KORU CARE AUSTRALIA
DISABILITY & AGED CARE SUPPORT

0431 202 201
connect@korucareau.com
https://www.korucaresupport.com
ABN: 46564969103

Client No Response Policy and Procedure

Koru Care Australia

This policy explains what to do when a client does not answer the door for a scheduled home visit. Workers must contact management, who will contact the client and their nominated emergency contact. Call 000 immediately if an emergency is suspected.

Document governance	Details
Document owner	Operations Manager / Director
Applies to	All workers and managers delivering or coordinating Koru Care home visits.
Service context	NDIS, aged care, brokered and private home and community services.
Version	1.0
Status	Approved
Effective date	06/10/2026
Review date	12 months after approval, or earlier following an incident or change in requirements.
Policy code	To be allocated by management

Worker quick guide	What to do
Check	Check the address, visit time and client plan. Knock or ring, allow time to answer and call the client.
Emergency	Call 000 immediately for suspected serious illness, injury or danger. Then notify management when safe.
Contact management	If there is still no response, call management immediately. Management contacts the emergency contact.
Remain available	Stay in a safe location until management directs you or emergency services take over. Do not simply leave for the next visit.
No manager answers	Call the backup manager / Director. If welfare remains uncertain, seek police assistance without waiting indefinitely.
Record	Record times, attempts, observations, instructions, actions and the confirmed outcome or outstanding follow-up.

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1. Purpose and scope

Koru Care will respond promptly and proportionately to an unanswered scheduled visit, protect the client's privacy and independence, and make sure responsibility for follow-up is clear. This policy applies to employees, contractors, agency workers, volunteers and managers undertaking or coordinating home visits.

No response means that a worker cannot establish contact with the client at the agreed visit time. It does not establish that the client is absent, unsafe or refusing support. A client who answers and declines the visit is managed as a declined service, with any safety concerns still escalated.

2. Policy principles

- Workers contact management; management leads contact with the nominated emergency contact and coordinates further action. A voicemail or text alone is not a completed handover.
- Emergency assistance must never wait for management approval or an emergency contact to answer. Workers call Triple Zero (000) if serious or immediate danger is suspected.
- Use the client's agreed plan and current risk information. There is no blanket waiting period that overrides a safety concern. The steps in this policy are Koru Care operational controls supporting the requirements in section 9.

3. Planning before home visits

Management must agree and document a no-response plan with the client, using communication and decision-making support where needed. Before services commence, and whenever circumstances change, record:

- The correct address, access arrangements, preferred contact method and any hearing, communication or mobility needs that may affect answering the door.
- Current client phone numbers, nominated emergency contacts in order of preference, consent for contact and information sharing, and anyone who must not be contacted.
- Relevant risks, such as falls, recent illness, living alone, cognitive impairment, becoming lost, or dependence on essential support; include individual emergency instructions and triggers for earlier escalation.
- Any permission for a key or key safe, when entry is allowed, and any agreed alternate entrance or authorised person who can check on the client.
- The responsible manager, backup / after-hours contact and arrangements with any commissioning provider. Workers must have access to this information during every rostered visit.

If a client has no emergency contact or declines to nominate one, agree an alternative welfare response and document it. Do not assume that an emergency contact has authority to make decisions for the client.

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4. Worker procedure when there is no answer

Step 1 Check the visit and immediate safety

Confirm that you are at the correct home at the scheduled time. Check the roster and current messages for a cancellation or changed arrangement. Read the client's access and no-response instructions. Look and listen for signs of distress from a safe, authorised location.

If you see the client collapsed, hear calls for help, or suspect serious illness, injury, fire, violence or another emergency, call 000 immediately. Give the address, access details and factual observations. Follow the operator's directions, provide first aid within your training if safe, and notify management as soon as practicable. Do not put yourself at risk or force entry.

Step 2 Make reasonable contact attempts

- Knock or ring and clearly identify yourself. Allow time for the client to hear you and reach the door, taking their needs into account. Repeat once if there is no response.
- Call the client using the approved contact number. Use an agreed accessible alternative, such as a text message, where appropriate. Do not delay escalation for repeated calls or messages.
- Only check an alternative entrance or accessible area if the client's plan permits it and it is safe. Do not climb fences, test windows or search private areas.

Step 3 Contact management immediately

If there is still no answer after these initial checks, telephone management. Escalate sooner if the client's plan or observations indicate increased risk. Tell management the client's name, address, scheduled and actual arrival times, contact attempts, observations and any known risks. Management will contact the client's emergency contact.

Step 4 Stay safe and follow the agreed response

Remain nearby in a safe location and available by phone while management directs the response. Do not proceed to another client simply because the scheduled visit time has ended. Report any change immediately. If the location becomes unsafe, withdraw to safety and tell management; call 000 if required.

