of these documents (described in more detail later in this document) plays an essential role in maintaining the safety and wellbeing of the person, and others in the person's environment, including support workers.

**The Procedures are mandatory in ADHC operated accommodation support and centre-based respite services.** They are based on the principles of human rights and quality management found in the *New South Wales Disability Inclusion Act 2014* and the *Disability Inclusion Regulations 2014*, including the New South Wales Disability Service Standards. They are also based on the principles outlining FACS' commitment to deliver culturally responsive services to Aboriginal people under the Aboriginal Statement of Commitment.

## 2 Definitions

There are some key concepts in handover practice which are important for support workers to understand.

Term	Definition
Accountability	The act of accepting, acknowledging and assuming the responsibility for an action/decision, including the obligation to report, explain and be answerable for resulting consequences.
Adverse event	An incident where injury/harm is caused by disability support practices, for example, a medication error or a failure to assist a person to obtain medical services resulting in hospitalisation, rather than an existing condition of the person receiving support.
Handover	The transfer of professional responsibility and accountability for the care and support for a person, or group of people, to another person or persons, including between teams, families/carers, service providers (e.g. day programs, holiday providers), and hospitals. <b>Shift handover</b> refers to the transfer of professional responsibility and accountability for the care and support for a person, or group of people, at the change of shift from the outgoing support worker/s to the incoming support worker/s.
Safeguarding	The development of informal and formal measures that aim to manage the risk of harm to people with disability, protect their right to be safe and empower them to have more choice and control over their lives.

### 2.1 Work Health and Safety (WHS)

FACS has an obligation to ensure, so far as is reasonably practicable, that support workers are safe, appropriately supported to do their job, and not exposed to health and safety risks (*Work Health and Safety Act 2011*). In addition, FACS has a duty to protect the health and safety of other people who might be affected during the delivery of its services.

All handovers must contain information about the condition of the workplace that may impact on safety. This information may include:

- incidents involving known or newly identified hazards and risks
- hazards, for example, faulty/damaged equipment or property and ineffective support plans
- changes to the person's My Safety Plan.

Further information on the management of work, health and safety risks can be found in FACS' Work Health and Safety Risk Management Procedure 2014.

## **3 Roles and responsibilities**

### **3.1 Managers and supervisors**

- Ensuring that all support workers are aware of and have access to the Shift Handover Policy (the Policy) and the Procedures.
- Ensuring support workers understand their responsibility and accountability in implementing the Policy and its Procedures.
- Developing, implementing and monitoring local processes that assist support workers to achieve effective handover.
- Ensuring handover involves the transfer of information that is accurate, complete, timely, relevant and easily understood.
- Ensuring that there are systems in place guaranteeing immediate continuity of care while shift handover processes are being conducted.
- Ensuring emergency procedures are in place and followed.

### **3.2 Support workers**

- Complying with the purpose and principles of the Policy.
- Acknowledging and accepting responsibility of the continuity of care for the person or the people requiring support.
- Knowing the whereabouts, health and specific circumstances of the people requiring support during a shift.
- Understanding that the completion of the handover process is an essential part of the duty of care for all support workers.

## 4 Communication

When handing over responsibility and accountability, support workers must communicate only the relevant information required to ensure continuity of care and the safety of the person, as well as the safety of others around him or her. Irrelevant or unnecessary information can lead to communication overload, and critical information may be missed.

Handover requires preparation to ensure the effectiveness and efficiency of the process. Support workers should obtain and update necessary documents, including shift reports, the communication books, and the diary. Other relevant documentation might include incident reports and any other forms, charts or plans.

At the end of handover, the incoming support worker should have a clear understanding of:

- the current location of each person requiring support and their planned movements
- any urgent matter alerts, for example, changes in support plans or medication, or notification about people who might require focussed support or immediate attention due to illness
- any immediate, imminent or outstanding actions required
- other important factors that may have an impact work on the following shift, for example, WHS issues.

Some homes or respite centres may require local processes for the transfer of additional information to ensure the safety and wellbeing of the person, support workers and others. For example, if a person in a home has a specific focus on paper and words, staff include 'colour of paper for the day' and 'word of the day' in their handovers. If this information is not shared, the likelihood of behaviours of concern is very high.

### 4.1 Written communication

Written communication should be clear, concise, without abbreviations or jargon, and use easily understood words. It must be written using respectful language. Written documentation will be supported by verbal handover where possible, to reduce communication errors and improve continuity of care.

#### ***Individual Shift report***

The shift report is an official document and may be used as evidence in legal proceedings.

