COMPLYFLOW



CONTRACTOR COMPLIANCE GUIDES

Healthcare and Aged Care: the contractor compliance guide.

What Australian law asks of hospitals, health services, and aged care providers when contractors work on site, and how to prove you met it.

Current to November 2026
Aged Care Act 2024 and Aged Care Rules 2025 as read on 5 November 2026; model WHS laws as at 5 December 2025

Includes
A pre-start checklist, an incident pathway, and a contractor access map

Covers
Hospitals and residential aged care, with Victoria named

START HERE

The short version.

The cleaner on the night shift, the security guard at the side door, the technician in the plant room, and the electrician above a ward ceiling all work in a building where the people around them may be frail, unwell, or living with dementia. For WHS purposes, the law treats them as your workers; Victoria gets there by its own route (page 11). In aged care, a second law can reach them too.

1 **Contractors are workers, for WHS purposes.** Under the model WHS Act, a person who carries out work for a business as a contractor or subcontractor, or as a contractor's employee, is a worker of that business.[2]

2 **In aged care, many contractors are aged care workers.** The Aged Care Act 2024 counts an individual engaged by a registered provider to deliver funded aged care services as an aged care worker, and says an individual engaged includes an independent contractor.[4]

3 **Screening is per person.** Each aged care worker needs a police certificate not more than 3 years old or an NDIS Worker Screening Clearance, and the provider keeps the record for 7 years from the day it is made or, if later, last updated.[5, 16]

4 **Infection control reaches the trades.** The national hospital standards expect a health service to respond to infection risks from maintenance, repair, and upgrades of its buildings, and the Aged Care Rules require an aged care provider to have an appropriate infection prevention and control system; the actions the Department lists for it include "disease screening and immunisation requirements for visitors".[6, 7, 16]

5 **Due diligence sits at the top twice.** WHS law puts a duty of due diligence on officers. The Aged Care Act puts its own on a non-government registered provider's responsible persons: the people responsible for its executive decisions or with significant influence over its activities (page 8).[2, 4]

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01 THE PRACTICAL TEST

The practical test is what you can show.

A health service or an aged care group runs hospitals, clinics, and homes, each with wards or wings where the people inside cannot simply walk away from a risk, and each open all night. At any one of them, the question that matters is easy to ask and hard to answer: who was on the ward, and what did they hold on the day?

An approved company is not a cleared worker.

Most contractor checks stop at the company. The law reaches further. For WHS purposes, a contractor's employees who carry out work for your business are your workers too (section 7(1)),[2] and in aged care the screening rules attach to each person, not to the company that sends them.[5] A cleaning company approved last year says little about whether the cleaner on tonight's shift has a current police certificate, is inducted to this home, and is expected here today.

The company, at engagement and on any change.

- Selection against clear criteria, including its safety record; reviewed on a new scope, an incident, or a lapse.
- Insurance and workers compensation, with expiry dates.
- The contract: who checks what and who screens whom. In aged care, the provider keeps each aged care worker's screening record, whoever checks it.[16]

The worker, at each site, on the day.

- Any high risk work licence, sighted before the work (r 85).[3]
- In aged care, a police certificate or NDIS Worker Screening Clearance where the person is an aged care worker.[5]
- Briefed on this site's infection control rules, signed in, and supervised to match the work.

Where it usually breaks.

Screening held somewhere else.

Police certificates sit in an HR file or with the contractor's own office, and nobody at the front desk can see whether tonight's worker has one.

Checked by hand.

Someone opens each certificate and types its expiry date into a spreadsheet. It holds until that person is on leave, or an outbreak doubles the agency workers.

Different rules on every ward.

One unit asks for an infection control briefing and an escort; the next asks for neither. The standard is whatever the nurse in charge decided that night.

No view across the group.

Nobody can say which trades are current across every site, or who was in a wing during last month's outbreak.

Consistent does not mean identical. One standard every contractor must meet, each site's and each ward's own requirements on top, checked once at company level and again for each worker at each door. Each gap above makes the verification step of an officer's due diligence harder to show: the model Act says due diligence includes taking reasonable steps to verify the provision and use of the business's health and safety resources and processes (section 27(5)(f)).[2] Page 25 ends with questions to ask about how you manage it today.



02 THE DUTY HOLDERS

One hospital, many duty holders.

Work health and safety law puts its main duty on a "person conducting a business or undertaking", a PCBU. That business "has a primary duty to ensure the health and safety of workers while they are at work in the business or undertaking and others who may be affected by the carrying out of work", so far as is reasonably practicable.[1, 2] In a hospital or an aged care home, those others include every patient, resident, and visitor.

02 THE DUTY HOLDERS

Contractors are workers.

For WHS purposes, a person is a worker if they carry out work in any capacity for a PCBU, including as "a contractor or subcontractor" or "an employee of a contractor or subcontractor" (section 7(1)).[2]

Engaged or directed is enough.

The business must ensure, so far as is reasonably practicable, the health and safety of workers "engaged, or caused to be engaged" by it, and of workers whose activities in carrying out work are "influenced or directed" by it, while the workers are at work in the business (section 19(1)). That can reach an agency cleaner or a subcontracted technician you never contracted with.[2]

The building carries its own duty.

Whoever manages or controls a workplace must ensure, so far as is reasonably practicable, that the workplace, the ways in and out, and anything arising from it are without risks to the health and safety of any person (section 20(2)).[2]

Who is in the building.