Step 5 If management cannot be reached

Immediately telephone the designated backup manager / Director or after-hours contact. Do not rely on unanswered messages or wait indefinitely. If contact with the client cannot be established and their welfare remains uncertain, contact local police for advice or a welfare check; call 000 for urgent or serious concerns. Keep trying management when safe and record the action taken. Workers are not required to diagnose the emergency before seeking help.

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5. Management response and emergency contact

Take responsibility for the follow-up

The manager receiving the call must acknowledge the handover, assess urgency and give clear instructions to the worker. Check cancellations, known appointments and information held by Koru Care. Telephone the client promptly. Do not treat an unanswered call or an assumption that the client is shopping or asleep as confirmation of safety.

Contact the nominated emergency contact

If the client cannot be reached, management must promptly contact the nominated emergency contact, following the client's consent arrangements and contact order. Explain that a worker has arrived for the scheduled visit and cannot establish contact. Ask:

- Have they spoken to or seen the client recently, and when? Do they know the client's current location?
- Can they contact the client or safely attend, and how soon? Do they have authorised access?
- Are there relevant concerns or changes that affect the urgency of the response?

Record what the contact actually knows, rather than treating their reassurance as verified fact. If the first contact does not answer, try the next authorised contact. If a contact agrees to attend, agree a specific callback time and confirm what they must report. Management retains responsibility for tracking the response until welfare is established or an appropriate service has accepted a clear handover.

Escalate if welfare cannot be established

Assess the client's usual routine, current risks, last confirmed contact, observations at the home and consequences of missed support. If an emergency is suspected, direct an immediate 000 call or make it yourself. Otherwise contact local police promptly for a welfare check or missing-person advice where concerns remain. No 24-hour wait is required before reporting a missing person. [10]

Do not wait for an emergency contact to arrive if that delay could put the client at risk. If there are no immediate risk indicators and a reliable explanation is being checked, set a specific follow-up time and responsible person. Escalate if the check fails or the situation changes. A family member saying "they are probably out" does not close the matter.

Coordinate the worker and other services

Tell the worker whether to remain, meet a contact or emergency service, or leave after an agreed handover. If the worker leaves while follow-up is still active, document who has accepted responsibility, the next action and time, and why leaving is safe. Arrange coverage for later visits and essential missed supports. Notify the commissioning provider promptly where services are brokered; do not delay urgent action while seeking their response.

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6. Entry privacy and client choice

Access to the home

Use a key or key safe only within the client's documented authorisation and access plan, and only where safe. Identify yourself before entering. An unlocked door or possession of a key does not by itself authorise entry. Management approval alone does not replace lawful authority. Workers must not break locks, force doors, climb through windows or arrange unauthorised entry. Emergency services determine any emergency entry action.

Sharing information

Contact only authorised people and share the minimum information needed to locate the client and protect their welfare. Do not routinely question neighbours or disclose the client's disability, health details, funding or service arrangements. A neighbour may be contacted if the client has authorised this, or where a lawful emergency basis applies.

Where obtaining consent is unreasonable or impracticable and disclosure is reasonably believed necessary to prevent or lessen a serious threat to life, health or safety, applicable privacy law may permit sharing without consent. Record the facts, recipient, information shared and reason. Apply relevant Commonwealth and Victorian privacy requirements. [9]

7. Once contact is established

- Confirm the client's wellbeing through direct communication, an in-person check or a reliable person with current knowledge. Record who confirmed this, when and how. Distinguish confirmed facts from reported information.
- If the client is injured, unwell, distressed or unusually confused, seek appropriate urgent assistance. Follow 000 directions where relevant and do not continue routine support in place of needed emergency care.
- If the client is safe and has forgotten or changed the visit, explain the follow-up respectfully and agree whether the service can proceed or needs rescheduling.
- If the client declines support, respect their decision and offer communication or decision-making support. Do not force entry or treat refusal alone as an emergency. Report any specific safety concern and document the decision and response.
- If the client is in hospital or away, management confirms the information as appropriate and updates the roster, commissioning provider and relevant workers. Do not disclose unnecessary personal information.
- Management advises any emergency contact or service already assisting that the client has been located, where appropriate, and confirms whether further action is required.

A visit may be closed only when the outcome is documented. An unresolved concern must remain on active follow-up with a named person and next action. Closure of a roster entry must not close the welfare response. Management reviews repeated no-response visits with the client and updates the plan without blaming or penalising them for raising concerns.

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8. Records and incident escalation

The worker must record every no-response visit in the approved client record before the end of the shift, or as soon as practicable after an emergency. Include:

- Scheduled and actual arrival times; contact attempts and times; objective observations; relevant plan instructions; and any support not delivered.
- People contacted, their response, management instructions, emergency service reference details where available, departure time and handover arrangements.
- How wellbeing was confirmed, or what remains unknown; follow-up actions, responsible person and due time. Management adds emergency-contact calls and closure details.

