[Service Letterhead]

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[Organisation Name]

Communications

Policy

Document Control

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1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching expectations, principles and accountabilities for communication across all areas of the organisation.

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Effective communication is fundamental to safe healthcare, cultural safety, patient and community trust, continuity of care, informed decision-making, effective governance and the safe operation of an Aboriginal Community Controlled Health Service (ACCHS). Communication failures can contribute to patient harm, fragmented care, misunderstanding, privacy breaches, poor decision-making, workforce conflict, reputational harm and loss of community confidence.

As an ACCHS, [Organisation Name] recognises that communication is more than the exchange of information. Communication must reflect Aboriginal ways of knowing, being and doing; recognise the importance of relationships, family, kinship and community; support self-determination; and create environments in which Aboriginal and Torres Strait Islander people feel culturally safe, heard, respected and able to participate in decisions affecting their health and healthcare.

[Organisation Name] will maintain communication systems that support the right information reaching the right person, in an appropriate way, at the appropriate time, while protecting privacy, confidentiality, cultural safety and organisational integrity.

This policy establishes the overarching requirements governing:

- communication with patients, families, kin, carers and support people;
- communication with community;
- internal organisational communication;
- clinical communication and handover;
- telephone and electronic communication;
- written and verbal communication;
- communication with external healthcare providers and organisations;
- public, media, marketing and social media communication;
- communication during incidents, emergencies and service disruptions;
- accessible communication, health literacy and interpreter support;
- communication with children, young people and authorised decision-makers;
- privacy, confidentiality and information security;
- automated and AI-enabled communications;
- documentation and records of communication; and
- communication governance, monitoring and continuous improvement.

Specific communication methods and operational processes may be governed by procedures, protocols and work instructions developed under this policy.

2. Scope

This policy applies to all persons providing services or undertaking work for or on behalf of [Organisation Name], including the Board / Governing Body and workforce.

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It applies to communication undertaken in any capacity associated with the organisation and across all services, programs, locations and communication channels.

This includes verbal, written, telephone, electronic, digital, visual and public communication and communication occurring through clinical information systems, email, SMS, secure messaging, telehealth, websites, social media, meetings, correspondence, reports, publications, automated systems and other approved communication platforms.

3. Definitions

Communication – The exchange, provision, receipt or sharing of information through verbal, written, electronic, visual or other means.

Clinical Communication – Communication concerning a person's healthcare, including assessment, treatment, clinical risk, results, referrals, recalls, follow-up, clinical handover, care coordination and transfer of care.

Internal Communication – Communication between workers, teams, managers, clinicians, executives and the Board / Governing Body for clinical, operational, administrative or governance purposes.

External Communication – Communication between the organisation and people or entities outside the organisation, including patients, community members, healthcare providers, government agencies, partner organisations, suppliers, media and other stakeholders.

Electronic Communication – Communication using electronic or digital technology, including email, SMS, secure messaging, clinical information systems, telehealth and other approved digital platforms.

Health Literacy – The knowledge, motivation and competencies required for people to access, understand, appraise and use information and services to make decisions about health and healthcare.

Culturally Safe Communication – Communication experienced by the recipient as respectful of their culture, identity, values, beliefs and circumstances and which does not diminish, demean or disempower the person.

Trauma-Informed Communication – Communication that recognises the potential impact of trauma and seeks to promote safety, trust, choice, collaboration and respect while avoiding unnecessary re-traumatisation.

Approved Communication System – A communication platform, method or system authorised by [Organisation Name] for a specified organisational or clinical purpose.

Critical Information – Information requiring timely communication because failure or delay in communicating it may result in harm, clinical deterioration, disruption to essential services, significant organisational risk or other serious consequences.

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Clinical Handover – The transfer of professional responsibility and accountability for some or all aspects of a person's care to another person or professional group on a temporary or permanent basis.

Interpreter – A person appropriately qualified or credentialled to facilitate communication between people who do not share the same language or communication method.

Public Communication – Information communicated publicly on behalf of or in association with the organisation, including media statements, websites, social media, advertising, marketing, publications and public presentations.