The health service or aged care provider
Runs the hospital or the home; in our view, usually the business with management or control

Engineering or FM company
Engages and directs the trades, in-house or contracted

Clinical and care leads
People, not separate duty holders: nurse unit managers and the infection control lead decide when work can happen

Other businesses on site
Pathology, pharmacy, food services, retail: each brings its own contractors

Contractors
Cleaning, security, HVAC, electrical, lifts, fire services, plumbing, pest control

Subcontractors and agencies
Labour hire, agency staff, and the contractors' own subcontractors

Their workers
The people who actually walk onto the ward

One thing turns on the facts: whether a particular business manages or controls a workplace. Our view: a hospital operator or an aged care provider should plan on holding both the primary duty and the management or control duty for its buildings, and write down where an FM contract gives part of the work to someone else.



03 TWO LAWS, SHARED DUTIES

Two laws in an aged care home.

A hospital answers to WHS law and to the national standards it is accredited against. A residential aged care home answers to WHS law and, since 1 November 2025, to the Aged Care Act 2024 as well. The two overlap, and neither replaces the other.

03 TWO LAWS, SHARED DUTIES

	Work health and safety law	Aged Care Act 2024 (Cth)
Who holds the duty	Every PCBU: the provider, the FM company, each contractor (section 19).[2]	The registered provider must ensure, so far as is reasonably practicable, that its conduct does not cause adverse effects to the health and safety of the people it is delivering funded aged care services to (section 179(1)).[4]
Where contractors fit	A contractor, a subcontractor, and their employees are workers (section 7(1)).[2]	An individual engaged to deliver funded aged care services is an aged care worker, including an independent contractor (section 11(4) and its note).[4]
When a company delivers part of the service	Each business keeps its own duty, and must discharge it to the extent of its capacity to influence and control the matter, or the capacity it would have had but for an agreement or arrangement that tries to limit or remove it (section 16(3)).[2]	If another business engages in conduct under an arrangement with the provider relating to the provider's delivery of funded aged care services, the Act applies to the provider as if the provider had engaged in that conduct (section 11(6)).[4]
Conduct	The duty to ensure, so far as is reasonably practicable, the provision of any information, training, instruction, or supervision needed to protect everyone from risks arising from the work (section 19(3)(f)).[2]	The Aged Care Code of Conduct, in the Aged Care Rules, binds registered providers, their aged care workers, contractors included, and their responsible persons: among other things, respect people's privacy, and take all reasonable steps to prevent and respond to abuse and neglect (section 14; Rules Part 5).[4, 16]
At the top	Officers must exercise due diligence (section 27).[2]	Responsible persons under section 12(1)(a) or (b) must exercise due diligence (section 180). Page 8.[4]

Shared, but never handed over.

1. **More than one person can hold the same duty.** "More than 1 person can concurrently have the same duty" (section 16(1)).[2]
2. **They must work together.** Each "must, so far as is reasonably practicable, consult, co-operate and co-ordinate activities with all other persons who have a duty in relation to the same matter" (section 46).[2]
3. **Nobody can transfer it.** "A duty cannot be transferred to another person" (section 14). A contract term that tries to exclude, limit, or modify a duty, or transfer it to someone else, is void (section 272).[2] The Aged Care Act says the same of its own duties: "A duty cannot be transferred to another entity" (section 181).[4]

> **"WHS duties cannot be contracted out to another party, such as a subcontractor."**
>
> Safe Work Australia, WHS duties in a contractual chain, March 2022[11]



04 OFFICERS AND RESPONSIBLE PERSONS

Due diligence is personal.

Under the model WHS Act, an officer of a PCBU "must exercise due diligence to ensure that the person conducting the business or undertaking complies with that duty or obligation" (section 27(1)).[2] The Aged Care Act adds a parallel duty for a non-government registered provider's responsible persons under section 12(1)(a) or (b), the people responsible for its executive decisions or with significant influence over its activities: each "must exercise due diligence to ensure that the provider complies with the provider's duty under section 179" (section 180(1)).[4]

04 OFFICERS AND RESPONSIBLE PERSONS

Due diligence includes taking reasonable steps to:

Officers, model WHS Act, section 27(5) [2]	Responsible persons, Aged Care Act, section 180(2) [4]
Acquire and keep up to date knowledge of WHS matters	Acquire and maintain knowledge of the requirements on registered providers
Understand the operations, and their hazards and risks	Understand the services the provider delivers, and the adverse effects that can result
Make sure the business has, and uses, appropriate resources and processes to eliminate or minimise risks	Make sure the provider has, and uses, appropriate resources and processes to manage adverse effects to health and safety
Make sure it has appropriate processes to receive and consider information on incidents, hazards, and risks, and to respond in a timely way	Make sure it has appropriate processes for receiving and considering information on incidents and risks, and responding in a timely way
Make sure it has, and implements, processes for complying with its duties	Make sure it has, and implements, processes for complying with its duties and requirements under the Act
Verify that the resources and processes above are provided and used	Not listed as a separate step. But due diligence includes reasonable steps to ensure the provider has and uses the resources and processes, and has and implements the compliance processes, so a responsible person still needs evidence that it does.

A director of a non-government registered provider can carry both duties at once. A responsible person can be found liable to pay a civil penalty whether or not the provider has been found liable to pay one (section 180(3)). A serious failure to comply with the duty, without reasonable excuse, carries a civil penalty of up to 150 penalty units (section 180(4)), or up to 500 where it results in death, serious injury, or illness (section 180(6)). A registered provider that is not an individual faces up to 1,000 penalty units for a serious failure of its own duty (section 179(3)), and up to 4,800 where it results in death, serious injury, or illness (section 179(5)). [4]

What a board can ask for.

- Contractors engaged this quarter, and how many were checked before their first visit.
- Police certificates and clearances due to lapse in the next 30 days, by site.
- Who was on site in any wing during the last outbreak.
- Banning order checks run this quarter, contractors' staff included.
- Incidents and near misses involving contractors, serious incidents under the aged care scheme included, and what changed.

Who else, and who not.

