Managing Worker Risk Policy

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Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
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1. Introduction

1.1 Background

A well supported and skilled workforce is essential for high quality care, and a great aged care experience for older people.

Registered providers (providers) are responsible for the safety, health, wellbeing and quality of life of older people receiving aged care and upholding their rights. This includes making sure their aged care workers and responsible persons are suitable and do not pose a risk to the older people they provide care and services to. (We refer to aged care workers and responsible persons as 'workers' in this policy, unless otherwise stated.)

Providers are accountable (responsible) even when they subcontract their care and services or engage agency staff to deliver services.

The Aged Care Quality and Safety Commission (Commission) is responsible for:

- upholding the rights of and improving the safety, health, wellbeing and quality of life of older people
- building confidence and trust in the aged care sector including the Commission as the sector regulator.

Our Regulatory Strategy sets out:

- our approach to regulating providers and workers
- how we respond to risk and harm
- how we identify risks to prevent harm from happening in the first place
- how we prevent harms from happening again
- how we supervise, monitor and use our enforcement powers to hold providers and workers to account
- how we safeguard and uphold the rights of older people.

In December 2022 the Aged Care Code of Conduct (Code) was introduced and we were also given powers to ban people from being involved in aged care. This was when we started managing worker risks directly with workers.

Worker risks can lead to serious harm, such as abuse of older people through direct and intimate care services. This can happen in any service setting. Providers, aged care workers and responsible persons have obligations to manage worker risks under the *Aged Care Act 2024* (Aged Care Act). We have powers (see section 1.3) to manage risks relating to workers under the Aged Care Act.

- Providers must meet their obligations in relation to worker screening requirements under the Aged Care Act. They must make sure people are suitable to work in aged care and have processes in place even where the worker is engaged through an associated provider or a Digital Platform Operator.

There will be times where aged care workers do the wrong thing or providers do not do enough to supervise, support and train their workers. The Commission recognises that:

- most aged care workers want to do a good job
- incidents involving workers do not necessarily mean the workers are at fault
- workers need their provider's support to do a good job
- reducing worker risk needs a coordinated response with workers and providers.

This is the most effective way to address risks, prevent incidents from happening again and support providers to continuously improve.

1.2   Purpose

This Managing Worker Risk Policy explains our approach in detecting, assessing and responding to risks arising from the actions, inactions and behaviours of workers.

This policy includes information about:

- who is a worker
- what is worker risk
- key obligations relating to managing worker risks
- worker screening
- our approach to managing worker risks through detection, assessment and response.

For definitions of key terms that aren't already covered in this policy, refer to our Glossary.

1.3   Legislation and policy framework

This document is based on the following legislation:

- *Aged Care Act 2024*
- Aged Care Rules 2025
- *Regulatory Powers (Standard Provisions) Act 2014*
- *Privacy Act 1988*.

The Commissioner's and Complaint Commissioner's functions are set out in Chapter 5, Part 3 of the Aged Care Act. Our functions relating to managing worker risks include:

- safeguarding functions (section 349 of the Act)
- engagement and education functions (section 350 of the Act)
- complaints functions (section 358 of the Act).

The following documents support this policy.

- Regulatory Strategy 2025-2026
- Supervision Model
- Compliance and Enforcement Policy
- Complaints Handling Policy
- Managing Whistleblowers Disclosure Policy.

2. Who is a worker?

In this policy, a worker is an 'aged care worker' or a 'responsible person' as defined in the Aged Care Act (definitions are included in Table 1).

In some cases, a person can be an aged care worker and a responsible person at the same time.

Table 1: definition of aged care worker and responsible person under the *Aged Care Act 2024*

Aged care workers[1]	An aged care worker of a registered provider[2] is:
	- an individual employed or otherwise engaged (including as a volunteer) by the registered provider to deliver funded aged care services; or - an individual who: - is employed or otherwise engaged (including as a volunteer) by an associated provider3 of the registered provider; and - is engaging in conduct under the associated provider's arrangement with the registered provider relating to the registered provider's delivery of funded aged care services; or - an individual who is a registered provider. **Note:** an individual engaged by a registered provider includes an independent contractor.