Automated Communication – Communication generated, scheduled or transmitted through digital systems, clinical software, artificial intelligence, chatbots, automated messaging or other technology-enabled systems.

4. Policy Statement

[Organisation Name] is committed to communication that is safe, respectful, culturally safe, timely, accurate, accessible and appropriate to its purpose and audience.

Communication systems will support safe patient care, informed decision-making, organisational governance, workforce coordination, accountability, community engagement and effective relationships with external services and stakeholders.

The following principles are non-negotiable:

Cultural safety is fundamental to communication. Communication must recognise and respect Aboriginal and Torres Strait Islander cultures, identities, family and kinship structures, community relationships and ways of communicating.

Communication must be person-centred and trauma-informed. Communication must support dignity, choice, participation and psychological safety and avoid unnecessarily shaming, dismissive, confrontational or re-traumatising approaches.

Communication must be accessible. Language, disability, health literacy, digital literacy and other communication needs must be identified and reasonably accommodated.

Clinical safety takes priority. Information necessary to prevent harm or support safe care must be communicated accurately, promptly and to the appropriate person.

Communication must be proportionate to urgency and risk. Passive communication methods must not be relied upon where immediate confirmation, escalation or action is required.

Privacy, confidentiality and personal safety must be protected. Personal, health, workforce, commercial and culturally sensitive information must only be accessed, used and disclosed appropriately, and communication methods must not create unreasonable risks to the recipient.

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Communication must occur through appropriate channels. The method used must be suitable for the nature, sensitivity, urgency and intended recipient of the information.

Important information must be documented. Information necessary for patient care, governance, accountability, decision-making or organisational memory must not exist solely within informal conversations or transient communication channels.

Communication is two-way. People must, where appropriate, have reasonable opportunities to ask questions, clarify information, provide feedback and communicate concerns.

Authority to communicate must be clear. Only appropriately authorised persons may make statements or commitments on behalf of the organisation.

Communication failures must be acted upon. Delayed, inaccurate, incomplete, inappropriate or failed communication that creates risk must be escalated and managed.

Technology does not replace professional judgement. Automated or AI-enabled communications must not replace clinical judgement, appropriate human review or direct communication where these are required for safety, consent, cultural appropriateness or effective care.

5. Policy

5.1 Communication Governance

[Organisation Name] will maintain systems, responsibilities and communication pathways that support effective communication throughout the organisation.

Communication arrangements must clearly distinguish between clinical, operational, governance, workforce and public communication and identify appropriate channels and escalation pathways.

Communication systems must be designed so that important information does not depend solely on individual workers remembering to pass information on.

Policies, procedures, approved communication systems, delegations and workforce education will support consistent communication practices.

Where communication involves significant clinical, legal, operational, privacy, cultural, reputational or organisational risk, appropriate oversight and authorisation must occur.

Significant or recurring communication failures must be reported through appropriate clinical governance or organisational governance structures and used to inform risk management and continuous quality improvement.

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5.2 Communication with Patients

Communication with patients must support safe, informed and meaningful participation in healthcare. Information must be communicated respectfully and in a manner appropriate to the person's circumstances, preferences, language, health literacy, disability, communication requirements and cultural needs.

[Organisation Name] will seek to identify and, where relevant, document a person's preferred and safe methods of communication and contact.

Where communication may create a privacy, confidentiality or personal safety risk, workers must consider the information disclosed through telephone calls, voicemail, SMS, email, written correspondence and other communication methods and use an alternative approach where reasonably required.

This may be particularly important where a person:

- uses a shared telephone, email account or postal address;
- has requested restrictions on how they may be contacted;
- is experiencing family, domestic or personal safety concerns;
- accesses confidential or sensitive services; or
- may be placed at risk by identification of the organisation or nature of the communication.
- Patients must be given reasonable opportunity to ask questions, seek clarification and participate in decisions concerning their care.
- Communication should enable patients to understand, where relevant:
- their health condition and healthcare needs;
- proposed assessment, treatment or care;
- benefits, risks and alternatives;
- medicines and treatment instructions;
- referrals, investigations and follow-up requirements;
- expected timeframes;
- results and how they will be communicated;
- warning signs and when to seek further care;
- available services and how to access them;
- fees or costs where applicable;
- their rights and responsibilities; and
- how to provide feedback, raise concerns or make a complaint.