People named in section 12(1)(c), such as a home's day-to-day manager, need screening but carry the section 180 duty only if they are also in one of the two groups above. [4] From 31 October 2026, an elected councillor of a council that is a registered provider is not a responsible person under section 12(1)(a) or (b) (new section 12(3)). [25] **Unpaid directors:** the model WHS Act spares a volunteer officer from prosecution for a failure of due diligence, not from the duty (section 34); [2] the Aged Care Act has no matching exception to section 180.



05 STATE BY STATE

One aged care law, several safety laws.

The Aged Care Act is Commonwealth law, so its screening rules read the same in every state. Work health and safety law and working with children checks do not. Safe Work Australia says: "Victoria is the only jurisdiction who has not implemented the model WHS laws."[9]

What state health systems add. A state health system's own contractor, engineering, and infection control policies sit on top of the law, and some bind. In NSW public health facilities, Policy Directive PD2026_004 (25 February 2026) sorts every position into Category A or B; Category A, with mandatory vaccination and screening, includes workers who frequently, throughout their working week, attend clinical areas, maintenance workers among them; its example of Category B is a maintenance contractor who attends clinical areas only infrequently and for short periods. It covers contractors who provide health services for or on behalf of NSW Health at its facilities, and lets an agency make vaccination a condition of other contracts for services.[19] In Queensland, every Queensland Health hospital with inpatients, every Queensland Health-run aged care home, and every licensed private health facility must have a water risk management plan; private aged care homes are not yet covered.[20] A plumber or HVAC technician works to that plan. Ask for the state's policies before the first job, and meet both the law and the health service's own requirements.

05 STATE BY STATE

What	The law	What it means for a group with sites in several states
Aged care screening	Aged Care Act 2024 and Aged Care Rules 2025, the same in every state.[5]	One standard for screening aged care workers across every home: a police certificate not more than 3 years old, or an NDIS Worker Screening Clearance, valid for 5 years, both recognised in every state and territory.[5] Workers who deliver any services under the Commonwealth Home Support (CHSP) or NATSIFAC programs have a different list of offences that rule them out (Rules ss 152-20(5) and (6), 152-21, 152-22 and 152-25(2) to (6)).[16] In South Australia, the Aged Care Sector Employment Check counts as a police certificate for aged care services delivered there (Aged Care Rules 2025, definition of police certificate).[16, 18]
Victoria	Occupational Health and Safety Act 2004 (Vic). An employer's duties extend to independent contractors it engages, and their employees, "in relation to matters over which the employer has control or would have control if not for any agreement purporting to limit or remove that control" (s 21(3)(b)), and it must ensure, so far as is reasonably practicable, that people other than its employees are not exposed to risks from its undertaking (s 23). Whoever has, to any extent, the management or control of a workplace must ensure so far as is reasonably practicable that it and the means of entering and leaving it are safe and without risks to health, but only for matters it manages or controls (s 26).[10]	The section 23 duty reaches patients, residents, and visitors. Hold a Victorian hospital or home to the same discipline as the rest of the group, checked against Victoria's own Act and Regulations.
Every other state and territory	Each jurisdiction's own version of the model WHS Act and Regulations.[9]	Broadly the same duties, but Safe Work Australia notes that "in some instances, states and territories have also made more substantial variations". Incident notification is one place the states now differ: the 2025 model changes apply only where a state adopts them (page 20). Check the local law, not only its numbering.[9]
Working with children	Each state and territory runs its own check under its own law and its own name: a blue card in Queensland, and registration to work with vulnerable people in the ACT, for example.[13, 14]	For a children's ward or a paediatric clinic, read each state's definition of child-related work, and decide which contractor roles it reaches, before the first job.



06 WHERE PEOPLE ARE MOST VULNERABLE

Who needs screening, and who does not.

From 1 November 2025, all aged care workers and responsible persons need either a police certificate or an NDIS Worker Screening Clearance to work in aged care.[5] The hard part for a facilities team is the word "worker": it decides which of your contractors need a check.

06 WHERE PEOPLE ARE MOST VULNERABLE

The Department's examples of aged care workers.

- Employees and contractors of a registered provider who deliver a funded aged care service.
- Kitchen, cleaning, laundry, garden, and office personnel employed by a registered provider to deliver a funded aged care service.
- Workers employed through labour hire, or through a subcontracting arrangement, to deliver a funded aged care service.
- Health professionals contracted by the provider to deliver a funded aged care service.

Its examples of people who are not.

- Trades people who work otherwise than under the provider's control, "for example, plumbers, electricians or delivery people who are utilised on an 'ad-hoc' basis".
- Visiting practitioners requested by or for an older person, and not contracted by the provider.
- Workers not involved in delivering a funded aged care service.

What they need.

A police certificate not more than 3 years old that does not record certain offences, or an NDIS Worker Screening Clearance. Someone relying on a police certificate who has been a citizen or permanent resident of another country after turning 16 also needs a statutory declaration.[5]

What the provider keeps.

For each person: full name, date of birth, and address; a record of the certificate or clearance, and any statutory declaration; the name of the person who checked it and the date they did so; and, for each aged care worker, how the provider has ensured they have appropriate qualifications, skills or experience for the services, and opportunities to develop (Aged Care Rules 2025, ss 154-900 and 154-905).[16] The Department recommends one consolidated register.[5]

Before they start.

A person may start while a police certificate or NDIS clearance is pending only if all three apply: they have applied for it, they are appropriately supervised until the outcome, and they have given the provider a statutory declaration that they have never been convicted of the relevant offences (Aged Care Rules 2025, s 152-20(2)).[16] The Department's guidance says this does not cover an existing worker whose police certificate has expired.[5]

Decide it before the door, not at it. The examples turn on two questions: does this contractor deliver a funded aged care service, and do they do it under your control or an arrangement with you? How often they come is not the test. A contracted cleaning crew in a residential home and an electrician called in for one repair can land on different sides. Our recommendation: classify each contractor role before the first job, and again when the scope or the arrangement changes; write down why, and screen everyone a role covers (the decision aid is on page 14). In a hospital, screening follows the person who delivers funded aged care for a registered provider, not the building (Aged Care Act, section 11(4)), so a health service that also runs an aged care home or a Multi-Purpose Service classifies its contractor roles the same way. A children's ward brings in that state's working with children law (page 11).

06 WHERE PEOPLE ARE MOST VULNERABLE

A certificate on file is not a cleared worker.

Screening is judged by its outcome: whether the person at the door is someone the law allows to be there today. Six checks turn a document into that answer.

1. **What it must not record.** For most aged care workers, the police certificate must not record a conviction for murder or sexual assault, or a conviction and imprisonment for any other form of assault (Aged Care Rules 2025, s 152-25(1)(b)).[16]
2. **Satisfied it is genuine.** The Department's guidance says "a registered provider must be satisfied that a certificate is genuine".[5]
3. **A written policy for other offences.** A certificate can record offences that do not rule a person out. The Department's guidance expects the provider to assess them against the role, using the factors it sets out, and a written policy keeps that consistent across every home.[5]
4. **It has to stay true.** The provider must take reasonable measures to require each aged care worker to tell it of a relevant conviction, an NDIS exclusion decision, or a suspended clearance, and must not let a worker continue once it is satisfied on reasonable grounds of a relevant conviction (Aged Care Rules 2025, s 152-20(3) and (4)).[16] Put both in the contractor's contract.
5. **NDIS clearances: verify it, and hear of any suspension.** A clearance "can be suspended or revoked", and a person can only apply for one if they work, or are seeking to work, with NDIS participants. The provider must verify it: a provider that is also an NDIS provider can check its status in the NDIS Commission's portal; any other provider must view evidence of a valid clearance, such as the email, letter, or card.[5]
6. **The banning orders register, for the contractor's staff too.** The Aged Care Quality and Safety Commission says registered providers must regularly check its register to see if a current or potential worker has a banning order, and to "make sure an associated provider they are working with has not employed someone who is banned or restricted". Check before engagement, and regularly after.[15]

Is this contractor an aged care worker?

- **1.** Does the role deliver a funded aged care service, such as cleaning, laundry, kitchen, garden, or care work, for residents?
- **2.** Is it done under your control, or under a contract or arrangement with you? How often they come does not decide it.
- **Yes to both:** an aged care worker. Screen before the first job.
- **Check again** on a new scope, a new site, a new contract or subcontractor, or a role that starts working with residents.

Holding it safely.

- A criminal record and health information are sensitive information under the Privacy Act 1988 (s 6).[21]
- Tell each worker why it is collected; the door sees cleared or not cleared, never the certificate.
- The employee records exemption covers only an employer's records of its own current or former employees, so it does not cover what you hold about a contractor's workers.[22]
- Keep it for the 7-year rule, then dispose of it securely.[16]

07 INFECTION CONTROL ON SITE

Infection control reaches the trades.

A contractor who opens a ceiling, moves a bed, or services an air handling unit can move dust, water, and organisms into places where patients and residents are least able to fight them off. The standards for both settings say so plainly.



In hospitals: the NSQHS Standards.

The Preventing and Controlling Infections Standard sets out what a health service organisation is expected to have in place.[7]

3.13

Processes to maintain a clean, safe, and hygienic environment, including access to training on cleaning; its examples of evidence include training for the workforce, contractors included, on environmental cleaning.[7]

3.14

Processes to evaluate and respond to infection risks for clinical and non-clinical areas, and for the "maintenance, repair and upgrade of buildings, equipment, furnishings and fittings". Its examples of evidence include contracts that set out contractors' responsibilities for minimising infection risks, and risk assessments for construction or refurbishment.[7]

3.15

A risk-based workforce screening and immunisation program for vaccine-preventable diseases, consistent with the Australian Immunisation Handbook and with jurisdictional requirements.[7]

In aged care: Outcome 4.2.

The Aged Care Rules make Outcome 4.2 a legal obligation: "The provider must have an appropriate infection prevention and control system", and must ensure that aged care workers "take appropriate infection prevention and control precautions" (Aged Care Rules 2025, s 15-25(4) and (5)).[16] The Department's actions for meeting it include additional precautions to respond promptly to outbreaks of infectious diseases (action 4.2.1(g)), risk-based vaccine-preventable diseases screening and immunisation for individuals and aged care workers (4.2.1(j)), and "disease screening and immunisation requirements for visitors" (4.2.1(k)).[6] What a contractor must show on immunisation therefore depends on the role, the exposure, the state, and the facility's own program; in a NSW public hospital, PD2026_004 sets it for the workers it covers, and a contract can extend it (page 10).

When the work is construction or renovation.

The Australasian Health Facility Guidelines say infection control should be presented as a major component of the WHS induction at site induction for building workers, documented and signed off by each worker, and list ceiling dust among the contaminants to identify.[8]

What a trade actually does.

GOOD PRACTICE drawn from the AusHFG for building work and NSQHS action 3.14. **Assess** the infection risk of the job and the area; **approve** the controls with the infection control lead; **contain** the dust, with barriers, sealed ceiling openings, air intakes covered, and a set route for debris; **monitor** while the work runs, water systems included; **clean**; and **hand back** only after infection control has signed the area off.[7, 8]

08 AUTHORISING AND CONTROLLING THE WORK

Let in is not the same as authorised.

Signing in lets a contractor onto the site. It does not authorise them to open a ceiling above a ward, shut off the water to a wing, or take a fire panel offline.

Control	What it means in a hospital or an aged care home	Status and source
Task risk assessment	The job, the area, and the people nearby assessed before work starts, and the controls agreed, not left to the trade on arrival.	LAW eliminate or minimise risks so far as is reasonably practicable (model Act ss 17 and 19; Regulations Part 3.1 where a regulation applies it) [2, 3] GOOD PRACTICE the written assessment
Permits and isolations	Work in a confined space needs a written permit and the page 17 controls. Hot work, roof access, and isolating water, power, medical gases, or ventilation are run as site permits, each with a named person who issues and closes it.	LAW the risks managed, so far as is reasonably practicable, model Act ss 17 and 19; confined space entry permit, r 67 [2, 3] GOOD PRACTICE the permit form
A SWMS, where the law asks for one	A safe work method statement is required before high risk construction work, such as work with a risk of a person falling more than 2 metres, or on or near energised electrical installations, not before every job. Once there is one, the work must follow it: if it does not, the work is stopped immediately, or as soon as it is safe to stop.	LAW r 299 and r 300 [3]
Clinical sign-off	Before anyone touches ventilation, water, medical gases, power, or fire systems that serve a clinical or resident area, the nurse unit manager or facility manager and the infection control lead agree when, how, and what the patients or residents need meanwhile.	STANDARD NSQHS action 3.14 [7] GOOD PRACTICE the sign-off
Fire system isolation	Many residents and patients cannot leave a building unaided. Any isolation of detection, alarms, or sprinklers is approved in advance, kept as short as possible, covered by a fire watch, and reinstated and tested before the trade leaves.	LAW an emergency plan for the workplace, r 43 [3] GOOD PRACTICE the isolation steps
Work-area protection	Barriers and signs; patients and residents moved clear; tools, chemicals, and sharps secured; doors to secure units kept closed.	LAW others not put at risk, so far as is reasonably practicable, s 19(2) [2] GOOD PRACTICE the measures listed
Handback	The area inspected, services reinstated and tested, isolations removed, infection control sign-off given, and the permit closed, before the area reopens.	LAW the workplace without risks, so far as is reasonably practicable, s 20(2) [2] STANDARD AusHFG Part D, for building work [8] GOOD PRACTICE the signed handback

One job, five steps.

1 Requested.
The job, the area, the contractor, and whether it is clinical or a resident's home.

2 Assessed.
Risks, permits, isolations, any SWMS, and infection controls.

3 Authorised.
Clinical and infection control sign-off; the ward told.

4 Handed back.
Checked, reinstated, cleaned, signed off, record closed.

5 Controlled Throughout: a named person is responsible for the work while it runs, and checks it against what was authorised.

08 AUTHORISING AND CONTROLLING THE WORK

What one authorisation records.

	Field	Filled in by
☐	The job, the area, the date and hours, and the contractor and each worker	Requester
☐	Screening and licences checked for each worker, for this site (pages 13, 14, and 21)	Contractor coordinator
☐	The risk assessment, and any SWMS, permit, or isolation, by number	Contractor and permit issuer
☐	Infection controls agreed, and who signed them off	Infection control lead
☐	Clinical sign-off: when the work may start, and what patients or residents need meanwhile	Nurse unit manager or facility manager
☐	Any fire isolation: approved by, time out, time reinstated and tested	Fire services contractor and facility manager
☐	Handback: area checked, services reinstated, signed off, permit closed	Facility manager

Confined spaces: the permit does not replace the controls. An enclosed or partially enclosed space, not designed or intended mainly for people, at normal atmospheric pressure, with an actual or likely atmosphere, contaminant, or engulfment risk (r 5): a ceiling void or duct only if those apply. Always a competent person's written risk assessment; avoid entry if you can; to enter, a standby in contact, the atmosphere and connected plant controlled, and practised rescue.[3] LAW rr 66, 67, 69 to 71, 74

How long, and who sees it. Keep records for the longest legal minimum (screening 7 years from last update; licence evidence 1 year after the work, r 85(4); notifiable incidents 5 years, s 38(7)) and any incident or claim hold.[2, 3, 16] The employee records exemption covers your own employees, not a contractor's (page 14).[22]

Anyone can stop the work.

Make it a contract term and a line in the induction: a nurse, a security officer, or the contractor's own worker who sees work running outside what was authorised can stop it, and the person who authorised it decides what happens next. For high risk construction work not done to its SWMS, stopping is the law.[3]

When the job changes.

A bigger job than the one authorised is a new job: assess it again, re-authorise it, and check whether the new scope changes who needs screening (page 13). Asbestos is the common case: if suspect material appears where the register did not expect it, the work stops.

09 AFTER HOURS

The night shift has contractors too.

Hospitals and aged care homes never close. The cleaner, the security guard, and the on-call technician often arrive when the managers who engaged them have gone home. The question at 2am is the same as at 10am: who is this, are they cleared for here, and who knows they are here?



Cleaners

Every room, every night

Often aged care workers in a home. Screening, infection control training, and the outbreak rules.

Security

The side door at 2am

Lets others in. Their own licence, and the list of who is expected tonight.

HVAC

Plant rooms and ceilings

Air handling near clinical areas. Infection control sign-off, the asbestos register, the method.

Electricians

Above the ward

Ceiling access in occupied areas. Licence, isolation, and who escorts them.

Lift and fire trades

Out of hours, by design

Work timed when wards are quiet. Licences, permits, and who is told.

Four things that should be true at any hour.

Expected.

The visit is booked, and the person on the door can see it.

Cleared for here.

Screening, licences, and briefings checked against this site and this ward, not the last one.

Accompanied where it matters.

Supervision matched to the work and to the people nearby, so far as is reasonably practicable (page 21).[2]

Signed in and out.

So a manager can say who was in a wing during an outbreak, without a hunt.

Alone at night.

Isolated work needs a system with effective communication (r 48).[3] Decide who watches check-ins, and what a missed one triggers.