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[1] Aged care worker is defined in section 11(4) of the Act.
[2] Registered provider is defined in section 11(2) of the Act.
[3] Associated provider is defined in section 11(6) of the Act.

	A responsible person is an aged care worker only where they are employed or otherwise engaged (including as a volunteer) to deliver funded aged care services by the registered provider or by an associated provider of the registered provider.

Responsible persons[4]	Each of the following is a responsible person of a registered provider:
	
	• if the registered provider is not a government entity – any person who is responsible for the executive decisions of the registered provider
	   – a person who is responsible for the executive decisions of a registered provider includes a member of the governing body of the provider
	• if the registered provider is not a government entity – any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the registered provider
	• for any registered provider (including a government entity) – if the registered provider delivers, or proposes to deliver, a funded aged care service:
	   – any person who has responsibility for overall management of the nursing services delivered by the registered provider, or overall management of the nursing services delivered at an approved residential care home of the registered provider, and who is a registered nurse; and
	   – any person who is responsible for the day-to-day operations of an approved residential care home or service delivery branch of the registered provider.
	
	More information about the role of responsible persons in the [Consider the suitability of your key personnel factsheet](#).

Examples of aged care workers include:

• allied health professionals contracted by the provider to provide care and services

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[4] Responsible person is defined in section 12 of the Act.

- kitchen, laundry, garden, maintenance and office personnel employed or engaged by the provider
- support workers, personal care workers, lifestyle coordinators and care companions
- service coordinators and case managers
- consultants, trainers and advisors for regulatory support or systems improvement who are under the control of the provider
- independent contractors engaged by the provider (including health professionals)
- volunteers of the provider who deliver care, supports and services to consumers.

Examples of responsible persons include:

- those responsible for the nursing services provided by the service and who hold a recognised qualification in nursing (such as Director of Nursing or Nurse Manager)
- the executive management team
- the chief executive officer
- board members
- anyone responsible for the day-to-day operations of an aged care service (is not limited to employees and can include subcontractors)
- service and facility managers.

3.   What is worker risk and harm?

In aged care, risk is about:

- how likely it is that a risk will materialise into a harm that affects the safety, health, wellbeing and quality of life of older people and limits their rights.
- how severe the impact may be if the risk materialises into a harm that occurs or reoccurs.

There are a range of possible causes of worker-related risks and harms. Workers can cause harm:

- through intentional acts (within their control)
- through mistakes, accidents or mishaps
- because of provider failures.

Provider failures can lead to worker-related harm when they do not have good enough governance, systems or processes, including for:

- workforce planning and strategy (for example rostering)
- worker recruitment and screening
- worker education, training and support

- worker supervision
- worker performance management.

Sometimes there is more than one cause of harm. For example, if an older person is injured when a worker uses lifting equipment incorrectly to move the person from their wheelchair to their bed, the causes of harm could include:

- the aged care worker did not use the equipment correctly
- the provider did not train the worker to use the lifting equipment correctly
- the provider did not regularly check to make sure the equipment was working the way it should
- the provider told the worker to use the wrong equipment.

3.1   Suitability

If someone who is not suitable to work in aged care is providing funded aged care services, it can cause risks to people receiving the care and services. We may identify a suitability[5] risk in someone who is:

- working in aged care
- a worker or responsible person who has worked in aged care in the past
- a person who has not worked in aged care before.

When we have information that a worker may not be suitable to work in aged care we will investigate, and consider if we should:

- ban them from working in aged care
- stop them from being a responsible person.

