



# 24/7 registered nurse responsibility exemption

## Change of circumstances form

### You should not use this form if:

- your residential facility is no longer located in a Modified Monash Model (MMM) 5,6 or 7 area; and/or
- the total combined number of operational places for your residential facility, with an exemption, has increased to be 31 or more since the exemption was granted.



If you meet any of the conditions above, you will need to notify the department via email on [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

### You should use this form if:

- you are an approved provider that provides residential care in a residential facility; and
- you have an exemption from the 24/7 registered nurse responsibility for that residential facility that is still in effect; and
- any material changes (referred in this form to as a **change of circumstances**) in the information provided in your application for an exemption or in response to a request from the Secretary for further information or documents (as the case may be), will occur or has occurred since the exemption was granted.

### A change of circumstances includes, but is not limited:

- changes to the reasonable steps you have taken, in relation to the alternative clinical care arrangements you had in place, to ensure that the clinical care needs of your care recipients at your residential facility will be met, from when the exemption was granted; and/or
- implementing new alternative arrangements to ensure the clinical care needs of your care recipients in the residential facility will be met, since the exemption was granted.

### This form contains two parts:

- **Part A** – General instructions and information (page 2)
- **Part B** – Change of circumstances form (pages 3 – 9)



### Maintaining your exemption

Your exemption from the 24/7 RN responsibility may be revoked if the following occurs:

- ✓ The Secretary, or their delegate, becomes aware there are more than 30 operational places in your residential facility; and/or
- ✓ The residential facility is no longer located in a Modified Monash Model (MMM) 5, 6 or 7 area; and/or
- ✓ The Secretary, or their delegate, is satisfied you have breached one or more conditions of your exemption; and/or
- ✓ The Secretary, or their delegate, is not satisfied that you have or will have appropriate alternative clinical care arrangements in place to ensure you meet the clinical care needs of the care recipients in your facility during the period your exemption would otherwise remain in place; and/or
- ✓ The Aged Care Quality and Safety Commissioner imposed sanctions on you under section 63N of the *Aged Care Quality and Safety Commission Act 2018*.

### More help

For help completing this form, please contact [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

# Part A: General instructions and information

## Purpose of this form

From 1 July 2023, unless an exemption from the 24/7 RN responsibility has been granted, approved providers that provide residential care to care recipients in residential facilities are required to have at least one registered nurse (RN) on-site and on duty at all times (24 hours a day, 7 days a week) at the residential facility (the **24/7 RN responsibility**).

If an exemption has been granted for your facility, it is a condition of your exemption that you must give the Secretary notice in writing of any material change to the information you gave to the Secretary, or their delegate, in your application for an exemption from the 24/7 RN responsibility or in response to a request for further information (as the case may be). This form guides you through the process to notify the department of these material changes. The information you submit in this form may be used by the Secretary of the department, or their delegate, to determine whether your exemption should remain in place.

For more information about the 24/7 RN responsibility exemptions, visit our webpage at <https://www.health.gov.au/our-work/care-minutes-registered-nurses-aged-care/24-7-rns/exemption>

## Who can sign this form

This form must be signed by an authorised person on behalf of the approved provider of the residential facility for which the exemption was granted. The authorised person must be:

Authorised person	Type of approved provider
A director of the body corporate.	<ul style="list-style-type: none"><li>• <b>Not</b> an authority of a State or Territory or a local government authority; <b>and</b></li><li>• A body corporate that is incorporated, or taken to be incorporated, under the <i>Corporations Act 2001</i>, and</li></ul>
A member of the approved provider's governing body.	<ul style="list-style-type: none"><li>• <b>Not</b> an authority of a State or Territory or a local government authority; <b>and</b></li><li>• <b>Not</b> a body corporate</li></ul>
One of the approved provider's key personnel.	<ul style="list-style-type: none"><li>• An authority of a State or Territory or a local government authority.</li></ul>

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the department for the purpose of determining whether changes to your circumstances will impact your residential facility's ability to maintain your exemption from the 24/7 registered nurse responsibility.

If you do not provide this information, you may not be complying with the condition of your exemption that you give the Secretary notice in writing of any material changes. Breaching a condition of your exemption may result in your exemption being revoked.

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at <https://www.health.gov.au/resources/publications/privacy-notice-change-of-circumstances-for-exemptions-to-the-247-registered-nurse-responsibility>.

# Part B: Change of circumstances form

## How to complete this form

You can complete this form on your computer using the latest version of Adobe Acrobat Reader, or you can print it out. If you have a printed form:

- Use a black or blue pen
- Print in BLOCK LETTERS

If you have more than one residential facility where you need to notify a change of circumstance, you should complete a **separate form** for each residential facility.