Workers must not assume that information has been understood merely because it has been provided.

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5.3 Health Literacy and Accessible Communication

[Organisation Name] will seek to create a health literate environment in which information is understandable, accessible and usable. Plain language should be used wherever practicable. Unnecessary technical terminology, jargon, acronyms and complex written information should be avoided when communicating with patients and community members.

Communication requirements and preferences should be identified and documented where relevant.

Reasonable communication supports may include:

- qualified interpreters;
- Aboriginal Health Workers or Aboriginal Health Practitioners where appropriate to their role;
- Auslan interpreters;
- Easy English or plain-language information;
- translated resources;
- large print or accessible electronic formats;
- visual or audio resources;
- communication aids; and
- involvement of an authorised support person.

Important information should be reinforced or provided through alternative methods where this is necessary to support understanding.

Where understanding is important to patient safety, informed decision-making or the person's ability to follow recommended care, workers should use an appropriate method to confirm understanding rather than relying solely on whether information has been provided.

This may include asking the person to explain key information or next steps in their own words, clarifying misunderstandings and providing additional communication support where required.

5.4 Interpreters

Qualified interpreter services must be provided or facilitated where reasonably required to support safe communication, informed consent, assessment, treatment or decision-making.

Family members, friends, children or other unqualified people must not routinely be relied upon to interpret clinical or sensitive information where doing so may compromise accuracy, privacy, consent, safety or the person's interests.

A patient's preference concerning interpreter use must be respected wherever this can occur safely and lawfully.

Interpreter involvement should be documented where relevant to patient care or decision-making.

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5.5 Family, Kin, Carers and Support People

[Organisation Name] recognises the importance of family, kinship, carers and support networks in Aboriginal and Torres Strait Islander communities. With the patient's consent and subject to privacy, capacity and legal requirements, appropriate family, kin, carers and nominated support people may participate in communication and healthcare decision-making.

Workers must not assume who a patient considers family, who may receive information or who has authority to make decisions.

Where a patient has impaired decision-making capacity, communication must occur in accordance with applicable law, supported decision-making principles and relevant organisational requirements.

5.6 Communication with Children and Young People

Communication with children and young people must be developmentally appropriate, respectful and responsive to their level of understanding, maturity, communication needs and circumstances.

Children and young people should, where appropriate, be supported to participate in communication and decisions concerning their healthcare.

Communication with parents, guardians or authorised decision-makers must occur in accordance with consent, capacity, privacy, confidentiality and applicable legal requirements.

Workers must not assume that a parent, guardian, family member or support person is automatically entitled to all information and must consider the young person's rights, maturity, capacity and confidentiality requirements.

5.7 Cultural Safety and Trauma-Informed Communication

Communication with Aboriginal and Torres Strait Islander patients, families and communities must recognise that communication occurs within cultural, historical and relational contexts.

Workers must communicate respectfully and avoid language, behaviour or assumptions that stereotype, shame, blame, dismiss, discriminate against or unnecessarily re-traumatise people.

Communication should recognise, where relevant:

- family, kinship and community relationships;
- cultural obligations and responsibilities;
- gender considerations;
- Sorry Business and bereavement;

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- cultural protocols;
- community relationships and local cultural context;
- historical and contemporary experiences of racism and healthcare systems;
- experiences of trauma and distress; and
- the importance of trust, choice and relationship-based communication.

The organisation will seek guidance from Aboriginal leadership, Aboriginal workers, Elders or community representatives where appropriate and consistent with local governance arrangements.

5.8 Clinical Communication

Clinical communication must support safe, continuous and coordinated healthcare.

Clinical information must be accurate, relevant, timely and communicated to the appropriate person through approved clinical communication systems.

Communication must clearly identify significant clinical risks, changes in condition, outstanding actions, follow-up requirements and responsibility for further action. Critical information may arise during any episode of care and is not limited to formal clinical handover.

Where new or emerging information may materially affect a person's health, wellbeing or ongoing care, it must be communicated promptly to the person responsible for acting upon it, with escalation and confirmation of receipt proportionate to the level of risk.