For example:

- Where we find out that a person has been banned from working in the disability sector by the National Disability Insurance Scheme Quality and Safeguards Commission (NDIS Commission), we may decide to ban them from being involved in aged care because they are not suitable.
- If a provider tells us that a responsible person has had a change in circumstances, we may decide they are no longer suitable to be a responsible person. For example, if a responsible person has been convicted of an indictable offence, or subject to a civil penalty order, this is a change in circumstance affecting their suitability to be a responsible person.

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[5] Suitability matters in relation to individuals are set out at section 13 of the Aged Care Act.

3.2   Key obligations for managing worker risks

Section 23 of the Aged Care Act sets out the rights of older people receiving aged care – known as the Statement of Rights. We uphold these rights by putting the experiences of older people at the centre of our regulatory decisions and actions requiring providers, workers and responsible persons to comply with their obligations (including conditions on registration) under the Act.

Providers also have obligations for their workers and managing worker risks.

We enforce these obligations to hold providers and workers to account. We make sure:

- providers manage worker-related risks
- providers and workers deliver care and services in a way that meets the Statement of Rights.

Key obligations relating to worker risks include:

- providers making sure people are suitable to be involved in aged care
- screening workers
- workers meeting the Code
- providers making sure workers meet the Code
- providers managing incidents and complaints
- providers[6] meeting the Aged Care Quality Standards including about workforce planning and management
- providers promoting and providing access to specific vaccinations to workers
- making sure workers protect the rights of people making disclosures that qualify for protection (whistleblower protections).

4.   Worker screening

Providers must screen workers to make sure they are suitable to work in aged care.

Under section 152 of the Aged Care Act, it is a condition of a provider's registration that they:

- comply with worker screening requirements set by the Aged Care Rules 2025 (Aged Care Rules)
- make sure their workers and responsible persons comply with those requirements.

Chapter 4, Part 6, Division 1, Subdivision B of the Aged Care Rules, sets out the worker screening requirements. What is required depends on the type of care being provided, and whether a provider is seeking to engage a person as an aged care worker or a responsible person, but will generally require a person to have one of the following:

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[6] Only registered providers in categories 4, 5 and 6 are required to meet the Aged Care Quality Standards.

- a police certificate, or
- NDIS Commission worker screening clearance

If a person does not meet the worker screening requirements the provider cannot allow them to work in aged care. We also expect providers to check the Commission's banning order register.

If we find out that a provider is not complying with their worker screening obligations, we can take action.

The Government has indicated an intention to make some changes to worker screening requirements in the future. You can find more information about future worker screening requirements on the Department of Health, Disability and Ageing's worker screening webpage.

5.   Our approach to managing worker risks

Our core function is to safeguard and uphold the rights of older people who receive aged care. As we describe in our Regulatory Strategy, when things go wrong, we expect providers and workers to:

- comply with their obligations (including providers complying with conditions on registration)
- remedy (fix) any non-compliance
- build and restore older people's trust in the care they receive
- take steps to prevent any non-compliance from happening again.

If we believe there is an immediate and severe risk of harm to an older person, we can take action with a provider or worker immediately. We may do this before giving notice or an opportunity to respond.

Providers are responsible for their workers (including subcontracted workers). We expect them to identify, assess and manage worker-related risk.

When we detect worker risk, we assess each of the risks to understand:

- the level of risk to older people
- the worker's behaviour
- if the provider had a role in the risk occurring
- what risk controls are in place and how effective the controls are
- how we should respond.

We often use a coordinated response from providers and workers to remedy risks and reduce harm to older people.

5.1   Detecting worker risks

To detect worker risks, we collect, record, codify (organise) and assess information. We collect information from:

- **external information sources** such as:
  - complaints
  - enquiries
  - feedback
  - data from external agencies (such as the NDIS Commission, the Australian Health Practitioner Regulation Agency AHPRA or the police)
  - the media
  - provider reporting (including information about a change in circumstance of responsible person)
  - serious incident notifications where a worker is involved in a reportable incident.
- **internal information sources**, including our own regulatory activities, such as:
  - provider or worker evidence we collect from Aged Care Quality Standard audits or Inspectorate monitoring activities.
  - provider or worker responses to Commission requests for information.
- **provider, worker, and sector profiling**, by analysing the data we have, we can identify current and emerging provider, worker and sector risks or non-compliance.

