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Form

Handover Checklist

Residential Care and Transition Services

Unit	Click here to enter a date.
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Entry date	Click here to enter a date.	Hierarchy	Click here to enter text.
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Medication	
Medications have been picked up from the Pharmacy, checked and stored	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Medical incidents, accidents or issues have been recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PRN administered during shift has been recorded on the Medication Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Regular medications administered have been recorded on the Medication Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Data recording	
Shift Logs have been completed for each client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviour Logs have been completed for each client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Logs have been completed for each activity underlined on the planner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Logs have been completed for each client	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Program specific charts	
Goal-based Incentives have been recorded for each client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chore charts have been completed for each client	<input type="checkbox"/> Yes <input type="checkbox"/> No

Petty cash and shopping	
Petty cash has been counted and agreed with incoming staff member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Petty cash amount on hand	\$ Click here to enter text.
Petty cash dockets have been scanned, saved and entered into the spreadsheet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was there a discrepancy in petty cash at handover? If yes, please record details and advise the Area Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: Click here to enter text.
Pocket money has been provided to clients and recorded in petty cash spreadsheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grocery invoice checked, signed, scanned and saved	<input type="checkbox"/> Yes <input type="checkbox"/> No

Security and keys	
All program, staff and visitor vehicles are locked. Program vehicle keys are returned and locked in the safe along with staff vehicle keys and valuables	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Car logbook completed with kilometres driven and location attended	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mobile phone returned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duress alarm returned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Alarms/chimes checked and working	<input type="checkbox"/> Yes <input type="checkbox"/> No
House keys provided to oncoming staff and lock box where required	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approval Date	24 May 2022	Implementation Date	24 May 2022	Review Date	01 Jul 2024
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General	
Daily RCW task completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bins have been taken out or brought in	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Games, craft and other relevant items have been returned to relevant storage area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
New items purchases for client have been labelled and placed on inventory list	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Risks and repairs have been recorded in the OH&S log	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Unit is tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sharps count	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of sharps	Click here to enter text.
Fire drill conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No

Refrigerator/freezer
<i>Please ensure that you check and record temperatures for each fridge and freezer within the program</i>
Location of fridge/freezer
Click here to enter text.
Time refrigerator/freezer – temperature checked and recorded
Click here to enter text.
Temperature recorded
Click here to enter text.

Additional notes
Additional notes/information to handover
Click here to enter text.

Completed by	
Outcoming worker name	Click here to enter text.
Incoming worker name	Click here to enter text.