Where information is urgent or clinically significant, the person communicating the information must use a method appropriate to the level of risk and must not assume that sending a message means the information has been received or acted upon.

Critical clinical information must be escalated where receipt or action cannot be confirmed within an appropriate timeframe.

5.9 Patient Identification

Appropriate patient identification must occur before information is disclosed, care is provided or clinical information is communicated where there is a risk of incorrect identification.

Approved patient identifiers must be used in accordance with organisational requirements.

At least three approved identifiers must be used in circumstances requiring formal patient identification, including when clinically significant information is exchanged, care is provided or transferred, or information is matched to the patient record.

Where identity cannot be adequately confirmed, personal or clinical information must not be disclosed unless otherwise authorised or required by law.

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5.10 Clinical Handover and Transfer of Care

Structured communication must occur when responsibility or accountability for patient care is transferred between practitioners, teams, programs or healthcare services.

Clinical handover must contain sufficient information for the receiving person or service to safely continue care and must identify relevant risks, outstanding actions and follow-up requirements.

Responsibility and accountability for care must be clear following handover.

Communication during referral, hospital admission or discharge, practitioner absence, workforce change and other transitions of care must be managed as recognised points of increased clinical risk.

5.11 Internal Communication

[Organisation Name] will maintain structured internal communication systems that enable workers to receive information required to safely and effectively perform their roles.

Internal communication may occur through approved mechanisms including meetings, email, clinical information systems, secure messaging, staff briefings, intranet or SharePoint systems, notices and other authorised platforms.

Workers must have reasonable access to information relevant to their responsibilities, including changes affecting patient care, service delivery, policies and procedures, safety, organisational operations and workforce responsibilities.

Managers and team leaders are responsible for ensuring significant information is appropriately communicated to affected workers.

Workers are responsible for accessing and reviewing communication relevant to their role through established organisational channels.

5.12 Meetings and Organisational Decision-Making

Formal meetings must support effective communication, governance, clinical safety, decision-making and accountability.

Meetings should have a clear purpose and appropriate participants. Where meetings result in decisions, actions or information requiring an organisational record, appropriate documentation must be maintained.

Meeting records should identify significant decisions, actions, responsible persons and timeframes where applicable.

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Matters requiring action must not be considered resolved merely because they were discussed at a meeting.

5.13 Telephone Communication

Telephone communication must be managed professionally, respectfully and in a manner that protects confidentiality.

Workers receiving telephone enquiries must understand the limits of their role and when clinical assessment or escalation is required.

Potentially urgent or emergency healthcare concerns must not be managed solely as routine administrative enquiries.

Messages concerning patient care must contain sufficient information to support appropriate follow-up and must be communicated through an approved system.

Clinically relevant telephone communication must be documented in the patient health record where required.

5.14 Electronic and Digital Communication

Electronic communication may include email, SMS, secure messaging, patient portals, clinical software messaging, telehealth and other approved technologies.

Only communication systems authorised by [Organisation Name] may be used for organisational or patient information where required.

Before sending sensitive or confidential information, workers must take reasonable steps to verify the intended recipient and relevant contact details, including telephone numbers, email addresses and secure messaging addresses.

The communication method selected must consider:

- privacy and confidentiality;
- information security;
- urgency;
- sensitivity;
- clinical risk;
- intended recipient;
- patient consent and communication preference;
- likelihood of the communication being received and understood; and
- whether confirmation of receipt or action is required.

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Electronic communication must not be relied upon for urgent or time-critical matters unless the system and process provide appropriate confirmation and escalation.

Personal communication accounts, applications or devices must not be used to communicate confidential organisational or patient information unless specifically authorised.

5.15 SMS and Patient Messaging

SMS and other patient messaging systems may be used where appropriate for appointment information, reminders, recalls, service notifications and other approved purposes.

The organisation must consider patient consent, communication preferences, privacy, personal safety and the sensitivity of information before communicating electronically.

Messages must contain only information appropriate to the communication method and should minimise unnecessary disclosure of health information.

Systems used for clinically relevant messages, recalls or follow-up should support appropriate recording, monitoring and escalation.