#### ***Requirements for recording:***

- an Individual Shift Report is to be completed for each person and finalised at the completion of each shift
- personal details and month/year are to be entered on the front cover at the beginning of each month

- the signature sheet on the inside cover is to be completed by all support workers during their first shift each month
- each entry in the notes section of the Individual Shift Report must be initialled
- the report is to be written in black or blue ink
- the Individual Shift Report should contain relevant, objective, factual and accurate information. For example, following an incident support workers must only record what they saw or heard happen and not their thoughts, theories or feelings about what happened
- if more space is required for notes, they can be entered in the 'Additional notes' section at the rear of the shift report. The support worker alerts others that more space has been required by initialling the 'Additional note completed' box
- errors are to be drawn through with a single line, initialled and dated. No white out is to be used or text 'blacked out' with pen.

### ***Urgent Matter Alert***

The Urgent Matter Alert in the Individual Shift Report is to be used to notify other support workers of important information relevant to the safety and wellbeing of the person. This information includes, but is not limited to:

- updates of the My Safety Profile
- changes to a person's health and wellbeing status, for example, seizure activity, first aid given, medical procedure (such as tooth removed), medical condition (such as gastroenteritis) which may require monitoring
- changes to support plans
- changes to medication
- any incidents or other urgent matters.

### ***Emergency procedures***

- Each home will develop and have prominently displayed emergency procedures for accessing ambulance, police, fire services and line managers.
- Each home will ensure it has a missing person procedure that clearly details the requirements of support workers if a person's location is not accounted for.
- If a support worker is unable to locate a person(s) or has concerns about the welfare and safety of a person(s) he or she is to follow the home or respite centre's emergency procedures as a priority.

### ***Handover of information:***

Handover should occur within the first 30 minutes of each shift (where practicable). This includes the joint checking of medication, petty cash and the location of people (as outlined below). Support workers are encouraged to follow the S.H.A.R.E.D. model for verbal handover where this occurs (see **Other Resources – S.H.A.R.E.D.**) **To ensure effective handover support workers should:**

- read the Urgent Matter Alerts in all Individual Shift Reports and in the diary and initial each alert once read in the boxes provided
- check/verify location of each person
- acknowledge the completion of this check by initialling the 'Initial once confirmed' box in each person's Individual Shift Report.
- read the diary
- check petty cash in accordance with Household Operating Account Policy and local procedures<sup>1</sup> and initial 'Petty cash (start)' box in diary.
- read all Individual Shift Reports for the previous 24 hours and initial once read in the boxes provided in the last row for each shift
- read the communication book
- read any documentation referred to in shift reports and communication book, e.g. learning logs, incident reports
- confirm the health and wellbeing status of each person in the home or respite centre.

If a person is unwell at the commencement of a shift, then the person's My Health and Wellbeing Plan should be followed.

If a support worker is unsure or if the person's My Health and Wellbeing Plan does not cover the circumstances, then he or she should follow emergency procedures as required, or seek medical attention and report to line management.

The support worker will be required to acknowledge the completion of this check by initialling the 'Health & Wellbeing (shift start)' box in each person's shift report. See **Other Resources – Checking health and wellbeing** for more information.

**Night shift only (or if no night shift, one shift per day):** check individual finances, record outcomes on individual cash summary sheets and initial box 'Finances checked' in the Individual Shift Report. This check must confirm that all transactions of the person's individual finances have been accounted for. Any discrepancies must be investigated and if the cause of the discrepancy cannot be identified, inform the Team Leader.

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<sup>1</sup> Auditable local procedures, for example petty cash records/registers/cash summary sheets, are required due to the withdrawal of the Shift Changeover Checklist from use.

## ***Documentation during each shift***

Support workers will:

- initial the actions personally completed for the current shift in Individual Shift Reports and the diary. For example, initial 'Health care procedures' box to indicate completion of any health care procedures, such as wound care, stoma care, pressure area care as per person's support plans
- initial 'Breakfast/lunch/dinner/supper' boxes to indicate that the meal has been provided in accordance with the person's Mealtime Management Plan, if one is in place, and his or her My Eating and Drinking Profile
- complete the communication book and diary as required, e.g. recording phone messages and appointment times.
- complete any Urgent Matter Alerts in the Individual Shift Reports and in the diary as required
- check medications and initial box 'Medication taken & recorded'. This check must confirm at a minimum that:
  - all medication prescribed for the shift is no longer in the blister pack or has been signed for
  - all medication prescribed for the next shift is in the blister pack
  - the packaging of medication in remaining blisters is intact
  - there is sufficient medication for the next three days.

Any issues identified should be followed up appropriately.

- complete all other relevant and required documentation
- indicate any additional documentation completed by initialling the relevant boxes provided, e.g. learning logs, incident reports
- check and indicate the location of each person in each individual's shift report
- finalise the notes section e.g. community participation, highlight of the day etc section by:
  - recording outings/contact with others. (This may include day programs, employment and recreational programs and must include information received from other services that is relevant to the home or respite centre)
  - describing the health and wellbeing and emotional state of the person. This is best done by communicating with the person and including observations made by other support workers
  - asking or observing the person as to what the best part of the shift was for him or her and recording the answer
  - recording correspondence and social contact relating to the person such as mail received, visitors, receipt of gifts, money or vouchers
  - recording other relevant information in the 'Notes' section

- referring other support workers to relevant documentation, e.g. Health learning log, seizure chart etc.
- check petty cash in accordance with Household Operating Account Policy and local procedures and initial 'Petty cash (end)' box in diary.

## 4.2 Face-to-face communication

If handover is conducted face-to-face, this will promote two-way communication, enabling the support worker receiving the information to ask questions and clarify any relevant information.

A simple communication technique is 'check-back' where the person receiving information verifies it by repeating the information back to the sender and the sender confirms that it has been understood correctly. Another technique is 'read-back' where the incoming support worker reads information in written handover communications and verbally repeats it back to the outgoing support worker/s who confirms it has been understood correctly.

### Timing

Punctuality during handover is important and will reflect the professionalism of all those involved. Handover should have a clear start and end time.

Staggered shift times will require local consideration as to how important information at handover is communicated to all staff.

### Location

Shift handovers should occur in a consistent location. The location should be quiet, have minimal distractions, ensure privacy when required, and provide easy access to all related written documentation.

# 5 Household

## 5.1 Diary

The diary is an official document and may be used as evidence in legal proceedings. It should only contain relevant information around each shift. The diary **is not** for the purpose of personal staff appointments and **should not** contain lengthy information.

### Requirements for diaries:

- A diary is a current year calendar bound book.
- The diary must be labelled to identify the home or respite centre's name, cost centre <sup>2</sup> and address.
- All entries will be in black or blue ink only.
- The diary is to be stored in an easily accessible location known to all support workers.

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<sup>2</sup> also known as organisation number e.g. Z99

- The diary is to be referred to by all support workers on each shift to ensure that scheduled events are prepared for and attended.
- Errors are to be drawn through with a single line, initialled and dated. No white out is to be used.

**The diary is to be used for the following purposes:**

- to record appointments, outings or visits
- to note relevant meetings, e.g. Lifestyle Planning meetings and team meetings
- to note Urgent Matter Alerts which are non-person specific and relate to the home or centre, for example, disruptions to services (such as electricity and water) and hazards (such as faulty electrical equipment). These may be flagged with 'Urgent Matter' written in red pen or with and 'Urgent Matter' stamp
- to indicate that Urgent Matter Alerts have been read by support workers initialing in the boxes provided
- to indicate that petty cash has been checked as per the petty cash procedures
- to note relevant events that involve stakeholders linked to the home or respite centre, e.g. day program closures
- to note tasks or events related to the operation of the home or respite centre, e.g. grocery deliveries, tradespersons, scheduled interruptions to utilities such as water and electricity and vehicle maintenance.

If the event noted in the diary occurred as planned, the diary note should be initialled by the support worker able to confirm it occurred. If the event did not eventuate, this should be noted in the communication book to ensure follow up where appropriate. It should be recorded in the related person's file as relevant.

## **5.2 Communication book**

The communication book is an official document and may be used as evidence in legal proceedings. It should only contain information relevant to each shift. Confidentiality must be considered and maintained when making any entry.

Communications are to be brief, in point form, factual, objective and not derogatory in nature. References to a person receiving support must consist of a brief note with directions given to where detailed documentation is located e.g. "refer to (insert name's) Individual Shift Report".

**The communication book is not for the purpose of support workers airing grievances, disagreements, personal issues or correcting an individual support worker's performance. For example, comments like "X, you did not do this. Why not?" are not appropriate or acceptable.**

### **Requirements for communication books:**

- A communication book is an A4 ruled and numerated bound ledger that is used to convey information between support workers in a legible and concise written format.
- The communication book must be labelled to identify the home/centre by name, org number/cost centre and address.
- All entries will be in black or blue ink only.
- All entries are to be in readable handwriting.
- Support workers are to enter the date, their name and the shift time in the left hand margin next to their first entry.
- A line is to be ruled from the end of each entry to the right hand edge of the page.
- There are to be no gaps of blank lines between entries.
- Support workers are to initial after each entry made during the shift.
- Support workers commencing their shift must read all entries made since their last shift or the previous two weeks entries if their last shift occurred more than two weeks ago. Once read, the support worker initials the left hand margin next to the last line of each support worker's entries.
- Errors are to be drawn through with a single line, initialled and dated. No white out is to be used and no text is to be 'blacked out'.
- The communication book is to be located in an easily accessible place known to all support workers.

### **The communication book is to be used to communicate:**

- shift events – by referral to incident reports/ shift reports
- urgent matters relating to members of the household. These may be flagged with 'Urgent Matter' written in red pen or with an 'Urgent Matter' stamp
- tasks arising from a health consultation, e.g. medication pick-up or appointments to be made
- incoming/outgoing correspondence and documentation received at the home or respite centre
- housekeeping or administrative tasks to be done or which have been completed prior to schedule
- meeting messages left for support workers by other service workers
- messages from the family/carer/guardian and friends of a person
- staffing changes e.g. " X phoned in sick replaced by Y"
- directions for staff to read memos, correspondence, minutes, reports etc.
- visitors to the home and purpose of the visit
- hazards, WHS or maintenance requirements.

## 6 Support and advice

For support and advice with this procedure, contact the System Reform and Rostering, Service Improvement Unit, Contemporary Residential Options Directorate.

### **System Reform and Rostering, Service Improvement Contact Details**

<b>Mail</b>	System Reform and Rostering, Service Improvement Contemporary Residential Options Directorate ADHC
<b>Email</b>	<a href="mailto:policyandpracticefeedback@facs.nsw.gov.au">policyandpracticefeedback@facs.nsw.gov.au</a>

If you are reviewing a printed version of this document, please refer to the ADHC intranet to confirm that you are reviewing the most recent version. Following any subsequent reviews and approval this procedure will be uploaded to the internet and / or intranet and all previous versions removed.

# Other Resources – S.H.A.R.E.D

Effective verbal handover can only occur if all support workers hold a similar understanding and 'mental model' of the process and expectations of them. The suggested model in ADHC is S.H.A.R.E.D.:

- **S**ituation
- **H**istory
- **A**ppointments
- **R**isk
- **E**xpectations
- **D**ocumentation

## Situation

Discuss the situation at time of handover, including:

- the whereabouts of all people living in the home or visiting the respite centre (refer to 'Where am I?' row in each person's shift report)
- asking the people living in the home or visiting the respite centre how they are feeling (refer to 'How am I feeling today?' row in each person's shift report).

## History

Discuss what has occurred during the shift, including:

- a brief overview of people's movements, e.g. outings, and activities throughout the shift (refer to 'Out and about' row for each person and shift report notes)
- changes in a person's health status requiring attention or monitoring (refer to shift report notes and other documentation, e.g. My Health and Wellbeing Log)
- incidents
- descriptions of attempts to manage an issue and whether they have worked, e.g. positive behaviour support strategies or trying to fill a shift
- Asking the people living in the home or visiting the respite centre what the highlight of their day has been so far and recording this.

## Appointments

Discuss any appointments attended during the previous shift or to be attended during the current shift including:

- outcomes of any appointments, medical tests and results (received or pending) (refer to shift report and diary and other documentation, e.g. Health Learning Log in the My Health and Wellbeing Plan and Appointment Toolkits).

- any tasks to be completed, e.g. picking up medication or making appointments (refer to diary and communication book).

## Risk

Discuss information needed to keep everyone safe, including:

- Urgent Matter Alerts – such as changes to risk management and support plans and medication changes
- incidents involving people with disability
- WHS incidents involving support workers or others
- hazard reports lodged during the shift

Complete the medication check together (if possible).

## Expectations

Outline any additional expectations of the next shift, for example:

- outstanding tasks not yet completed (refer to diary and communication book).

## Documentation

- Document verbal handovers by completing the 'Verbal handover' section of each shift report.
- Ensure all relevant documentation is on-hand at the commencement of handover.
- Refer to relevant documentation as required throughout the handover.

## Other Resources – Checking health and well being status

- Checking requires both sighting and observing the person to establish his or her health status.
- The My Health and Wellbeing Plan, including Support Plans (such as asthma management, epilepsy, diabetes, and behaviour) should include instructions, which clearly state the frequency and required observations to be completed by support workers. Refer to Part C of the My Health and Wellbeing Plan for a summary list of support plans.
- If certain conditions have been identified by a medical practitioner as requiring regular checking at night. These may include: epilepsy, deep sleep (diagnosed by a neurologist), dysphagia; need for overnight feeding; limited voluntary movement/high level of physical dependency; medical instability; respiratory problems; need for oxygen or suctioning, and sleep apnoea.
- If required, indicate time of night time check, body position of person, instances of sleep disturbance and/or incontinence in the notes section.
- There is no requirement for night-time checks once the person has retired to his or her bedroom for the night if the person has no known relevant health risks and the need for checking is not identified in the person's My Health and Wellbeing Plan and his or her My Safety Plan.
- Where night time checks are required, their frequency must be recorded in the person's My Health and Wellbeing Plan and his or her My Safety Plan.
- Any checking at night should occur in a way that minimises disturbance to the person (e.g. quietly opening the bedroom door, using monitors etc.).
- The person's My Health and Wellbeing Plan and My Safety Plan should be revised if the person's health status changes.