We may need to ask questions and seek more information to confirm the identity of a worker we have concerns about.

We keep information about worker risks, including:

- worker name (where they have come to our attention)
- provider name
- details of issue, concern or conduct.

We use this information in our risk profiling, which help us assess the risk for each case.

We also analyse this information to identify patterns of risk to older people caused by workers or providers. When we identify patterns of risk, we assess them more and respond when we need to. This can include taking compliance and enforcement action.

We can also use the information we collect to plan our targeted regulatory activities such as:

- sector education
- campaigns

- regulatory performance reporting[7].

5.2   Assessing worker risks

We assess the information we collect about worker risk to understand:

- what is causing the risk
- how likely it is that:
  - the worker or provider will effectively manage the risk
  - if the risk materialises into a harm, that the harm will happen again
- what harm the risk materialising could cause to older people
- if the worker risk could be a sign of a provider risk.

We take a holistic approach when we assess worker risks. This means we look at more than just the worker. We also consider if the risk or harm could have been caused by how a provider acted, or did not act. For example, if the risk that was not effectively managed could have been caused by problems with the provider's:

- systems, policies or processes
- workforce education, training or management.

We can do targeted enquiries to collect more information so we can assess the risk and determine the best way to respond. This can include engaging with workers, providers, older people or other relevant parties.

This assessment helps us to understand if the risk or harm was caused by how a provider or worker acted or did not act, or both.

5.2.1   Engaging with the worker

We respect the rights of aged care workers. If we receive information about a worker, we review and assess the information to determine the risk to older people (based on how assured we are that steps have been taken to effectively manage the risk). If we have any questions or concerns about the information, we contact the provider and the worker as appropriate.

When we contact a worker, we:

- tell them about our questions and concerns
- help them understand the issues, and the actions we can take
- give them the opportunity to have a representative

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[7] When we use information for these purposes, we usually use aggregated information (combined information from many sources) rather than information about a specific case. We comply with information sharing and use of protected information requirements under the Aged Care Act.

- let them know interpreting services are available[8] and offer to organise an interpreter (if they ask for one)
- let them ask questions and give us more information
- give them the chance to respond to the concerns we have raised before we decide what to do.

If a worker is not happy with the process or the decision we make, they can give us feedback and depending on the decision that is made, may be able to ask us to review or reconsider the decision.

5.2.2   Early remediation

We take steps to resolve an issue early if we can. We call this early remediation. We do this when we are satisfied that the worker-related concerns or risks are reduced and being appropriately managed (by the provider, worker or both).

We escalate the worker risk for further response where:

- we cannot use early remediation
- early remediation actions have not resolved the concerns.

5.3   Responding to worker risks

We are risk-led, fair, proportionate and balanced in our approach to responding to managing worker risks. Proportionate means that how we respond to risk is in proportion to the level of risk faced by older people. We use the right mix of regulatory tools to bring risk to an acceptable level and to get the best results for older people.

When things go wrong, we work with providers and workers to understand the cause.

Providers are responsible for making sure their workers comply with their obligations. Where a worker has made a mistake, the provider needs to make sure they are supporting the worker to uphold rights and deliver quality, safe care. An example of how a provider can do this is by making sure they give the worker the right training and support.

We seek to understand from providers, the controls they have in place to meet their obligations and respond to risk, prevent harm or reduce its effect and prevent it from happening again.

Sometimes we find evidence that a provider's systems, processes, guidance or support are not good enough, and that they are preventing workers from being able to deliver safe and quality care.

In these cases, we may take action against a provider to:

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[8] Refer to the Commission's Translation services and accessibility webpage for more information about interpreting services available.

- uphold the rights of older people receiving funded aged care
- improve their delivery of safe and quality care
- reduce risk and prevent harm.