A message being sent does not, by itself, establish that clinically significant information has been received or acted upon.

5.16 Email Communication

Email may be used for approved clinical, administrative and organisational communication where appropriate.

Workers must verify recipients before transmitting confidential information and take reasonable precautions to prevent unintended disclosure.

Sensitive or health information should only be transmitted where there is an appropriate purpose, authority and level of security.

Email must not replace required documentation in the patient health record, incident management system, governance record or other designated organisational system.

5.17 Telehealth and Remote Communication

Telehealth and other remote communication methods may be used where clinically appropriate and consistent with patient preference, privacy, safety and professional requirements.

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Workers must consider whether remote communication is appropriate for the nature and complexity of the interaction.

Patient identity, privacy, consent and communication needs must be appropriately managed.

Where limitations of remote communication create clinical or communication risk, alternative assessment or face-to-face care must be considered.

5.18 Communication with External Healthcare Providers

Communication with hospitals, specialists, allied health providers, pharmacies, pathology and diagnostic services and other healthcare organisations must support safe and coordinated care. Relevant information must be shared accurately and within appropriate timeframes, subject to consent, privacy and legal requirements.

Approved secure communication mechanisms should be used where available.

Responsibility for clinically significant communication, referrals, results or outstanding actions must remain identifiable.

5.19 Community Communication and Engagement

Communication with community must support transparency, trust, participation and Aboriginal community control.

[Organisation Name] will use communication approaches appropriate to the communities it serves and will seek to ensure information about services, significant changes, community initiatives and matters affecting access to care is communicated appropriately.

Community communication may occur through community meetings, events, newsletters, websites, social media, printed materials, local networks and other culturally appropriate channels.

Where significant information is intended for community, consideration should be given to local cultural context, accessibility, health literacy and opportunities for community feedback.

5.20 Consumer Information and Resources

Information developed for patients and community members must be accurate, current, accessible and appropriate to the intended audience.

Where practicable, patients, community members or consumer representatives should contribute to the development or review of significant consumer-facing information.

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Health information must be based on reliable and appropriate sources.

Resources must be reviewed when significant clinical guidance, legislation, service arrangements or organisational information changes.

Where material inaccuracies are identified in information issued by the organisation, reasonable action must be taken to correct the information and, where necessary, notify affected recipients.

5.21 Complaints, Feedback and Open Communication

Patients, families, carers, community members and workers must be able to raise concerns and provide feedback without fear of unreasonable disadvantage.

Communication concerning complaints, incidents, adverse events or concerns must be respectful, transparent and consistent with privacy, procedural fairness and applicable organisational requirements.

Where an adverse event or patient safety incident requires open disclosure, communication must occur in accordance with the organisation's Open Disclosure requirements.

Feedback relevant to communication systems should inform quality improvement.

5.22 External Stakeholders and Partner Organisations

Communication with government agencies, funding bodies, partner organisations, suppliers, professional bodies and other stakeholders must be accurate, professional and consistent with the organisation's authority and obligations.

Workers must only make commitments, provide official organisational positions or disclose information where authorised to do so.

Contractual, regulatory or statutory communication requirements must be met within applicable timeframes.

5.23 Media, Public Statements, Marketing and Social Media

Only persons authorised by [Organisation Name] may speak publicly on behalf of the organisation or provide official statements to media.

Public communication must be accurate, culturally appropriate and consistent with the organisation's values, governance arrangements and legal obligations.

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Patient, workforce or confidential organisational information must not be disclosed publicly without lawful authority.

Workers must distinguish personal views from authorised organisational positions and must not represent personal commentary as being made on behalf of [Organisation Name].

Social media and digital platforms must be used in accordance with approved organisational requirements.

Marketing, fundraising, promotional campaigns, newsletters and similar communications must comply with applicable privacy, consent and direct marketing requirements.

Recipients must be provided with appropriate options to decline or unsubscribe from promotional communication where required.

Promotional or fundraising communication must not be presented in a manner that may reasonably be confused with clinically necessary communication.

5.24 Privacy and Confidentiality

All communication must comply with applicable privacy, confidentiality, records management and information security requirements.

Information must only be accessed, used or disclosed for authorised purposes.

Workers must take reasonable precautions to prevent conversations from being overheard, documents from being viewed by unauthorised people and electronic information from being sent to unintended recipients.

The minimum information reasonably necessary for the communication should be disclosed.

Privacy breaches or suspected inappropriate disclosure must be reported and managed promptly.

5.25 Sensitive, Culturally Restricted and Deceased Persons Information

Information may require additional protection because of its cultural, personal, legal or organisational sensitivity.

Culturally sensitive or restricted information, including cultural knowledge, community matters, images, recordings and information concerning deceased Aboriginal or Torres Strait Islander people, must be handled respectfully and in accordance with applicable cultural protocols, consent requirements and organisational arrangements.

Where material contains the name, image, voice or story of an Aboriginal or Torres Strait Islander person who has passed away, consideration must be given to appropriate cultural

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warnings, permissions and local community protocols before publication, display or distribution.

Workers must seek advice where they are uncertain whether information is appropriate to communicate, publish or disclose.

5.26 Communication During Emergencies, Incidents and Service Disruptions

[Organisation Name] will maintain communication arrangements for emergencies, critical incidents and significant service disruptions.

Communication must be timely, accurate, coordinated and proportionate to the level of risk.

Where appropriate, communication arrangements must identify:

- who is authorised to communicate;
- who requires notification;
- escalation pathways;
- communication methods;
- alternative communication methods where usual systems are unavailable; and
- requirements for patient, community, workforce, stakeholder or regulatory notification.

During emergencies or significant disruptions, unverified information must not be presented as confirmed information.

Where inaccurate information has been distributed, corrections must be communicated promptly where the error may affect safety, service access or decision-making.

5.27 Urgent and Critical Communication

Urgent or critical information must be communicated using a method capable of achieving an appropriate response within the required timeframe.

Workers must not rely solely on email, passive notices, routine electronic messages or similar methods where delay could create significant risk.

Where necessary, direct verbal communication, telephone contact or escalation to the appropriate clinician, manager or executive must occur.

Where receipt or action is critical, appropriate confirmation must be obtained.

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5.28 Automated and AI-Enabled Communication

Automated and AI-enabled communication systems may be used where approved by [Organisation Name] and appropriate to the intended purpose.

This may include automated appointment reminders, recalls, patient messaging, chatbots, software-generated correspondence, AI-assisted drafting or other integrated systems.

Automated communication must remain subject to the same requirements for:

- accuracy;
- privacy and confidentiality;
- information security;
- patient identification;
- cultural safety;
- accessibility and health literacy;
- documentation;
- clinical oversight; and
- escalation of urgent or significant information.

Automated systems must not independently make or communicate clinical decisions where human clinical judgement, review or professional accountability is required.

Workers remain responsible for ensuring communication generated or assisted by automated systems is appropriate before it is relied upon or issued where professional review is required.

Technology must not replace direct human communication where this is necessary to support patient safety, informed consent, disclosure of significant information, culturally safe engagement or complex decision-making.

5.29 Communication and Workforce Conduct

Communication between workers must be professional, respectful, culturally safe and consistent with the organisation's Code of Conduct.

Bullying, harassment, discrimination, racism, intimidation, threatening communication, deliberate exclusion from necessary information or inappropriate use of communication systems will not be accepted.

Professional disagreement must be communicated respectfully and must not prevent escalation of legitimate clinical, safety, ethical or organisational concerns.

Workers must be able to raise concerns about patient safety and organisational risk through appropriate pathways.

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5.30 Documentation and Records

Communication must be documented where required to support patient care, accountability, governance, legal obligations or organisational memory.

Clinical communication relevant to patient care must be recorded in the patient health record in accordance with documentation requirements.

Significant organisational decisions, instructions, meeting outcomes, stakeholder commitments and governance communication must be recorded within the appropriate organisational system.

Information must not be maintained solely within personal email accounts, text messages, informal messaging applications or verbal conversations where an organisational record is required.

Communication records must be retained, secured and disposed of in accordance with records management requirements.

5.31 Communication Systems and Information Security

Communication technologies must be appropriately governed and managed.

Access to communication systems must be authorised according to role and operational need.