For help completing this form, please contact [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

The completed change of circumstances form and all supporting documents must be submitted to the Department of Health and Aged Care by email at [exemptions@health.gov.au](mailto:exemptions@health.gov.au)

## 1. Approved provider details

- a) **Provide details for the approved provider of the residential facility through which residential care is provided.**

Exemption ID  
(Find your exemption ID on your exemption approval letter)

National Approved Provider System (NAPS) ID:

Approved provider name:

- b) **Who can we contact?**

This must be a person who is a key personnel of the approved provider.

Family name:

Given name:

Position:

Phone number (including area code):

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Email address:

## 2. Residential services covered by the exemption

Provide details of all applicable residential care services operating at the residential facility covered by the exemption from the 24/7 RN responsibility.



Please ensure that the residential service details provided in this form is consistent with what is recorded at your state/territory office. Inconsistencies may cause delays in processing the information reported.

- a) **Details of the first residential service operating at the residential facility.**

Service NAPS/RACS ID:

Residential service name:

- b) **Details of the second residential service operating at the residential facility.**

Service NAPS/RACS ID:

Residential service name:

- c) **Details of the third residential service operating at the residential facility.**

Service NAPS/RACS ID:

Residential service name:

### 3. Reduction to internal RN shift coverage

You must notify us of a reduction in internal RN staff availability that may impact on your ability to meet the clinical care needs of your care recipients. This may be a reduction of on-site RN coverage **OR** a reduction in internal RN on-call availability which reduces the clinical support available to your on-site staff when an RN is not on-site.



You **do not** need to notify us if there has been a **change** in personnel. For example, a RN has left the facility and a new RN has been hired in their place.

Has your internal RN staffing availability reduced since your exemption was granted?

No



Go to **Section 4**

Yes



Provide details below

- a) **What have you done in response to the reduction in internal RN staffing coverage/availability to ensure the clinical care needs of care recipients at the service will be met when an RN is not on-site?**

*This should include, but not be limited to, information about any challenges your facility faces in recruiting and retaining RNs as staff, what you may be doing to overcome these challenges and how you have adjusted your staff scheduling to ensure the needs of your care recipients are still being met.*



You **should** attach to this form a copy of your revised **Master Roster for your clinical, care staff and allied health team** (which shows the coverage of skills mix of staff for each shift over each 24-hour period, and each day of the week). If a Master Roster is not available, you should attach a copy of your current revised roster for your clinical and allied health team, for a period of no less than a month.

The roster should show clear designation of roles (such as Registered Nurses (RNs), enrolled nurses (ENs), personal care workers (PCWs) and physiotherapists), times of shifts and any overlaps to support your change of circumstances.

## 4. Changes to alternative clinical care arrangements

You only need to notify us of a change of circumstances in relation to alternative clinical care arrangements if an alternative arrangement that you outlined in your approved exemption application or provided to the Secretary in response to a question has:

- ended and has **not been replaced** with another appropriate alternative clinical care arrangement; and/or
- decreased in scope (e.g. the number of hours/days the clinical care arrangement that is in place has decreased)



You **do not** need to provide details of alternative clinical care arrangements:

- listed in your application for an exemption from the 24/7 RN responsibility that was granted; and
- if they are still in place but with different personnel/agencies



You will need to provide details your revised **protocols, policies and/or procedures** for managing escalation of clinical issues and complex clinical care in **Section 5** of this form.

### 4.1 Co-location with hospital or acute/sub-acute care unit - Only complete if applicable

When did/will your arrangement, when there is no RN on-site and on duty, with a co-located hospital or acute/sub-acute unit decreased in scope or end?

DD / MM / YYYY

Has the arrangement that has/will decrease in scope or ended/end been replaced?

Yes

No

Provide details of the changes below. This should include reasons why the arrangement has decreased in scope or ceased, and if applicable, why the arrangement has not been replaced. You will also need to detail what you have done to ensure the clinical care needs of care recipients at the service will continue be met when an RN is not on-site (For example, an increase in RN and/or other qualified clinical care staff at the service).

**4.2 On-call registered nurse (RN) - Only complete if applicable**

When did/will your arrangement, when there is no RN on-site and on duty, with on-call RN(s) decrease in scope or end?

DD / MM / YYYY

Has the arrangement that has/will decrease in scope or ended/end been replaced? Yes  No

Provide details of the changes below. This should include reasons why the arrangement has decreased in scope or ceased, and if applicable, why the arrangement has not been replaced. You will also need to detail what you have done to ensure the clinical care needs of care recipients at the service will continue be met when an RN is not on-site (For example, an increase in RN and/or other qualified clinical care staff at the service).

**4.3 On-call General Practitioner (GP) / Nurse Practitioner (NP) - Only complete if applicable**

When did your arrangement with an on-call GP/NP decrease in scope or end?

DD / MM / YYYY

Has the arrangement that has/will decrease in scope or ended/end been replaced? Yes  No

Provide details of the changes below. This should include reasons why the arrangement has decreased in scope or ceased, and if applicable, why the arrangement has not been replaced. You will also need to detail what you have done to ensure the clinical care needs of care recipients at the service will continue be met when an RN is not on-site (For example, an increase in RN and/or other qualified clinical care staff at the service).