Sometimes we need to communicate with and take action against a worker as well as a provider.

This communication may involve:

- requesting information or documents from the worker or provider
- investigating a concern, to understand it and look for evidence
- requiring the worker to take or stop certain actions or take part in a resolution process.

We make sure we apply procedural fairness in our processes and decision-making when responding to worker risks. This includes considering specific details such as:

- the nature of the issues and the obligations they relate to
- our options for responding to the issues
- timeframes for making and sharing our decisions
- the nature and possible consequences of our response
- relevant laws.

When we respond to worker risks, one or more of the following responses may be appropriate:

- complaints resolution
- provider supervision
- worker monitoring
- compliance and enforcement
- sector risk response
- sharing information.

Note: Where a regulatory response we have taken is not reducing the risk as we expect it to, we may escalate the worker risk and take a different response. For example, where a provider does not engage proactively with us to manage a worker concern, we may escalate the worker risk for a provider supervision response.

5.3.1   Complaints resolution

Where we identify worker risk from a complaint (about a worker or provider), we can respond to this risk with a complaints resolution process. Resolving a complaint can involve:

- more discussions with the complainant (the person making the complaint) and the older person, if someone made the complaint for them
- notifying the provider and/or worker that we have received a complaint about them
- asking for more information from the provider or worker through:

- phone discussions
- requests for information
- documents
- requiring the provider to resolve the issues and report back to us
- requiring the provider or worker to do something or stop doing something
- mediation or conciliation meetings
- a site visit to the service, which may be part of an investigation.

If, during this process, we identify a serious concern that poses a high to severe risk, and we are not certain that effective controls are in place, we can escalate it for further monitoring, or a compliance or enforcement response while we continue our complaints resolution process.

We may not be able tell the person who made the complaint what compliance or enforcement action we have taken, only that we have done something.

You can find more information about the complaints resolution process in our Complaints Policy.

5.3.2   Provider supervision

We give providers a supervision status according to our Provider Supervision Model. The supervision status reflects the level of assessed risk and the level of supervision the provider needs. We can increase a provider's supervision status if:

- they are not complying with their obligations about managing worker risks
- the number and frequency of worker risk cases linked to the provider has increased. This can be:
  - over a shorter or a longer period of time
  - about a subset of, or more general, worker risk concerns.

You can find more information about the types of regulatory action we can take at each supervision status level in our Provider Supervision Model.

When we are aware of worker risk, we:

- investigate if the provider is complying with their responsibilities to manage and respond to worker risks and harms to older people, and prevent them happening again
- where appropriate, take action against a provider.

It may be appropriate for us to take a provider supervision response where:

- the way a provider acted (or did not act) caused risk that led to the worker risk.
  (For example, if we analyse the trend of serious incident notifications or complaints about the provider and find that multiple workers at that provider have behaved in a similar way. This behaviour can be by accident or on purpose)

- the best way to manage the worker risk is through the provider as they have effective controls in place to manage the worker risk.

Where we need to use a provider supervision response at the same time as a worker response, we will use case coordination.

We will do a trend analysis of all our information to help us understand if there are emerging trends with a provider or a worker. Where there are system-wide issues with a provider or concerns requiring attention, we will manage the provider through provider supervision. Where we see repeated problems with a worker, we may investigate which can result in enforcement action.

5.3.3   Worker monitoring

Sometimes the Commission needs to monitor worker risks directly with a worker. For example, where a worker is engaged across multiple providers.

Worker monitoring activities include:

- requesting or requiring a worker to give us relevant information or documents about our concerns.
- requiring a worker to attend a meeting with us to answer questions about our concerns.

We can also monitor workers that we are taking compliance or enforcement activities with. For example, where we have placed conditions on a worker through a banning order.

You can find more information about monitoring of workers in the Risk Based Monitoring Framework.