The organisation will maintain reasonable safeguards against unauthorised access, loss, inappropriate disclosure, cyber threats and misuse of communication systems.

Workers must comply with organisational requirements relating to passwords, access controls, devices, remote access, email security and information handling.

New communication platforms must be appropriately assessed before organisational use, particularly where they will process personal, health or confidential information.

5.32 Communication Following Workforce Change

Planned or unplanned workforce changes must not result in significant information, responsibilities or outstanding actions being lost.

Appropriate handover must occur where workers commence leave, change roles, leave the organisation or otherwise become unavailable. Outstanding clinical information, messages, referrals, results, recalls and follow-up responsibilities must be appropriately reassigned.

Organisational responsibilities, projects and significant operational matters must also be handed over where necessary.

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5.33 Communication with People at Increased Risk of Communication Barriers

Additional communication support may be required for people experiencing barriers associated with language, disability, cognitive impairment, health literacy, digital literacy, geographic isolation, hearing or vision impairment, trauma, social circumstances or other factors.

Communication approaches must be adapted where reasonably required to support equitable access, understanding, safety and participation.

The organisation must avoid relying exclusively on digital communication where doing so would create unreasonable barriers to accessing care or important information.

5.34 Communication Risk and Escalation

Communication failures that may affect patient safety, privacy, service delivery, cultural safety, governance or organisational operations must be identified and escalated.

This includes:

- critical information not reaching the intended person;
- delayed or missed clinical communication;
- incorrect patient information being communicated;
- failure to action urgent messages;
- uncertainty regarding responsibility;
- privacy or confidentiality breaches;
- significant misunderstanding affecting care;
- failure of communication technology;
- inappropriate public communication;
- inaccurate organisational information being distributed; and
- communication practices creating cultural or accessibility barriers.

Where there is uncertainty about whether information has been communicated or acted upon and failure to do so may create significant risk, the matter must be escalated rather than assumed to have been managed.

Significant or recurring communication failures must be reviewed for systemic causes and reported through appropriate clinical governance, risk or organisational governance pathways.

5.35 Communication Training and Workforce Capability

Workers must receive information, orientation, training or guidance appropriate to their communication responsibilities.

This may include:

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- culturally safe communication;
- trauma-informed communication;
- health literacy;
- interpreter use;
- privacy and confidentiality;
- clinical communication and handover;
- telephone and electronic communication;
- patient identification;
- communication with children and young people;
- responding to difficult or distressed communication;
- complaints and open disclosure;
- communication during emergencies;
- safe contact and privacy considerations;
- use of automated or AI-enabled communication systems; and
- use of approved communication systems.

Communication capability should be reinforced through supervision, clinical governance, team meetings, education and quality improvement activities.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provides governance oversight of effective, culturally safe and accountable communication.
Chief Executive Officer / Executive Management	Oversees communication systems, expectations and delegations and manages significant communication and organisational risks.
Clinical Leaders / Senior Clinicians	Provide leadership for safe clinical communication, handover, escalation and documentation.
Managers / Team Leaders	Ensure relevant information is communicated, understood and escalated appropriately within their teams.
Quality / Compliance Personnel	Support monitoring, audit, review and improvement of communication systems.
Information Technology / Information Governance Personnel	Support secure communication systems and management of technology-related communication risks.
All Workforce Members	Communicate respectfully and within scope; use approved systems; protect confidentiality; document appropriately; and escalate communication risks or failures.

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7 . Cultural Considerations

As an Aboriginal Community Controlled Health Service, [Organisation Name] recognises that communication practices must be grounded in cultural safety, community control, respect and self-determination.

The organisation will seek to ensure communication:

- respects Aboriginal and Torres Strait Islander cultures, identities, values and communication practices;
- recognises the importance of family, kinship, Elders and community relationships;
- avoids assumptions about family structures, cultural identity, language or decision-making;
- recognises the impact that racism, discrimination, trauma and historical experiences with institutions may have on trust and communication;
- supports culturally appropriate involvement of Aboriginal Health Workers, Aboriginal Health Practitioners and other Aboriginal workers;
- respects cultural protocols, Sorry Business, gender considerations and local community practices;
- appropriately manages information, images, stories and recordings relating to deceased Aboriginal and Torres Strait Islander people;
- provides culturally appropriate opportunities for patients and community members to ask questions, provide feedback and participate in decisions; and
- supports communication approaches informed by local community knowledge rather than assuming that a single approach is appropriate across all Aboriginal communities.

