



NDIS Temporary Holiday Handover Protocol

For Christmas and New Year, 2025

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0) What this handover must achieve

During holiday cover, the provider must still deliver supports safely, without interruption, and in a way that matches the participant's needs and preferences. The Practice Standards require continuity arrangements, and that participant needs and preferences are documented and provided to workers before they start with the participant.

This document is evidence that the provider has done that.

1) Participant identity, consent, and privacy

Include in the handover record:

- Participant's full name, preferred name, NDIS number, service address.
- Who the provider is allowed to speak with (nominee, guardian, family, advocate).
- What information the relief worker is authorised to access, and why.
- Any communication needs, preferred language, preferred contact method.
- Any "do not share" boundaries (for example, family conflict, safety plans, FV considerations where relevant).

Significance:

Information management standards require consent for collecting, using, retaining and disclosing participant information, and participants must be told storage and access arrangements.

The Code of Conduct sets expectations about respect, safety, and ethical behaviour.

2) Holiday service schedule and continuity plan

Document clearly for the holiday period:

- Coverage dates (for example, 20 Dec 2025 to 5 Jan 2026).
- Exact shifts, start and end times, service types.
- Which shifts fall on public holidays (25 Dec, 26 Dec, 1 Jan).
- Who is on-call and what the escalation pathway is when offices are closed.
- What happens if a worker cannot attend (the fallback worker, the after-hours coordinator, cancellation steps).

Significance:

Continuity indicators require arrangements so supports are provided without interruption for the period of the service agreement, and that alternate arrangements are explained and agreed when interruptions are unavoidable.

Emergency and disaster management requires planning for rapid changes and communicating changes to workers and participants. Holiday workforce disruption fits this risk pattern.

3) Support plan summary and participant preferences

Provide relief staff with a concise “working summary” that includes:

- What the participant wants from the service (goals and outcomes relevant to this period).
- Daily routine and non-negotiable preferences (personal care boundaries, morning routines, meal timing).
- Gender preferences for personal care (if relevant).
- How the participant prefers workers to approach them (tone, pacing, cues, triggers to avoid).

Significance:

Continuity requires supports planned to meet needs and preferences, documented and provided to workers before commencing.

Support planning indicators include consent-based work with the participant and support network, and risk assessments documented in support plans with strategies to treat known risks.

4) Risk management and “known hazards” briefing

Holiday handover must include:

- Known risks (falls, absconding, choking risk, seizures, self-harm risk, medication risks, environmental risks).
- Practical risk controls the worker must follow (transfer method, equipment use, supervision levels).
- Home and community hazards (pets, smoking areas, stairs, clutter, unsafe neighbourhood routes, lighting).
- Lone worker considerations (check-ins, no-go situations, when to call on-call or emergency services)

Significance:

Safe environment indicators require work undertaken to ensure safe support delivery settings, protocols for medical emergencies, escalation systems for urgent health situations, and infection prevention and control precautions.

5) Medical emergencies and health escalation

Include:

- Participant baseline health, and early warning signs that indicate deterioration.
- Clear protocol for urgent vs non-urgent health situations.
- Participant preferences for hospital, GP, who to notify.
- Steps the worker must take, including escalation contacts and documentation expectations.

Significance:

Safe environment includes protocols for medical emergencies, worker training to respond, and escalation systems for urgent health situations.

6) Medication management and authority

If the participant has any medication involvement, the handover must confirm:

- Current medication list is available and current.
- Storage location and handling requirements.
- Who is authorised to administer, prompts only versus direct administration, and what training/competency is required.
- What to do when an error occurs, including immediate actions and incident reporting steps

Significance:

The Practice Standards include medication management expectations under the Core Module, and incident guidance requires documented procedures and clear reporting lines.

7) Mealtime management and dysphagia

If the participant requires mealtime assistance or has dysphagia risk:

- Texture requirements, thickened fluids requirements, pacing, positioning.
- Supervision level, choking response steps, and escalation.
- What must never be changed without plan approval (for example, texture modifications).

Significance:

The Commission introduced specific mealtime management and severe dysphagia-related standards and quality indicator changes, so this must be explicitly covered where relevant.

8) Behaviour support and restrictive practices

If there is any behaviour support plan, include:

- Where the plan is stored and how to access it quickly.
- Triggers, early warning signs, de-escalation strategies, communication tips.
- Any restrictive practices that are authorised, and what counts as unauthorised use.
- How to document, escalate, and report incidents, including reportable incident pathways when relevant.