Raise an incident report promptly where actual or potential harm, a near miss, failed escalation, suspected neglect or a significant interruption to essential support occurs. Management records its assessment of external reportability and the reasons. Do not automatically classify every unanswered door as neglect or a reportable incident. Preserve relevant records and support the client to be involved in review. [2, 3]

9. NDIS and aged care requirements

NDIS

The NDIS Code of Conduct applies to registered and unregistered providers and workers. It requires safe, competent support, respect for rights and privacy, and action on safety concerns. Applicable Practice Standards for registered providers include risk and incident management; the core standards also address individual emergency responses and escalation. [1, 2]

Registered providers assess incidents connected with their supports against the reportable-incident rules. Death, serious injury, abuse or neglect and other specified serious incidents generally require notification within 24 hours of awareness. Unauthorised restrictive practice without harm has a five-business-day timeframe; with harm, 24 hours. Meet subsequent information requirements. No response alone is not a separate NDIS reportable category. [3]

Funded aged care at home

Apply the Aged Care Act 2024, Aged Care Rules 2025, Statement of Rights and Aged Care Code of Conduct. Strengthened Quality Standard 3 applies to registration categories 4–6 and addresses assessment, planning, safe delivery, communication and coordination. Applicability depends on the provider's registration and service arrangements. [4, 5]

Under current SIRS guidance, unexplained absence during delivery of aged care services with reasonable grounds to call police is Priority 1: notify within 24 hours of awareness. Other Priority 2 reportable incidents are due within 30 calendar days. Missing initial information for Priority 1 is due within the following five days. The old "missing consumer" term was replaced by "unexplained absence" from 1st November 2025. [6]

An unanswered scheduled visit is not automatically reportable; assess the circumstances, connection to care and any other incident category. The home-services guidance distinguishes an absence with no reason for concern from one requiring follow-up under the care plan. [7] Where Koru Care works for another registered provider, immediately escalate potential reportable incidents to it, agree who will notify and confirm submission. The registered provider retains its legal responsibilities. [8]

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10. Responsibilities and implementation

Director and Operations Manager

- Approve and implement the policy, maintain a reliable escalation contact and backup during all rostered service hours, and make sure workers know how to access them.
- Ensure each client has an agreed no-response plan, current emergency-contact information and a proportionate risk assessment; confirm contractual escalation requirements for brokered services.
- Lead emergency-contact calls and welfare follow-up, determine safe handover and service continuity, and ensure incident assessments and required notifications are completed.

Support workers

- Read the client's plan before attending, follow the contact and escalation procedure, call 000 where required, maintain safety and privacy, and keep accurate records.
- Do not leave an unresolved no-response visit without an acknowledged handover or the fallback response in section 4. Notify management of new risks and inaccurate contact information.

Training monitoring and review

Provide induction and refresher instruction on this procedure, emergency recognition, communication needs, safe access, privacy and incident reporting. Use practical scenarios, including an unanswered management call and a client who declines support. Management reviews delays, repeated events and failures to close follow-up, and updates plans with the client.

Review this policy at least annually after approval and earlier following a serious incident, changed legislation, audit finding or service change. Before implementation, allocate a policy code, record approval and the effective date, and confirm the escalation contacts and client plans are accessible to workers.

11. Related Koru Care records and policies

- Incident and Risk Reporting Policy and Procedure; Risk Management Policy and Procedure; and relevant privacy and confidentiality requirements.
- Client support plans, risk assessments, emergency-contact and consent records, access instructions, rosters, service agreements and commissioning-provider escalation arrangements.

12. Staff acknowledgement

I have read and understood this policy. I will contact management when a client does not respond, call 000 immediately if an emergency is suspected, follow the escalation procedure and record my actions accurately.

Name	Signature	Date

13. Review history

Version	Date	Summary of changes	Approved by
1.0	09/09/2026	New policy for client no-response visits, management follow-up and NDIS / aged care incident assessment.	Pending

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14. Reference sources

Sources checked on 9th September 2026. Regulatory guidance informs section 9; the practical steps are Koru Care procedures. Provider examples were reviewed for ideas and are not legal requirements. Where older aged care pages use superseded terminology, the current SIRS update below takes precedence.

1. NDIS Commission — Code of Conduct

2. NDIS Commission — Practice Standards and incident management

2a. NDIS Commission — Safe environment and emergency escalation

2b. NDIS Commission — Incident management

3. NDIS Commission — Reportable incidents and timeframes

4. Aged Care Quality and Safety Commission — Code of Conduct

5. Strengthened Aged Care Quality Standard 3 — Care and services

6. SIRS — Changes from 1st November 2025

7. Home-services absence guidance — Missing consumers (older terminology)

8. Department of Health, Disability and Ageing — Associated providers

9. OAIC — Permitted general situations and serious threats

10. Victoria Police — Report a missing person

11. Healthcare Australia — No Response Policy (practice example)

12. Disability Connect Victoria — No Response Policy in terms and conditions

Practice examples informed the initial contact attempts, management escalation and review of recurring events. Koru Care's procedure adds explicit consent limits, a management-unavailable response and tracked follow-up; it does not adopt routine neighbour enquiries or automatic key entry.