Cultural safety is determined by the person or community receiving the communication and must be reflected in both the content of communication and the manner in which it occurs.

[Organisation Name] also recognises the cultural, linguistic, religious and communication diversity of all people accessing its services and will provide respectful and equitable communication regardless of background.

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8. Related Policies & Documents

- Internal Communication Procedure;
- Telephone and Electronic Communication Procedure;
- Clinical Communication and Handover Procedure;
- Privacy and Confidentiality Policy;
- Information Management Policy;
- Patient Rights, Responsibilities and Person-Centred Care Policy;
- Cultural Safety Policy;
- Access and Continuity of Care Policy;
- Informed Consent / Informed Decision-Making Procedure;
- Interpreter and Communication Support Procedure;
- Complaints and Feedback Procedure;
- Open Disclosure Procedure;
- Media and Social Media Procedure;
- Incident Management Procedure;
- Emergency and Business Continuity arrangements;
- Records Management Procedure;
- Information Security / Cyber Security requirements;
- Artificial Intelligence Policy;
- Code of Conduct.
- Results, Recall and Follow-Up Procedure;
- Referral Procedure;

9. Monitoring & Review

Compliance with this policy will be monitored through the organisation's governance, clinical governance, risk management and continuous quality improvement systems.

Communication-related incidents, complaints, feedback, privacy breaches, clinical risks, audit findings and accreditation outcomes will be reviewed to identify systemic issues and opportunities for improvement.

Significant or recurring communication failures must be escalated through appropriate governance structures, with corrective actions monitored to completion where required.

This policy will be reviewed according to the organisation's document control requirements and earlier where required because of legislative, regulatory, accreditation, technological, organisational or significant practice changes.

10. Breach of Policy

Failure to comply with this policy may create clinical, privacy, cultural, operational, legal or reputational risk.

Actual or suspected breaches must be reported and managed according to the nature and level of risk.

Immediate action must be taken where necessary to protect patients, community members, workers or confidential information.

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Significant breaches may require incident management, privacy breach assessment, clinical review, risk escalation, notification to relevant authorities, corrective action, workforce education or disciplinary processes in accordance with applicable organisational requirements.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Privacy Act 1988 (Cth)	Legislation	Federal Register of Legislation
Australian Privacy Principles	Privacy Framework	Office of the Australian Information Commissioner
Health Records and Information Privacy Act 2002 (NSW)	Legislation	NSW Legislation
My Health Records Act 2012 (Cth)	Legislation	Federal Register of Legislation
Spam Act 2003 (Cth)	Legislation	Federal Register of Legislation
RACGP Standards for General Practices	Accreditation Standard	RACGP
National Safety and Quality Health Service Standards	National Standard	Australian Commission on Safety and Quality in Health Care
National Safety and Quality Primary and Community Healthcare Standards	National Standard	Australian Commission on Safety and Quality in Health Care
Australian Charter of Healthcare Rights	National Framework	Australian Commission on Safety and Quality in Health Care
Health Literacy	National Guidance	Australian Commission on Safety and Quality in Health Care
Communications with Patients	Privacy Guidance	Office of the Australian Information Commissioner

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Document Title	Type	Location / Access
Direct Marketing	Privacy Guidance	Office of the Australian Information Commissioner
QIC Health and Community Services Standards – 8th Edition	Accreditation Standard	Quality Innovation Performance
Internal Communication Procedure	Internal	Internal Document
Telephone and Electronic Communication Procedure	Internal	Internal Document
Clinical Handover Procedure	Internal	Internal Document
Privacy and Confidentiality Policy	Internal	Internal Document
Information Management Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document
Patient Rights and Person-Centred Care Policy	Internal	Internal Document
Complaints and Feedback Procedure	Internal	Internal Document
Media and Social Media Procedure	Internal	Internal Document
Artificial Intelligence Policy	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft

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