Significance:

Incident management guidance highlights that some incidents are harder to identify, especially abuse, neglect, sexual misconduct, or unauthorised restrictive practices, and systems must support workers to identify and report.

The Commission also provides specific reportable incident guidance.

9) Incident management and reportable incident readiness

Your holiday handover must state, in plain language:

- What the provider defines as an incident for internal reporting.
- Who to report incidents to internally, and by when.
- The nominated person responsible for notifying reportable incidents to the NDIS Commission.
- When police or emergency services must be contacted.
- How the participant will be supported after an incident, including access to advocates and supports.
- How investigations work, how corrective actions are decided, and how learnings are used to reduce recurrence.

Significance:

The detailed incident management guidance sets out minimum procedure requirements, including identification, recording, reporting, reporting lines, reportable incident responsibility, participant support, participant involvement, investigations and corrective actions.

It also requires the system to be accessible to workers and people with disability, and workers must be assisted to understand it

10) Feedback and complaints pathways

During holidays, complaints often increase (routine disruption, unfamiliar workers). The handover pack should include:

- How the participant can provide feedback or make a complaint.
- External avenues and advocacy access (where to go if they are uncomfortable complaining to the provider).
- Who the participant can contact after-hours if they feel unsafe.

Significance:

Practice Standards require participants be given information about how to give feedback or make a complaint, including external avenues and advocacy rights, and workers must be trained in complaints handling.

11) Workforce competence, induction, and identification

For temporary relief workers, document:

- That the worker has completed induction and orientation relevant to the role, including the NDIS worker orientation expectations.
- That training is appropriate to participant needs, and supervision/support are available.
- That the participant can easily identify workers (ID, uniform, introduction).
- Holiday coverage workforce disruption planning (how the provider sources and inducts staff if disruption occurs).

Significance:

Human Resource Management indicators require documented responsibilities, induction/orientation, training systems, supervision, and emergency workforce disruption arrangements.

Safe environment requires each participant can easily identify workers.

12) Information management and records

Holiday shifts must still produce compliant records. Handover must include:

- Where progress notes are recorded and the minimum standard expected.
 - What must be recorded immediately (medication issues, incidents, health escalations, refusals, changes in behaviour).
 - Secure storage and access rules, including transfer and disposal processes.
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Significance:

Information management requires records be identifiable, accurate, current, confidential, and accessible to relevant workers, and requires appropriate access, transfer, storage, security, retrieval, retention, destruction and disposal processes.

13) Participant money and property

If any support involves shopping, handling cash, cards, receipts, or personal items:

- Clear boundaries on what the worker can and cannot do.
- Receipt process.
- Storage of keys, and key handover/return.

Significance:

Participant money and property is an explicit outcome area in the Practice Standards.

14) Infection prevention, PPE, and waste management

Holiday periods often coincide with outbreaks (COVID, flu, gastro). Document:

- Standard infection precautions required in the home and community visits.
- PPE availability and training expectations.
- Cleaning expectations for non-home settings (if applicable).
- Waste handling expectations (where relevant to service type).

Significance:

Safe environment indicators include infection prevention and control, PPE training and availability.

The amendments factsheet confirms changes and emphasis including management of waste in the emergency/disaster related updates.

15) Service agreement, responsibilities, and holiday conditions

Your handover pack should include the service agreement essentials that matter for holiday delivery:

- What supports will be delivered and how.
- Any participant responsibilities that affect safe delivery (access, pets, safe environment expectations).
- Provider responsibilities (coverage, escalation, complaint handling).
- How problems/issues will be handled during holiday closures.
- Clear statement that no extra service agreement conditions are imposed outside NDIS pricing rules.

Significance:

NDIA pricing arrangements describe what service agreements should include, and warn providers not to impose conditions not aligned with the pricing arrangements.

16) Temporary transition handling

If the holiday cover includes a temporary transition (hospital admission, respite, pause in services), document:

- What changed, when, and why.
- Risks associated with the transition and the plan to manage them.
- How it was communicated and agreed where possible.
- How the transition process is reviewed and improved.

Significance:

Transitions standards explicitly include temporary transitions, and require risks to be identified, documented, responded to, and that processes are developed, applied, reviewed and communicated.

17) Final handover confirmation and accountability

Every holiday handover record should include:

- Date/time of handover.
- Who provided the handover, who received it.
- Confirmation that the relief worker has received the participant summary, risks, incident and escalation instructions.
- Name of the accountable supervisor/on-call for the period.

Significance:

Emergency/disaster governance expects the governing body to have plans, communicate plans, and train workers in implementation.

Incident guidance stresses clear roles, responsibilities, and accountability.



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