**4.4 On-call specialist telehealth services** – Only complete if applicable

When did/will your arrangement with on-call specialist telehealth services decrease in scope or end?

DD / MM / YYYY

Has the arrangement that has/will decrease in scope or ended/end been replaced? Yes  No

Provide details of the changes below. This should include reasons why the arrangement has decreased in scope or ceased, and if applicable, why the arrangement has not been replaced. You will also need to detail what you have done to ensure the clinical care needs of care recipients at the service will continue be met when an RN is not on-site (For example, an increase in RN and/or other qualified clinical care staff at the service).

**4.5 Other alternative clinical care arrangements** – Only complete if applicable

When did/will your other alternative clinical care arrangements decrease in scope or end?

DD / MM / YYYY

Has the arrangement that has/will decrease in scope or ended/end been replaced? Yes  No

Provide details of the changes below. This should include reasons why the arrangement has decreased in scope or ceased, and if applicable, why the arrangement has not been replaced. You will also need to detail what you have done to ensure the clinical care needs of care recipients at the service will continue be met when an RN is not on-site (For example, an increase in RN and/or other qualified clinical care staff at the service).

## 5. Protocols, policies and procedures

This section collects more detailed information about the above arrangements and how they work in practice. This will allow us to assess whether the clinical care needs of care recipients at your residential facility will still be met following your change of circumstances.



You must **attach** to this form your revised **protocols, policies and/or procedures** for managing the escalation of clinical issues and complex clinical care, where they have **changed** from your original application. This should include escalation protocols/procedures for when the usual on-call clinician is (for any reason) not available and how staff are made aware of the revised arrangements described in **Section 4**.

Other evidence may include flowcharts and guidance materials that set out your governance arrangements for planning, assessing, delivering and escalating clinical care needs.

If you do not have existing documents to evidence the changes to your arrangements, please use the box below to describe how your clinical escalation protocols and on-call arrangements will work in practice.

## 6. Completeness and supporting evidence check

To allow us to process your notification of your change of circumstances, please ensure the following is included when submitting your application:

- A copy of your residential facility's current Master staff roster (or current roster for a minimum of one month) identified in **Section 3** of this form.
- Documents that evidence changes to your on-call clinician arrangements identified in **Sections 4** of this form. This includes evidence for the following, where applicable:
  - Co-location with a hospital or acute/sub-acute care facility
  - On-call RN
  - On-call GP/NP
  - Specialist telehealth services
  - Other alternative clinical care arrangements
- Documents that evidence your protocols, policies and/or procedures, that have **changed**, for managing the escalation of clinical issues and complex clinical care in the absence of an RN who is on-site and on duty, identified in **Section 5** of this form.



## 7. Declaration by authorised person



Please read the information on page 2 about **who can sign this form** before completing this section.

### I declare that:

- The information provided in this change of circumstances form is true and correct at the time of submission.
- I am authorised to make this application on behalf of the approved provider of the residential facility.

### I understand that:

- To remain be eligible for an exemption from the 24/7 RN responsibility, the residential facility:
  - must be located in a Modified Monash Model (MMM) 5, 6 or 7 area, based on the 2019 MMM classifications; and
  - must have no more than 30 operational places (including co-located services) on the day the decision is made by the Secretary or delegate in regard to maintaining an exemption.
- The residential facility will not be eligible for the 24/7 RN supplement whilst the exemption is in effect.
- Residential facilities with an exemption to the 24/7 RN responsibility must continue to meet all other responsibilities and requirements under the *Aged Care Act 1997* (Aged Care Act) and relevant subordinate legislation, including complying with the 24/7 RN reporting requirement (from 1 July 2023) and the Aged Care Quality Standards. The residential facility should also continue to meet its care minutes target.
- If an exemption from 24/7 RN responsibility ceases or is revoked, the facility is required to meet its 24/7 RN responsibility and may be eligible for the 24/7 RN supplement.
- I must notify the department of material changes to the alternative clinical care arrangements and provide any other information requested by the delegate of the Secretary of the department. This includes whether the 24/7 RN responsibility can be met from a certain date.
- I should retain evidence of current and planned alternative clinical care arrangements put in place to remain exempt from the 24/7 RN responsibility for the duration of the exemption period.
- The department may share information collected in this notification of a change of circumstance with the Commission.
- The department will collect information from the Commission, including sanctions and certain notices issued under the *Aged Care Quality and Safety Commission Act 2018* for the purpose of deciding whether an exemption should remain in place.
- Giving false or misleading information to the Commonwealth is a criminal offence.
- This information will be used by the Department to consider whether your exemption should remain in place.

### Authorised person:

Family name

Given name/s

Position held with approved provider:

Signature:

Date: