

Disability Resource Hub Disclaimer

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Shift Handover Tools and templates

Summary: The Shift Handover Tools and templates provide resources to support the transfer of information, responsibility and accountability between support workers and others.



Tools and templates

Shift Handover

1. Individual Shift Report - sample
2. Individual Shift Report template



Individual Shift Report

| | |
|----------------------|----------------|
| Name: | Date of Birth: |
| CIS Number: | TRIM Number: |
| Report for Month of: | Year: |

PLEASE NOTE: The Shift Report is an official document and may be used as evidence in legal proceedings.

- Complete the relevant section/s for the person as required throughout each shift and finalise the report at the end of the shift.
- Notify other support workers of important information relevant to the safety and wellbeing of the person by using the Urgent Matter Alert.
- The support worker responsible for the completion of an action during the shift should initial the relevant box in the service delivery section.
- All other entries are to be initialled by the support worker making the entry.
- The report is to be completed using black or blue ink.
- Write only relevant, objective, factual and accurate information in relation to the person.
- If more space is required, enter any additional notes in the section at the rear of the shift report. Alert 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.
- Any days not used should be ruled through and initialled (e.g. if a 30 day month, rule through and initial the page marked Day 31).
- When month complete, move it to the history file (blue folder) and start a new booklet for the next month.

Signature Sheet

Signature / Initials used in this Shift Report (Please complete the first time you use this Shift Report.)

| Print Name in Full | Signature | Initials | Position |
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| DAY | URGENT MATTER ALERT: YES / NO Refer to: | | Initial once read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | Initial when completed or if needed: | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Oral care <input type="checkbox"/> Additional note completed | <input type="checkbox"/> Shower/Hygiene <input type="checkbox"/> Health care procedures <input type="checkbox"/> Medication taken & recorded | <input type="checkbox"/> Charts updated (e.g seizure, bowel) <input type="checkbox"/> Health & wellbeing (shift start) <input type="checkbox"/> Incident report completed | <input type="checkbox"/> Health Learning Log completed <input type="checkbox"/> Lifestyle Planning Learning Log completed <input type="checkbox"/> Finances checked | | |
| | Location of person <input type="checkbox"/> At home <input type="checkbox"/> Out Where?: | | Expected return (date/time/how): | | Initial once confirmed: <input type="checkbox"/> | | |
| | Notes: e.g. Community Participation, highlight of the day etc. | | | | | | |
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| | Initial once read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| EVENING | URGENT MATTER ALERT: YES / NO Refer to: | | Initial once read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | Initial when completed or if needed: | <input type="checkbox"/> Dinner <input type="checkbox"/> Supper <input type="checkbox"/> Oral care <input type="checkbox"/> Additional note completed | <input type="checkbox"/> Shower/Hygiene <input type="checkbox"/> Health care procedures <input type="checkbox"/> Medication taken & recorded | <input type="checkbox"/> Charts updated (e.g seizure, bowel) <input type="checkbox"/> Health & wellbeing (shift start) <input type="checkbox"/> Incident report completed | <input type="checkbox"/> Health Learning Log completed <input type="checkbox"/> Lifestyle Planning Learning Log completed <input type="checkbox"/> Finances checked | | |
| | Location of person <input type="checkbox"/> At home <input type="checkbox"/> Out Where?: | | Expected return (date/time/how): | | Initial once confirmed: <input type="checkbox"/> | | |

Notes e.g. Community Participation, highlight of the evening etc.

Multiple horizontal lines for notes.

Initial once read: [] [] [] [] [] [] [] []

URGENT MATTER ALERT: YES / NO Refer to:

Initial once read: [] [] [] [] [] [] [] []

- Initial when completed or if needed:
 Night check completed
 Medication taken & recorded
 Charts updated (e.g seizure, bowel)
 Health Learning Log completed
- Health care procedures
 Medication checked
 Incident report completed
 Lifestyle Planning Learning Log completed
- Additional note completed
 Finances checked

Location of person At home Out Where?: Expected return (date/time/how): Initial once confirmed: []

Notes: Multiple horizontal lines for notes.

Initial once read: [] [] [] [] [] [] [] []

OVERNIGHT

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| DAY | URGENT MATTER ALERT: YES / NO Refer to: | Initial once read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> Breakfast <input type="checkbox"/> Shower/Hygiene <input type="checkbox"/> Charts updated (e.g seizure, bowel) <input type="checkbox"/> Health Learning Log completed Initial when completed <input type="checkbox"/> Lunch <input type="checkbox"/> Health care procedures <input type="checkbox"/> Health & wellbeing (shift start) <input type="checkbox"/> Lifestyle Planning Learning Log completed or if needed: <input type="checkbox"/> Oral care <input type="checkbox"/> Medication taken & recorded <input type="checkbox"/> Incident report completed <input type="checkbox"/> Finances checked <input type="checkbox"/> Additional note completed | |
| | Location of person <input type="checkbox"/> At home <input type="checkbox"/> Out Where?: Expected return (date/time/how): Initial once confirmed: <input type="checkbox"/> | |
| | Notes: e.g. Community Participation, highlight of the day etc. | |
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| | Initial once read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| EVENING | URGENT MATTER ALERT: YES / NO Refer to: | Initial once read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> Dinner <input type="checkbox"/> Shower/Hygiene <input type="checkbox"/> Charts updated (e.g seizure, bowel) <input type="checkbox"/> Health Learning Log completed Initial when completed <input type="checkbox"/> Supper <input type="checkbox"/> Health care procedures <input type="checkbox"/> Health & wellbeing (shift start) <input type="checkbox"/> Lifestyle Planning Learning Log completed or if needed: <input type="checkbox"/> Oral care <input type="checkbox"/> Medication taken & recorded <input type="checkbox"/> Incident report completed <input type="checkbox"/> Finances checked <input type="checkbox"/> Additional note completed | |
| | Location of person <input type="checkbox"/> At home <input type="checkbox"/> Out Where?: Expected return (date/time/how): Initial once confirmed: <input type="checkbox"/> | |