5.3.4   Compliance and enforcement

Where we have evidence that a worker or provider has not complied with their obligations, and we assess risk of harm materialising to older people, we can take compliance or enforcement action against a worker or a provider or both.

Compliance action

Compliance action involves communicating with providers or workers. We can:

- encourage them to choose to return to compliance (voluntarily)
- use formal powers that tell them the actions they need to take.

Depending on the obligations the provider or worker is not complying with, we can take different kinds of compliance action.

Compliance action we can take with workers includes:

- reminder letters

- caution letters
- enforceable undertakings
- injunctions.

Compliance action we can take with providers includes:

- reminder letters
- caution letters
- compliance notices
- required action notices
- enforceable undertakings
- injunctions
- suspending or varying provider registration.

You can find more information about the types of compliance actions we can take to respond to worker risks in the [Compliance and Enforcement Policy](#).

Enforcement action

Enforcement actions are a stronger form of regulatory action than compliance actions. We mostly use our enforcement actions when worker or provider non-compliance is:

- serious, system-wide or has caused serious harm to older people, and
- they cannot show they are able and committed to meeting their obligations.

Depending on the obligations the provider or worker is not complying with, we can take different kinds of enforcement action.

Enforcement action we can take with workers includes:

- infringement notices
- banning orders
- civil penalty applications.

Enforcement action we can take with providers includes:

- banning orders
- civil penalty applications
- determinations relating to suitability of responsible persons
- infringement notices
- revoking (cancelling) provider registration.

For example, where we have significant concerns about a person's risk to older people in aged care, we can make a banning order against that person. A banning order[9] can:

- stop a person from continuing to work in aged care (current aged care workers or responsible persons)
- stop a person from returning to work in aged care (former aged care workers or responsible persons)
- stop a person from entering (starting work in) aged care (people who have not worked in aged care before)
- restrict a person from:
  - providing specific types of care
  - from doing specific tasks.

You can find more information about enforcement actions we can take in the Compliance and Enforcement Policy.

5.3.5   Sector risk response

Where we find there is a trend of worker risk, we can respond at the sector level as well. This is called taking a sector risk response.

When we take a sector risk response, we aim to improve performance and capability across the sector. This can include a specific group of providers or workers that may not be performing.

We can use all our regulatory responses to deal with sector risks. They include communication education and targeted monitoring and compliance programs to improve sector performance.

For example, where complaints data shows us there is an increase in workers not complying with the Code, we can issue guidance sector-wide. These communications are to remind providers and workers of their Code obligations and support them by giving training and education resources.

Our sector risk responses can target:

- workers
- providers (or subsets of providers including based on factors such as registration categories and/or geography)
- older people receiving aged care
- other relevant parties
- a combination of the above.

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[9] Banning orders can apply generally or be of limited application, be permanent or for a specific time period, or be subject to conditions.

5.3.6   Sharing information

Under the Aged Care Act, we have powers to share information, including information about worker risks.

Where appropriate (including when required and authorised by law), we can share information about regulatory action we have taken directly with a worker with their provider/s. This makes sure providers:

- are aware of worker risks and potential risks
- have systems and processes in place to reduce the risks.

We may also share information about worker risks with other regulators or agencies where it is appropriate and relevant to the other regulators' functions. Other regulators may include:

- the NDIS Commission
- state and territory worker screening units (WSUs)
- AHPRA
- the police.

For example, we may share information about a worker who has a banning order with:

- the NDIS Commission, if we know that the banned worker also works in the disability sector
- the relevant WSU, to consider when deciding the worker's 'worker screening clearance' status.

We share information according to the law[10].

5.4   Case coordination

We use case coordination where we need to use 2 or more of the following:

- a worker response
- a provider response
- a complaints resolution response.

We do this to make sure that the regulatory responses, which are happening at the same time, are visible to all parties. Case coordination involves:

- communication
- information sharing
- collaboration across the Commission.

It can also include providers, workers and other regulators.

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[10] Includes the Aged Care Act and the *Privacy Act 1988.*

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