Urgent, out of hours.

A named on-call manager who can authorise an urgent job when the normal route is closed, and who signs the handback next morning (page 17).

What they may meet.

Sharps, body fluids, and aggression from a confused or distressed person.

A business must manage psychosocial risks, including those arising from workplace interactions or behaviours such as aggression, by eliminating them or, if that is not reasonably practicable, minimising them so far as is reasonably practicable (model Regulations, r 55A to 55D).[3]

Good practice, not a single rule. No one provision says "escort every contractor in a residents' area". The supervision duty, the provider's duties to the people in its care, and the outbreak precautions point the same way; how you meet them is your call, written down.

10 A WORKED EXAMPLE

One night in the memory support unit.

A residential aged care home in south-west Sydney, built in the mid-1990s, run by a not-for-profit registered provider. A respiratory outbreak was declared on Monday. At 10pm on Wednesday the heating in the memory support unit fails. The on-call mechanical contractor sends a technician who has never been to the home; the night security guard will let him in, while the contract cleaners finish their shift.

Before anyone opens a ceiling panel, five things are live, and each one has a name against it. The section and regulation numbers below are the model laws'. In Sydney, the Work Health and Safety Act 2011 (NSW) and the Work Health and Safety Regulation 2025 (NSW) apply; check their numbering before quoting it.[17]

What is live	Why	What gets checked and kept
Who the technician is, to the Aged Care Act	The Department's examples treat a tradesperson used ad hoc, otherwise than under the provider's control, as not an aged care worker, and a contractor who delivers a funded service as one.[5] Under WHS law he is a worker either way.[2]	His role classified before tonight; screening on file if the role needs it
The cleaners	Contract cleaners delivering a funded aged care service under the cleaning company's arrangement with the provider are aged care workers (section 11(4)(b)),[4] and each needs a police certificate or an NDIS Worker Screening Clearance.[5]	Certificate date or clearance status, and who checked it and when, for each cleaner on the roster
The outbreak	The provider must have an appropriate infection prevention and control system (Outcome 4.2, Rules s 15-25(4));[16] its actions include outbreak precautions and visitor screening and immunisation (4.2.1(g) and (k)).[6]	The technician told the outbreak rules at the door; protective equipment issued; the wing he entered recorded
The ceiling	Under the model Regulations, a building from the mid-1990s is covered by the asbestos register rules (r 425). If the work risks exposure to airborne asbestos, the contractor must be given a copy of the register (r 427).[3]	The register for the unit's ceiling and plant room given, with the date, after confirming it covers that ceiling space; work stops if suspect material appears
The residents	The duty includes the supervision needed to protect everyone from risks arising from the work, so far as is reasonably practicable (section 19(3)(f)).[2] If he is an aged care worker, the Code of Conduct binds him: respect residents' privacy and dignity.[16] A unit door left open that leads to a resident's unexplained absence can be a Priority 1 serious incident (page 20).[23]	A named staff member with him in the unit; no bedroom entered without staff; residents moved clear; tools and chemicals secured; the unit door closed behind him

On paper.

The facility manager is off until morning. The guard signs the technician into a paper book. Nobody can tell whether his role needs screening, the outbreak sign is on a door he did not use, and the asbestos register is locked in the manager's office.

With the checks joined up.

The company and its technicians were checked and their roles classified at engagement. Tonight he signs in on his phone, sees the outbreak rules and the register, and the nurse in charge authorises the job; where the home is set up that way, anyone not cleared is stopped. At 1am she signs the handback.

11 WHEN SOMETHING GOES WRONG

One event, several reports.

A technician hurt in a plant room, a contractor assaulted in an emergency department, a resident who walks out through a door a trade left open: one event can start more than one report. Settle the routes before the night it happens.

One event.
Several routes, each on its own clock, with its own owner.

WHS notifiable incident

A death, a serious injury or illness, or a dangerous incident arising out of the conduct of the business, a contractor's included.

LAW model Act ss 35 to 39 [2]

Immediately
Tell the regulator after becoming aware. So far as is reasonably practicable, preserve the site until an inspector arrives or directs otherwise. Where the 2025 model change is adopted, preserve it until an inspector releases it, and preserve the evidence too, records and witness details included. Helping the injured and making it safe are still allowed.

Violent incident, where adopted

A sexual assault (actual or suspected), a physical assault ("including with bodily fluids"), deprivation of liberty without lawful authority, or a threat of any of these that the person making it is reasonably believed to intend and be able to carry out, that exposes a person to a serious risk of psychological harm.

LAW model amendment, s 37A [24]

As a notifiable incident
Only where a state or territory adopts this part of the 2025 model change.

Aged care serious incident

One of 8 types of reportable incident involving a person receiving funded aged care, including unreasonable use of force, neglect, unexpected death, and unexplained absence from care.

LAW Aged Care Act s 16; Rules ss 165A-25 and 165A-30 [4, 16] REGULATOR Serious Incident Response Scheme [23]

24 hours, or 30 days
Priority 1: within 24 hours of becoming aware. Priority 2: within 30 days.

Police

Where you believe a reportable incident involves a crime or ongoing danger.

REGULATOR Aged Care Quality and Safety Commission [23]

Within 24 hours

Inside the provider

The clinical incident system, the facilities report, and the contractor's own employer.

GOOD PRACTICE

At once
A serious event is escalated straight away, never held to the end of the shift.

Who the contractor calls at 2am: the nurse in charge, or the on-call manager named on the access map (page 24), first; then their own employer, which may have its own duty to notify the regulator. **Not every incident is an aged care one.** A trade's cut hand is a WHS matter, not a serious incident under the aged care scheme, but a secure unit door propped open that lets a resident leave unnoticed can be one. Name in the contract who reports what: a lead notifier can coordinate one notice, but each business still meets its own duty.

12 THE RECORD

What to hold for every contractor.

LAW an Act, Regulations, or Rules, including the outcome statements of the Aged Care Quality Standards

REGULATOR **STANDARD** guidance from a regulator or department, the actions under the Aged Care Quality Standards, the NSQHS Standards, or the AusHFG

GOOD PRACTICE not itself a legal requirement

Level	What to hold	Status and source
The company	Selection criteria and the evidence asked for: safety records, incidents, notices, and prosecutions	**REGULATOR** WorkSafe Tasmania [12]
	Insurance and workers compensation, current status	**GOOD PRACTICE**
	The contract: WHS roles, infection control, screening, incident reporting, telling you when they are on site, and, in aged care, each worker reporting a relevant conviction, an NDIS exclusion, or a suspended clearance	**REGULATOR** WorkSafe Tasmania; [12] **STANDARD** NSQHS action 3.14 evidence; [7] **LAW** aged care, page 14
The worker	In aged care, for each aged care worker: a police certificate not more than 3 years old or an NDIS clearance (verified), any statutory declaration, who checked it and when, and how their qualifications, skills or experience are ensured; kept 7 years from when made or, if later, last updated	**LAW** Aged Care Rules 2025, ss 154-905 and 154-910 (page 13) [16]
	The banning orders register checked for each worker, the contractor's staff included, before engagement and regularly after	**REGULATOR** Aged Care Quality and Safety Commission [15]
	Written evidence of any high risk work licence, seen before the work, kept at least 1 year after it; class and current status checked	**LAW** r 85(1) and (4) [3]
	Qualifications, licences, and certificates for the work	**REGULATOR** WorkSafe Tasmania [12]
	Immunisation evidence the facility's program asks for	**LAW** aged care: an appropriate infection prevention and control system, Outcome 4.2 (Rules s 15-25(4)); [16] **STANDARD** 4.2.1(j), (k); NSQHS 3.15 [6, 7]
The site	An induction before they start, with infection control in it, signed off by each worker	**REGULATOR** WorkSafe Tasmania; [12] **STANDARD** AusHFG, for building work [8]
	The asbestos register accessible, and a copy given where the work risks exposure	**LAW** r 427 [3]
	Each job's authorisation: risk assessment, permits and isolations, any SWMS, the sign-offs, and the handback (page 16)	**LAW** eliminate or minimise risks so far as is reasonably practicable (page 16), r 67, r 299; [2, 3] **GOOD PRACTICE** the written assessment, sign-offs and handback
	In a residential aged care home, each calendar year: the number of service staff (contract cleaners who are aged care workers included), and how many have told you of that year's influenza and COVID-19 vaccinations; kept 7 years	**LAW** Aged Care Rules 2025, ss 154-10 and 154-15 [16]
The visit	Who is on site and where: contractors telling you when they are on site, and signing in and out by ward or wing	**REGULATOR** WorkSafe Tasmania, contractors telling you when they are on site; [12] **GOOD PRACTICE** signing in and out, by ward or wing
	Supervision proportionate to the work and to the people nearby	**LAW** s 19(3)(f), so far as is reasonably practicable [2]
	A record of consultation with the other duty holders, and with the workers affected and their health and safety representatives	**LAW** consultation, so far as is reasonably practicable, ss 46 to 48 (the HSR, s 48(2)); [2] **REGULATOR** the record of consultation between duty holders: Safe Work Australia calls it good practice [11]

12 CHECKLIST

Before a contractor starts.

	Check	Owner	Date checked
	Know who holds the duty		
☐	We know who manages or controls each building, and the FM contract says who checks and who screens. In aged care, the provider keeps the screening record. **Good practice; the provider's screening record: Law, page 21** the contractor access map, page 24		
☐	Each contractor role is classified before its first job, aged care worker or not, and why, and classified again when the scope or the arrangement changes. **Good practice; the test is in the Aged Care Act, s 11(4)** the role list, dated (decision aid, page 14)		
	Before engagement		
☐	The company was assessed against clear selection criteria, including its safety record, and is reviewed again on a change of scope, an incident, or a lapsed insurance or licence. **Regulator** the prequalification, dated		
☐	The contract sets out infection control responsibilities, who screens which workers, who reports which incidents, and the duty to tell you of a conviction, an exclusion, or a suspended clearance. **Standard, NSQHS action 3.14** **Law, page 14** the clauses		
☐	Insurance, workers compensation, and licences for the work are on file, with class, scope, and current status checked, not only expiry; a renewal does not re-approve on its own. **Good practice; licences: Regulator** certificates and status checks		
	Before the first visit to this site		
☐	Every aged care worker in the crew has a current police certificate or NDIS Worker Screening Clearance, recorded with who checked it and when, or meets all three conditions for starting while one is pending (page 13). A home may set a stricter rule. **Law, Aged Care Act and Rules** reference number, date or status, who checked and the date, per worker		
☐	Each certificate shows none of the offences that rule a person out, each is accepted as genuine, and any NDIS clearance is verified. **Law, page 14** **Regulator, the Department's guidance** who checked, the date		
☐	The banning orders register was checked for each worker, the contractor's staff included. **Regulator, Aged Care Quality and Safety Commission** date of the check, per worker		
☐	Each worker has completed this site's induction, including its infection control rules, the emergency plan, and who can stop the work. **Regulator; Standard, AusHFG for building work** induction completion, signed, per worker		
☐	Immunisation evidence matches what this site's program, and any state health policy, asks for. **Law, aged care: Outcome 4.2, page 21** **Standard, action 4.2.1(j); NSQHS 3.15** evidence sighted, per worker		

12 CHECKLIST

	Check	Owner	Date checked
	Before the work starts		
☐	The job has a risk assessment, and any permit, isolation, or SWMS it needs. **Law, r 67 and r 299, where they apply** numbers on the authorisation, page 17		
☐	Clinical and infection control sign-off was given for work on ventilation, water, medical gases, power, or fire systems. **Standard, NSQHS action 3.14** **Good practice** who signed, and when		
☐	Any fire system isolation was approved, covered by a fire watch, and timed. **Good practice** time out, time reinstated		
☐	The asbestos register covers the space being opened, and a copy was given if the work risks exposure. **Law, r 427** register version and date given		
	On the day, at any hour		
☐	The visit was expected, and the person on the door could see it. **Good practice** the booking		
☐	Any high risk work licence was sighted before the work, not after. **Law, r 85** licence number, class, status		
☐	During an outbreak, the contractor was told the extra precautions before entering. **Law, aged care: Outcome 4.2; Standard, action 4.2.1(g)** who told them, and when		
☐	Supervision matched the work and the people nearby, and every worker signed in and out. **Law, so far as is reasonably practicable, page 21; sign-in: Good practice** who supervised; sign-in by ward or wing		
☐	The area was handed back: checked, services reinstated, signed off, permit closed. **Good practice** the handback, signed		
	If something goes wrong		
☐	The contractor knows who to call at any hour and who can stop the work. **Law, r 48 if isolated** **Good practice** the induction record, a watched check-in		
☐	Each route was checked: WHS notification and the site preserved; a serious incident under the aged care scheme in 24 hours or 30 days; police in 24 hours where you believe a reportable incident involves a crime or ongoing danger. **Law, model Act ss 35 to 39; the aged care scheme** page 20, the notifications made, timed		
	Across every site		
☐	Officers and responsible persons receive a regular report that verifies the checks happen, not only that the policy exists, banning order checks and contractor incidents included. **Good practice; taking reasonable steps to verify is part of an officer's due diligence, s 27(5)(f)** the report, dated		



12 TEMPLATE

The contractor access map.

One row per site or area; the first row is an example. It settles, before the job starts, who may go where, what they must hold to go there, and who has to know.

Site and area	Who controls access	Screening needed	Infection control sign-off	Immunisation asked for	After hours	Record kept by
Example House, memory support unit	*Facility manager; nurse in charge or on-call manager after hours*	*Yes, for cleaners and trades engaged to deliver funded services*	*Infection control lead, for ceiling or air handling work*	*As the home's program sets it*	*Escorted; side door only*	*Provider, shared with the FM company*

Fill it in with the clinical leads.
Facilities, the infection control lead, and the nurse unit managers should agree each row. Where they disagree, the gap is where a contractor will walk through.

Review it in an outbreak.
An outbreak changes the map for a week or a month. Decide in advance who updates it, and how the contractors on the roster hear.

Keep it with the record.
The map is only useful if the person on the door can see it when a contractor turns up at 2am.

13 ONE STANDARD ACROSS EVERY SITE

The same standard on every ward.

Everything in this guide needs to work at every hospital and every home, on the same night, whether or not anyone from the facilities team is there.



Questions to ask about how you manage it today.

1. If you were asked which contractors were in one wing during last month's outbreak, how long would the answer take?
2. Which of your contractor roles count as aged care workers, and is that written down anywhere?
3. When a cleaner's police certificate passes 3 years, who notices, and how?
4. When a contractor sends a new worker at night, is that worker checked before arriving, on arrival, or not at all?
5. Does every site ask for the same things, plus its own, or does each set its own standard?
6. At a side door at 2am, what stops a worker who is not cleared?
7. Could you show your screening records for the last 7 years, including for people who have left?
8. How many hours a month go on chasing certificates and typing them into spreadsheets, and what else could those people be doing?

What to look for in a system.

- **One standard, per-site rules.** What every contractor must hold, with each site's and each ward's requirements on top.
- **Checks that reach the worker.** Screening, licences, immunisation evidence, and inductions held against each person, not only the company.
- **Contractors keep it current.** Contractors upload their documents once, and every site measures them against its own list.
- **Expiry tracked for you.** A warning before a certificate lapses, not a discovery after it has.
- **A door that works at 2am.** Sign-in checked against that site's requirements, with site documents and outbreak rules shown at sign-in.
- **Connected to what you already run.** Maintenance and asset systems, work orders, and access control, so raising a job in one does not mean typing the contractor into another.
- **A view across every site.** And a report a board or a responsible person can read, to support the verification step.

START SMALL

Start with the wards that worry you most.

Whatever you use today, take one hospital or 5 homes and their regular contractors, and run the checklist on pages 22 and 23 against them. The gaps it shows are the ones worth closing first. Ask anyone offering a system to show each point above on your own sites.

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Every source, with the date it was read.

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This guide is general information, not legal advice. It summarises the model Work Health and Safety Act and Regulations published by Safe Work Australia (as at 5 December 2025), Victoria's Occupational Health and Safety Act 2004, the Aged Care Act 2024 (as at 1 July 2026, with Act No. 98 of 2026), the Aged Care Rules 2025 (as at 1 October 2026; the amendments in force on 19 October, 31 October, and 1 November 2026 touch nothing this guide relies on) and the Department's guidance on them, NSW Health and Queensland Health policy, the strengthened Aged Care Quality Standards, the NSQHS Standards, and regulator guidance, as read on the dates above. Each jurisdiction enacts its own WHS law and its numbering can differ. For a decision about your own hospitals, homes, and contractors, read the law in your jurisdiction and take legal advice.

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COMPLYFLOW

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Happy to talk it through.

If you have questions about anything in this guide, how it applies to your own hospitals, homes, and contractors, or about ComplyFlow, we are happy to have a conversation and help answer them.

Get in touch.

Tell us what you are working on, and the right person will come back to you.

Contact Us

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